

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/21/2025	
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD, GARY, , 46403					
(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 Complaints IN00458689 and IN00463601. Complaint IN00458689 - No deficiencies related to the allegations are cited. Complaint IN00463601 - No deficiencies related to the allegations are cited. Survey date: August 21, 2025 Facility number: 001140 Residential Census: 112 Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00458689 and IN00463601. Quality review completed on 8/25/25.	R 0000					
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			TITLE			(X6) DATE	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		
---	--	--