

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/21/2024	
NAME OF PROVIDER OR SUPPLIER TRADITIONS AT HUNTER STATION		STREET ADDRESS, CITY, STATE, ZIP CODE 400 HUNTER STATION ROAD, SELLERSBURG, , 47172					
(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 completed on October 3, 2024. This visit included the PSR to the Complaint Investigation of IN00443193 completed on October 3, 2024. Complaint IN00443193 - Corrected Survey date: November 21, 2024 Facility number: 013841 Residential Census: 103 Clarksville Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the PSR to the Investigation of Complaint IN00443193. Quality review completed on November 25, 2024.	R 0000					

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FORM APPROVED

OMB NO. 0938-0391

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
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