

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

PRINTED: 09/30/2022

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 08/31/2022	
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH				STREET ADDRESS, CITY, STATE, ZIP COD 5651 E 30TH STREET INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00386276 and IN00385830.</p> <p>Complaint IN00385830 - Corrected. Complaint IN00386276- Not corrected.</p> <p>Survey Date: August 31, 2022</p> <p>Facility Number: 013347</p> <p>Residential: 113</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on September 6, 2022</p>			R 0000			
R 0217 Bldg. 00	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may</p>						

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

TITLE

(X6) DATE

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>request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on interview and record review, the facility failed to revise a resident's service plan to address her behaviors for 1 of 1 resident reviewed for service plan revision. (Resident E)</p> <p>Findings include:</p> <p>The clinical record for Resident E was reviewed on 8/31/22 at 1:48 p.m. The diagnoses included, but were not limited to, major depressive disorder.</p> <p>On 8/31/22 at 1:46 p.m., the DON (Director of Nursing) provided a list of residents in the facility with behaviors. Resident E was the only one on the list.</p> <p>The 8/28/22 Level of Care assessment for Resident E indicated her behaviors as, "Attitudes, disturbances and emotional states create daily difficulties, which are extremely difficult to modify to tolerable levels and can only be modified in a special setting and/or with a special plan."</p> <p>The 5/23/22 Comprehensive Resident Assessment indicated in the past 7 days she exhibited the</p>			R 0217	<p>Complete individual Resident Service Plan to include Behavioral Health Service Provider resources, with interventions that include social engagement, and education on acceptable ways to communicate to ensure resident can express their needs are met. 9/18/22.</p> <p>DON or community representative will review Resident Service Plans and new admissions to ensure that they include interventions, access to behavioral health management resources in the event they experience behaviors or suffer from mental illness. 9/2/2022 to 9/30/2022.</p> <p>Director of Nursing or Clinical Licensed Professional designated community representative. Immediate and 9/30/22.</p>		09/30/2022

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	<p>following behavioral symptoms that were not easily altered, and had a history of in the last 6 months: verbally abusive behavioral symptoms (others were threatened, screamed at, or cursed at,) resists care (resident taking medications/injections, activities of daily living assistance, or eating,) intimidating behavior (made others feel unsafe or at risk; privacy invaded.)</p> <p>The 7/19/22 incident report indicated, "When resident [initials of Resident D] approached a table resident [initials of Resident E] stabbed her [initials of Resident D] in the hand with her [initials of Resident E] fork....Assessment completed by nurse . Skin intact, no bruising or complaint of pain by [initials of Resident D....] Admin [Administrator] spoke with both residents, reminded of the rules/regulations/resident rights. Both residents expressed understanding. Both residents encouraged to reach out to staff for support during such situations."</p> <p>The 7/20/22 Resident Grievance Form, completed by the Administrator, read, "Investigation of Grievance: [Name of Resident E] was sitting at a table in the dining room eating when dietary staff refilled condiments, another resident approached the table that [name of Resident E] was sitting at and got condiments off the table. [Name of Resident E] used her fork and poked the residents [symbol for "left"] hand. Other resident identified as [name of Resident D.] Results: Admin [Administrator] spoke with each resident individually. Nursing staff assess [name of Resident D] at time of incident, skin intact, no signs of bruising. Admin discussed rules and common courtesy for other residents. Both [names of Residents E and D] expressed understanding. [Name of Resident E] was specifically asked why she touched [name of</p>						

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	<p>Resident D] with her fork and [name of Resident E's] response was]it's rude to reach across someone's plat.] [Name of Resident D] was asked if she was sitting at that table & she reported that she was getting her meal to-go that day. She approached the table that [name of Resident E] was sitting at to get condiments for her meal; as she was doing that [name of Resident E] took the fork she was using and poked [name of Resident D.] [Name of Resident D] reported that she pulled her hand back & moved away from the table, staff were present & separated the two residents. 7/20/22 Residents were monitored following incident, and no other disturbances occurred. Staff have been directed to continue to monitor. Incident reported to ISDH [Indiana State Department of Health.]"</p> <p>The 5/12/21 resident service plan did not address Resident E's behaviors, and had not been revised since 5/12/21.</p> <p>An interview was conducted with the DON on 8/31/22 at 1:28 p.m. She indicated she was new to her position and was not aware of how to update or revise a resident's service plan. She knew she needed to update Resident E's service plan, but didn't get the process completed.</p> <p>The Service Plans policy was provided by the DON on 8/31/22 at 1:57 p.m. It read, "This plan will be available for staff review to assist in the daily care/services provided to the resident....The Director of Nursing, or designee, will review and update the service plan as dictated by changes in resident needs or preferences."</p> <p>This Residential Tag relates to Complaint IN00386276.</p>						

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	This deficiency was cited on 7/26/22. The facility failed to implement a systemic plan of correction to prevent recurrence.						