STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVERA SENIOR LIVING OF COLUMBUS	1971 STATE STREET, COLUMBUS, , 47201

(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 Intake IN00465099. Intake IN00465099 - No deficiencies related to the allegations are cited. Survey dates: October 2 and 3, 2025 Facility number: 014519 Residential Census: 86 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on October 7, 2025.	R 0000		
R 0298	Pharmaceutical Services - Deficiency 410 IAC 16.2-5-6(c)(2) (2) A consultant pharmacist shall	R 0298	Plan of Correction	10/20/2025

	be employed, or under contract, and shall: (A) be responsible for the duties as specified in 856 IAC 1-7; (B) review the drug handling and storage practices in the facility; (C) provide consultation on methods and procedures of ordering, storing, administering, and disposing of drugs as well as medication record keeping; (D) report, in writing, to the administrator or his or her designee any irregularities in dispensing or administration of drugs; and (E) review the drug regimen of each resident receiving these services at least once every sixty (60) days. Based on record review and interview, the facility failed to ensure pharmacy recommendations were addressed for 1 of 7 resident records reviewed. (Resident B) Findings include: The clinical record for Resident B was reviewed on 10/02/2025 at 11:30 A.M. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and Parkinson's disease. A "Note to Attending Physician/Prescriber"		10/13/25 Facility ID: 014519 Survey Event ID: 2GSF11 R298 **1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** a **2 How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** a All residents that receive pharmacy reviews had the potential to be	

	document, dated 03/06/2025, indicated Benztropine (a medication used to treat various forms of Parkinsonism) was currently listed on the resident's profile. The resident was to receive 0.5 milligrams (mg) once daily in the morning. The medication had not been provided due to requiring a prior authorization. The physician responded to the note on 03/21/2025, but both the "Agree" and "Disagree" boxes were checked. The response was faxed to the pharmacy. A return response from the pharmacy, dated 06/24/2025, requested clarification as to which box had been checked and what the physician would like to do about the medication. The resident's record lacked documentation the pharmacy recommendation was addressed. A "Note to Attending Physician/Prescriber" document, dated 06/26/2025, indicated the resident received quetiapine (an antipyschotic medication) 25 mg at bedtime. In elderly patients, prescribing quetiapine required careful consideration due to the increased risk of adverse effects. There was not a corresponding diagnosis on the resident's profile. The pharmacy requested a diagnosis code that corresponded to the indication		affected by the alleged deficient practice. DON and/or designee will audit all residents who receive pharmacy recommendations to ensure timely response and/or updates from the physician. **3** **What** **measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** a DON and/or designee will audit all pharmacy reviews, as they occur, to ensure timely response and/or updated from the physician. The Director of Nursing, or designee will educate all newly hired clinical staff, including any agency staff, on policies and protocols during employee job-specific orientation moving forward. **4 How the corrective action(s) will be** **monitored to ensure the**	

	for prescribing the medication. The resident's current physician's orders, dated 10/03/2025, indicated the resident currently received quetiapine. The resident's record lacked documentation the pharmacy recommendation was addressed. During an interview, on 10/03/2025 at 11:55 A.M., the Director of Nursing (DON) indicated she could not provide any documentation that indicated the two pharmacy recommendations were addressed. The current facility policy, titled "Pharmacy Services", dated 09/2022, was provided by the DON on 10/03/2025 at 11:35 A.M. The policy indicated, "...Medication management includes, but is not limited to...The Director of Nursing, or designee, will ensure that the medication review, recommendations and notifications of the physician, if necessary, is documented in accordance to policy..." Based on record review and interview, the facility failed to ensure pharmacy recommendations were addressed for 1 of 7 resident records reviewed. (Resident B)		**deficient practice will not recur, i.e., what quality assurance program will be put into place;** a Pharmacy recommendations will be reviewed by DON/designee as they are received as part of the QA process. b Results will be reviewed as part of the QA process in order to identify any anomalies or potential patterns. If indicated, an action plan will be implemented by QA team and reviewed as needed until resolved. **5** **By** **what date the systemic changes will be completed;** a October 20, 2025	

	Findings include: The clinical record for Resident B was reviewed on 10/02/2025 at 11:30 A.M. The resident's diagnoses included, but were not limited to, diabetes, hypertension, and Parkinson's disease. A "Note to Attending Physician/Prescriber" document, dated 03/06/2025, indicated Benztropine (a medication used to treat various forms of Parkinsonism) was currently listed on the resident's profile. The resident was to receive 0.5 milligrams (mg) once daily in the morning. The medication had not been provided due to requiring a prior authorization. The physician responded to the note on 03/21/2025, but both the "Agree" and "Disagree" boxes were checked. The response was faxed to the pharmacy. A return response from the pharmacy, dated 06/24/2025, requested clarification as to which box had been checked and what the physician would like to do about the medication. The resident's record lacked documentation the pharmacy recommendation was addressed. A "Note to Attending Physician/Prescriber" document, dated 06/26/2025,			

	indicated the resident received quetiapine (an antipyschotic medication) 25 mg at bedtime. In elderly patients, prescribing quetiapine required careful consideration due to the increased risk of adverse effects. There was not a corresponding diagnosis on the resident's profile. The pharmacy requested a diagnosis code that corresponded to the indication for prescribing the medication. The resident's current physician's orders, dated 10/03/2025, indicated the resident currently received quetiapine. The resident's record lacked documentation the pharmacy recommendation was addressed. During an interview, on 10/03/2025 at 11:55 A.M., the Director of Nursing (DON) indicated she could not provide any documentation that indicated the two pharmacy recommendations were addressed. The current facility policy, titled "Pharmacy Services", dated 09/2022, was provided by the DON on 10/03/2025 at 11:35 A.M. The policy indicated, "...Medication management includes, but is not limited to...The Director of Nursing, or designee, will ensure that the			

	medication review, recommendations and notifications of the physician, if necessary, is documented in accordance to policy..."			
R 0414	Infection Control - Deficiency 410 IAC 16.2-5-12(k) (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and interview, the facility failed to follow appropriate infection control guidelines during medication administration for 4 of 5 residents reviewed. (Residents 201, 102, 108, and 227) Findings include: During a continuous observation of medication administration, on 10/02/2025 at 11:20 A.M., with Qualified Medication Aide (QMA) 2, the following was identified: 1. AT 11:20 A.M., the QMA walked into Resident 201's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved the medications, checked the Electronic	R 0414	Plan of Correction 10/13/25 Facility ID: 014519 Survey Event ID: 2GSF11 R414 **1 What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** a **2 How the facility will identify other residents having the potential to be affected by the same deficient practice**	10/20/2025

	Medication Administration Record (EMAR) on her hand-held device, opened two small plastic packages containing pills, and poured the medications into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medications. 2. At 11:25 A.M., the QMA walked into Resident 102's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and poured the medication into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medication. 3. At 11:33 A.M., the QMA walked into Resident 108's room, touched the door handle, spoke with the resident, left the room, and went to the Medication Room to retrieve a medication. The QMA went to the Medication Room, touched the door handle to the Medication Room, opened a		**and what corrective will be taken** a All residents requiring staff proper hand hygiene before providing care, had the potential to be affected by the alleged deficient practice. DON or designee will provide an in-service to all medical staff on procedures of appropriate hand hygiene. Employees found to be out of compliance with hand hygiene will receive additional education and possible corrective action. **3 What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** a All clinical staff will be re-educated and in-serviced on the hand hygiene policy no later than October 20, 2025. Any clinical staff member	

	cabinet, removed a bubble card of medications, checked the physician's order on the EMAR on her hand-held device, and popped the medication into a medication cup. She covered the pill with another medication cup and walked down the hall to the resident's room. The QMA walked into the resident's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and poured the medication into the medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medications. During an interview, on 10/02/2025 at 11:39 A.M., QMA 2 indicated she did not use hand sanitizer or wash her hands because she did not touch the residents. 4. During a medication administration observation, on 10/02/2025 at 1:08 P.M., QMA 2 walked into Resident 227's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box,		out of compliance with facility's policies and protocols relating to hand hygiene will receive progressive corrective action. The Director of Nursing, or designee will educate all newly hired clinical staff on policies and protocols relating to hand hygiene during employee job-specific orientation moving forward. **4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place:** a The Director of Nursing or designee will audit appropriate hand hygiene two (2) times per week for eight (8) weeks, then one (1) time a week for four (4) weeks, then two (2) times a month for one (1) month and then as needed to ensure that proper hand hygiene is being executed. Results to be reviewed at monthly QI meetings and make	

	unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and poured the medication into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medication. During an interview, on 10/02/2025 at 2:17 p.m., the Director of Nursing (DON) indicated hand hygiene should be performed during medication administration before giving medications and after the administration of medications for each resident. Staff members usually kept hand sanitizer on their person. The current "Hand Hygiene" policy, with an effective date of 03/2024, was provided by the DON on 10/03/2025 at 9:49 A.M. The policy indicated, " ...Alcohol-Based Hand Rubs ...If hands are not visibly soiled ...use an alcohol-based had rub ...Before preparing or handling medications ...after contact with inanimate objects ...in the immediate vicinity of the resident ..." Based on observation and interview, the facility failed to follow appropriate infection		further recommendations based off audit results **5 By what date will the systematic changes be completed** a Education and in-service will be provided to all clinical staff between now and concluding on October 20, 2025	

control guidelines during medication administration for 4 of 5 residents reviewed. (Residents 201, 102, 108, and 227)

Findings include:

During a continuous observation of medication administration, on 10/02/2025 at 11:20 A.M., with Qualified Medication Aide (QMA) 2, the following was identified:

1. AT 11:20 A.M., the QMA walked into Resident 201's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved the medications, checked the Electronic Medication Administration Record (EMAR) on her hand-held device, opened two small plastic packages containing pills, and poured the medications into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medications.

2. At 11:25 A.M., the QMA walked into Resident 102's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box,

unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and poured the medication into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medication.

3. At 11:33 A.M., the QMA walked into Resident 108's room, touched the door handle, spoke with the resident, left the room, and went to the Medication Room to retrieve a medication. The QMA went to the Medication Room, touched the door handle to the Medication Room, opened a cabinet, removed a bubble card of medications, checked the physician's order on the EMAR on her hand-held device, and popped the medication into a medication cup. She covered the pill with another medication cup and walked down the hall to the resident's room. The QMA walked into the resident's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and

poured the medication into the medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medications.

During an interview, on 10/02/2025 at 11:39 A.M., QMA 2 indicated she did not use hand sanitizer or wash her hands because she did not touch the residents.

4. During a medication administration observation, on 10/02/2025 at 1:08 P.M., QMA 2 walked into Resident 227's room, touched the door handle to the room, touched the cabinet in the kitchen area, pulled out the resident's medication box, unlocked the box with a key, retrieved a medication, checked the EMAR on her hand-held device, opened a small plastic package containing a pill, and poured the medication into a medication cup. The QMA handed the medication cup to the resident and left the room. The QMA did not use hand sanitizer or wash her hands before preparing or handling the medication.

During an interview, on 10/02/2025 at 2:17 p.m., the Director of Nursing (DON) indicated hand hygiene should be performed during medication

	administration before giving medications and after the administration of medications for each resident. Staff members usually kept hand sanitizer on their person. The current "Hand Hygiene" policy, with an effective date of 03/2024, was provided by the DON on 10/03/2025 at 9:49 A.M. The policy indicated, " ...Alcohol-Based Hand Rubs ...If hands are not visibly soiled ...use an alcohol-based had rub ...Before preparing or handling medications ...after contact with inanimate objects ...in the immediate vicinity of the resident ..."			

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 SIGNATUREKristen Chalou	TITLEAdministrator	(X6) DATE10/15/2025