

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>014519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIVERA SENIOR LIVING OF COLUMBUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1971 STATE STREET</b> <b>COLUMBUS, IN 47201</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 Complaints IN00443166 and IN00441923.</p> <p>Complaint IN00443166 - No deficiencies related to the allegations were cited.</p> <p>Complaint IN00441923 - No deficiencies related to the allegations were cited.</p> <p>Survey dates: September 25 and 26, 2024.</p> <p>Facility number: 014519</p> <p>Residential Census: 103</p> <p>Vivera Senior Living of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00443166 and IN00441923.</p> <p>Quality review completed on September 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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