

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013347	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/15/2024
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH		STREET ADDRESS, CITY, STATE, ZIP CODE 5651 E 30TH STREET INDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00431009 and IN00430929.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey which included the investigation of Complaint IN00426449, Complaint IN00429137, completed on February 29, 2024.</p> <p>Complaint IN00431009- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00430929- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00426449- Corrected</p> <p>Complaint IN00429137- Corrected</p> <p>Survey dates: May 14 and 15, 2024</p> <p>Facility number: 013347</p> <p>Residential Census: 110</p> <p>Oasis at 30th was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00431009 and IN00430929.</p> <p>Quality review completed on may 16, 2024</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE