

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/26/2023	
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 Complaints IN00398364, IN00395482, and IN00393799. Complaint IN00398364 - Unsubstantiated due to lack of evidence. Complaint IN00395482 - Unsubstantiated due to lack of evidence. Complaint IN00393799 - Substantiated. State deficiency related to the allegation is cited at R0178. Survey date: January 26, 2023 Facility number: 014519 Residential Census: 99 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on February 1, 2023.	R 0000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also not to be construed as an admission against interest by the facility, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.				

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R 0178	Physical Plant Standards - Deficiency 410 IAC 16.2-5-1.6(b) (b) The facility shall have adequate plumbing, heating, and ventilating systems as governed by applicable rules of the fire prevention and building safety commission (675 IAC). Plumbing, heating, and ventilating systems shall be maintained in normal operating condition and utilized as necessary to provide comfortable temperatures in all areas. Based on observation, interview, and record review, the facility failed to maintain the plumbing in normal operating condition in a reasonable time related to a water leak for 1 of 4 residents reviewed for physical plant standards. Findings include: During an interview and observation on 01/26/23 at 10:52 a.m., Resident E indicated she had told the facility in April 2022 that her bathroom ceiling, above the shower, had a leak. The facility said it was the resident upstairs. The last week of September or first week of October, the facility had opened the ceiling and repaired a pipe. They had left the wet insulation hanging with exposed wiring and the insulation was molded. The	R 0178	It is the practice of Vivera Senior Living to ensure adequate plumbing, heating and ventilation. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The leak and drywall were repaired prior to November 10, 2022. The contractor failed to paint the new drywall. Upon being made aware that new drywall hadn't been painted, the Maintenance Director painted the ceiling in the shower on January 26, 2023. 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? The Maintenance Director/designee toured apartments and no other leaks were found. What measures will be put	02/21/2023
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facility had a mold eradication team come in and spray for black mold, but she was not informed they were going to do that. The facility had repaired the leak but had left the ceiling open and she was unable to shower due to the fear of black mold. The ceiling was observed and was unpainted.

During an interview on 1/26/23 at 1:48 p.m., the Maintenance Director indicated residents were supposed to let the receptionist and nursing know if there were any maintenance issues. The Receptionist would enter a work order in the work order system. The DON (Director of Nursing) indicated she did not know how long there was an actual leak but did know there was a company that came in and dried the hole out. The hole was only open for about two weeks.

During an interview on 1/26/23 at 2:07 p.m., the Administrator indicated the previous Maintenance Director had a contractor come in to repair the ceiling leak and everything on the workorder for Resident E was completed. The company had come in, removed the insulation, sprayed for mold, and repaired the ceiling. He thought the ceiling was painted by the contractor in the first week of November.

into place or what systemic changes the facility will make to ensure that the practice does not recur?

All staff were educated on work order procedure. The Maintenance Director and Administrator met weekly to review all work orders.

How the corrective action(s) will be monitored to ensure the deficient practice will not recure, i.e. what quality assurance program will be put into place?

A quality assurance monitoring tool will be completed by Administrator/designee. Work orders will be tracked for timely completion and will be verified on the tool. This will be completed daily times four weeks and then weekly times one month. At this time if results are below a 95% threshold the audits will continue weekly until a 95% threshold is achieved. The results will be reviewed by the Quality Assurance Process Improvement committee monthly.

By what date the systemic

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On 1/26/23 at 2:10 p.m., the Administrator provided an invoice, dated 11/10/22. The invoice indicated the contractor replaced a leaking shower drain above Resident E's apartment. The invoice had charges for restoration and drywall in Resident E's apartment.

On 1/26/23 at 3:38 p.m., the Administrator provided a Work Order, dated 5/24/22. The work order indicated the Maintenance Director had checked the ceiling in the bathroom of Resident E's apartment and it was not leaking, but that he would keep an eye on it. The work order had a completion date of 5/25/22.

On 1/26/23 at 3:38 p.m., the Maintenance Director provided a Work Order, dated 1/26/23. The work order indicated the ceiling over the shower in Resident E's apartment had been painted.

changes will be completed?

February 21, 2023

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During an interview on 1/26/23 at 4:07 p.m., the Administrator indicated the previous Maintenance Director failed to continue to monitor the apartment for any possible water leak, once he was let go and the Administrator got involved, a contractor then made the repair. The resident never had concerns about the ceiling not being painted. The water leak would have been a "Critical" work order.

On 1/26/23 at 3:59 p.m., the Administrator provided a "Work Orders" policy, dated 9/2021. The policy indicated, "Procedure: ...Work orders are to be completed for all work/repairs required in the community ...Levels of Work Order ...A. Critical - work orders that need immediate attention and resolution. Examples would include, ...plumbing ..."

This State tag relates to Complaint IN00393799.

Based on observation, interview, and record review, the facility failed to maintain the plumbing in normal operating condition in a reasonable time related to a water leak for 1 of 4 residents reviewed for physical plant standards.

Findings include:

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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