STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/30/2025

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 the Investigation of Intaks 466349, 466479, and 466890. Intake 466349 - State deficiencies related to the allegations are cited at R0149. Intake 466479 - No State deficiencies related to the allegations. Intake 466890 - State deficiencies related to the allegations are cited at R0149. Survey dates: December 29 and 30, 2025 Facility number: 013347 Residential Census: 98 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on January 6, 2026	R 0000		

R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on interview and record review, the facility failed to follow their protocol for 3 of 12 rooms reviewed for pest control. (Rooms 102, 317, and 402) Findings include: During an interview with Resident E, on 12/29/2025 at 2:00 p.m., she indicated her room had cockroaches and bed begs. The facility had treated only the bed bugs one time. During an anonymous interview conducted during the survey process, it was indicated the facility was "...overran with roaches and bed begs..." The resident council minutes provided by the Executive Director, on 12/30/2025 at 9:45 a.m., indicated during the meeting held on 10/15/2025 the residents "...would like to have the entire building sprayed more than once a month to get rid of pests..." and "...[the facility] has a major pest problem..." The maintenance logs, provided on 12/30/2025 at 2:50 p.m., by	R 0149	A. No residents experienced adverse effects related to the alleged deficient practice. B. Audit completed to identify all affected apartments. C. All residents who had the potential to be affected by the alleged deficient practice will receive additional education on the pest control process and policy. Employees will also receive additional education on pest control policies and procedures to ensure compliance. D. All staff will be reeducated and inserviced on the pest control process and policy by February 1, 2026. The Maintenance Director and Director of Nursing will ensure that all newly hired staff receive education on these procedures during job-specific orientation. E. All residents will receive education on the pest control process and policy by February 1, 2026. New residents will receive this education upon movein, with quarterly reminders provided thereafter. F. The Maintenance Director or designee will audit the pest control process and related logs weekly for eight (8) weeks, biweekly for two (2)	01/09/2026

	the Reginal Director of Operations (RDO) indicated the following work orders: dated 10/24/2025, the work order indicated Room 422 had "roaches"; a work order, dated 10/25/2025, indicated Room 317 needed sprayed "for roaches"; a work order, dated 11/7/2025, indicated Room 102 needed to be prepped for bed bug cleanout. A pest control log, dated 11/7/2025, indicated Room 102 was treated for bed bugs and needed a follow up. A pest control log, dated 11/21/2025, indicated Room 102 was treated for bed bugs and needed a follow up in one week. Review of the pest control logs for November and December 2025, indicated Room 102 was not followed up after 11/21/2025 and that neither Room 317 or 402 had been inspected or treated for "roaches". During an interview, on 12/29/2025 at 3:30 p.m., the Executive Director indicated when pests, such as bed bugs and cockroaches, are found in a room the facility then adds the room to the pest control logs for the contracted exterminator to inspect and treat. During an interview, on 12/30/2025 at 2:50 p.m., RDO		months, monthly for two (2) months, and thereafter as needed to ensure ongoing compliance. Audit results will be reviewed at monthly QAPI meetings, and additional recommendations will be implemented based on audit findings. G. The Exterminator and the Community have agreed on the established process and policy. The Exterminator will in-service its technicians on proper procedures, including additional requirements set by the Community to ensure compliance.	

indicated that Room 102 did not receive one week follow up after 11/21/2025 and neither Room 317 or 422 were inspected or treated per the facility's pest control protocol.

This deficiency relates to Intakes 466439 and 466890.

Based on interview and record review, the facility failed to follow their protocol for 3 of 12 rooms reviewed for pest control. (Rooms 102, 317, and 402)

Findings include:

During an interview with Resident E, on 12/29/2025 at 2:00 p.m., she indicated her room had cockroaches and bed begs. The facility had treated only the bed bugs one time.

During an anonymous interview conducted during the survey process, it was indicated the facility was "...overran with roaches and bed begs..."

The resident council minutes provided by the Executive Director, on 12/30/2025 at 9:45 a.m., indicated during the meeting held on 10/15/2025 the residents "...would like to have the entire building sprayed more than once a month to get rid of pests..." and "...[the facility] has a major pest problem..."

The maintenance logs, provided

on 12/30/2025 at 2:50 p.m., by the Reginal Director of Operations (RDO) indicated the following work orders: dated 10/24/2025, the work order indicated Room 422 had "roaches"; a work order, dated 10/25/2025, indicated Room 317 needed sprayed "for roaches"; a work order, dated 11/7/2025, indicated Room 102 needed to be prepped for bed bug cleanout.

A pest control log, dated 11/7/2025, indicated Room 102 was treated for bed bugs and needed a follow up.

A pest control log, dated 11/21/2025, indicated Room 102 was treated for bed bugs and needed a follow up in one week.

Review of the pest control logs for November and December 2025, indicated Room 102 was not followed up after 11/21/2025 and that neither Room 317 or 402 had been inspected or treated for "roaches".

During an interview, on 12/29/2025 at 3:30 p.m., the Executive Director indicated when pests, such as bed bugs and cockroaches, are found in a room the facility then adds the room to the pest control logs for the contracted exterminator to inspect and treat.

During an interview, on

	12/30/2025 at 2:50 p.m., RDO indicated that Room 102 did not receive one week follow up after 11/21/2025 and neither Room 317 or 422 were inspected or treated per the facility's pest control protocol. This deficiency relates to Intakes 466439 and 466890.			

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 SIGNATUREJamie Bowman	TITLEDirector of Nursing	(X6) DATE01/13/2026