STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366288	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunrise Nursing Healthcare LLC	3434 State Route 132 Amelia, OH 45102

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and facility policy review, the facility failed to ensure the right to privacy and confidential medical records for 2 (Resident #45 and Resident #59) of 67 facility residents. Specifically, observations revealed the computer screen on two medications carts was left visible in a facility hallway, while Resident #45 and Resident #59's identification and personal health information (PHI) was displayed. Findings include: A facility policy titled, Confidentiality of Information and Personal Privacy, revised 04/2017, indicated, Our facility will protect and safeguard resident confidentiality and personal privacy. The policy revealed, 4. Access to resident personal and medical records will be limited to authorized staff and business associates.On 08/25/2025 at 9:24 AM, an observation revealed a computer screen on top of a medication cart for the Peri/Primrose Hallway displayed Resident #45's PHI, including the resident's name, contact information, a list of medications and allergies, and progress notes. The nurse was in the room with a resident behind a closed door.During an interview on 08/25/2025 at 9:30 AM, Registered Nurse (RN) #3, who was a supervisor, stated that someone could come by and see the resident's personal information, which violated the resident's rights. RN #3 revealed she was able to see the resident's name, information about medications, progress notes, history, and physician's orders on the computer screen. RN #3 stated nurses must lock their computer screen when stepping away from their computer. On 08/25/2025 at 9:32 AM, Registered Nurse (RN) #4 returned to the Peri/Primrose Hallway medication cart from a resident room. RN #4 stated that computer screens should not be left unlocked, to protect residents' privacy. RN #4 stated that someone could read the resident's health information, and they did not want that to happen. On 08/25/2025 at 9:55 AM, an observation revealed RN #5 left the computer screen on the Peri Hallway medication cart unlocked with Resident #59's PHI displayed, including the resident's name, medications, ventilator status, date of birth , physician name, blood pressure, code status, and allergies. The nurse was behind a closed door, and the medication cart was located in the hallway between two resident rooms. On 08/25/2025 at 9:59 AM, RN #5 returned to the medication cart and stated the computer screen should have been locked to protect resident confidentiality. On 08/25/2025 at 10:00 AM, in a follow-up interview, RN #3 stated that the screen should not be left unlocked, and staff had a duty to protect resident information. On 08/27/2025 at 9:22 AM, the Director of Nursing (DON) revealed the expectation was for the staff to lock their computer screen when they were at the desk, nursing station, and between residents. On 08/27/2025 at 9:42 AM, the Administrator stated to protect personal health information, the expectation was for all staff to close out of their computer screen when they stepped away. The Administrator stated that he expected staff to follow the facility's privacy and safety policies to protect residents' personal information, which included ensuring staff locked computer screens.

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE