STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	016063	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITA OF GREENFIELD	1683 COMMUNITY WAY GREENFIELD, IN 46140

(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	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 March 7, 2025.	R 000		