STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	04/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF COLUMBUS	4300 WEST GOELLER BLVD, COLUMBUS, , 47201

(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 IN00454905, IN00455710, and IN00455779. Complaint IN00454905 - No deficiencies related to the allegations are cited. Complaint IN00455710 - No deficiencies related to the allegations are cited. Complaint IN00455779 - No deficiencies related to the allegations are cited. Survey dates: March 31 and April 1, 2025 Facility number: 015179 Residential Census: 92 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.	R 0000		

	Quality review completed on April 3, 2025.			

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