

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

PRINTED: 01/12/2024

FORM APPROVED

OMB NO. 0938-039

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|---|---|---|--|---|--|--|----------------------------|
| 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 12/12/2023 | |
| NAME OF PROVIDER OR SUPPLIER SUNRISE ON OLD MERIDIAN | | | | STREET ADDRESS, CITY, STATE, ZIP COD 12130 OLD MERIDIAN ST CARMEL, IN 46032 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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) COMPLETION DATE |
| R 0000 Bldg. 00 | This visit was for the Investigation of Complaints IN00403332, IN00421436, and IN00422704. Complaint IN00403332 - No deficiencies related to the allegations are cited. Complaint IN00421436 - State deficiencies related to the allegations are cited at R0054. Complaint IN00422704 - No deficiencies related to the allegations are cited. Survey dates: December 11 and 12, 2023. Facility number: 012141 Residential Census: 56 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review was completed December 20, 2023. | | | R 0000 | | | |
| R 0054 Bldg. 00 | 410 IAC 16.2-5-1.2(x) Residents' Rights - Deficiency (x) Residents have the right to confidentiality of all personal and clinical records. Information from these sources shall not be released without the resident ' s consent, except when the resident is transferred to another health facility, when required by law, or under a third party payment contract. The resident ' s records shall be made immediately available to the resident for inspection, and the resident may receive a copy within five (5) working days, at the resident ' s expense. | | | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Terona Long

Executive Director

01/05/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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| | <p>Based on observation, interview and record review, the facility failed to keep resident information confidential when three (3) medication cards were found in the medication cart trash with identifying resident information clearly viewable for 3 of 3 residents reviewed for confidentiality of resident information. (Residents B, C and D)</p> <p>Findings include:</p> <p>During a walkthrough of the second floor, on 12/11/23, with CNA 1, two (2) medication bubble packs were found in one trash can attached to the medication cart on one side of the hall and one (1) medication bubble pack was found in the medication cart trash on the other side of the hall. The residents' names were clearly visible on the reorder pull tab.</p> <p>1. The record for Resident B was reviewed on 12/12/23 at 11:32 a.m. Diagnoses included, but were not limited to, diabetes type 2, unspecified dementia, and weakness.</p> <p>A physician's order indicated to give cyanocobalamin (Vitamin B12) 1000 micrograms (mcg) daily.</p> <p>A medication bubble card for Vitamin B12 1000 mcg was found in the medication cart trash. The resident's name and medication information had not been blacked out on the reorder pull tab.</p> <p>2. The record for Resident C was reviewed on 12/12/23 at 11:36 a.m. Diagnoses included, but were not limited to, shortness of breath, dyspnea (difficulty breathing), and chronic obstructive pulmonary disease (COPD).</p> <p>A physician's order indicated to give</p> | | | R 0054 | <p>A <i>With respect to the specific resident/situation cited:</i></p> <p><i>The Executive Director notified the Resident Care Director that an additional commercial shredder needed to be purchased to destroy any item containing ePHI, in such a manner that the ePHI is unusable and/or inaccessible before disposing of the item.</i></p> <p><i>/i>With respect to how the facility will identify residents/situations for the identified concerns:</i></p> <p><i>55 residents have the potential to be affected by this identified concern. The Executive Director and Resident Care Director completed a check of all trash cans attached to the medication carts along with the trash cans in the Wellness Office and no further ePHI information was found.</i></p> <p><i>/i>With respect to what systemic measures have been put into place to address the stated concern:</i></p> <p><i>The Executive Director/Resident Care Director/designee retrained the Wellness Nurses and Qualified Medication Aides on how to destroy any item containing ePHI in such a manner that the ePHI is unusable and/or inaccessible before disposing of the item.</i></p> | | 01/12/2024 |

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| | <p>spironolactone (a diuretic) 25 milligrams (mg) daily.</p> <p>A medication bubble card for spironolactone 25 mg was found in the medication cart trash. The resident's name and medication information had not been blacked out on the reorder pull tab.</p> <p>3. The record for Resident D was reviewed on 12/12/23 at 11:42 a.m. Diagnoses included, but were not limited to, anxiety disorder, obstructive sleep apnea, and constipation.</p> <p>A physician's order indicated to give senna (a medication for constipation) 8.6 mg twice a day.</p> <p>A medication bubble card for senna 8.6 mg was found in the medication cart trash. The resident's name and medication information had not been blacked out on the reorder pull tab.</p> <p>During an interview, on 12/11/23 at 12:11 p.m., RN 2 indicated to protect the identity of residents, when disposing of identifiable information, a bulb head (ink pad) was to be used to black out the information.</p> <p>During an interview, on 12/12/23 at 12:14 p.m., the Executive Director indicated the facility followed the State of Indiana Regulations for assisted living facilities.</p> <p>A facility policy, titled "Corporate Policy HIPAA-13 Safeguards," dated as revised 7/18/12 and received from the Executive Director on 12/12/23 at 11:53 a.m., indicated "...will make sure that any item containing ePHI, is destroyed in such a manner that the ePHI is unusable and/or inaccessible before disposing of the item...."</p> | | | | <p><i>The Executive Director/Resident Care Director/designee will conduct weekly audits on medication cart trash cans to monitor that these safeguards for protecting a residents ePHI are properly handled. This will be audited for the next 180 days by the ED/RCD/designee. All team members are required to complete an annual online HIPAA compliance training.</i></p> <p>A With respect to how the plan of correction will be monitored: The ED/RCD/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 180 days. This will be tracked and trended in monthly QAPI Meeting over the next 180 days.</p> | | |

