

Indiana State 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 R-C 03/10/2023
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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00400056 completed on State Residential Licensure Survey completed on 1/31/23.</p> <p>This visit was in conjunction with a PSR to the State Residential License Survey and the PSR to the Investigation of Complaint IN00397134 completed on 12/20/22.</p> <p>Complaint IN00397134 - corrected.</p> <p>Complaint IN00400056 - corrected.</p> <p>Survey dates: March 10, 2023</p> <p>Facility number: 013347</p> <p>Residential Census: 105</p> <p>Oasis at 30th was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00400056.</p> <p>Quality review completed on March 14, 2023</p>	{R 000}		

Indiana State Department of Health

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

TITLE

(X6) DATE