

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 12/31/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure an antibiotic was given as ordered for 1 of 3 residents (R2) reviewed for medications in the sample of 6. The findings include: R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include pneumonia, major depressive disorder, osteoporosis, weakness, unsteadiness on feet, severe protein calorie malnutrition, hypothyroidism, pain in right shoulder, chronic obstructive pulmonary disease, hypotension, legal blindness, dysphagia, generalized anxiety disorder, decreased white blood cell count, and bipolar disorder. R2's Hospital Discharge instructions dated 12/18/25 showed an order for doxycycline 100 mg (milligrams) to be given daily for 3 days starting 12/19/25. R2's December 2025 eMAR (electronic Medication Administration Record) showed an order for doxycycline monohydrate, give 1 capsule by mouth one time only for 3 days. R2's same December eMAR showed R2's doxycycline was administered only once on 12/19/25. R2's record showed the order for the doxycycline was entered incorrectly as a one time order rather than for the full 3 days as ordered. On 12/31/25 at 11:45 AM, V2 DON (Director of Nursing) said R2 got her doxycycline on the 19th. V2 said the order was entered for doxycycline 100 mg, 1 capsule by mouth one time only for 3 days. V2 said the doxycycline should have been scheduled one time a day for the duration of 3 days. V2 said R2 received just one dose on the 19th. V2 said it looks like the order was entered wrong. It should have been for 3 days. The facility's policy and procedure effective 3/2021 showed, . Medication Administration. Guideline: To ensure that the administration of medications is performed in a safe manner to prevent medication errors.</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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