

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>015179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRADITIONS OF COLUMBUS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4300 WEST GOELLER BLVD</b> <b>COLUMBUS, IN 47201</b>
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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><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00454905, IN00455710, and IN00455779.</p> <p>Complaint IN00454905 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455710 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455779 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 31 and April 1, 2025</p> <p>Facility number: 015179</p> <p>Residential Census: 92</p> <p>Traditions of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00454905, IN00455710, and IN00455779.</p> <p>Quality review completed on April 3, 2025.</p>	R 000		

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