

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER The Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 1615 Sunset Avenue Waukegan, IL 60087	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to ensure the dishwasher was sanitizing dishes and failed to ensure kitchen staff washed hands to prevent cross contamination to clean dishes which applies to all 77 resident in the facility reviewed for kitchen sanitation.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 6/17/25 showed the facility had census of 77 residents.</p> <p>On 6/17/25 at 9:20 AM, V4 Dietary Aide was using the dishwasher in the kitchen. V4 was not wearing gloves. V4 unloaded a clean rack of dishes, loaded a dirty rack of dishes, and the moved the clean dishes and rack without washing their hands. At this time the sanitizer 5 gallon bucket under the dirty tray line was empty.</p> <p>On 6/17/25 at 10:00 AM, V3 Dietary Manager retrieved test strips from their office and checked the dishwasher. The test strip stayed white showing no sanitizing agent in the dishwasher. V3 noted the 5 gallon sanitizer bucket was empty. V3 stated acceptable levels for chlorine is 50-100 parts per million (PPM) and Quaternary Ammonium (QUAT) sanitizer levels should be 150-200 PPM to sanitize dishes. V3 stated the dishwasher should be checked 3 times a day to make sure it is working correctly. V3 stated if you are washing dishes you need to wash your hands going from dirty dishes to clean to prevent cross contamination.</p> <p>On 6/17/25 at 10:15 AM, V7 Infection Control Nurse stated the dishwasher needs to be sanitizing dishes and utensils residents use to reduce the chance of spreading any food borne illness and/or gastrointestinal viruses.</p> <p>The facility's dishwasher sanitizer check sheet (June 2025) showed no entries of sanitizer checks for 6/15/25 breakfast and lunch, 6/16 lunch, and 6/17/25 breakfast checks prior to dishwasher use.</p> <p>The facility's undated dishwasher policy showed dish machines will be checked prior to meals to assure proper function and appropriate temperature for cleaning and sanitizing. This policy also showed when loading dishes will not handle the clean dishes unless they wash their hands before moving from dirty to clean dishes.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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