STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/09/2023

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 Complaint IN00403502. This visit was in conjunction with the Post Survey Revisit (PSR) to the PSR completed on December 21, 2022 to the Investigation of Complaint IN00391651 completed on February 3, 2023. Complaint IN00403052 - No deficiencies related to the allegations are cited. Complaint IN00391651 - Corrected Survey dates: March 8 and 9, 2023 Facility number: 015179 Residential Census: 63	R 0000		

	Traditions of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00403502. 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