

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 03/09/2023
NAME OF PROVIDER OR SUPPLIER TRADITIONS OF COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 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 a Post Survey Revisit (PSR) to the PSR completed on December 21, 2022 to the Investigation of Complaint IN00391651 completed on February 3, 2023. This visit was in conjunction with the Investigation of Complaint IN00403052. Complaint IN00391651 - Corrected Complaint IN00403052 - No deficiencies related to the allegations are cited. Survey dates: March 8 and 9, 2023 Facility number: 015179 Residential Census: 63	R 0000			

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Traditions of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR for the Investigation of Complaint IN00391651.

Quality review completed on March 12, 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