

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/16/2024
NAME OF PROVIDER OR SUPPLIER MILLER BEACH TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4905 MELTON RD GARY, IN 46403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00445490. Complaint IN00445490 - No deficiencies related to the allegations are cited. Survey date: December 16, 2024 Facility number: 001140 Residential Census: 127 Miller Beach Terrace was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00445490. Quality review completed on 12/17/24.	R 000			

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE