

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
NAME OF PROVIDER OR SUPPLIER OASIS AT 56TH		STREET ADDRESS, CITY, STATE, ZIP CODE 4940 WEST 56TH STREET INDIANAPOLIS, IN 46254		
(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 Complaints IN00456931, IN00456679, and IN00455843.</p> <p>Complaint IN00456931 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00456679 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455843 - No deficiencies related to the allegations are cited.</p> <p>Survey date: April 8, 2025</p> <p>Facility number: 014279</p> <p>Residential Census: 85</p> <p>Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00456931, IN00456679, and IN00455843.</p> <p>Quality review completed on April 9, 2025.</p>	R 000		

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

TITLE

(X6) DATE