STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/28/2022

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 Complaints IN00383062 and IN00382959. Complaint IN00383062 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00382959 - Substantiated. State Residential Findings are cited at R29. Survey Dates: June 27 and 28, 2022 Facility Number: 014279 Residential: 112 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on June 30, 2022	R 0000	07/15/2022 POC Complaints (IN00383062, IN00382959) June 27-28, 2022 I would respectively request a desk review.	
R 0029	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(d)	R 0029	R029	07/15/2022

(d) Residents have the right to be treated with consideration, respect, and recognition of their dignity and individuality.

Based on observation, interview, and record review, the facility failed to treat a resident with dignity during care for 1 of 3 residents reviewed for toileting. (Resident H)

Findings include:

The clinical record for Resident H was reviewed on 6/28/22 at 12:02 p.m. The diagnoses included, but were not limited to: heart disease, hypertension, and type 2 diabetes.

The 4/19/22 Level of Service Assessment/Evaluation indicated she understood information conveyed, but may miss some part or intent of the message. She needed direct assistance from another person for parts of dressing and undressing, such as pulling up pants/manipulating fasteners, 3 or more times in a 7 day period. She always required assistance with personal hygiene, and required assistance weekly with bowel incontinency.

An interview and observation was conducted with Resident H on 6/28/22 at 10:47 a.m. in her apartment. She was sitting in her motorized wheel chair. Her feet were resting on a singular

-**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**

Resident H no longer at community.

-**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.**

No other resident was affected by this deficient practice.

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

All licensed nursing staff educated on maintaining residents' dignity by DON on 7/1, 7/19, and 7/21.
DON/Designee will discuss during resident council meetings

	foot pedal. She indicated she could normally get out of her wheel chair and onto the toilet by herself, but needed assistance off of the toilet. Her wheel chair pedal was currently broken, in that the pedal was normally able to be controlled by pressing a button/lever, but it wasn't currently working, so she needed someone to manually lift the pedal for her to be able to transfer from her wheel chair. She wasn't used to anyone needing to help her. The previous day she pressed her call light, because she needed to have a bowel movement. She waited roughly 20 minutes for staff to come and assist her, but no one came, and she ended up having a bowel movement on herself in her motorized wheel chair. Eventually CNA 2 came to assist. She was "so hateful and said I got it all over my jacket, and now I gotta [sic] wash my jacket and you need to go to the bathroom earlier." Resident H asked if there was anyone else that could assist her. Resident H wanted to cry, but didn't, because she didn't want to give CNA 2 that satisfaction. CNA 2 was often hateful in the dining room. She would throw your silverware down on the table, instead of laying it down. Resident H stated, "She doesn't treat us with respect at all." CNA 2 did not cuss at her, "just her tone of voice, what she said, and her attitude."		the Importance of maintaining residents' dignity and address any concerns noted and encourage residents to bring their concerns to staff immediately. -**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**	

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