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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					
					R-C					
		001140	B. WING		06/05/2024					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
MILLER BEACH TERRACE 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE					
{R 000}	INITIAL COMMENTS		{R 000}							
	This visit was for the Recompleted on 1/4/24 to Licensure Survey and Complaints IN004159 IN00419781, IN00419 completed on 10/26/2 This visit was in conjuture PSR completed on 3/Complaints IN004216 IN00425117 completed This visit was in conjuture of Complaints IN0043 Complaint IN0041597 Complaint IN0041998 Complaint IN0042005 Complaint IN0042161 Complaint IN0042161 Complaint IN0042511 Complaint IN0042511	Post Survey Revisit (PSR) to in 3/18/24 to the PSR to the State Residential Ithe Investigation of 171, IN00418339, 1985, and IN00420052 is. Innction with the PSR to the 18/24 to the Investigation of 16, IN00424246, and 16 on 1/4/24. Innction with the Investigation is 1832 and IN00434652. If - Corrected.	(it ood)							
		ons are cited at R0243.								
	Survey date: June 5,	2024								

Indiana Department of Health

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
					R-C					
		001140	B. WING		06/05/2024					
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE						
MILLER BEACH TERRACE 4905 MELTON RD GARY, IN 46403										
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE					
{R 000}	Continued From page	÷ 1	{R 000}							
	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.									

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