STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 56TH	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 Complaint IN00359707. Complaint IN00359707 - Substantiated. State Residential Findings are cited at R149 and R240. Survey Date: August 9, 2021 Facility Number: 014279 Residential: 117 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on August 13, 2021	R 0000	POC Complaint (IN00359707) August 9, 2021 I would respectively request a desk review.	
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.	R 0149	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**	08/28/2021

	Based on observation, interview, and record review, the facility failed to timely implement a pest control program after family notification of itching and bites for 1 of 3 residents reviewed for pest control. (Resident B) Findings include: The clinical record for Resident B was reviewed on 8/9/21 at 11:54 a.m. The diagnoses included, but were not limited to, dementia and anxiety. An interview was conducted with Family Member 2 on 8/9/21 at 12:13 p.m. She indicated, approximately 5 months ago, Resident B's apartment was infested with bed bugs, and they were uncertain from where the bed bugs were coming. Resident B's sofa, chair, and clothes all had to be thrown out. After everything was replaced, she requested the facility monitor for bed bugs in her apartment. Then 3 weeks ago, approximately 7/12/21, Resident B was complaining of itching and had bites on her arms that Family Member 2 could see during a video call, so Family Member 2 contacted the ED (Executive Director) with Resident B's concerns of itching and the observed bites on her arms. Family Member 2 was informed by the ED that "she		Resident B was removed from her room and her room was exterminated and clothes cleaned per pest control policy. -**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.** All other residents had the potential to be affected by this deficient practice. All staff was educated on 8/13/2021 by ED, DON and Maintenance Director on the pest control policy and Bed Bug awareness and procedures. -**What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** Pest Control vendor has already been established and will be called out for all pest control issues. Resident will be reminded monthly during resident council to report any pest they see immediately so	

	would get it checked." The next day, Family Member 2 was informed by the ED, after having the Housekeeping Supervisor check, that there were no bed bugs in Resident B's room. Family Member 2 visited Resident B in person at the facility in her room on 8/2/21. Family Member 2 pulled back the covers on Resident B's sofa, where Resident B slept, and "there were bugs everywhere." Resident B had "bites all over her." Family Member 2 requested the ED to come to the room with her, but she sent the HS (Housekeeping Supervisor) and Maintenance Director instead. The Maintenance Director used a vacuum cleaner "to suck up bugs. They were on the baseboards and everywhere." An exterminator was brought in on 8/3/21 and 8/4/21. An interview was conducted with the Maintenance Director and HS on 8/9/21 at 12:50 p.m. The HS indicated Resident B had bed bugs several months ago, at which time, everything was treated, and furniture was replaced. The HS indicated the ED instructed her to check Resident B's room for bed bugs again on 7/12/21 and displayed the text message instructing her to do so. The HS looked for bed bugs in Resident B's room on 7/12/21, but didn't see any. She looked by lifting the pillows on		we are able to address the issue timely. -**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.** This process will be reviewed by DON/designee, IDT Team, and Administrator weekly for 8 weeks, monthly for 4 months and then as needed. At the monthly QA meetings, the results of the monitoring will be reviewed. Any patterns will be identified. If indicated, an Action Plan will be written by the QA Committee. Any Action Plan will be reviewed weekly by the Administrator until resolved. Any concerns will be addressed as discovered. -**By what date the systematic changes will be completed**	

	the couch, but did not remove the pillows or check underneath the couch. The HS was not informed at that time of Resident B's alleged itching or bites, and had she known, she'd have gotten the exterminator involved. The HS stated, "We've had [name of exterminator company] come out just for saying they saw a bug." The Maintenance Director stated, "I didn't know anything about bed bugs in that room 3 weeks ago." If he had heard about itching and bites, he would have informed nursing, so they could assess Resident B, and if they confirmed bites, he'd have had the exterminator come out. An observation of Resident B in her room was made on 8/9/21 at 1:52 p.m. with the DON (Director of Nursing.) Resident B was sitting on a brown leather couch. The DON told Resident B she liked her new couch. On 8/9/21 at 11:32 a.m., the Maintenance Director provided their exterminator's pest control notes for 4/9/21, 5/7/21, 6/25/21, and 8/4/21. Only the 8/4/21 notes indicated treatment for bed bugs. The Maintenance Director provided a bed bug information sheet on 8/9/21 at 11:32 a.m. He indicated he came up with the information sheet and distributed it to all of the		August 28, 2021	

managers, because their was confusion as to what bed bugs actually were.

The Subcontracting Vendors Policy and Procedure was provided by the DON on 8/9/21 at 12:20 p.m. It read, "The following is a minimal listing of vendors that must be subcontracted to meet the needs of the residents and regulatory compliance." The list included pest control.

This Residential tag relates to Complaint IN00359707

Based on observation, interview, and record review, the facility failed to timely implement a pest control program after family notification of itching and bites for 1 of 3 residents reviewed for pest control. (Resident B)

Findings include:

The clinical record for Resident B was reviewed on 8/9/21 at 11:54 a.m. The diagnoses included, but were not limited to, dementia and anxiety.

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	clothes all had to be thrown out. After everything was replaced, she requested the facility monitor for bed bugs in her apartment. Then 3 weeks ago, approximately 7/12/21, Resident B was complaining of itching and had bites on her arms that Family Member 2 could see during a video call, so Family Member 2 contacted the ED (Executive Director) with Resident B's concerns of itching and the observed bites on her arms. Family Member 2 was informed by the ED that "she would get it checked." The next day, Family Member 2 was informed by the ED, after having the Housekeeping Supervisor check, that there were no bed bugs in Resident B's room. Family Member 2 visited Resident B in person at the facility in her room on 8/2/21. Family Member 2 pulled back the covers on Resident B's sofa, where Resident B slept, and "there were bugs everywhere." Resident B had "bites all over her." Family Member 2 requested the ED to come to the room with her, but she sent the HS (Housekeeping Supervisor) and Maintenance Director instead. The Maintenance Director used a vacuum cleaner "to suck up bugs. They were on the baseboards and everywhere." An exterminator was brought in on 8/3/21 and 8/4/21.			

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R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240	**-What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**	08/28/2021

Based on interview and record review, the facility failed to assess a resident for itching and bites after family notification of such for 1 of 3 residents reviewed for pest control. (Resident B)

Findings include:

The clinical record for Resident B was reviewed on 8/9/21 at 11:54 a.m. The diagnoses included, but were not limited to, dementia and anxiety.

The 5/8/20 Resident Service Plan indicated she needed assistance with light housekeeping.

An interview was conducted with the DON (Director of Nursing) on 8/9/21 at 11:47 a.m. She indicated Resident B had dementia and was confused.

An interview was conducted with Family Member 2 on 8/9/21 at 12:13 p.m. She indicated 3 weeks ago, approximately 7/12/21, Resident B was complaining of itching and she had bites on her arms that she could see during a video call, so Family Member 2 contacted the ED (Executive Director) with Resident B's complaints of itching and her observed bites on her arms. Family Member 2 was informed by the ED that "she would get it checked." The next day, Family Member 2 was informed by the ED, after having

Resident B was removed from her room and her room was exterminated and clothes cleaned per pest control policy.

-**How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.**

All other residents had the potential to be affected by this deficient practice. All staff was educated on 8/13/2021 by ED, DON and Maintenance Director on the pest control policy and Bed Bug awareness and procedures.

-**What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?**

Pest Control vendor has already been established and will be called out for all pest control issues. Resident will be reminded monthly during resident council to report any pest or any pest related issues they see immediately so we are able to address the

	the Housekeeping Supervisor check, that there were no bed bugs in her room. Family Member 2 visited Resident B in person at the facility in her room on 8/2/21. Family Member 2 pulled back the covers on Resident B's sofa, where Resident B slept, and "there were bugs everywhere." Resident B had "bites all over her." Family Member 2 requested the ED to come to the room with her, but she sent the Housekeeping Supervisor and Maintenance Director instead. The Maintenance Director used a vacuum cleaner "to suck up bugs. They were on the baseboards and everywhere." An exterminator was brought in on 8/3/21 and 8/4/21. The 8/4/21 exterminator pest control notes were provided by the Maintenance Director on 8/9/21 at 11:32 a.m. They indicated treatment for bed bugs in Resident B's room. An interview was conducted with the Maintenance Director and HS (Housekeeping Supervisor) on 8/9/21 at 12:50 p.m. The HS indicated the ED instructed her to check Resident B's room for bed bugs on 7/12/21 and displayed the 7/12/21, 10:29 a.m. text message instructing her to do so. The HS looked for bed bugs in Resident B's room on		issue timely. -**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.** This process will be reviewed by DON/designee, IDT Team, and Administrator weekly for 8 weeks, monthly for 4 months and then as needed. At the monthly QA meetings, the results of the monitoring will be reviewed. Any patterns will be identified. If indicated, an Action Plan will be written by the QA Committee. Any Action Plan will be reviewed weekly by the Administrator until resolved. Any concerns will be addressed as discovered.	

	7/12/21, but didn't see any. The HS was not informed at that time of Resident B's alleged itching or bites. The Maintenance Director stated, "I didn't know anything about bed bugs in that room 3 weeks ago," and if he had heard about itching or bites, he would have said something to nursing, and had them look to see if Resident B had what was consistent with a bite. An interview was conducted with the DON on 8/9/21 at 1:45 p.m. She indicated she was unaware of Resident B's family expressing a concern with itching or bites, never spoke with the ED about Resident B itching or having bites, and did not assess Resident B for itching or bites. If someone came to her saying a resident had a rash or skin condition, she'd go look at it, and as a nurse, she would document something like that in the resident's progress notes. The clinical notes for Resident B did not reference any allegations or assessment for itching or bites. This Residential tag relates to Complaint IN00359707 Based on interview and record review, the facility failed to assess a resident for itching and bites after family notification of		-**By what date the systematic changes will be completed** August 28, 2021	

such for 1 of 3 residents reviewed for pest control. (Resident B)

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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