

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

PRINTED: 04/21/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 03/26/2025	
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	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00455820, IN00449229, IN00449233 and IN00448926.</p> <p>Complaint IN00455820-No deficiencies related to the allegations are cited. Complaint IN00449229-No deficiencies related to the allegations are cited. Complaint IN00449233-No deficiencies related to the allegations are cited. Complaint IN00448926-No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 24, 25 and 26, 2025.</p> <p>Facility number: 012141</p> <p>Residential Census: 72</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on March 31, 2025.</p>			R 0000			
R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to ensure food products were dated and sealed when opened and discarded when expired in 1 of 1 kitchen reviewed. This deficiency had the potential to affect 72 of 72 residents that received food from the kitchen.</p> <p>Findings include:</p>			R 0273	<p><i>Immediate Solution: With respect to the specific resident/situation cited The Dining Service Director discarded the three, 5-gallon uncovered containers of ice cream, the 5lb bag of parmesan cheese, and the 10lb box of flounder and all other items identified that were expired</i></p>		04/30/2025

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

TITLE

(X6) DATE

Terona Long

Executive Director

04/11/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed days 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>During an observation of the kitchen, on 3/24/25 at 10:05 a.m., the ice cream freezer was found to have the following items stored uncovered and open to air:</p> <p>One five-gallon container of mint chocolate chip ice-cream which was 1/4 full. One five-gallon container of vanilla ice cream, almost full. One five-gallon container of chocolate ice cream, close to empty.</p> <p>In the breakfast cooler the following items were found:</p> <p>One 46-ounce box of thickened orange juice was found dated as opened on 8/6/24 and expired on 11/15/24. One 46-ounce pineapple juice was opened and missing the open date. One 46-ounce prune juice, approximately 1/8 full, was found open and missing the open date.</p> <p>During an interview, on 3/24/25 at 10:26 a.m., the Dietary Manager indicated the juice should have had an open date, expired items should have been discarded, and the ice cream should have been covered.</p> <p>During an observation of the kitchen, on 3/25/25 beginning at 11:10 a.m., the following items were observed:</p> <p>One five-pound bag of parmesan cheese was found open to air in the walk-in cooler. One 10-pound box of flounders was found open to air.</p> <p>During an interview, on 3/24/25 at 11:15 a.m., the Dietary Manager indicated the items should have</p>				<p><i>or not dated were discarded. Completed 3/26/2025</i></p> <p><i>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. The Executive Director, Dining Service Director and designee completed a check of the ice cream freezer, breakfast cooler and walk-in cooler and freezer. Observed to ensure food products were dated and sealed when opened and discarded when expired. Completed 4/9/2025</i></p> <p><i>Systemic Change: With respect to what systemic measures have been put into place to address the stated concern: The Executive Director/Director of Dining/designee retrained the cooks, servers and wait staff on the Food Storage Preparation and Service policy. Will be completed by 4/30/2025 The Executive Director/Director of Dining/designee will conduct weekly audits on the ice cream freezer, breakfast cooler and walk-in cooler and freezer to monitor that we are following the Food Storage Preparation and Service policy and will be audited for the next 180 days by the ED/DSD/designee.</i></p>		

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	<p>been closed after they were accessed earlier that morning.</p> <p>A current facility policy, titled "Food Storage, Preparation and Service," dated as revised 12/8/21 and received from the Dietary Manager on 3/25/25 at 12:17 p.m., indicated "...A food storage area includes walk-in and reach in refrigerators and freezers...and any dry storage units ...All food items are labeled, dated...expired food is discarded...."</p>				<p><i>Monitoring: With respect to how the plan of correction will be monitored the ED/DSD/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.</i></p> <p><i>This will be tracked and trended in QAPI Meeting over the next 180 days.</i></p>		