STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 02/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ON OLD MERIDIAN	12130 OLD MERIDAN ST CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
R0000	This visit was for a State Residential Licensure Survey. Survey dates: February 1, 2, 2012 Facility number: 012141 Provider number: 012141 AIM number: N/A Survey team: Connie Landman, RN- TC Diana Zgonc, RN Lora Brettnacher, RN Census bed type: Residential: 84 Total: 84 Census payor type: Other: 84 Total: 84 Sample: 7 This State finding is cited in accordance with 410 IAC 16.2. Quality review completed on February 3, 2012 by Bev Faulkner, RN	R0000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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R0349	(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.			
	Based on record review and interview, the facility failed to ensure physician's orders were transcribed and carried forward and followed for medication administration for 1 of 5 residents reviewed for physician's orders in a sample of 7 (Resident #36). Findings include: The record for Resident #36 was reviewed on 2/1/12 at 3:45 P.M. Current diagnoses included, but were not limited to, asthma, hypertension, and dementia. The January, 2012, recapitulation of Physician's Orders indicated Resident #36 was to have his Ventolin 90 mcg (microgram) inhaler administered 1 puff by mouth every 6 hours, originally ordered 8/6/09. The times for administration listed were 6:00 A.M., 12:00 P.M., and 6:00 P.M.	R0349	Plan of Correction from visit dated February 2, 2012. Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with state law. State Finding R349) A) In respect to the specific residents cited, the resident's order was confirmed with the doctor and a new order was given to hold the bedtime dosage of the inhaler. This order was documented on the Medication Administration Record and in the chart. B) The Health Care Coordinator reviewed and compared PhysicianOrders versus the Medication Administration Record to ensure orders are complete, accurate and organized. C) An in service was completed by the Administrator on 2/16/12 with the nurses to ensure proper understanding and reinforcement of the importance of completingdocumentation and order recapitulation, in an accurate and complete manner. D) Effective February 17, 2012 a monthly spot auditwill be completed by the Health Care Coordinator or Administrator to ensure Physician	02/17/2012

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	The January, 2012, MAR (Medication Administration Record) indicated the same administration times. The administration documentation indicated the inhaler had been administered 3 times a day instead of 4. Review of the Nurses Notes did not indicate the resident had been experiencing any respiratory distress or other problems in January, 2012. During an interview with the DON (Director of Nursing) on 2/2/12 at 8:55 A.M., she indicated the correct times had been dropped off the recapitulation of orders and the MAR. She also indicated the resident did not like getting a 12:00 A.M. dose, and a call had been put in to the physician to see if the order could be changed to "while awake".		Orders and Medication Administration Record information is documented completely and accurately. E) All systemic changes will be in place and completed by February 17, 2012.	