

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

PRINTED: 10/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 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	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 the Investigation of Complaints IN00444684, IN00437555, IN00436942, and IN00435620.</p> <p>Complaint IN00444684 - State deficiencies related to the allegation(s) are cited at R149.</p> <p>Complaint IN00437555 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00436942 - No deficiencies related to the allegation(s) are cited.</p> <p>Complaint IN00435620 - No deficiencies related to the allegation(s) are cited.</p> <p>Survey Dates: October 4 and 7, 2024</p> <p>Facility Number: 013347</p> <p>Residential Census: 102</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 9, 2024.</p>			R 0000			
R 0149 Bldg. 00	<p>410 IAC 16.2-5-1.5(f) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to timely follow pest control recommendations. This had the potential to affect 102 of 102 residents in the facility.</p>			R 0149	<p>Plan of Correction 10/14/24 Facility ID: 013347 Survey Event ID: PXXX11 R149 1 What Corrective action(s)</p>		11/01/2024

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

TITLE

(X6) DATE

Jamie Bowman

DON

10/14/2024

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 disclosed days 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>Findings include:</p> <p>An interview was conducted with the Director of Nursing (DON) on 10/4/24 at 1:27 p.m. She indicated the facility had cockroach issues, mainly in the kitchen. They ended up shutting down the kitchen for a deep cleaning and treatment earlier that week and catered in two meals while the kitchen was shut down.</p> <p>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.</p> <p>The 7/11/24 log indicated Resident B's kitchen 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 reference roach activity in any other apartments on the floor where Resident B resided. The log indicated the facility kitchen was very dirty, and roaches were found at the dishwasher.</p> <p>The 7/18/24 log indicated Resident B's apartment was filthy with very heavy roach activity throughout. It was treated at that time but needed to be cleaned and prepared for further treatment. Follow up was needed in one week. The log did not reference roach activity in any other apartments on the floor where Resident B resided, and did not reference the facility kitchen.</p> <p>The 7/25/24 log indicated Resident B's apartment was filthy with a heavy infestation of roach activity all over the apartment. It was treated at that time, but needed prepared for clean out and further treatment. Follow up was needed in one week. The log referenced two other apartments</p>				<p>will be accomplished for those residents found to have been affected by the deficient practice</p> <p>a 2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective will be taken</p> <p>a All residents had the potential to be affected by the alleged deficient practice. All managerial staff and line staff will monitor rooms for evidence of pest infestation. Timely and prompt pest control treatments will be scheduled accordingly.</p> <p>3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>a Managerial staff and line staff will monitor rooms for evidence of pest infestation. A schedule has been put in place for all managerial staff to clean 10 rooms/week. Each shift and periodically, the rooms and designated areas will be checked for evidence of pest infestation. If pest infestation noted, timely and proper pest control maintenance will be scheduled for infected areas.</p> <p>4 How the corrective</p>		

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	<p>with roach activity on the floor where Resident B resided. One of the apartments was across the hall from Resident B's apartment. The 7/25/24 log did not reference the facility kitchen.</p> <p>There were no logs indicating follow up the following week to Resident B's apartment, as recommended in the 7/25/24 log. The next subsequent log was dated 8/15/24, three weeks later. The 8/15/24 log indicated Resident B's apartment was filthy with heavy roach activity throughout. It was treated at that time, but needed prepared for clean out and further treatment. Follow up was needed. The log indicated the facility kitchen was treated for roaches.</p> <p>The 8/22/24 log indicated Resident B's apartment was dirty with very heavy roach activity. It was treated at that time, "where possible." It read, "Needs prep [prepared] 5th attempt." Follow up was needed. The log did not reference the facility kitchen.</p> <p>The 8/29/24 log indicated Resident B's apartment was dirty and had roach activity. It was not treated at that time and read, "Will treat next week-needs prep." This log referenced roach activity in the apartment next door to Resident B's apartment. The log did not reference the facility kitchen.</p> <p>The 9/6/24 log indicated Resident B's apartment was dirty with very heavy roach activity in the kitchen. They treated where possible, but it needed prepared for clean out and further treatment. Follow up was needed in one week. The log did not reference the facility kitchen.</p> <p>The 9/12/24 log indicated roach activity in Resident B's apartment and read, "Needs clean out." It referenced roach activity in two other</p>				<p>action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:</p> <p>a Managerial staff and line staff will monitor rooms for evidence of pest infestation. A schedule has been put in place for all managerial staff to clean 10 rooms/week. Each shift and periodically, the rooms and designated areas will be checked for evidence of pest infestation. An in-service will be conducted for all staff to discuss monitoring of pest infestation and the room cleaning schedule no later than 10/21/24. Maintenance Director to review pest logs for recommendations after each visit.</p> <p>5 By what date will the systematic changes be completed:</p> <p>a Education and in-service will be provided to staff and residents between now and concluding on 11/01/24</p>		

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	<p>apartments on the floor where Resident B resided.</p> <p>The 9/19/24 log did not reference a visit to Resident B's apartment. It indicated the following areas had roach activity: kitchen, staff lounge, resident care area, back office, and two resident apartments.</p> <p>The 9/26/24 log did not reference a visit to Resident B's apartment. It indicated the back office, and three resident apartments had roach activity. The three apartments were all on the same floor where Resident B resided. The log indicated the facility kitchen was dirty with heavy roach activity found throughout.</p> <p>The 9/30/24 log indicated roach activity in Resident B's apartment as well as 3 other residents' apartments on the same floor as Resident B.</p> <p>The 10/2/24 log indicated heavy roach infestation throughout the entire kitchen. The kitchen was fogged with treatment at that time.</p> <p>The 10/3/24 log indicated Resident B's apartment was dirty and had heavy roach activity "all over," with 20-50 roaches found. It needed to be cleaned and prepared for further treatment. Follow up was needed in one week. The log indicated the staff lounge and six other resident apartments with roach activity, including four apartments on the same floor as Resident B.</p> <p>On 10/4/24 at 11:47 a.m., an interview was conducted with the Pest Control Technician who documented the above 7/11/24 through 9/12/24 pest control logs. He indicated when the logs referenced preparing, it meant to empty things out, so they could get to the source of the pest</p>						

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	<p>activity. Resident B's room was so severe with roach activity, that it needed to be prepared. He was able to spot treat Resident B's apartment, but no conventional clean out, also known as bombing, could be done unless the room was prepared. They made some progress with the spot treatments they did, but the last time he saw the apartment, approximately a month ago, it needed the conventional clean out, which hadn't yet been done. He'd spoken to the Regional Director of Maintenance to come up with a plan.</p> <p>An interview was conducted with the Regional Director of Maintenance on 10/7/24 at 1:49 p.m. He indicated their pest control technician was going to come out next week with two to three people. They, along with management staff and housekeeping were going to prepare six to ten rooms a day for treatment, including Resident B's. He was unaware of the reason there was a delay in preparing Resident B's apartment for treatment, since the recommendation to do so had been made eight times since 7/18/24.</p> <p>An observation of Resident B's apartment was made with Resident B on 10/7/24 at 2:39 p.m. The kitchen counters were dirty and cluttered, and there was a roach walking across the counter near the refrigerator.</p> <p>An observation of the kitchen was made with the CS (Culinary Specialist) on 10/4/24 at 1:45 p.m. The stove equipment was pulled out a foot from the wall. There were roach traps along the wall with five visible roaches trapped. The CS opened two of the stoves he indicated as not working. Upon closing the second stove door, one brown cockroach was observed walking on the floor in front of the stove. The CS stepped on it. There was a dead cockroach next to a piece of lettuce on</p>						

