

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/18/2026	
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 Intakes IN00470512 and IN00471031. Intake IN00470512 - No deficiencies related to the allegations are cited. Intake IN00471031 - No deficiencies related to the allegations are cited. Survey Dates: August 17 and 18, 2026 Facility Number: 014279 Census Bed Type: Residential: 102 Total: 102 Census Payor Type: Other: 102 Total: 102 Oasis At 56th was found to be	R 0000					

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in compliance with 410 IAC 16.2 in regard to the investigation of Intakes IN00470512 and IN00471031. Quality review completed August 19th, 2026.			
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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
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