

Indiana Department of Health

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015081 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/01/2024 |
|--|---|---|---|

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

| (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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00439771, IN00439369, and IN00438604.</p> <p>Complaint IN00439771 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00439369 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00438604 - No deficiencies related to the allegations are cited.</p> <p>Survey date: July 30, 2024, July 31, 2024, and August 1, 2024</p> <p>Facility number: 015081</p> <p>Residential Census: 72</p> <p>Vita of Marion was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00439771, IN00439369, and IN00438604.</p> <p>Quality review completed August 6, 2024.</p> | R 000 | | |

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