STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS ASSISTED LIVING, INC	4301 WASHINGTON AVE, EVANSVILLE, , 47714

(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 a State Residential Licensure Survey. Survey dates: February 3 and February 4, 2026 Facility number: 13613 Residential Census: 66 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review was completed on February 11, 2026.	R 0000		
R 0095	Administration and Management -Noncompliance 410 IAC 16.2-5-1.3(l)(1-2) (l) In facilities that are required under IC 12-10-5.5 to submit an Alzheimer's and dementia special care unit disclosure form, the facility must designate a director for the Alzheimer's and dementia special care unit. The director shall	R 0095		02/17/2026

	have an earned degree from an educational institution in a health care, mental health, or social service profession or be a licensed health facility administrator. The director shall have a minimum of one (1) year work experience with dementia or Alzheimer's residents, or both, within the past five (5) years. Persons serving as a director for an existing Alzheimer's and dementia special care unit at the time of adoption of this rule are exempt from the degree and experience requirements. The director shall have a minimum of twelve (12) hours of dementia-specific training within three (3) months of initial employment as the director of the Alzheimer's and dementia special care unit and six (6) hours annually thereafter to: (1) meet the needs or preferences, or both, of cognitively impaired residents; and (2) gain understanding of the current standards of care for residents with dementia. Based on record review and interview, the facility failed to ensure the Annual Dementia Disclosure Form was submitted to the proper authorities, the form was due each year by December 31.(Annual Dementia Disclosure) Finding includes: On 2/4/26 at 2:00 P.M., the Administrator was asked to			

provide a current copy of the Annual Dementia Disclosure Form.

The facility failed to provide a current form or a previous submitted form.

During an interview on 2/29/26 at 2:20 P.M., the Administrator indicated she was unaware of that form and the need to submit the form each year.

On 2/2926 ay 3:15 P.M., the Administrator provided a current, non-dated form with no title. The form indicated "...it was the policy of the facility to due the following annually...a dementia special care unit disclosure under IC 12-10-5.5..."

Based on record review and interview, the facility failed to ensure the Annual Dementia Disclosure Form was submitted to the proper authorities, the form was due each year by December 31.(Annual Dementia Disclosure)

Finding includes:

On 2/4/26 at 2:00 P.M., the Administrator was asked to provide a current copy of the Annual Dementia Disclosure Form.

	The facility failed to provide a current form or a previous submitted form. During an interview on 2/29/26 at 2:20 P.M., the Administrator indicated she was unaware of that form and the need to submit the form each year. On 2/2926 ay 3:15 P.M., the Administrator provided a current, non-dated form with no title. The form indicated "...it was the policy of the facility to due the following annually...a dementia special care unit disclosure under IC 12-10-5.5..."			

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