

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 08/15/2025
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 IN00459115, IN00461244, and IN00461807. Complaint IN00459115 - State deficiencies related to the allegations are cited at R149. Complaint IN00461244 - State deficiencies related to the allegations are cited at R149. Complaint IN00461807 - State deficiencies related to the allegations are cited at R149. Survey date: August 15, 2025 Facility number: 014279 Residential Census: 93 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 18, 2025.	R 0000			

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

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 observation, interview, and record review, the facility failed to ensure a resident followed the pest control policy after active bed bugs were found in his room for 1 of 3 residents reviewed for bed bugs. (Resident B) Findings include:	R 0149	I want to request an IDR for this tag. The resident that was observed not following company's policy signed a statement along with the Maintenance Director on 7/30/2025 that he understood the Bed Bug Policy. Once non-compliance is witnessed and reported. A lease violation is issued. Plan of Correction Facility ID: 014279 Survey Event ID: 770311 R149 Sanitation and Safety Standards- Deficiency 1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: a The identified resident with bed bugs was immediately re-educated on the	09/01/2025
--------	--	--------	---	------------

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

On 8/15/25 at 9:57 a.m., Resident B indicated he had killed five bed bugs in his apartment two days ago and the pest control company found them last week on his box spring. At that time, Resident B walked to his recliner and separated the back cushions and two small live bed bugs were observed to be crawling between the back cushions. Resident B walked to his mattress and indicated the maintenance man put the mattress cover on a few days ago. Resident B pulled the seam open on the right side of the mattress pad and one live large bed bug and 2 live small bed bugs were observed crawling through the seam.

During an interview on 8/15/25 at 10:12 a.m., CNA 3 indicated there were bed bugs in multiple apartments all over the facility.

On 8/15/25 at 11:05 a.m., the Administrator provided a copy of an undated facility policy, titled Bed Bug Protocol and Procedure, and indicated this was the current policy used by the facility. A review of the policy indicated when a resident had active bed bugs in their apartment the resident had the right to leave the apartment, but the resident must call the nurse's station and request fresh clean clothes, the resident must shower, then change, then

facility's Bed Bug Policy, specifically the requirement to shower and change clothing prior to exiting and upon re-entering their apartment.

b

Staff will assist with obtaining clean clothing and monitored compliance with the policy.

c

The resident's apartment was inspected, and pest control services were provided to ensure eradication.

2

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

a

All residents in the community had the potential to be affected by the alleged deficient practice. Maintenance Director and/or designee will continue to educate residents on our bed bug policy.

leave the room immediately. This same procedure must be completed every time a resident would like to leave their apartment. Violations of this directive would lead to a written notice of lease violation.

On 8/15/25 at 11:07 a.m., observed Resident B walking in the hallway headed to his room. At that time, Resident B indicated he had not taken a shower nor changed his clothes before he left his apartment. Resident B wasn't sure if he needed to.

During an interview on 8/15/25 at 11:15 a.m., the Administrator indicated Resident B should have called for staff to assist him with a shower, putting on fresh clothes, then leaving the apartment immediately. The Administrator had not given any residents a written lease violation. Other residents had also been non-compliant regarding the procedure to leave their apartments as well.

b

All residents with known or suspected bed bugs will be assessed to ensure compliance with the policy requiring showering and changing clothing.

c

Staff will conduct room inspections of all apartments where bed bugs are suspected or confirmed.

d

Any resident found out of compliance with the Bed Bug Policy will receive re-education and be issued a lease violation notice, per facility policy.

3

What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.

a

All staff have been re-educated on the Bed Bug Policy and Procedure, with emphasis on monitoring

The clinical record for Resident B was reviewed on 8/15/25 at 12:20 p.m. The diagnoses included, but were not limited to, diabetes, depression, and general anxiety disorder. The clinical record indicated Resident B was cognitively intact and lacked documentation Resident B was educated on the pest control policy.

This citation relates to Complaints IN00459115, IN00461244, and IN00461807.

Based on observation, interview, and record review, the facility failed to ensure a resident followed the pest control policy after active bed bugs were found in his room for 1 of 3 residents reviewed for bed bugs. (Resident B)

Findings include:

On 8/15/25 at 9:57 a.m., Resident B indicated he had killed five bed bugs in his apartment two days ago and the pest control company found them last week on his box spring. At that time, Resident B walked to his recliner and separated the back cushions and two small live bed bugs were observed to be crawling between the back cushions. Resident B walked to his mattress and indicated the maintenance man put the mattress cover on a few days

residents for compliance.

b

A log has been created to track residents with bed bug activity.

c

Lease enforcement has been incorporated into the corrective action process: any resident who refuses to comply with the Bed Bug Policy after re-education will be issued a lease violation.

4

How the corrective actions(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 Executive Director/Designee will conduct weekly audits for 4 weeks, then monthly audits for 3 months, to ensure residents with bed bugs are following the required protocol.

b

Audit results will include tracking of

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

ago. Resident B pulled the seam open on the right side of the mattress pad and one live large bed bug and 2 live small bed bugs were observed crawling through the seam.

During an interview on 8/15/25 at 10:12 a.m., CNA 3 indicated there were bed bugs in multiple apartments all over the facility.

On 8/15/25 at 11:05 a.m., the Administrator provided a copy of an undated facility policy, titled Bed Bug Protocol and Procedure, and indicated this was the current policy used by the facility. A review of the policy indicated when a resident had active bed bugs in their apartment the resident had the right to leave the apartment, but the resident must call the nurse's station and request fresh clean clothes, the resident must shower, then change, then leave the room immediately. This same procedure must be completed every time a resident would like to leave their apartment. Violations of this directive would lead to a written notice of lease violation.

On 8/15/25 at 11:07 a.m., observed Resident B walking in the hallway headed to his room. At that time, Resident B indicated he had not taken a shower nor changed his clothes before he left his apartment. Resident B wasn't sure if he

re-education and lease violations issued for noncompliance.

c

Any noncompliance will be immediately addressed with corrective action, up to and including lease enforcement.

d

Findings will be reported and reviewed during the facility's monthly QAPI meeting for six months and reviewed as needed until resolved.

5

By what date the systemic changes will be completed: 9/1/2025

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

needed to.

During an interview on 8/15/25 at 11:15 a.m., the Administrator indicated Resident B should have called for staff to assist him with a shower, putting on fresh clothes, then leaving the apartment immediately. The Administrator had not given any residents a written lease violation. Other residents had also been non-compliant regarding the procedure to leave their apartments as well.

The clinical record for Resident B was reviewed on 8/15/25 at 12:20 p.m. The diagnoses included, but were not limited to, diabetes, depression, and general anxiety disorder. The clinical record indicated Resident B was cognitively intact and lacked documentation Resident B was educated on the pest control policy.

This citation relates to Complaints IN00459115, IN00461244, and IN00461807.

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