

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 09/16/2025
NAME OF PROVIDER OR SUPPLIER VITA OF GREENFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 1683 COMMUNITY WAY, GREENFIELD, , 46140			
(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 Post Survey Revisit (PSR) to Investigation of Intake IN00463024 completed on July 24, 2025. This visit was in conjunction with the Investigation of Intake IN00464584 and Intake IN00463990. This visit was in conjunction with the PSR to the Investigation of Intake IN00462199 completed on July 2, 2025. Intake IN00463024- Corrected. Survey date: September 15 and 16, 2025 Facility number: 016063 Residential Census: 81 Vita of Greenfield was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00463024. Quality review completed on	R 0000			

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FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

September 17, 2025.

This visit was for a Post Survey Revisit (PSR) to Investigation of Intake IN00463024 completed on July 24, 2025.

This visit was in conjunction with the Investigation of Intake IN00464584 and Intake IN00463990.

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Intake IN00463024- Corrected.

Survey date: September 15 and 16, 2025

Facility number: 016063

Residential Census: 81

Vita of Greenfield was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00463024.

Quality review completed on September 17, 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