STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	01/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS AT SOLANA	7721 BATTERY POINTE WAY, INDIANAPOLIS, , 46240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00374250 completed on December 08, 2022. Complaint IN00374250 - Corrected. Survey date: January 26, 2023 Facility number: 013164 Residential Census: 83 Traditions at Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Compliant Investigation. Quality review was completed on January 31, 2023. This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and Investigation of Complaint IN00374250 completed on	R 0000		

	December 08, 2022. Complaint IN00374250 - Corrected. Survey date: January 26, 2023 Facility number: 013164 Residential Census: 83 Traditions at Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and Compliant Investigation. Quality review was completed on January 31, 2023.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE