STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER BEACH TERRACE	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 Post Survey Revisit (PSR) to the PSR completed on 3/18/24 to the Investigation of Complaints IN00421616, IN00424246, and IN00425117 completed on 1/4/24. This visit was in conjunction with the PSR to the PSR completed on 3/18/24 to the PSR completed on 1/4/24 to the State Residential Licensure Survey and the Investigation of Complaints IN00415971, IN00418339, IN00419781, IN00419985, and IN00420052 completed on 10/26/23. This visit was in conjunction with the Investigation of Complaints IN00433832 and IN00434652. Complaint IN00421616 - Corrected. Complaint IN00424246 - Corrected.	R 0000		

Complaint IN00425117 - Corrected.

Complaint IN00415971 - Corrected.

Complaint IN00418339 - Corrected.

Complaint IN00419781 - Corrected.

Complaint IN00419985 - Corrected.

Complaint IN00420052 - Corrected.

Complaint IN00433832 - State deficiencies related to the allegations are cited at R0349.

Complaint IN00434652 - State deficiencies related to the allegations are cited at R0243.

Survey date: June 5, 2024

Facility number: 001140

Residential Census: 128

Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the Investigation of Complaints IN00421616, IN00424246, and IN00425117.

Quality review completed on 6/10/24.

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