STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510113	A. BUILDING: _____ B. WING _____	C 05/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHURCH CREEK	1250 W CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005

(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
A 000	Initial Comment Complaint Investigation Survey Conducted: 2695693/201764 - 295.8000a)1)	A 000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. These requirements were NOT MET as evidenced by: Based on observation, record review, and interview, the establishment failed to ensure that food sanitation interventions were implemented in the food preparation/distribution/sanitizing location of the kitchen. This failure includes 3 of 3 residents reviewed (R1,R2,R3). This failure has the probability to affect all residents in the establishment. Findings Include: Random observations with E3 (Housekeeping Supervisor) and E4 (Maintenance Director) from 10:30 AM-11:00 AM shows the following: 2nd Floor Memory Care receiving kitchen shows	A8000		

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A8000	Continued From page 1 the following: Floor appears dirty,sticky appearance with food crumbs scattered. Dead roaches on the floor next to baseboards. Metal food shelf, noted 1 non-resident drinking cup with lid and 1 non-resident sandwich wrapped in a grease stained paper towel. Sandwich is not contained, not labeled , not dated. A plastic container with flower that was secured in a plastic bag. container did not have a lid.,no label and no date. Mini-fridge noted with dried red colored liquid bottom shelving. Review of last kitchen inspection report dated 5.13.26 identified the following concerns: Food and non-food contact surfaces cleanable,properly designed. constructed and used. Physical facilities installed, maintained and cleaned. Review of ECOLAB invoices from 1.6.26 to 5.4.26 shows the following: 4.20.26-cockroaches treatment-no activity.* kitchen area interior noted excess water noted. BTR kitchen has brown liquid spilled near sinks. 5.4.26-Perimeter treatment.* Office area interior.floor tiles or baseboards loose/missing. Baseboard missing allowing insects to get through wall. Review of Infection Prevention and Control manual general policies -pest control states impart," All food stored in the dietary area is kept in a designated area in securely covered containers, is off the floor and away from walls."	A8000		

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A8000	Continued From page 2 Interviews: E1 (Executive Director) on 5.22.26 at 9:45 AM," It was reported that a single roach was seen in the Memory care kitchen area. at that time, our contracted exterminator, ECOLAB was contacted for treatment. they came to the community the next morning to provide service." E5 (Food Service Director) on 5.22.26 at 11:15 AM," Staff should not have personal food items in the food preparation areas." R1 on 5.22.26 at 12:15 PM indicated no roaches seen in room. R2 on 5.22.26 at 12:30 PM indicated no roaches seen in room. R3 on 5.22.26 at 12:45 PM indicated no roaches seen in room.	A8000		