

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/16/2022	
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 a State Residential Licensure Survey. This visit included the Investigation of Complaints IN00375562, IN00376321, IN00381719, and IN00393331. Complaint IN00375562 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00376321 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00381719 - Substantiated. State deficiencies related to the allegations are cited at R0044. Complaint IN00393331 - Unsubstantiated due to lack of evidence. Survey dates: November 14, 15, and 16, 2022 Facility number: 012141	R 0000					

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	Residential Census: 71 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on November 21, 2022.			
R 0044	Residents' Right - Deficiency 410 IAC 16.2-5-1.2(r)(1-5) (r) The transfer and discharge rights of residents of a facility are as follows: (1) As used in this section, "interfacility transfer and discharge" means the movement of a resident to a bed outside of the licensed facility. (2) As used in this section, "intrafacility transfer" means the movement of a resident to a bed within the same licensed facility. (3) When a transfer or discharge of a resident is proposed, whether intrafacility or interfacility, provision for continuity of care shall be provided by the facility. (4) Health facilities must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless: (A) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) the transfer or discharge is	R 0044	A. With respect to the specific resident/situation cited: Executive Director immediately notified the Business Office Coordinator and Resident Care Director and reviewed the State Form 49669 from the Indiana State Department of Health-Division of Long-Term Care. The ED/BOC printed the form 49669 and added it to the Notice of Transfer or Discharge file for future use. B. With respect to how the facility will identify residents/situations for the identified concerns: Executive Director and Business Office Coordinator completed an administrative file review and found 1 resident that had been affected by this identified concern. A Notice of Transfer of Discharge letter had been sent to the responsible party due to non-payment, however, payment was received within 48 hours of the letter being received by the responsible party, therefore no further action needed to be taken by community or resident regarding a transfer or discharge of	12/30/2022

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appropriate because the resident 's health has improved sufficiently so that the resident no longer needs the services provided by the facility;

(C) the safety of individuals in the facility is endangered;

(D) the health of individuals in the facility would otherwise be endangered;

(E) the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or

(F) the facility ceases to operate.

(5) When the facility proposes to transfer or discharge a resident under any of the circumstances specified in subdivision (4)(A), (4)(B), (4)(C), (4)(D), or (4)(E), the resident 's clinical records must be documented. The documentation must be made by the following:

(A) The resident 's physician when transfer or discharge is necessary under subdivision (4)(A) or (4)(B).

(B) Any physician when transfer or discharge is necessary under subdivision (4)(D).

Based on interview and record review, the facility failed to provide a required document to the resident or family after the facility initiated an involuntary transfer or discharge for 1 of 3 residents reviewed for discharge. (Resident B)

this resident.

C. With respect to what systemic measures have been put into place to address the stated concern:

The Executive Director/Business Office Coordinator/designee retrained the Department Coordinator team on the process of Notice of Transfer or Discharge of residents and completed a review of the state requirements for health facilities found at 410 IAC.16.2.

ED/BOC and Department Coordinator team will receive annual training regarding the appropriate forms and procedures of providing a Notice of Transfer or Discharge to a resident following the state guidelines.

ED/BOC and Department Coordinator team will work with the Ombudsman directly regarding any questions or concerns for each individual resident during this process if warranted.

D. With respect to how the plan of correction will be monitored:

The Executive Director/Business Office Coordinator/designee will conduct weekly audits on administrative files of any resident that has been issued a Notice of Transfer or Discharge. This will be audited for the next 6 months by

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Finding includes:

The record for Resident B was reviewed on 11/15/22 at 1:27 p.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), kidney disease and diabetes mellitus.

A document, dated 03/24/22, regarding the termination of a residency agreement from the facility to Resident B's daughter indicated the facility was terminating Resident B's residency agreement 30 days from the date the letter was received due to non-payment.

A document, dated 06/01/22, indicated the Ombudsmen (a person who advocates for the resident in a health care setting) indicated the facility did not use the State Form 49669 (Notice of Transfer or Discharge) as required when they initiated an involuntary transfer or discharge for Resident B.

In an E-mail, dated 11/16/22 at 10:24 a.m., the Ombudsman indicated the facility must use the prescribed form from the Department of Health, which was SF (state form) 49669. She indicated she never received the form, it was also not provided it to the resident or daughter.

The state regulations for discharge or transfer rights indicate "...For health facilities, the written notice...must include

the Executive Director/designee until June 30, 2023.

The ED/BOC/designee is responsible for compliance with the plan of correction by verifying completion of retraining and new hire training, reviewing results of weekly audits for the next 6 months until June 30, 2023. This will be tracked and trended in monthly QAPI Meeting over the next 6 months until June 30, 2023.

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the following:

(A) The reason for transfer or discharge.

(B) The effective date of transfer or discharge.

(C) The location to which the resident is transferred or discharged.

(D) A statement...that reads,
You have the right to appeal the health facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana state department of health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge unless the facility is authorized to transfer you...If you wish to appeal this transfer or discharge, a form to appeal the health facility's decision and to request a hearing is attached. If you have any questions, call the Indiana state department of health...."

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During an interview, on 11/16/22 at 5:15 p.m., the Executive Director indicated she did not mail the SF 49669 and she was unaware she needed to.

This State Residential finding relates to Complaint IN00381719.

Based on interview and record review, the facility failed to provide a required document to the resident or family after the facility initiated an involuntary transfer or discharge for 1 of 3 residents reviewed for discharge. (Resident B)

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The record for Resident B was reviewed on 11/15/22 at 1:27 p.m. Diagnoses included, but were not limited to, dysphagia (difficulty swallowing), kidney disease and diabetes mellitus.

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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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