

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 02/01/2024
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 IN00425952 and IN00426319. Complaint IN00425952. No deficiencies related to the allegations are cited. Complaint IN00426319. No deficiencies related to the allegations are cited. Survey date: February 1, 2024. Facility number: 014519 Residential Census: 100 Vivera Senior Living of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00425952 and IN00426319. Quality review completed on February 2, 2024.	R 0000			

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

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

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