

Indiana State 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>06/21/2023</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>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00396881, IN00402585, IN00410298, IN00410828 and IN00411245.</p> <p>Complaint IN00396881 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00402585 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410298 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00410828 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00411245 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 19, 20 and 21, 2023</p> <p>Facility number: 013164</p> <p>Residential Census: 79</p> <p>Traditions at Solana was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00396881, IN00402585, IN00410298, IN00410828 and IN00411245.</p> <p>Quality review was completed June 28, 2023.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE