

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/14/2022	
NAME OF PROVIDER OR SUPPLIER VIVERA SENIOR LIVING OF COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 the Investigation of Complaint IN00385748 and IN00389276. Complaint N00385748 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00389276 - Substantiated. No deficiencies related to the allegations are cited. Survey date: September 14, 2022 Facility number: 014519 Residential Census: 101 Vivera Senior Living of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00385748 and IN00389276. Quality review completed on September 19, 2022.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

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 SIGNATURE	TITLE	(X6) DATE
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