PRINTED: 06/11/2024 FORM APPROVED

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
			A. BOILDING.		R-C						
		001140	B. WING		06/05/202	24					
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE							
MILLER BEACH TERRACE 4905 MELTON RD GARY, IN 46403											
0/0.15	SHIMMADV ST			PROVIDER'S PLAN OF CORRECTIO	N.	0(5)					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE						
{R 000}	INITIAL COMMENTS		{R 000}								
	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.										
	PSR completed on 3/ on 1/4/24 to the State Survey and the Invesi IN00415971, IN00418	Inction with the PSR to the 18/24 to the PSR completed Residential Licensure tigation of Complaints 3339, IN00419781, 0420052 completed on									
	This visit was in conjunction with the Investigation of Complaints IN00433832 and IN00434652.										
	Complaint IN00421616 - Corrected.										
	Complaint IN00424246 - Corrected.										
	Complaint IN0042511	7 - Corrected.									
	Complaint IN0041597	1 - Corrected.									
	Complaint IN0041833	9 - Corrected.									
	Complaint IN0041978	31 - Corrected.									
	Complaint IN0041998	85 - Corrected.									
	Complaint IN0042005	52 - Corrected.									
	•	32 - State deficiencies ons are cited at R0349.									
	Complaint IN0043465 related to the allegation	52 - State deficiencies ons are cited at R0243.									

Indiana Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED					
					R-C					
		001140	B. WING		06/05/2024					
	201/1252 02 01/221/52			TE 710 0005						
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ITE, ZIP CODE						
MILLER BEACH TERRACE 4905 MELTON RD										
		GARY, IN	46403							
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()					
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE						
	NEGOTIVE ON THE STATE OF THE ST			DEFICIENCY)						
(D 000)	0	- 4	(D 000)							
{R 000}	Continued From page 1		{R 000}							
	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.									

Indiana Department of Health

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