

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT 56TH		STREET ADDRESS, CITY, STATE, ZIP CODE 4940 WEST 56TH STREET, INDIANAPOLIS, , 46254			
(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 Complaints IN00456931, IN00456679, and IN00455843. Complaint IN00456931 - No deficiencies related to the allegations are cited. Complaint IN00456679 - No deficiencies related to the allegations are cited. Complaint IN00455843 - No deficiencies related to the allegations are cited. Survey date: April 8, 2025 Facility number: 014279 Residential Census: 85 Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00456931, IN00456679, and IN00455843.	R 0000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

	Quality review completed on April 9, 2025.			
--	---	--	--	--

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
---	-------	-----------