STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITA OF GREENFIELD	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 IN00462199 completed on July 2, 2025. This visit was in conjunction with Investigation of Intake IN00464584 and Intake IN00463990. This visit was in conjunction with the PSR to the Investigation of Intake IN00463024 completed on July 24, 2025. Intake IN00462199- 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 IN00462199. Quality review completed on	R 0000		

	September 17, 2025. This visit was for a Post Survey Revisit (PSR) to Investigation of Intake IN00462199 completed on July 2, 2025. This visit was in conjunction with Investigation of Intake IN00464584 and Intake IN00463990. This visit was in conjunction with the PSR to the Investigation of Intake IN00463024 completed on July 24, 2025. Intake IN00462199- 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 IN00462199. 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