STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 30TH	5651 E 30TH STREET, INDIANAPOLIS, , 46218

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit to Investigation of Complaint IN00367617 and COVID-19 Quality Assurance Walk Through completed on 12/7/2021. This visit was in conjunction with the Investigation of Complaint IN00370257 and IN00370272 and a COVID-19 Quality Assurance Walk Through. Complaint IN00367617 - Not corrected Complaint IN00370257- Substantiated- State residential findings related to the allegations are cited at R0406 Complaint IN00370272- Substantiated- State residential findings related to the allegations are cited at R0406 Survey date: January 19, 2022 Facility number: 013347 Residential Census: 107	R 0000		

	These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on January 21, 2022			
R 0406	Infection Control - Offense 410 IAC 16.2-5-12(a) (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 and ensure infection control was maintained by failing to wear face masks appropriately and by failing to wear eye protection while providing care within 6 feet of residents affecting 1 of 5 residents reviewed for infection control and with the potential to affect 107 of 107 residents residing at the facility (Resident B). Findings include:	R 0406	Corrective Actions for those residents found to have been affected: All residents have the potential to be affected. All residents were screened for signs/symptoms of Covid. No resident was found to have signs/symptoms of Covid to warrant testing. Residents will be monitored ongoing for potential signs/symptoms of Covid and testing will be conducted as indicated per guidance. Corrective measures put into place: All staff will be educated about hand washing, eye protection & face mask Covid policy & procedure. DON or designee to audit daily to ensure all staff follows hand washing, eye protection and face mask policy & procedure. Hand washing, eye protection and face mask guidance is posted in facility for staff review and reminder. In-service education provided to staff regarding hand washing, eye protection and face mask use.	02/25/2022

	1. The clinical record for Resident B was reviewed on 1/19/22 at 11:55 a.m. The Resident's diagnosis included, but were not limited to, asthma ad lupus. On 1/19/22 at 10:15 a.m. the front desk was observed. The Scheduler and the Executive Director were standing behind the front desk talking with Resident B, who was filling out paperwork. The Scheduler and the Executive Director were within 6 feet of Resident B and were not wearing eye protection. 2. On 1/19/22 at 10:45 a.m., the facility kitchen was observed with Server 2. During the kitchen observation Server 2 had his face mask positioned with his nose exposed. He and the Cook were standing within 6 feet of each other. Cook 1 was observed preparing the lunch meal with her face mask positioned under her chin with her mouth and nose exposed. During an interview on 1/19/22 at 10:50 a.m., Server 2 and Cook 1 indicated that they did not have to wear their face masks in the proper position unless they were around the residents, since there were no residents in the kitchen it was fine for them to have their nose and mouth exposed.			

3. On 1/19/22 at 11:45 a.m., the lunch service in the facility dining room was observed. Server 2 and Server 3 were passing out beverages to the residents sitting in the dining room. Server 2 and Server 3 were wearing face masks which were positioned under their noses and were not wearing eye protection. Cook 1 was observed going to each resident sitting in the dining room and asking them what they would like to have for lunch. She was wearing a face mask which was below her nose, and she was not wearing eye protection. The Residents in the dining room then began receiving their meals. Server 1 and Server 2 did not perform hand hygiene prior to passing out the plates of food and were not wearing eye protection. Server 3's face mask was positioned below his nose while he was passing plates to residents.

On 1/19/22 at 12:55 p.m., the front door of the facility was observed. A sign was posted on the front door which indicated face masks should be worn at all times when in the facility.

On 1/19/22 at 3:45 p.m., the COVID-19 Infection Control Guidance in Long-term Care Facilities, last updated: 11/22/21, was retrieved from the Indiana Department of Health website. It read "...CORE

PRINCIPLES OF INFECTION CONTROL It is expected that COVID-19 infection prevention and control core principles be always adhered to and remain in place as long as the virus is present in epidemic levels. This standard operating procedure and Core Principles of Infection Control should be used in conjunction with all existing clinical and regulatory guidance to provide routine prevention measures to help contain and prevent the spread of COVID-19...Masks (covering mouth and nose) ... Direct and indirect care HCP should wear a medical procedure mask for the duration of their shifts... All HCP: Eye Protection for resident care when community transmission is substantial or high..."

On 1/19/22 at 3:50 p.m., the Community Transmission level was retrieved from the Center for Disease Control and Prevention website. It read "... Marion County, Indiana. High Everyone in Marion County, Indiana should wear a mask in public, indoor settings. Mask requirements might vary from place to place. Make sure you follow local laws, rules, regulations or guidance..."

This Stage Tag relates to Complaint IN00367617, IN00370257 and IN00370272.

Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 and ensure infection control was maintained by failing to wear face masks appropriately and by failing to wear eye protection while providing care within 6 feet of residents affecting 1 of 5 residents reviewed for infection control and with the potential to affect 107 of 107 residents residing at the facility (Resident B).

Findings include:

1. The clinical record for Resident B was reviewed on 1/19/22 at 11:55 a.m. The Resident's diagnosis included, but were not limited to, asthma ad lupus.

On 1/19/22 at 10:15 a.m. the front desk was observed. The Scheduler and the Executive Director were standing behind the front desk talking with Resident B, who was filling out paperwork. The Scheduler and the Executive Director were within 6 feet of Resident B and were not wearing eye protection.

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the Cook were standing within 6 feet of each other. Cook 1 was observed preparing the lunch meal with her face mask positioned under her chin with her mouth and nose exposed.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE