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 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 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 Investigation of Complaints IN00433832 and IN00434652. Complaint IN00415971 - Corrected. Complaint IN00418339 - Corrected. Complaint IN00419781 - Corrected.	R 0000		

Complaint IN00419985 - Corrected.

Complaint IN00420052 - Corrected.

Complaint IN00421616 - Corrected.

Complaint IN00424246 - Corrected.

Complaint IN00425117 - 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 PSR to the State Residential Licensure Survey and the Investigation of Complaints IN00415971, IN00418339, IN00419781, IN00419985, and IN00420052.

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