

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/27/2026
NAME OF PROVIDER OR SUPPLIER VITA OF NEW WHITELAND		STREET ADDRESS, CITY, STATE, ZIP CODE 532 COUNTRY GATE DRIVE , NEW WHITELAND, , 46184			
(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 Intakes 471587 and 470742. Intake 471587 - No deficiencies related to the allegations are cited. Intake 470742 - No deficiencies related to the allegations are cited. Survey dates: August 27, 2026 Facility number: 016046 Residential Census: 82 Vita of New Whiteland was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 471587 and 470742. Quality review completed August 31, 2026.	R 0000			
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					

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE