

Indiana Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>013880</b>                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>11/26/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TRADITIONS AT NORTH WILLOW</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1703 W 86TH STREET</b><br><b>INDIANAPOLIS, IN 46260</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R 000   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00446785.</p> <p>Complaint IN00446785 - No deficiencies related to the allegations are cited.</p> <p>Survey date: November 26, 2024</p> <p>Facility number: 013880</p> <p>Residential Census: 115</p> <p>Traditions at North Willow was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00446785.</p> <p>Quality review completed on December 2, 2024.</p> | R 000   |  |  |

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

TITLE

(X6) DATE