

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 05/21/2025	
NAME OF PROVIDER OR SUPPLIER VIVERA SENIOR LIVING OF JEFFERSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to Investigation of Complaint IN00456593 completed on 4/21/25. This visit was in conjunction with the PSR to the Investigation of Complaint IN00454400 completed on 3/18/25. Complaint IN00456593 - Corrected Complaint IN00454400 - Corrected Survey date: May 21, 2025 Facility number: 015121 Residential Census: 107 Vivera Senior Living Center was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00456593. Quality review completed on May 27, 2025.	R 0000					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

This visit was for a Post Survey Revisit (PSR) to Investigation of Complaint IN00456593 completed on 4/21/25.

This visit was in conjunction with the PSR to the Investigation of Complaint IN00454400 completed on 3/18/25.

Complaint IN00456593 -
Corrected

Complaint IN00454400 -
Corrected

Survey date: May 21, 2025

Facility number: 015121

Residential Census: 107

Vivera Senior Living Center was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00456593.

Quality review completed on May 27, 2025.

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