

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>015121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIVERA SENIOR LIVING OF JEFFERSONVILLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 HAMBURG PIKE JEFFERSONVILLE, IN 47130</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00438343.</p> <p>Complaint IN00438343 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 25, 2024</p> <p>Facility number: 015121</p> <p>Residential Census: 127</p> <p>Vivera Senior Living of Jeffersonville was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00438343.</p> <p>Quality review completed on July 30, 2024.</p>	R 000		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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