

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

PRINTED: 12/19/2023

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 11/21/2023	
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 Post Survey Revisit (PSR) to the Investigation of Complaints IN00415188, IN00414727, and IN00415672 completed on August 30, 2023.</p> <p>Complaint IN00415188 - Corrected. Complaint IN00414727 - Corrected. Complaint IN00415672 - Not corrected.</p> <p>Survey dates: November 20 and 21, 2023</p> <p>Facility number: 013347</p> <p>Residential: 105</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on November 28, 2023</p>			R 0000			
R 9999 Bldg. 00				R 9999	<p>Plan of Correction Facility ID: 013347 R240</p> <p>1 What corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>a. The medical management team, Director of Nursing and or Assistant Director of Nursing is auditing the Medication Administration Record every morning. The administration</p>		12/11/2023

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

TITLE

(X6) DATE

Maurice Woolfolk

Executive Director

12/09/2023

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 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>report is being printed, checked for holes, and having the QMA and or Nurse who did not check it off to correct it and initial. We are then saving these daily audits to use for our POC audit.</p> <p>2 How will the facility identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken?</p> <p>a Though all residents receiving medication services have the potential to be affected, no others were identified. However, the daily auditing and correction with staff initial of the medication administration record is in place to further determine if there are any other residents effected.</p> <p>3 What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>a All nursing staff that administer medication were in serviced on medication administration, to notify the Director of Nursing or Assistant Director of Nursing is the EMAR is not correctly documenting medication administration and to notify the Director of Nursing or Assistant Director of Nursing if medication is not available, even if the facility is not administering those medications.</p> <p>b All nursing staff that</p>		

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					<p>administer medications are educated on medication refusal documentation and reporting policy.</p> <p>c Licensed nursing staff inserviced on policy to ensure proper transcription of medication changes to the EMAR.</p> <p>4 How the corrective 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 The Director of Nursing or Assistant Director of Nursing will audit EMAR to correct medication administration documentation daily x 12 weeks, weekly 12 weeks and monthly x 3 months.</p> <p>b Director of Nursing or Assistant Director of Nursing will audit 25% of all new orders for correct transcription to EMAR weekly x 12 weeks, biweekly x12 weeks and monthly x 3 months.</p>		