STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	02/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS AT HUNTER STATION	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 the Investigation of Complaints IN00397825, IN00399208 and IN00399976. Complaint IN00397825 - Substantiated. No deficiencies related to the allegation is cited. Complaint IN00399208 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00399976 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: February 17 and 20, 2023 Facility number: 013841 Residential Census: 113 Clarksville Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00397825, IN00399208 and	R 0000		

	IN00399976. Quality review completed on February 22, 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