

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 08/28/2026
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 Intake 470613. Intake 470613 - State deficiencies related to the allegations are cited at R0090 and R0148 Survey date: August 28, 2026 Facility number: 014519 Residential Census: 91 These deficiencies reflect State Findings cited in accordance with 410 IAC (Indiana Administrative Code) 16.2-5. Quality review completed on September 8, 2026.	R 0000			
R 0090	Administration and Management - Deficiency 410 IAC 16.2-5-1.3(g)(1-6) (g) The administrator is responsible for the overall management of the	R 0090	Plan of Correction 9/20/2026 Facility ID:014519	09/28/2026	

facility. The responsibilities of the administrator shall include, but are not limited to, the following:

(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:

- (A) epidemic outbreaks;
- (B) poisonings;
- (C) fires; or
- (D) major accidents.

If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.

(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.

(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.

(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that

Survey Event ID: QIUL11

R090

1. **What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;**

- 1. No residents experienced adverse effects from alleged deficient practice

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;**

- 1. All residents have the potential to be affected by the alleged deficient practice. Administrator / Maintenance Director will review policies and ensure necessary monitoring, documenting and reporting of entrapments occur.

3. **What measures will be put into place or what systemic changes the facility will make to ensure that the practice does not recur?**

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indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on interview, observation, and record review, the administration failed to maintain the overall management of the facility related to the monitoring the operation of the facility elevators and maintaining accurate records of the entrapments from the elevator failures. This deficient practice had the potential to affect 91 of 91 residents residing in the facility. Findings include: During an observation, on 08/28/2026 at 8:30 A.M., on the first floor of the facility posted		1. Administrator and/or designee will in-service staff on the reporting of elevator entrapments and failures. All new staff will be educated during their general orientation and job specific orientation. Employees found to be out of compliance will receive additional education and possible corrective action. (Exhibit A) 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; 1. All entrapments and malfunctions will be documented internally and reported to Administrator / Maintenance Director & elevator company. Documentation will be kept in the maintenance office. This practice will be ongoing. (Exhibit B) 5. By what date the systemic changes will be completed;	
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	outside both of the facility elevators was two signs hung above the buttons for both elevators. The signs read, "Only 1 motorized wheelchair at a time is permitted on the elevator". During an interview, on 08/28/2026 at 10:44 A.M., the Administrator indicated the facility had always had issues with their elevators. There was an emergency button inside them that would contact a company to dispatch the fire department. Most of the time they just called the Maintenance Director and he would reset the elevator. There had been approximately six entrapments, where residents or visitors were stuck in the elevator this year. She did not keep a record of the entrapments, and the Maintenance Director did not keep a log either. She did not contact the elevator company every time it stopped working and did not contact the company to let them know every time they experienced an entrapment. They began placing a sign for one power wheelchair at a time about a month ago to help with the issue, however the elevator was still breaking down while following the powerchair limit. During an interview, on 08/28/2026 at 3:31 P.M., Resident E indicated she had		9/28/2026	
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been at the facility for five years and the elevators had always been an issue. She lived on the fourth floor and had personally been trapped in the elevator at least five times. Three of those times were within the year. One of the times she was stuck in there for over 45 minutes by herself, and the fire department had to get her out of it. The elevator got stuck in between the third and fourth floor, so when they opened the elevator door she was looking up at the fire department. She relies on her electric powerchair to move around the facility, so the fire department had to lift her out of the elevator and then lift her powerchair out of the elevator. Now she will say a prayer every time she gets into the elevator, and she always tried to not get in one alone so that she had someone to talk to if she got trapped in it.

A Local Fire Department Incident Report, dated 07/01/2026 at 3:57 P.M., indicated the fire department was dispatched to the facility for an elevator rescue. Four people were trapped inside the elevator on the fourth floor. An elevator key was used to manually open the elevator and all occupants exited with no injuries. The Maintenance Director advised personnel that the unit would remain out of service until it was

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	repaired. A Local Fire Department Incident Report, dated 07/06/2026 at 5:44 P.M., indicated the fire department was dispatched to the facility for an elevator rescue. An Emergency Medical Service (EMS) crew was trapped in the elevator with a patient on the fourth floor. The elevator was manually opened allowing the occupants to exit. The Maintenance Director reset the system. During an interview, on 08/28/2026 at 4:06 P.M., an Anonymous Fire Fighter indicated he had personally been to the facility six times in the past six months, but he knew the unit had been dispatched there at least twelve times in the past six months. The facility lacked a current policy for elevator maintenance, physical environment, maintenance monitoring, or an administration and management policy. This citation relates to Intake 470613.			
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4)	R 0148	Plan of Correction 9/20/2026	09/25/2026

(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:

(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.

(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.

(3) All plumbing shall function properly and comply with state plumbing codes.

(4) At least yearly, heating and ventilating systems shall be inspected.

Based on interview and record review, the facility failed to maintain equipment in safe operational conditions and document/monitor the operation of the elevators' failure. This deficient practice had the potential to affect 91 of 91 residents residing in the facility.

Findings include:

During an interview, on 08/28/2026 at 8:46 A.M., the Maintenance Supervisor indicated he had been working

Facility ID:014519

Survey Event ID: QIUL11

R148

1. **What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
 1. No residents experienced adverse effects from alleged deficient practice
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;**
 1. All residents have the potential to be affected by the alleged deficient practice. Policies are already created and in place; including Elevator maintenance. (Exhibit C & D)
3. **What measures will be put into place or what systemic changes the facility will make to ensure that the practice does not recur?**

at the facility for three years, and the elevators had ongoing issues. The facility had been making repairs to the elevators, but they always had one of the two that were functioning. There had been some entrapments at the facility, but nothing regular and nobody had been trapped for more than 15 minutes. When the elevator would get stuck, he would reset the elevator, and it began to function again.

A Local Fire Department Incident Report, dated 07/01/2026 at 3:57 P.M., indicated the fire department was dispatched to the facility for an elevator rescue. Four people were trapped inside the elevator on the fourth floor. An elevator key was used to manually open the elevator and all occupants exited with no injuries. The Maintenance Director advised personnel that the unit would remain out of service until it was repaired.

A Local Fire Department Incident Report, dated 07/06/2026 at 5:44 P.M., indicated the fire department was dispatched to the facility for an elevator rescue. An Emergency Medical Service (EMS) crew was trapped in the elevator with a patient on the fourth floor. The elevator was manually opened allowing the occupants to exit. The

1. Administrator and designee(s) will utilize and follow all current policies already put in place to assist in preventing future issues.

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;**

1. Administrator / Maintenance Director and designee(s) will continue to follow all policies and procedures already in place.
2. Elevator maintenance, issues, documentation and/or future repairs will be discussed at QAPI and Safety Committee meetings monthly.
3. Repairs will continue to be requested by community to the elevator company in a timely manner.

By what date the systemic changes will be completed;

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Maintenance Director reset the system.

9/20/2026

During an interview, on 08/28/2026 at 4:06 P.M., an Anonymous Fire Fighter indicated he had personally been to the facility six times in the past six months, but he knew the unit had been dispatched there at least twelve times in the past six months.

During an interview, on 08/28/2026 at 10:44 A.M., the Administrator indicated the facility had always had issues with their elevators. She did not keep a record of the entrapments, and the Maintenance Director did not keep a log either.

During an interview, on 08/28/2026 at 3:31 P.M., Resident E indicated she had been at the facility for five years and the elevators had always been an issue. She lived on the fourth floor and had personally been trapped in the elevator at least five times.

The facility lacked a current policy for elevator maintenance, physical environment, maintenance monitoring, or an administration and management policy.

This citation relates to Intake 470613.

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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 SIGNATUREKristen Chalou	TITLEAdministrator	(X6) DATE09/22/2026