

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 014279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/03/2024
NAME OF PROVIDER OR SUPPLIER OASIS AT 56TH		STREET ADDRESS, CITY, STATE, ZIP CODE 4940 WEST 56TH STREET INDIANAPOLIS, IN 46254		
(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 Investigation of Complaints IN00437068 and IN00440703 completed on September 4, 2024.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00446418.</p> <p>Complaint IN00437068 - Corrected.</p> <p>Complaint IN00440703 - Corrected.</p> <p>Survey date: December 3, 2024</p> <p>Facility number: 014279</p> <p>Residential Census: 96</p> <p>Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaints IN00437068 and IN00440703.</p> <p>Quality review completed on December 5, 2024.</p>	{R 000}		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE