STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/11/2022

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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00369700 and IN00369332 completed on January 7, 2022. This visit was in conjunction with a PSR to the Investigation of Complaint IN00366365 and IN00365568 completed on November 10, 2021. Complaint IN00369700 - Corrected Complaint IN00369332 - Corrected Complaint IN00366365 - Corrected Complaint IN00365568 - Corrected Unrelated deficiency is cited. Survey dates: February 10 and 11, 2022 Facility number: 14279	R 0000	POC Revisit (IN00369700, IN00369332) February 11, 2022 I would respectively request a desk review.	

	Residential Census: 107 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on February 17, 2022			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities.	R 0407	R407 -**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Every unvaccinated resident has had the task added to their service plan to check for signs and symptoms of COVID daily. -**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.**	03/04/2022

	Based on observation, record review, and interview, the facility failed maintain an infection control practice to properly prevent and/or contain COVID-19 by not assessing unvaccinated residents for signs and symptoms of COVID daily for 3 of 3 residents reviewed for infection control. Findings include: An interview with DON (Director of Nursing) was conducted on 2/11/22 at 3 p.m. DON indicated, they monitor residents for COVID-19 was by taking all of the resident's vitals signs daily. She further stated, if a resident felt ill, they are to notify the nursing staff who will then test them for COVID. The facility was not actively assessing unvaccinated residents for the signs and symptoms of COVID daily. A list of unvaccinated residents was provided by DON on 2/10/22 at 11:08 a.m. It indicated, Resident X, Y, and Z were unvaccinated. 1. A copy of the facility's COVID-19 communication email to residents, resident representatives, and resident families for the date of 1/19/22, was provided by ED (Executive Director) on 2/10/22 at 11:27 a.m. The communication email indicated, a resident had tested		All unvaccinated residents had the potential to be 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?** DON/designee audited the residents service plans 2/11/22 and added to the unvaccinated residents to check for signs and symptoms of COVID daily. Every new resident will have this task added to their service plan upon admission. -**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.	

positive within the community on 1/19/22.

An interview with ED was conducted on 2/10/22 at 3:36 p.m. indicated, Resident X was the resident who had tested positive on a point of care test for COVID-19.

An interview with NP (Nurse Practioner) was conducted on 2/10/22 at 4:24 p.m. indicated, Resident X had complained of chills, headache, slight cough, fatigue, and "not feeling well". NP stated, a point of care test for COVID-19 was performed and Resident X was positive for COVID-19.

The clinical record for Resident X was reviewed on 2/10/22. Resident X's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

2. The clinical record for Resident Y was reviewed on 2/11/22 at 9:42 a.m.. Resident Y's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

3. The clinical record for Resident Z was reviewed on 2/10/22 at 2:01 p.m.. Resident Z's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

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**

March 5, 2022

The CDC's (Center for Diseases and Control) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes Nursing Homes & Long-Term Care Facilities, last updated Sept. 10, 2021, indicated, "Evaluate Residents at least Daily:

- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.

- Actively monitor all residents upon admission and at least daily for fever (temperature =100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection"

Based on observation, record review, and interview, the facility failed maintain an infection control practice to properly prevent and/or contain COVID-19 by not assessing unvaccinated residents for signs and symptoms of COVID daily for 3 of 3 residents reviewed for infection control.

Findings include:

An interview with DON (Director of Nursing) was conducted on 2/11/22 at 3 p.m. DON indicated, they monitor residents for COVID-19 was by taking all of the resident's vitals signs daily. She further stated, if a resident felt ill, they are to notify the nursing staff who will then test them for COVID. The facility was not actively assessing unvaccinated residents for the signs and symptoms of COVID daily.

A list of unvaccinated residents was provided by DON on 2/10/22 at 11:08 a.m. It indicated, Resident X, Y, and Z were unvaccinated.

1. A copy of the facility's COVID-19 communication email to residents, resident representatives, and resident families for the date of 1/19/22, was provided by ED (Executive Director) on 2/10/22 at 11:27 a.m. The communication email indicated, a resident had tested positive within the community on 1/19/22.

An interview with ED was conducted on 2/10/22 at 3:36 p.m. indicated, Resident X was the resident who had tested positive on a point of care test for COVID-19.

An interview with NP (Nurse Practioner) was conducted on 2/10/22 at 4:24 p.m. indicated,

Resident X had complained of chills, headache, slight cough, fatigue, and "not feeling well". NP stated, a point of care test for COVID-19 was performed and Resident X was positive for COVID-19.

The clinical record for Resident X was reviewed on 2/10/22. Resident X's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

2. The clinical record for Resident Y was reviewed on 2/11/22 at 9:42 a.m.. Resident Y's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

3. The clinical record for Resident Z was reviewed on 2/10/22 at 2:01 p.m.. Resident Z's clinical record did not contain monitoring for signs and symptoms of COVID-19 beyond vital signs.

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	consistent with COVID-19 or an acute respiratory infection. - Actively monitor all residents upon admission and at least daily for fever (temperature =100.0°F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection"			

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