STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/07/2025
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 the Investigation of Complaints IN00449090, IN00449631, and IN00449659. Complaint IN00449090 -- No deficiencies related to the allegations are cited. Complaint IN00449631 -- No deficiencies related to the allegations are cited. Complaint IN00449659 -- No deficiencies related to the allegations are cited. Survey date: March 7, 2025 Facility number: 016063 Residential Census: 24 Vita of Greenfield was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00449090, IN00449631, and IN00449659. Quality review completed on	R 0000		

	March 7, 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