STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRAIL CREEK PLACE	1400 E COOLSPRING AVE, MICHIGAN CITY, , 46360

(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 Intakes 469708, 470126, and 470242. Intake 469708 - No deficiencies related to the allegations are cited. Intake 470126 - No deficiencies related to the allegations are cited. Intake 470242 - No deficiencies related to the allegations are cited. Survey date: June 12 and 15, 2025 Facility number: 010610 Residential Census: 66 Trail Creek Place was found to be in compliance with 410 IAC (Indiana Administrative Code) 16.2-5 in regard to the Investigation of Intakes 469708, 470126 and 470242.	R 0000		

	Quality review completed on 6/18/26.			

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