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 the Investigation of Complaints IN00442139 and IN00442187. This visit was in conjunction with a Post Survey Revisit (PSR) to the Residential State Licensure and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, and IN00438443 completed on July 11, 2024. Complaint IN00442139 - No deficiencies related to the allegations are cited. Complaint IN00442187 - No deficiencies related to the allegations are cited. Complaint IN00437861-Corrected. Complaint IN00437891-Corrected. Complaint IN00438095-Corrected. Complaint IN00438206-	R 0000		

	Corrected. Complaint IN00438443-Corrected. 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 Investigation of Complaints IN00442139 and IN00442187. 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