STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITA OF MARION	4211 S ADAMS STREET, MARION, , 46953

(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 the State Residential Licensure Survey and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, and IN00438443 completed on July 11, 2024. This visit was in conjunction with the Investigation of Complaints IN00442139 and IN00442187. Complaint IN00437861-Corrected. Complaint IN00437891-Corrected. Complaint IN00438095-Corrected. Complaint IN00438206-Corrected. Complaint IN00438443-Corrected.	R 0000		

Complaint IN00442139 - No deficiencies related to the allegations are cited.

Complaint IN00442187 - No deficiencies related to the allegations are cited.

Survey dates: September 3 and 4, 2024

Facility number: 015081

Residential Census: 68

Vita of Marion was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, IN00438443.

Quality review completed September 9, 2024.

This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, and IN00438443 completed on July 11, 2024.

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Complaint IN00437861- Corrected.

Complaint IN00437891-

Corrected.

Complaint IN00438095- Corrected.

Complaint IN00438206- Corrected.

Complaint IN00438443- Corrected.

Complaint IN00442139 - No deficiencies related to the allegations are cited.

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Quality review completed September 9, 2024.

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