

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/01/2026	
NAME OF PROVIDER OR SUPPLIER SUNRISE ON OLD MERIDIAN		STREET ADDRESS, CITY, STATE, ZIP CODE 12130 OLD MERIDIAN ST, CARMEL, , 46032					
(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 the Investigation of Intakes 471259 and 470944. This visit was in conjunction with a Post Survey Revisit (PSR) to Investigation of Intakes 470889 and 471006 completed on July 21, 2026. Intake 471259-No deficiencies related to the allegation(s) are cited. Intake 470944-No deficiencies related to the allegation(s) are cited. Intake 470889-Corrected. Intake 471006-Corrected. Survey dates: August 31 and September 1, 2026. Facility number: 012141 Residential Census: 74 Sunrise on Old Meridian was found to be in compliance with 410 IAC 16.2-5 in regard to the	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

Investigation of Intakes 471259 and 470944. Quality review was completed on September 1, 2026.			
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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
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