STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/21/2023

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 the Investigation of Complaints IN00396881, IN00402585, IN00410298, IN00410828 and IN00411245. Complaint IN00396881 - No deficiencies related to the allegations are cited. Complaint IN00402585 - No deficiencies related to the allegations are cited. Complaint IN00410298 - No deficiencies related to the allegations are cited. Complaint IN00410828 - No deficiencies related to the allegations are cited. Complaint IN00411245 - No deficiencies related to the allegations are cited. Survey dates: June 19, 20 and 21, 2023 Facility number: 013164	R 0000		

	Residential Census: 79 Traditions at Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00396881, IN00402585, IN00410298, IN00410828 and IN00411245. Quality review was completed June 28, 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