STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/24/2026

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 the Investigation of Intakes 468452 and 468785. Intake 468452 - No deficiencies related to the allegations are cited. Intake 468785 - No deficiencies related to the allegations are cited. Survey date: April 24, 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 468452 and 468785. Quality review completed April 27, 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

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