STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/19/2026

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 466367 and 466443 completed on December 19, 2025, that resulted in unrelated deficiencies. This visit was in conjunction with the Investigation of Intakes 467650 and 467883. Intake 466367 - State deficiencies related to the allegations are cited at R53. Intake 466443 - Corrected. Intake 467650 - No deficiencies related to the allegations are cited. Intake 467883 - No deficiencies related to the allegations are cited. Survey dates: February 18 and 19, 2026 Facility number: 016063	R 0000		

	Residential Census: 92 This State Residential Findings is cited in accordance with 410 IAC 16.2-5. Quality review completed February 24, 2026.			
R 0053	Residents' Rights - Deficiency 410 IAC 16.2-5-1.2(w) (w) Residents have the right to be free from verbal abuse. Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuseby an employee for 1 of 3 residents reviewed for abuse. A staff member cursed at and threatened to fight a resident. (Resident B, Dietary Aide 1) Findings include: On 2/18/26 at 10:20 a.m., the Regional Administrator provided a copy of a facility reportable incident, dated 2/1/26 at 1:19 p.m. A review of the reportable incident indicated Dietary Aide 1 had left the facility due to verbal abuse by Resident B. Witness statements had been obtained and indicated there had been an inappropriate verbal exchange between Resident B and Dietary Aide 1.	R 0053		03/03/2026

	A witness statement, dated 2/2/26, indicated Visitor 1 was asked to write a statement due to her involvement in breaking up an altercation. Visitor 1 heard voices raised in the dining room. Resident B and Dietary Aide 1 were arguing back and forth. Resident B told Dietary Aide 1 to go to hell and Dietary Aide 1 told Resident B to go to hell because that is where he belonged. Dietary Aide 1 went back to the kitchen then returned and continued to yell across the dining room using very colorful language. Things escalated to the point that Dietary Aide 1 went up to Resident B and swore on his dead sister to f****** kick Resident B's a**. Resident B responded he'd like to see him try. Then, Dietary Aide 1 walked up to Resident B and got chest to chest. Visitor 1 did not see any other employees in the dining room so she got between them and told them to stop. Dietary Aide 1 walked to the other side of the table and continued to swing his arms and yell. Visitor 1 clapped her hands loudly and told Dietary Aide 1 to stop. Dietary Aide 1 gathered his things and said f*** this job he wouldn't be back. The statement was signed by Visitor 1. During an interview on 2/18/26 at 11:05 a.m., Visitor 1 indicated			

	she was at the facility to visit her mother and heard an argument in the dining room. She saw Dietary Aide 1 walk toward the kitchen from the dining room and Resident B yelled go to hell. Then, Dietary Aide 1 yelled back at Resident B that he could go to hell because that was where Resident B belonged. Dietary Aide 1 continued to yell at Resident B from across the dining room using curse words including the "F" word. Dietary Aide 1 approached Resident B and indicated to Resident B that he would beat Resident B's a** and swore to do it on his dead sister. Dietary Aide 1 and Resident B stood chest to chest. Dietary Aide 1 was "out of control". Visitor 1 thought Dietary Aide 1 and Resident B were really about to have a fight. Visitor 1 did not see any other employee so she walked between the two and indicated they were all adults here. Dietary Aide 1 walked to the other side of the table and continued swinging his arms and telling Resident B he was going to beat his a**. At that time, Visitor 1 clapped her hands at Dietary Aide 1 and demanded he stop his behavior. Dietary Aide 1 walked toward the exit and said f*** this job and walked out the door. Once Dietary Aide 1 left, another resident thanked Visitor 1 because she was afraid other			

	residents could have been hurt. On 2/18/26 at 10:48 a.m., the Regional Administrator provided a copy of a facility policy, titled Abuse, Neglect, Misappropriation Policy, dated 11/2025, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility that all residents were free from abuse. This deficiency was cited on December 19, 2025. The facility failed to implement a systemic plan of correction to prevent recurrence. This citation relates to Intake 466367.			
R 0091	Administration and Management - Noncompliance 410 IAC 16.2-5-1.3(h)(1-4) (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	R 0091		03/03/2026

	available to residents upon request.			
R 0245	Health Services - Offense 410 IAC 16.2-5-4(e)(5) (5) Injectable medications shall be given only by licensed personnel.	R 0245		03/03/2026
R 0306	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(g)(1-9) (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug.	R 0306		03/03/2026

	(9) The signature of a witness, if any, to the disposal of the drug.			

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