STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/24/2025

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 IN00450815, IN00450633, and IN00450243. Complaint IN00450815 - No deficiencies related to the allegations are cited. Complaint IN00450633 - No deficiencies related to the allegations are cited. Complaint IN00450243 - No deficiencies related to the allegations are cited. Survey date: January 24, 2025 Facility number: 015081 Residential Census: 98 Vita of Marion was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00450815, IN00450633, and IN00450243. Quality review completed	R 0000		

	February 4, 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