STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012141	A. BUILDING: _____ B. WING _____	C 07/16/2025

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00458254 and IN00456587. Complaint IN00458254-No deficiencies related to the allegations are cited. Complaint IN00456587-No deficiencies related to the allegations are cited. Survey date: July 16, 2025 Facility number: 012141 Residential Census: 72 Sunrise on Old Meridian was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00458254 and IN00456587. Quality review was completed on July 18, 2025.	R 000		