

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/13/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRADITIONS AT SOLANA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7721 BATTERY POINTE WAY</b> <b>INDIANAPOLIS, IN 46240</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaints IN00441287, IN00441963 and IN00446309.</p> <p>Complaint IN00441287 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00441963 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00446309 - No deficiencies related to the allegations are cited.</p> <p>Survey date: November 12 and 13, 2024.</p> <p>Facility number: 013164</p> <p>Residential Census: 83</p> <p>Traditions At Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00441287, IN00441963 and IN00446309.</p> <p>Quality review was completed November 14, 2024.</p>	R 000		

Indiana Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE