

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 12/03/2024	
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 a Post Survey Revisit (PSR) to Investigation of Complaints IN00437068 and IN00440703 completed on September 4, 2024. This visit was in conjunction with the Investigation of Complaint IN00446418. Complaint IN00437068 - Corrected. Complaint IN00440703 - Corrected. Survey date: December 3, 2024 Facility number: 014279 Residential Census: 96 Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00437068 and IN00440703. Quality review completed on December 5, 2024.	R 0000					

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Complaint IN00437068 - Corrected.

Complaint IN00440703 - Corrected.

Survey date: December 3, 2024

Facility number: 014279

Residential Census: 96

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Quality review completed on December 5, 2024.

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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