

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER BEACH TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4905 MELTON RD GARY, IN 46403</b>		
(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}	<p><b>INITIAL COMMENTS</b></p> <p>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.</p> <p>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.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00433832 and IN00434652.</p> <p>Complaint IN00421616 - Corrected.</p> <p>Complaint IN00424246 - Corrected.</p> <p>Complaint IN00425117 - Corrected.</p> <p>Complaint IN00415971 - Corrected.</p> <p>Complaint IN00418339 - Corrected.</p> <p>Complaint IN00419781 - Corrected.</p> <p>Complaint IN00419985 - Corrected.</p> <p>Complaint IN00420052 - Corrected.</p> <p>Complaint IN00433832 - State deficiencies related to the allegations are cited at R0349.</p> <p>Complaint IN00434652 - State deficiencies related to the allegations are cited at R0243.</p>	{R 000}		

Indiana Department of Health

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

TITLE

(X6) DATE

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER BEACH TERRACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4905 MELTON RD GARY, IN 46403</b>		
(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}	<p>Continued From page 1</p> <p>Survey date: June 5, 2024</p> <p>Facility number: 001140</p> <p>Residential Census: 128</p> <p>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.</p> <p>Quality review completed on 6/10/24.</p>	{R 000}		