

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/31/2023	
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH				STREET ADDRESS, CITY, STATE, ZIP COD 5651 E 30TH STREET INDIANAPOLIS, IN 46218			
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00400056.</p> <p>Complaint IN00400056 - Substantiated. State deficiencies related to the allegations are cited at R0091.</p> <p>Survey date: January 31, 2023</p> <p>Facility number: 013347</p> <p>Residential Census: 105</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on February 1, 2023</p>			R 0000			
R 0091 Bldg. 00	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.</p> <p>Based on interview and record review, the facility failed to implement the bed bug policy and protocol by not assuring items were laundered, per protocol, from apartments with bed bugs, not timely contacting an extermination company upon</p>			R 0091	<p>1.) What corrective action will be accomplished for those residents affected? Four residents affected. Residents' affected apartments were inspected and treated per</p>		02/18/2023

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

TITLE

(X6) DATE

Diana Gore

Administrator

02/14/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>suspicion of bed bugs and not educating their employees on identification of bed bugs for 4 of 6 residents reviewed for pest control (Resident B, C, F and H) and with the potential to affect 105 of 105 residents residing at the facility.</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/31/23 at 11:20 a.m. The Resident's diagnosis included, but were not limited to, hypertension and congestive heart failure.</p> <p>A Level of Services Assessment, dated 12/27/22, indicated that he was oriented to person, place, and time, and had understanding of his own needs.</p> <p>During an interview on 1/31/23 at 11:20 a.m., Resident B indicated that he had been having trouble with bed bugs for a couple of months. The facility had treated them a couple of months ago, but it didn't take care of it. The facility had treated his room again a couple of weeks ago and had done a better job. Resident B had not seen any bed bugs since the last treatment.</p> <p>2. The clinical record for Resident C was reviewed on 1/31/23 at 11:55 a.m. The Resident's diagnosis included, but were not limited to, congestive heart failure and memory deficit.</p> <p>A Level of Services Assessment, dated 12/29/22, indicated he was alert and oriented to person, place, and time. He needed cues and supervision with planning and organizing his daily routine.</p> <p>During an interview on 1/31/23 at 11:55 a.m., Resident C indicated he had bed bugs. He had been told his apartment was going to be treated,</p>				<p>professional pest control company per company policy.</p> <p>2.) How will the facility identify other residents having the potential to be affected? All residents have the potential to be affected. Facility will be inspecting all residents' rooms and common areas with the assistance of pest control company and with the use of a bed bug sniffing dog provided by the pest control company. Any bed bugs found will be treated per policy.</p> <p>3.) What measures will be put in place to ensure that deficient practice does not recur? All staff will be educated on the process of reporting bed bugs to facility Maintenance Director, through the TELS work order system. Staff will be educated to use this system to report all cases suspected. All staff will also be educated on identifying bed bugs and the process involved in treating the bed bugs. All-staff education to be done on 2/15/23.</p> <p>4.) How will corrective actions be monitored? Maintenance Director and/or designee will check TELS work order system daily and report any suspicions of bed bugs to the</p>		

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	<p>but it had been 2 weeks and it had not been treated yet. The facility had not given him any information about when it would be done.</p> <p>3. The clinical record for Resident F was reviewed on 1/31/23 at 12:20 p.m. The Residents diagnosis included, but were not limited to, diabetes and hypertension.</p> <p>A Level of Services Assessment, dated 12/27/22, indicated she was oriented to person, place, and time, and needed cues and supervision for organizing and correcting her daily routine.</p> <p>During an interview on 1/31/23 at 12:20 p.m., Resident F indicated that she had an ant problem, but it had gotten better. She could use someone to spray for bed bugs.</p> <p>On 1/31/23 at 1:05 p.m., the Executive Director provided a copy of the pest control log. The log indicated that Resident B's apartment had been placed on the Bed Bugs Only Units To Be Treated log on 11/28/22. The Units To Be Treated log indicated that Resident F's apartment had been placed on the log on 1/5/23 with the notation of bed bugs. Resident H's apartment had been placed on the log on 1/9/23 with the indication of bed bugs. Resident C's apartment had been placed on the log on 1/27/23 with the indication of bed bugs. All four of the units had not been marked as done.</p> <p>During an interview on 1/31/23 at 1:14 p.m., the DM (Director of Maintenance) indicated that the logs in the pest control book were to be used to communicate all pest issues except for bed bugs. If bed bugs were suspected, it should be reported directly to him. Resident B and Resident H had their apartments treated on 1/24/23. He had not</p>				<p>Administrator. Pest control company will be called for an inspection. Maintenance Director and/or designee will report findings to the QA committee to ensure proper treatments are followed. Maintenance Director and/or designee will also ensure all new staff are educated on how to identify bed bugs and the treatment process during new hire orientation. QA committee will continue to review bed bug issues on a monthly ongoing basis. Administrator and/or designee will audit and keep a log of all rooms that have been affected to ensure that these rooms remain bed bug free. 5.) Systemic changes will be completed by 2/18/23.</p>		

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	<p>been aware that Resident H had been placed on the pest control log for bed bugs on 1/5/23 or that Resident F had been placed on the log for bed bugs on 1/9/23. He did not review the logs regularly. He had been made aware that Resident H had a bed bug issue but was unsure of the date he was made aware. Resident B had been treated for bed bugs around the time frame of 11/29/22. The former Executive Director had instructed the staff to have Resident B's family deal with the laundering the clothes and not the facility. Resident B's apartment had been treated again on 1/24/23 and the facility had laundered the items from his apartment that time. Resident C's apartment did have bed bugs present. The facility was working with the family to organize treatment. The staff had been trained on the procedure for reporting bed bugs directly to him or the receptionist. The receptionist knew that she was to immediately report the bed bugs to the Director of Maintenance. Any of the staff or residents could write pest control needs in the pest control log which was located at the front desk. The staff were trained during orientation on how to identify bed bugs. The DM could not provide any Inservice training materials about bed bugs or how to report them.</p> <p>During an interview on 1/31/23 at 2:10 p.m., CNA (Certified Nursing Assistant) 4 indicated she had not received training on how to identify bed bugs since her employment. She had worked at the facility for approximately a month and a half. She would report bed bug issues to the Director of Nursing.</p> <p>During an interview on 1/31/23 at 2:12 p.m., QMA (Qualified Medication Aide) 5 indicated she had been trained by the facility on identifying bed bugs and that she would report bed bug issues to</p>						

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	<p>the nurse on duty or the Director of Nursing. She had been employed by the facility for 2 years.</p> <p>During an interview on 1/31/23 at 2:40 p.m., CNA 3 indicated that she had not received training on how to identify bed bugs. She would report bed bug issues by entering a note into the computer or by adding the issue to the pest control log.</p> <p>During an interview on 1/31/23 at 2:40 p.m., the DM indicated that Resident C's family were doing his laundry until the treatment of his apartment could be arranged.</p> <p>On 1/31/23 at 1:05 p.m., the Executive Director provided the Bed Bug Policy and Protocol, revised 7/8/2022, which read "...The purpose of this policy is to set a standard to aide in the prevention and remedy of bed bug infestations in the community...If a unit is suspected of having bed bugs, complete the following items...D. Call the designated pest control vendor to ask for an immediate inspection and treatment if necessary. E. Gather designated team members to begin process of turning over unit...Infestation Control Process...6. Launder Process. Dry on high heat for a minimum of 30 minutes. Wash and then dry on high heat again. Take the used garbage bags directly outside for disposal. Do not leave the used bags in the laundry room for any period of time...Re-seal laundered items in bags until second spray treatment process occurs in the unit. There can be one accessible bag left available for the resident to access clothing until the second spray treatment...Continued Monitoring and Practices 1. Ensure all staff members are trained on the prevalence and identification of bed bugs. Early detection is crucial to limit spread. If signs are present, staff members are to alert their supervisor immediately..."</p>						

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	This State tag relates to Complaint IN00400056.						