

Indiana State 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 07/20/2023
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 IN00411483 and IN00412677.</p> <p>Complaint IN00411483 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412677 - No deficiencies related to the allegations are cited.</p> <p>Survey Dates: July 20, 2023</p> <p>Facility Number: 014279</p> <p>Residential census: 114</p> <p>Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00411483 and IN00412677.</p> <p>Quality review completed on July 21, 2023</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE