STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
OASIS AT 30TH	5651 E 30TH STREET INDIANAPOLIS, IN 46218

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R 0000 Bldg. 00	This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00458550. Complaint IN00458550 - No deficiencies related to the allegations are cited. Survey dates: April 30 and May 1, 2025 Facility number: 013347 Residential Census: 102 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 6, 2025.	R 0000		
R 0117 Bldg. 00	410 IAC 16.2-5-1.4(b) Personnel - Deficiency Based on interview and record review, the facility failed to ensure staff completed sufficient hands-on training for cardiopulmonary resuscitation (CPR) certification for 3 of 7 days reviewed for CPR/First Aide certification. This had the potential to affect 102 of 102 residents. Findings include: On 5/1/25 at 10:30 a.m., the Executive Director (ED) provided the CPR/First Aide certifications and staff work schedules for the week of 4/20/25 through 4/26/25. On the following days and shifts, there were no staff members working that were sufficiently CPR certified:	R 0117	R0117 * ADON or designated person will monitor the certifications of all nursing staff within facility and ensure facility is equipped with one awake staff person with current CPR and first aid certification on site at all times. ADON or designated person will keep binder/book with certifications of all nursing staff currently employeed in facility and any new employees hired in facility. ADON or designated person will assist staff with	06/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Bowman	Director of Nursing	05/13/2025

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	4/21/25: night shift, 4/22/25: night shift, and 4/24/25: night shift. An interview was conducted, on 5/1/25 at 12:55 p.m., with the Director of Nursing (DON). She indicated she was unaware that hands-on skills training was required for CPR certifications, and believed online-only CPR training was acceptable. On 5/1/25 at 1:20 p.m., the ED provided a CPR and First Aid Certification Policy, last reviewed 9/2021, and it indicated " ...It is the responsibility of the Director of Nursing to ensure at least one employee with current CPR and First Aid Certifications is on duty at all times. . ."		monitoring expiration dates of certifications. ADON or designated person will monitor the binder monthly and as needed to ensure expiration dates are kept up and new hires are equipped with current certifications or have access to aquire certification. This deficiency will be corrected by 06/02/2025.	
R 0123 Bldg. 00	410 IAC 16.2-5-1.4(h)(1-10) Personnel - Nonconformance Based on interview and record review, the facility failed to ensure a Qualified Medication Aide (QMA) certification remained up to date and current for 1 of 5 employee files reviewed. (QMA 2) Findings include: The employee files were provided by the Executive Director (ED) on 4/30/25 at 11:30 a.m. The certification for QMA 2 expired on 4/14/25. The ED provided the time sheet for QMA 2 since the expiration date of the QMA certification on 4/30/25 at 12:30 p.m. The document indicated QMA 2 worked on the following date(s): 4/16/25, 4/18/25, 4/20/25,	R 0123	R0123 ADON or designated person will keep a book or binder with all staff who hold a professional license within the facility. The ADON or designated person will monitor these professional license monthly and alert staff of approaching expiration dates to aide in renewal process. If staff fails to renew their license prior to expiration the will be prohibited from working until that license is renewed. This deficiency wil be corrected no later than 06/02/2025.	06/02/2025

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	4/21/25, 4/23/25, 4/25/25, and 4/28/25. The ED provided a copy of QMA 2's certification, on 4/30/25 at 1:00 p.m., that indicated the certification was renewed on 4/30/25 and was active.			
R 0187 Bldg. 00	410 IAC 16.2-5-1.6(k) Physical Plant Standards - Deficiency Based on observation, interview, and record review, the facility failed to ensure water temperatures were below 120 degrees Fahrenheit for 3 of 9 resident rooms observed. (Residents' L, M, N) Findings include: During an environmental tour conducted with the Maintenance Manager (MM) on 5/1/25 at 10:07 a.m., Resident L's room was observed. The resident's water temperature was obtained by the MM at 126.7 degrees Fahrenheit. At 10:11 a.m., Resident M's room was observed. The MM had obtained the resident's temperature at 125 degrees Fahrenheit. After, Resident N's room was observed. The resident's water temperature was obtained at 124.6 degrees Fahrenheit by the MM. An interview was conducted with the MM on 5/1/25 at 10:30 a.m. He indicated he obtained the residents' room water temperatures weekly. He had not obtained water temperatures that high before today. The water system had been recently repaired, so he was unsure if the water was fluctuating causing one floor to be higher than the other.	R 0187	R 0187 Maintenance Director or designated person will monitor water temps in facility 4 rooms per floor and 2 common areas within facility weekly. Maintenance Director or designated person will monitor water tempatures of mixing valves and water heaters daily. Executive Director will monitor the progress of daily and weekly tempatures and the completion of binder entries. This deficiency will be corrected no later than 06/02/2025	06/02/2025

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	A water temperature policy was provided by the Executive Director on 5/1/25 at 11:30 a.m. It indicated, "...Preventive Maintenance Procedure... 3. Adjust temperatures according to regulations (95 [degrees Fahrenheit] to 120 [degrees Fahrenheit]..."			
R 0216 Bldg. 00	410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance Based on observation, interview, and record review, the facility failed to ensure a self-administration assessment was in place that accurately identified what medications a resident could safely self-administer for 1 of 5 residents records reviewed (Resident D). The clinical record for Resident D was reviewed on 5/1/25 at 10:33 p.m. The diagnoses included, but were not limited to, asthma, depression, morbid obesity, and neuropathy. A Self Administration Medication Assessment, dated 4/2/25, indicated the resident was not able to administer her own medications and they were to be administered by staff. There were no exceptions listed. A Medication Administration Report (MAR) for April 2025 indicated there were eight scheduled medications that were self-administered by the resident. They included Aquaphor (moisturizer for skin issues), Arthritis Pain ER (acetaminophen extended release), clotrimazole (an antifungal cream), Dulera inhaler (medication for asthma), fluticasone nasal spray (for seasonal allergies), nystatin powder (antifungal), olopatadine eye drops (for eye allergy symptoms), and	R 0216	R 0216 Self administration of medication assessment form has been edited to add details/exceptions which give nurse the ability and a reminder to ask if resident keeps medications at bedside and also the cue to check for orders to support any medications which resident may be keeping in apartment or at bedside. The new form will be used on all future self medication assessments either quarterly, annually or with new admissions or admission screenings. DON and ADON or Charge nurse will use this form on all future screenings. This deficiency will be corrected by 06/02/2025.	06/02/2025

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	triamcinolone (steroid cream for rashes). Resident D was interviewed on 5/1/25 at 11:50 a.m. She indicated she had these medications in her room, and she took them herself. Sometimes she forgot to take some of them. Her aide would put the nystatin powder on her after showers. The medications were observed in different areas of the resident's apartment, including her side table, a bin in her bedroom, and a storage drawer in her living room. The Director of Nursing (DON) was interviewed on 5/1/25 at 12:32 p.m. She indicated Resident D had asked the facility to administer her pills because she kept forgetting them, but said she could manage her other medications (like creams and inhalers) on her own. The resident was technically able to self-administer all her medications, she just preferred the staff to give her pills. She was not sure why Resident D's most recent Self Administration Medication Assessment did not list the medications she could self-administer, but her usual practice was to list the exception medications on the assessment. The Executive Director (ED) provided a physician's order on 5/1/25 at 12:58 p.m. It indicated Resident D could keep several medications at the bedside. The order was placed on 5/1/25 at 12:56 p.m. The ED provided a policy titled "Medication Management, Administration, & Storage", revised 1/2024, on 5/1/25 at 1:20 p.m. It indicated "The Director of Nursing, or licensed nurse designee, will assess the resident's ability to self-administer daily medications utilizing the Self-Medication Assessment. The assessment will determine what level of assistance, if any, is needed by the			

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	resident ...The medication assessment will be reviewed biannually as part of the review process, and episodically with any significant change in condition or as level of service indicate. If a resident is assessed as Needing Assistance with Medication Administration, it is the responsibility of the licensed nurse or Qualified Medication Aide [QMA] to administer the medications to the resident."			
R 0273 Bldg. 00	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency Based on observation and interview, the facility failed to ensure expired foods were removed from the stock and to not store a scoop in a bin of powdered sugar. This had the potential to affect 102 of 102 residents that reside in the facility. Findings include: A kitchen tour was conducted on 4/30/25 at 9:35 a.m. An unopened cardboard container of cranberry juice cocktail, which had an expiration date of 1/26/25 on it, was observed on the shelf in the dry goods storage room. A red plastic scoop was observed inside the powdered sugar bin. The Dietary Manager (DM) was interviewed on 4/30/25 at 9:45 a.m. She indicated she thought they had just received the cranberry juice in a shipment not too long ago. A kitchen tour was conducted on 5/1/25 at 12:00 p.m. The red plastic scoop was inside the powdered sugar bin. The DM was interviewed on 5/1/25 at 12:05 p.m. She indicated the scoop should not be in the bin.	R 0273	R 0273 Dietary Manager or designated person will use daily task sheet to monitor for expired foods and for discrepencies in the kitchen and dry storage area. The daily tasks sheets will be reviewed by ED weekly and kept in binder/folder. The Dietary Manager will be responsible to check food and supply storage areas for out of place equipment and expired goods. This deficency wil be corrected by 06/02/2025.	06/02/2025