

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 02/05/2026	
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 a State Residential Licensure Survey. This visit included the Investigation of Intakes 466109 and 467167. Intake 466109-State deficiencies related to the allegations are cited at R64. Intake 467167-No deficiencies related to the allegations are cited. Survey dates: February 4 and 5, 2026 Facility number: 012141 Residential Census: 78 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on February 6, 2026.	R 0000					

R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review, the facility failed to ensure a resident's personal property (check and credit card) was safe from theft of an employee for 1 of 3 residents reviewed for misappropriation of property. (Resident B) Findings include: The clinical record for Resident B was reviewed on 2/5/26 at 9:00 a.m. The diagnoses included, but were not limited to, hemiplegia, hemiparesis and nontraumatic subcortical intracerebral hemorrhage in hemisphere (a stroke in the brain). A facility statement of events, dated 11/15/25, indicated Resident B had indicated someone had stolen a check from him and wrote it out for \$800 for rent. Resident B was holding his bank statement and pointed out the \$800 had been	R 0064	1. Immediate Solution: With respect to the specific resident/situation cited. The Associate Executive Director gave resident B a locked box to immediately secure valuables. Completed on 11/15/2025. Team member CNA 2 was immediately contacted but unable to reach and was later terminated by community on November 20, 2025. B. Expand Scope: With respect to how the facility will identify residents/situations for the identified concerns all residents have the potential to be affected by this identified concern. Assisted Living Coordinator interviewed other residents that are independently responsible for their finances to ensure that no further residents had been affected. Completed 11/16/25. C. Systemic Change: With respect to what systemic measures have been put into place to address the stated concern. The Director of Facilities checked every Assisted Living suite to ensure that a locked cabinet is available to secure valuables if needed. The Executive Director/Assisted Living Coordinator/designee	02/28/2026
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used and clearly did not have his handwriting or signature. The resident agreed to bring it to the Assisted Living Coordinator's attention.

A facility statement of events, dated 11/15/25, indicated Resident B had a check stolen and cashed in for \$800 by forging Resident B's signature. They received a statement from Resident B and went through his checkbook and realized another check was also missing. Resident B contacted his bank and stopped further payment on the additional check.

An image of a check was provided and was written out for \$800. The memo was for "rent" and was made out to Certified Nurse Aide (CNA) 2.

A credit card dashboard document, printed on 11/19/25, indicated several purchases for Uber and Lyft Transportation along with some Amazon purchases were highlighted.

An employment termination notification, dated 11/20/25, indicated the facility had attempted to contact CNA 2 on 11/17/25 and 11/19/25 but were unable to reach her. The intent was to discuss with her an incident which had happened at the facility. Since they had not been successful in reaching her, they had decided to terminate

reviewing the resident rights policy with current team members that have access to resident suites. Will be completed by 2/28/2026.

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

ED/ALC/designee is responsible for compliance with the plan of correction by verifying completion of a weekly suite cabinet check to confirm the identified cabinet is secured for the next 180 days.. The results of weekly audits will be sent to the QAPI committee for review.

The Executive Director will report on compliance with the plan of correction during the Quality Assurance and Performance Improvement meeting and is responsible for implementing retraining or corrective action as needed to ensure ongoing compliance.

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FORM APPROVED

OMB NO. 0938-0391

her employment effective 11/20/25.

During an interview, on 2/4/26 at 10:55 a.m., Resident B indicated CNA 2 took two (2) checks from him and paid her rent with it. The one check was cashed out for \$800, and the other check was not used. The CNA had also stolen his card information and made some transportation purchases. He told the facility staff and they immediately took action.

During an interview, on 2/4/26 at 2:20 p.m., the Executive Director indicated CNA 2 stole 2 checks and wrote one of them out for \$800. There were some other purchases on his credit card as well. They tried to get a statement from CNA 2 and tried several times to reach her. She never responded to them and even blocked their phone calls. They terminated her and sent a termination letter.

During an interview, on 2/5/26 at 10:30 a.m., the Assisted Living Coordinator indicated CNA 2 stole a check and used it to pay rent. There were also some other purchases made. They eventually terminated the CNA after several attempts to reach her.

A current facility policy, titled "STATEMENT OF RESIDENT RIGHTS", last revised on

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February 2025, and received from the ED on 2/5/26 at 10:00 a.m., indicated "...The facility shall exercise reasonable care for the protection of residents' property from loss and theft...."

This citation relates to Intake 466109.

Based on interview and record review, the facility failed to ensure a resident's personal property (check and credit card) was safe from theft of an employee for 1 of 3 residents reviewed for misappropriation of property. (Resident B)

Findings include:

The clinical record for Resident B was reviewed on 2/5/26 at 9:00 a.m. The diagnoses included, but were not limited to, hemiplegia, hemiparesis and nontraumatic subcortical intracerebral hemorrhage in hemisphere (a stroke in the brain).

A facility statement of events, dated 11/15/25, indicated Resident B had indicated someone had stolen a check from him and wrote it out for \$800 for rent. Resident B was holding his bank statement and pointed out the \$800 had been used and clearly did not have his handwriting or signature. The resident agreed to bring it to the Assisted Living

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Coordinator's attention.

A facility statement of events, dated 11/15/25, indicated Resident B had a check stolen and cashed in for \$800 by forging Resident B's signature. They received a statement from Resident B and went through his checkbook and realized another check was also missing. Resident B contacted his bank and stopped further payment on the additional check.

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An employment termination notification, dated 11/20/25, indicated the facility had attempted to contact CNA 2 on 11/17/25 and 11/19/25 but were unable to reach her. The intent was to discuss with her an incident which had happened at the facility. Since they had not been successful in reaching her, they had decided to terminate her employment effective 11/20/25.

During an interview, on 2/4/26 at

10:55 a.m., Resident B indicated CNA 2 took two (2) checks from him and paid her rent with it. The one check was cashed out for \$800, and the other check was not used. The CNA had also stolen his card information and made some transportation purchases. He told the facility staff and they immediately took action.

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During an interview, on 2/5/26 at 10:30 a.m., the Assisted Living Coordinator indicated CNA 2 stole a check and used it to pay rent. There were also some other purchases made. They eventually terminated the CNA after several attempts to reach her.

A current facility policy, titled "STATEMENT OF RESIDENT RIGHTS", last revised on February 2025, and received from the ED on 2/5/26 at 10:00 a.m., indicated "...The facility shall exercise reasonable care

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	for the protection of residents' property from loss and theft...."			
	This citation relates to Intake 466109.			

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 SIGNATURETerona Long	TITLEExecutive Director	(X6) DATE02/19/2026
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