

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>015081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>09/04/2024</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>VITA OF MARION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4211 S ADAMS STREET MARION, IN 46953</b>
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, and IN00438443 completed on July 11, 2024.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00442139 and IN00442187.</p> <p>Complaint IN00437861- Corrected.</p> <p>Complaint IN00437891- Corrected.</p> <p>Complaint IN00438095- Corrected.</p> <p>Complaint IN00438206- Corrected.</p> <p>Complaint IN00438443- Corrected.</p> <p>Complaint IN00442139 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442187 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 3 and 4, 2024</p> <p>Facility number: 015081</p> <p>Residential Census: 68</p> <p>Vita of Marion was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Investigation of Complaints IN00437861, IN00437891, IN00438095, IN00438206, IN00438443.</p> <p>Quality review completed September 9, 2024.</p>	{R 000}		

Indiana Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------