

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
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NAME OF PROVIDER OR SUPPLIER TRADITIONS AT SOLANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7721 BATTERY POINTE WAY INDIANAPOLIS, IN 46240
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(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 IN00415263, IN00419658 and IN00420371.</p> <p>Complaint IN00415263 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419658 - No deficiencies related to the allegations are cited</p> <p>Complaint IN00420371 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 22 and 23, 2024</p> <p>Facility number: 013164</p> <p>Residential Census: 82</p> <p>Traditions At Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00415263, IN00419658 and IN00420371.</p> <p>Quality review was completed on January 31, 2024.</p>	R 000		

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