**NAME OF PROVIDER OR SUPPLIER**

LIFE CARE CENTER OF CLEVELAND

**STREET ADDRESS, CITY, STATE, ZIP CODE**

3530 KEITH ST NW
CLEVELAND, TN 37311

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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)

**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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**F 000 INITIAL COMMENTS**

Complaint investigation #27659 and #27775 were completed on September 1, 2011, at Life Care Center of Cleveland. No deficiencies were cited under 42 CFR PART 482, Requirements for Long Term Care.

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*Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.*