STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIVERA SENIOR LIVING OF JEFFERSONVILLE	2105 HAMBURG PIKE, JEFFERSONVILLE, , 47130

(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 IN00456593. Complaint IN00456593 - State deficiency related to the allegations is cited at R0247. Survey date: April 21, 2025 Facility number: 015121 Residential Census: 105 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on April 24, 2025.	R 0000	The submission of this plan of correction does not indicate an admission by Vivera Senior Living of Jeffersonville that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, and living environment provided to the residents of Vivera Senior Living of Jeffersonville. The community hereby maintains it is in substantial compliance with the requirements of participation for Residential Care Facilities. Please accept this plan of correction as the credible allegation of compliance with all state and federal requirements governing the management of this facility.	
R 0247	Health Services - Deficiency 410 IAC 16.2-5-4(e)(7) (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when	R 0247	Plan of Correction 05/05/2025	05/15/2025

	there are any actual or potential detrimental effects to the resident. Based on observation, interview and record, the facility failed to ensure a resident (Resident B) received her routine pain medication, as ordered by the physician, for 1 of 3 residents reviewed for Health Services. Findings include: The clinical record for Resident B was reviewed on 4/21/25 at at 10:29 a.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis and porphyria. The physician's order, dated 10/9/24, indicated the resident was to receive morphine sulfate (narcotic pain medication) 30 mg (milligrams) twice daily at 9:00 a.m. and 9:00 p.m. The progress note, dated 3/28/25 at 4:16 p.m., indicated the resident missed her 9:00 a.m. dose of morphine on 3/27/25 with no adverse side effects. The March 2025 medication administration record indicated, on 3/27/25 at 9:00 a.m., Licensed Practical Nurse (LPN) 4 administered the medication to the resident. Review of the March 2025 controlled drug record lacked		Facility ID: 015121 Survey Event ID: MZYC11 R247 **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 routine pain medications, administered by the facility, had the potential to be	

documentation of the administration of the morphine on 3/27/25 at 9:00 a.m.

During an interview, on 4/21/25 at 2:24 p.m., LPN 4 indicated she was going to administer the medication, but could not find it. She looked for liquid morphine rather than pill form as she was unaware the morphine was available in pill form.

During an interview, on 4/21/25 at 2:27 p.m., the Executive Director (ED) indicated LPN 4 did not reach out to anyone when she could not locate the medication.

On 4/21/25 at 3:02 p.m., the Executive Director provided a current, undated copy of the document titled "Medication Policy". It included, but was not limited to, "Medicine is to be taken regularly by the resident, as prescribed by his/her physician...."

This Citation relates to Complaint IN00456593

Based on observation, interview and record, the facility failed to ensure a resident (Resident B) received her routine pain medication, as ordered by the physician, for 1 of 3 residents reviewed for Health Services.

Findings include:

The clinical record for Resident

affected by the alleged deficient practice.
Any employee responsible for passing medications will ensure the residents'
physician and the DON are notified when medications are not available. Employees
found to be out of compliance with medication distribution will receive
additional education and 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 DON and/or designee will ensure the
residents physician is notified in a timely manner of resident's medication
being unavailable. Staff will chart in the electronic medical record, according
to policy. In the event a charting error
has occurred, an incident report will be completed and reported to the DON
and/or designee immediately.

	B was reviewed on 4/21/25 at at 10:29 a.m. The resident's diagnoses included, but were not limited to, rheumatoid arthritis and porphyria. The physician's order, dated 10/9/24, indicated the resident was to receive morphine sulfate (narcotic pain medication) 30 mg (milligrams) twice daily at 9:00 a.m. and 9:00 p.m. The progress note, dated 3/28/25 at 4:16 p.m., indicated the resident missed her 9:00 a.m. dose of morphine on 3/27/25 with no adverse side effects. The March 2025 medication administration record indicated, on 3/27/25 at 9:00 a.m., Licensed Practical Nurse (LPN) 4 administered the medication to the resident. Review of the March 2025 controlled drug record lacked documentation of the administration of the morphine on 3/27/25 at 9:00 a.m. During an interview, on 4/21/25 at 2:24 p.m., LPN 4 indicated she was going to administer the medication, but could not find it. She looked for liquid morphine rather than pill form as she was unaware the morphine was available in pill form. During an interview, on 4/21/25 at 2:27 p.m., the Executive		Any clinical staff member out of compliance with facility's policies and protocols will receive progressive corrective action, including termination. 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 deficient practice will not recur, i.e., what quality assurance program will be put into place;** a This process will be reviewed by ED/DON or designee on a weekly basis for 8 weeks, monthly for 4 months and as needed thereafter 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,	

	Director (ED) indicated LPN 4 did not reach out to anyone when she could not locate the medication. On 4/21/25 at 3:02 p.m., the Executive Director provided a current, undated copy of the document titled "Medication Policy". It included, but was not limited to, "Medicine is to be taken regularly by the resident, as prescribed by his/her physician...." This Citation relates to Complaint IN00456593		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 05/15/25	

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