STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	12/19/2025

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 Intakes 465531, 465540, and 465661 completed on 10/24/25. This visit was in congunction with the Investigations of Intakes 466367, 466443, and 465888. Intake 465531 - Corrected Intake 465540 - Corrected Intake 465661 - Corrected Intake 466367 - State deficiencies related to the allegations are cited at R091 and R053. Intake 465805 - No deficiencies related to the allegations are cited. Intake 466443 - State deficiencies related to the allegations are cited at R306.	R 0000		

	Survey dates: December 18 and 19, 2025 Facility number: 016063 Residential Census: 100 Vita of Greenfield was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intakes 465531, 465540, and 465661. Quality review completed on December 30, 2025. This visit was for a Post Survey Revisit (PSR) to Investigation of Intakes 465531, 465540, and 465661 completed on 10/24/25. This visit was in congunction with the Investigations of Intakes 466367, 466443, and 465888. Intake 465531 - Corrected Intake 465540 - Corrected Intake 465661 - Corrected Intake 466367 - State deficiencies related to the allegations are cited at R091 and R053. Intake 465805 - No deficiencies related to the allegations are cited.			

	Intake 466443 - State deficiencies related to the allegations are cited at R306. Survey dates: December 18 and 19, 2025 Facility number: 016063 Residential Census: 100 Vita of Greenfield was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Intakes 465531, 465540, and 465661. Quality review completed on December 30, 2025.			
R 0052	Residents' Rights - Offense 410 IAC 16.2-5-1.2(v)(1-6) (v) Residents have the right to be free from: (1) sexual abuse; (2) physical abuse; (3) mental abuse; (4) corporal punishment; (5) neglect; and (6) involuntary seclusion.	R 0052		01/05/2026
R 0091	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(h)(1-4)	R 0091		01/05/2026

	(h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.			
R 0241	Health Services - Offense 410 IAC 16.2-5-4(e)(1) (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.	R 0241		01/05/2026
R 0349	Clinical Records - Noncompliance 410 IAC 16.2-5-8.1(a)(1-4) (a) The facility must maintain clinical records on each resident. These records must be maintained	R 0349		01/05/2026

	under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.			

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