STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/13/2025

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 Complaint IN00451202. Complaint IN00451202 - No deficiencies related to the allegations are cited. Unrelated deficiency is cited. Survey date: February 13, 2025 Facility number: 016046 Residential Census: 69 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed February 17, 2025.	R 0000	Acknowledged	
R 0088	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) c) The licensee shall:	R 0088	**Tag R088** **Severity:** UNK	02/22/2025

(1) appoint an administrator with either a:

(A) comprehensive care facility administrator license as required by IC 25-19-1-5(c); or

(B) residential care facility administrator license as required by IC 25-19-1-5(d); and

(2) delegate to that administrator the authority to organize and implement the day-to-day operations of the facility.

(d) The licensee shall notify the director:

(1) within three (3) working days of a vacancy in the administrator's position; and

(2) of the name and license number of the replacement administrator

Based on interview and record review, the facility failed to notify the state health department of a vacancy in the Administrator's position and failed to employ a licensed Administrator for the facility this had the potential to affect 69 of 69 resident's residing in the facility.

Findings include:

During an interview on 2/13/25 at 9:05 a.m., the Marketing Manager indicated the previous Administrator's last day was on 1/3/25. The previous Administrator should have

Deficiency:

Based on
interview and record review, the facility failed to notify the state health
department of a vacancy in the Administrator's position and failed to employ a
licensed Administrator for the facility. This had the potential to affect 69 of
69 resident's residing in the facility.

Plan of Correction:

Plan of Correction

Identifier: R088

Deficiency Summary

Based on
interview and record review, the facility failed to notify the state health
department of a vacancy in the Administrator's position and

notified the state health department when she was leaving. The Marking Manager had been acting as the Administrator since 1/3/25.

On 2/13/25 at 9:00 a.m., the Administrator provided a copy of his Health Facility Administrator's license and indicated this was his current Administrator's license. A review of the license indicated status was inactive.

On 2/13/25 at 9:40 a.m., the facility was unable to provide a policy regarding notifying the state health department of a vacancy and employing a licensed administrator for the facility.

Based on interview and record review, the facility failed to notify the state health department of a vacancy in the Administrator's position and failed to employ a licensed Administrator for the facility this had the potential to affect 69 of 69 resident's residing in the facility.

Findings include:

During an interview on 2/13/25 at 9:05 a.m., the Marketing Manager indicated the previous Administrator's last day was on 1/3/25. The previous Administrator should have notified the state health department when she was leaving. The Marking Manager

failed to employ a licensed Administrator for the facility. This had the potential to affect 69 of 69 residents residing in the facility.

Corrective Action Plan

Immediate Action

Notification to State Health Department

The facility notified the state health department of the vacancy in the Administrator's position on 2/22/2025 via email with the Change in Administrator form.

Documentation of the notification has been filed and is available for review.

Being recruitment and hiring process for a permanent licensed administrator starting 2/22/2025

	had been acting as the Administrator since 1/3/25. On 2/13/25 at 9:00 a.m., the Administrator provided a copy of his Health Facility Administrator's license and indicated this was his current Administrator's license. A review of the license indicated status was inactive. On 2/13/25 at 9:40 a.m., the facility was unable to provide a policy regarding notifying the state health department of a vacancy and employing a licensed administrator for the facility.		**Long-term Solutions** **Recruitment of Permanent Licensed Administrator** Initiate a recruitment process to hire a permanent licensed Administrator. Advertise the position through appropriate channels by 2/22/2025. Ensure the new Administrator is licensed and credentials are verified before employment via Search and Verify on the IPLA website. **Policy and Procedure Update** Review and update the facility's policy on administrative vacancies to include: Immediate notification to the state health department.	

Appointment of an interim licensed
Administrator within 48 hours of vacancy.

Train all relevant staff on the updated
policy by 3/6/2025.

Monitoring and Compliance

Implement a monitoring system to ensure
compliance with the updated policy.

Conduct quarterly audits to verify that
all administrative positions are filled with licensed personnel.

Report audit findings to the facility's
compliance committee.

Responsible Parties

Interim Administrator: Brady McClure

Regional Vice President of

Operations: Greg Gramm

Completion Date

The plan of correction will be fully
implemented by 3/6/2025.

Verification of Compliance

The facility will submit evidence of
compliance, including notification records, interim Administrator credentials, updated policies, and training records, to the state health department by

This plan of
correction is designed to address the identified deficiency and prevent future occurrences, ensuring the safety and well-being of all residents in the
facility.

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