STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 30TH	5651 E 30TH STREET, INDIANAPOLIS, , 46218

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for Post Survey Revisit (PSR) to the Investigation of Complaints IN00415188, IN00414727, and IN00415672 completed on August 30, 2023. Complaint IN00415188 - Corrected. Complaint IN00414727 - Corrected. Complaint IN00415672 - Not corrected. Survey dates: November 20 and 21, 2023 Facility number: 013347 Residential: 105 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on November 28, 2023 This visit was for Post Survey	R 0000		

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R 9999	FINAL OBSERVATIONS	R 9999	Plan of Correction Facility ID: 013347 R240	12/11/2023

			1 **What corrective action (s) will be** **accomplished for those residents found to have been affected by the deficient practice?** a. The medical management team, Director of Nursing and or Assistant Director of Nursing is auditing the Medication Administration Record every morning. The administration report is being printed, checked for holes, and having the QMA and or Nurse who did not check it off to correct it and initial. We are then saving these daily audits to use for our POC audit. **2** **How will the facility identify other** **residents having the potential to be affected by the same deficient practice,** **and what corrective action will be taken?** a Though all residents receiving medication services have the potential to be affected, no others were identified. However,	

			the daily auditing and correction with staff initial of the medication administration record is in place to further determine if there are any other residents effected. **3** **What measures will be put in place or** **what systemic changes the facility will make to ensure that the deficient** **practice does not recur:** a All nursing staff that administer medication were in serviced on medication administration, to notify the Director of Nursing or Assistant Director of Nursing is the EMAR is not correctly documenting medication administration and to notify the Director of Nursing or Assistant Director of Nursing if medication is not available, even if the facility is not administering those medications.	

b
All nursing staff that administer medications are
educated on medication refusal documentation and reporting policy.

c
Licensed nursing staff
inserviced on policy to
ensure proper transcription of medication changes to the EMAR.

4
How the corrective action(s) will be
monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place.

a
The Director of Nursing or Assistant Director of
Nursing will audit EMAR to correct medication administration documentation daily x 12 weeks, weekly 12 weeks and monthly x 3 months.

b
Director of Nursing or Assistant Director of
Nursing will audit 25% of all new orders for correct transcription to EMAR

			weekly x 12 weeks, biweekly x12 weeks and monthly x 3 months.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE