

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2025
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NAME OF PROVIDER OR SUPPLIER VITA OF NEW WHITELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 532 COUNTRY GATE DRIVE NEW WHITELAND, IN 46184
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00451202.</p> <p>Complaint IN00451202 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency is cited.</p> <p>Survey date: February 13, 2025</p> <p>Facility number: 016046</p> <p>Residential Census: 69</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed February 17, 2025.</p>	R 0000	Acknowledged	
R 0088 Bldg. 00	<p>410 IAC 16.2-5-1.3(c)(1-2)(d)(1-2) Administration and Management - Noncompliance</p> <p>Based on interview and record review, the facility failed to notify the state health department of a vacancy in the Administrator's position and failed to employ a licensed Administrator for the facility this had the potential to affect 69 of 69 resident's residing in the facility.</p> <p>Findings include:</p> <p>During an interview on 2/13/25 at 9:05 a.m., the Marketing Manager indicated the previous Administrator's last day was on 1/3/25. The previous Administrator should have notified the state health department when she was leaving. The Marketing Manager had been acting as the</p>	R 0088	<p>Tag R088</p> <p>Severity: UNK</p> <p>Deficiency: Based on interview and record review, the facility failed to notify the state health department of a vacancy in the Administrator's position and failed to employ a licensed Administrator for the facility. This had the potential to affect 69 of 69 resident's residing in the facility.</p> <p>Plan of Correction: Plan of Correction Identifier: R088</p>	02/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brady McClure	Executive Director	02/28/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Administrator since 1/3/25.</p> <p>On 2/13/25 at 9:00 a.m., the Administrator provided a copy of his Health Facility Administrator's license and indicated this was his current Administrator's license. A review of the license indicated status was inactive.</p> <p>On 2/13/25 at 9:40 a.m., the facility was unable to provide a policy regarding notifying the state health department of a vacancy and employing a licensed administrator for the facility.</p>		<p>Deficiency Summary Based on interview and record review, the facility failed to notify the state health department of a vacancy in the Administrator's position and failed to employ a licensed Administrator for the facility. This had the potential to affect 69 of 69 residents residing in the facility.</p> <p>Corrective Action Plan Immediate Action</p> <p>Notification to State Health Department The facility notified the state health department of the vacancy in the Administrator's position on 2/22/2025 via email with the Change in Administrator form. Documentation of the notification has been filed and is available for review. Being recruitment and hiring process for a permanent licensed administrator starting 2/22/2025</p> <p>Long-term Solutions Recruitment of Permanent Licensed Administrator Initiate a recruitment process to hire a permanent licensed Administrator. Advertise the position through appropriate channels by 2/22/2025. Ensure the new Administrator is licensed and credentials are verified before employment via Search and Verify on the IPLA website.</p> <p>Policy and Procedure Update</p>	
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			<p>Review and update the facility's policy on administrative vacancies to include:</p> <ul style="list-style-type: none"> Immediate notification to the state health department. Appointment of an interim licensed Administrator within 48 hours of vacancy. Train all relevant staff on the updated policy by 3/6/2025. <p>Monitoring and Compliance</p> <ul style="list-style-type: none"> Implement a monitoring system to ensure compliance with the updated policy. Conduct quarterly audits to verify that all administrative positions are filled with licensed personnel. Report audit findings to the facility's compliance committee. <p>Responsible Parties</p> <ul style="list-style-type: none"> Interim Administrator: Brady McClure Regional Vice President of Operations: Greg Gramm <p>Completion Date</p> <p>The plan of correction will be fully implemented by 3/6/2025.</p> <p>Verification of Compliance</p> <p>The facility will submit evidence of compliance, including notification records, interim Administrator credentials, updated policies, and training records, to the state health department by</p> <p>This plan of correction is designed to address the identified deficiency and prevent future occurrences,</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-039

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			ensuring the safety and well-being of all residents in the facility.		