STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITA OF NEW WHITELAND	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 a State Residential Licensure Survey. This visit included the Investigation of Intakes 469693, 470445, and 470529. Intake 469693 - No deficiencies related to the allegations are cited. Intake 470445 - No deficiencies related to the allegations are cited. Intake 470529 - No deficiencies related to the allegations are cited. Survey dates: July 6, 7, and 8, 2026 Facility number: 016046 Residential Census: 78 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed July 9,	R 0000	**Plan of Correction: Vita New Whiteland** Systemic Changes to Prevent Recurrence: **R151:** A Pet Record Compliance Log will be implemented to track eachpet's required documentation, including vaccination expiration dates.Pet records will be maintained in a centralized Pet Compliance Binder.	

	2026.		The Executive Director (or designee) willreview the Pet Compliance Log monthly to identify records that will expire within thenext 60 days and ensure notification is provided to resident. Our community Pet Policy will be reviewedwith management staff to reinforce compliance. No pet will be permitted to reside in or participate in community activities without current required documentation on file. Monitoring: The Executive Director (or designee) will review the Pet Compliance Log monthly toidentify records that will expire within the next 60 days and ensure notification isprovided to resident. Audit results will be reviewed at our monthly QAPI meeting.Any deficiencies identified during monthly audits will be corrected	

			immediately, andfollow-up monitoring will continue until sustained compliance is demonstrated. **R273:** Food and Nutritional Services: Our community is committed to maintaining safe food storage and handling practices in accordance withstate regulations and accepted food safety standards. Corrective Action for the Identified Deficiency:Upon identification of the deficiency, all scoops were immediately removed frominside dry food storage containers. Food containers were inspected, andscoops were properly stored in a clean, sanitary manner with the handle in adesignated clean scoop	

			holder, in accordance with food safety guidelines.Dietary staff to receive education on proper scoop storage and food handlingprocedures. Systemic Changes to Prevent Recurrence: The Dietary Manager will review thecommunity's food storage procedures with all dietary staff, emphasizing proper scoopstorage and contamination prevention. Food storage procedures are reviewed atnew employee orientation and ongoing dietary training. The Dietary Manager or designee willinspect all dry storage areas daily for 8 weeks to ensure continued complianceand periodically thereafter. Monitoring: The Dietary Manager or	

			designee willinspect all dry storage areas daily for 8 weeks to ensure continued compliance.Thereafter, inspections will be conducted weekly for an additional five (2) months toensure compliance. Any deficiencies identified will be correctedimmediately, staff will be re-educated as needed, corrective action will be documented and reviewed at our monthly QAPI meeting.	
R 0151	Sanitation & Safety Standards -Noncompliance 410 IAC 16.2-5-1.5(h) (h) Any pet housed in a facility shall have periodic veterinary examinations and required immunizations. Based on interview and record review, the facility failed to ensure pets had received the rabies vaccination and the annual veterinary examination 2 of 11 residents who housed pets in the facility. (Resident 85 and 91)	R 0151	Systemic Changes to Prevent Recurrence: A Pet Record Compliance Log will be implemented to track each pet's required documentation, including vaccination expiration dates. Pet records will be maintained in a centralized Pet Compliance Binder. The Executive Director (or designee) will review the Pet Compliance Log monthly to identify records that will expire within the next 60 days and	08/07/2026

	Finding includes: On 7/6/26 at 9:10 a.m., the Executive Director provided a list of residents who housed pets in the facility. A review of the document indicated that Resident 85 and 91 had a pet who resided with the resident. On 7/7/26 at 10:00 a.m., the pet vaccination records were reviewed. The records included, but were not limited to: 1. Resident 85's canine resided in the residents room. A Preventative Care Health history of the canine indicated the most recent rabies vaccination was given on 3/12/25 and the vaccination expired on 3/12/26. No other Preventative Care Health history was available. 2. Resident 91's feline resided in the residents room. No animal assessment or vaccination history was available in the feline's vaccination records. No health records for the feline were available in the record. During an interview on 7/7/26 at 11:30 a.m., the Executive Director indicated the pet vaccinations for Resident 85 and Resident 91 should have been completed annually and prior to residing in the facility. On 7/6/26 at 12:40 a.m., the Executive Director provided a		ensure notification is provided to resident. Our community Pet Policy will be reviewed with management staff to reinforce compliance. No pet will be permitted to reside in or participate in community activities without current required documentation on file. Monitoring: The Executive Director (or designee) will review the Pet Compliance Log monthly to identify records that will expire within the next 60 days and ensure notification is provided to resident. Audit results will be reviewed at our monthly QAPI meeting. Any deficiencies identified during monthly audits will be corrected immediately, and follow-up monitoring will continue until sustained compliance is demonstrated.	

	policy titled Gardant Pet Policy, dated November 2023, and indicated it was the current policy being used by the facility. A review of the policy indicated "...M. The community shall devise a procedure in which annual immunization and registration records are submitted and retained."			
R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 1 of 1 kitchen observations. Scoops were stored in bulk food containers. Finding includes: On 7/6/26 from 9:07 a.m. to 11:04 a.m., during the initial kitchen tour with Cook 3, the following was observed: One large plastic bin, one-half full of oatmeal, was observed to have a scoop inside the bin with the handle resting on the food	R 0273	Food and Nutritional Services: Our community is committed to maintaining safe food storage and handling practices in accordance with state regulations and accepted food safety standards. Corrective Action for the Identified Deficiency: Upon identification of the deficiency, all scoops were immediately removed from inside dry food storage containers. Food containers were inspected, and scoops were properly stored in a clean, sanitary manner with the handle in a designated clean scoop holder, in accordance with food safety guidelines. Dietary staff to receive education on proper scoop storage and food handling procedures. Systemic Changes to Prevent	08/07/2026

	product. One large plastic bin, one-fourth full of sugar, was observed to have a scoop inside the bin with the handle resting on the food product. During an interview on 7/6/26 at 11:04 a.m., the Dietary Manager indicated that scoops were not to be stored in food storage containers. On 7/6/26 at 12:38 p.m., the Executive Director indicated that the facility lacked a policy regarding scoops being stored in bulk containers and indicated at that time that the scoops should not have been stored in food containers. On 7/7/26 at 12:28 p.m., a review of the Indiana Retail Food Establishment Requirements 410 IAC 7-26 effective April 16, 2025 indicated, " ...scoops for bulk food dispensing must be stored handle-up above the food, in a dry protective container ..."		Recurrence: The Dietary Manager will review the community's food storage procedures with all dietary staff, emphasizing proper scoop storage and contamination prevention. Food storage procedures are reviewed at new employee orientation and ongoing dietary training. The Dietary Manager or designee will inspect all dry storage areas daily for 8 weeks to ensure continued compliance and periodically thereafter. Monitoring: The Dietary Manager or designee will inspect all dry storage areas daily for 8 weeks to ensure continued compliance. Thereafter, inspections will be conducted weekly for an additional five (2) months to ensure compliance. Any deficiencies identified will be corrected immediately, staff will be re-educated as needed, corrective action will be documented and reviewed at our monthly QAPI meeting.	

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 SIGNATUREJosh Dodds	TITLERegional Director of Operations	(X6) DATE07/28/2026