

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 11/14/2024
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NAME OF PROVIDER OR SUPPLIER  OASIS AT 30TH	STREET ADDRESS, CITY, STATE, ZIP CODE 5651 E 30TH STREET INDIANAPOLIS, IN 46218
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 IN00447009, IN00446842, and IN00446338.</p> <p>Complaint IN00447009 - State deficiencies related to the allegations are cited at R0273.</p> <p>Complaint IN00446842 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446338 - No deficiencies related to the allegations are cited.</p> <p>Survey date: November 14, 2024</p> <p>Facility number: 013347</p> <p>Residential Census: 102</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on November 15, 2024.</p>	R 0000		
R 0273  Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items were labeled and dated when stored in the refrigerator, cover food items to protect from contamination, and ensure food items in dry storage were sealed from air and contaminants with the potential to affect 102 of 102 residents residing at the facility.</p>	R 0273	<p>Complaint # IN00447009 R-0273</p> <p>The Dietary Manager will check every day to ensure that food is protected from contamination by being stored in dry locations, not exposed to splashes, dust, or other contaminants. Foods will remain stored at least 6 inches</p>	01/01/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jamie Bowman	Director of Nursing	12/20/2024

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>On 11/14/24 at 11:15 a.m., the facility kitchen was observed with the Dietary Manager (DM). An enclosed food cart with the door open was observed to have a clear trash bag hanging down the front of the cart. The food cart contained multiple uncovered trays of pies and cheesecakes. The DM indicated they had been removed from the walk-in refrigerator recently and would be replaced in the refrigerator. The preparation area of the kitchen had four uncooked pumpkin pies which were uncovered. The DM indicated the pies were being prepped to go into the oven.</p> <p>The walk-in refrigerator was observed to have a box of thawed chicken without a date and an undated box of unthawed ground beef rolls. The DM indicated that the kitchen staff had forgotten to date and the boxes had been pulled on Wednesday.</p> <p>The dry storage areas were observed to have an open container with a brown substance inside. The DM indicated it was beef base, and the lid must have come off. The lid was located behind the container. A large plastic storage bin with an unsealed lid was present on a shelf. The container contained a blue bag. The container was unlabeled and not dated. The DM indicated it contained raisins that must have been opened earlier in the day.</p> <p>The reach in refrigerator contained two covered silver serving containers with no label and no date. The DM indicated the silver containers contained chicken nuggets that had been used for chicken salads.</p> <p>On 11/14/24 at 1:54 p.m., the Director of Nursing</p>		<p>off floor in a manner to prevent over crowding and packages, covered containers or wrappings. The Dietary Manager will also ensure that all containers and packages are properly labeled and dated. Dietary Manager will personally ensure these tasks are done daily and document them as completed in binder located in the kitchen/office area. In the event of Dietary Manager's absence, a designated kitchen worker will be assigned these tasks to be completed.</p>	

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

PRINTED: 12/26/2024

FORM APPROVED

OMB NO. 0938-039

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	<p>provided the Ready-to-Eat Hazardous Food, Date Marking Policy and Procedure, which read, "...All ready-to-eat potentially hazardous foods prepared on side and held for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, discarded..."</p> <p>410 IAC 7-24-177 Food storage Sec. 177. (a) Except as specified in subsections (b) and (c), food shall be protected from contamination by storing the food as follows: (1) In a clean, dry location. (2) Where it is not exposed to splash, dust, or other contamination. (3) At least six (6) inches above the floor. (4) In a manner to prevent overcrowding. (5) In packages, covered containers, or wrappings.</p> <p>This State tag relates to Complaint IN00447009.</p>			