

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OASIS AT 56TH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4940 WEST 56TH STREET INDIANAPOLIS, IN 46254</b>
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(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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00418567, IN00418862, IN00420078, IN00420805, IN00420833, and IN00421072.</p> <p>Complaint IN00418567 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418862 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420078 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420805 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420833 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00421072 - No deficiencies related to the allegations are cited.</p> <p>Survey Dates: November 13 and 14, 2023</p> <p>Facility Number: 014279</p> <p>Residential census: 115</p> <p>Oasis at 56th was found to be in compliance with 410 IAC 16.2-5 in regards to the Investigation of Complaints IN00418567, IN00418862, IN00420078, IN00420805, IN00420833, and IN00421072.</p> <p>Quality review completed on November 15, 2023</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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