PRINTED: 10/23/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/07/2024		
NAME OF	PROVIDER OR SUPPLIE	ER		ADDRESS, CITY, STATE, ZIP COD	
OASIS A	AT 30TH		INDIAN	NAPOLIS, IN 46218	
(X4) ID PREFIX		Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	(X5) COMPLETION
TAG	REGULATORY O	OR LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
R 0000					
Bldg. 00		the Investigation of Complaints 0437555, IN00436942, and	R 0000		
	1 ^	14684 - State deficiencies related ) are cited at R149.			
	Complaint IN0043 the allegation(s) a	37555 - No deficiencies related to re cited.			
	Complaint IN0043 the allegation(s) a	36942 - No deficiencies related to re cited.			
	Complaint IN0043 the allegation(s) a	35620 - No deficiencies related to re cited.			
	Survey Dates: Oc	tober 4 and 7, 2024			
	Facility Number:	013347			
	Residential Censu	s: 102			
	These State Resid accordance with 4	ential Findings are cited in 10 IAC 16.2-5.			
	Quality review co	mpleted on October 9, 2024.			
R 0149	410 IAC 16.2-5-7 Sanitation and S	I.5(f) afety Standards - Deficiency			
Bldg. 00	review, the facility control recommen	ion, interview, and record y failed to timely follow pest dations. This had the potential 2 residents in the facility.	R 0149	Plan of Correction 10/14/24 Facility ID: 013347 Survey Event ID: PXXX11 R149 1 What Corrective action(	11/01/2024 (s)
LABORATO	RY DIRECTOR'S OR PRO	OVIDER/SUPPLIER REPRESENTATIVE'S S	SIGNATURE	TITLE	(X6) DATE
Jamie Bov	vman		DON		10/14/2024

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/C		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	A. BUILDING 00		COMPLETED	
			B. WING		10/07/2024		
				·			
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD		
					30TH STREET		
OASIS A	T 30TH			INDIAN	IAPOLIS, IN 46218		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	*	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	'E	DATE
	Findings include:				will be accomplished for tho	se	
					residents found to have been	I	
	An interview was c	conducted with the Director of			affected by the deficient	.	
	Nursing (DON) on 10/4/24 at 1:27 p.m. She indicated the facility had cockroach issues, mainly				practice		
					pruetice		
		y ended up shutting down the			a 2 How the facility wil		
		cleaning and treatment earlier			identify other residents havi		
		red in two meals while the			the potential to be affected b	-	
	kitchen was shut do				the same deficient practice a	-	
	Kitchen was shut de	5W11.			what corrective will be taken		
	On 10/4/24 at 2:14	n m on interview was			what corrective will be taken		
	On 10/4/24 at 2:14 p.m., an interview was conducted with the DON. She indicated the facility did not have a pest control policy, other than for bed bugs. She provided pest control logs for the past three months at that time.				a All residents had the		
					potential to be affected by the		
					·		
					alleged deficient practice. All		
	for the past three in	onths at that time.			managerial staff and line staff		
	Th. 7/11/04 1 :	1:			monitor rooms for evidence of		
		dicated Resident B's kitchen			infestation. Timely and promp		
	was filthy and had heavy roach activity behind the refrigerator. The room was treated and follow up was needed in two weeks. The log did not				pest control treatments will be		
					scheduled accordingly.		
	_	<del>-</del>			0 14/1-14		
		ivity in any other apartments			3 What measures will be p	out	
		Resident B resided. The log			into place or what systemic	_	
		y kitchen was very dirty, and			changes the facility will make	9	
	roaches were found	at the dishwasher.			to ensure that the deficient		
	The 7/19/24 1	ligated Desident Dis anatoment			practice does not recur:		
		dicated Resident B's apartment			NA	-1-ff	
		y heavy roach activity			a Managerial staff and line	I	
		treated at that time but needed			will monitor rooms for evidenc		
	_	repared for further treatment.			pest infestation. A schedule h	as	
	_	ded in one week. The log did			been put in place for all		
	not reference roach activity in any other				managerial staff to clean 10		
	_	loor where Resident B resided,			rooms/week. Each shift and		
	and did not referen	ce the facility kitchen.			periodically, the rooms and		
	TI 7/05/04:1	r in then			designated areas will be check		
		dicated Resident B's apartment			for evidence of pest infestation		
		eavy infestation of roach			pest infestation noted, timely a		
	activity all over the apartment. It was treated at				proper pest control maintenan	ce	
	that time, but needed prepared for clean out and				will be scheduled for infected		
		follow up was needed in one			areas.		
week. The log referenced two other apartments				4 How the corrective			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULTIPLE C A. BUILDING B. WING	onstruction 00	(X3) DATE SURVEY  COMPLETED  10/07/2024		
NAME OF I	PROVIDER OR SUPPLIEI T 30TH	R	5651 E	ADDRESS, CITY, STATE, ZIP CO E 30TH STREET NAPOLIS, IN 46218	DD .		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE (PROPRIATE	(X5) COMPLETION DATE	
	resided. One of the	on the floor where Resident B apartments was across the hall apartment. The 7/25/24 log did acility kitchen.		action(s) will be monit ensure the deficient pr will not recur, i.e what assurance program wi into place:	actice quality		
	following week to recommended in the subsequent log was later. The 8/15/24 lapartment was filth throughout. It was prepared for clean of Follow up was need facility kitchen was The 8/22/24 log indexes dirty with very treated at that time, "Needs prep [prepared]	rindicating follow up the Resident B's apartment, as the 7/25/24 log. The next is dated 8/15/24, three weeks og indicated Resident B's the sy with heavy roach activity threated at that time, but needed out and further treatment. In the log indicated the is treated for roaches.  The deal of the sy apartment is the avy roach activity. It was the way roach activity. It was the way roach activity. It read, and of the streated for roaches. The avy roach activity is the avy roach activity. It was the way roach activity. The additional of the streat for reference the facility and the streat for reference the facility and the streat for reference the facility is a streat for the streat for roaches.		a Managerial staff ar will monitor rooms for e pest infestation. A schebeen put in place for all managerial staff to clearooms/week. Each shift periodically, the rooms designated areas will be for evidence of pest inferent An in-service will be coall staff to discuss monit pest infestation and the cleaning schedule no la 10/21/24. Maintenance review pest logs for recommendations after	vidence of edule has  n 10 t and educe checked estation. nducted for toring of room ter than Director to		
	was dirty and had r treated at that time needs prep." This let the apartment next The log did not refer the 9/6/24 log indi was dirty with very kitchen. They treat needed prepared fo treatment. Follow u log did not reference The 9/12/24 log ince Resident B's apartment.	dicated Resident B's apartment oach activity. It was not and read, "Will treat next weekog referenced roach activity in door to Resident B's apartment. Berence the facility kitchen.  Cated Resident B's apartment of the avy roach activity in the ed where possible, but it or clean out and further up was needed in one week. The effect the facility kitchen.  Cated Resident B's apartment of the avy roach activity in the ed where possible, but it or clean out and further up was needed in one week. The effect the facility kitchen.  Cated Resident B's apartment of the apartment of the activity in the activity in the activity in two other		5 By what date will systematic changes be completed:  a Education and in-section between now and concluded to 11/01/24	ervice will residents		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION   X3) DATE SURVEY     A. BUILDING   00   COMPLETED     B. WING   10/07/2024						
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	(EACH DEFICIEN REGULATORY O	STATEMENT OF DEFICIENCIE NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION R LOOR Where Resident B resided.	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
	Resident B's apartn areas had roach act	I not reference a visit to ment. It indicated the following ivity: kitchen, staff lounge, back office, and two resident						
	Resident B's apartr office, and three re activity. The three same floor where F	I not reference a visit to nent. It indicated the back sident apartments had roach apartments were all on the desident B resided. The log sy kitchen was dirty with heavy d throughout.						
	Resident B's apartn	dicated roach activity in nent as well as 3 other ts on the same floor as						
		dicated heavy roach infestation re kitchen. The kitchen was ent at that time.						
	was dirty and had had had had be with 20-50 roaches and prepared for furneeded in one weel lounge and six other.	dicated Resident B's apartment neavy roach activity "all over," found. It needed to be cleaned orther treatment. Follow up was a c. The log indicated the staff or resident apartments with ading four apartments on the dent B.						
	conducted with the documented the ab pest control logs. F referenced preparir	7 a.m., an interview was Pest Control Technician who ove 7/11/24 through 9/12/24 Ie indicated when the logs ag, it meant to empty things get to the source of the pest						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  A. BUILDING 00 COMPLETED  B. WING 10/07/2024				
NAME OF I	PROVIDER OR SUPPLIEI			ADDRESS, CITY, STATE, ZIP (	COD	
OASIS A	T 30TH			30TH STREET APOLIS, IN 46218		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE DEFICIENCY)	RRECTION HOULD BE APPROPRIATE	(X5) COMPLETION DATE
	activity. Resident E roach activity, that was able to spot tree no conventional cle bombing, could be prepared. They may treatments they did apartment, approximate conventional cle done. He'd spoken Maintenance to come out next we to come out next we to come out next we they, along with me housekeeping were rooms a day for tree. He was unaware of preparing Resident since the recommen made eight times since the recommen made with Resident kitchen counters we there was a roach we there was a roach we the refrigerator.  An observation of the CS (Culinary Special The stove equipment the wall. There were with five visible root two of the stoves he upon closing the second control of the stove. The stove of the stove. The stove of the stove.	It's room was so severe with it needed to be prepared. He at Resident B's apartment, but an out, also known as done unless the room was de some progress with the spot, but the last time he saw the mately a month ago, it needed can out, which hadn't yet been to the Regional Director of the up with a plan.  Onducted with the Regional nance on 10/7/24 at 1:49 p.m. He control technician was going eek with two to three people. It is an agement staff and going to prepare six to ten attent, including Resident B's. The reason there was a delay in B's apartment for treatment, andation to do so had been				

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
		B. WING		10/07	/2024		
NAME OF PROVIDER OR SUPPLIER OASIS AT 30TH			5651 E	ADDRESS, CITY, STATE, ZIP CO 30TH STREET NAPOLIS, IN 46218	OD		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORE	RECTION	(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	N SHOULD BE	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE	
	the floor near the st	team table. Another cockroach					
	began moving quic	kly near the steam table. The					
	CS stepped on it to	o. The dishwasher area along					
	another wall had a	roach trap with several roaches					
	on it. The cooler w	as pulled out a foot from the					
	wall. There were roach traps along the wall with at least twenty roaches on them. The CS indicated						
	the dishwasher area	a was where most of the					
	roaches were located. They did not have roach						
	traps prior to two d	ays ago, that he was aware of.					
	at the front desk to inquired with the re add the activity roo a roach had fallen f	s made on 10/7/24 at 2:41 p.m. the facility. A staff member eceptionist regarding how to om to the "roach list," because from the ceiling.					

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