

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/27/2026
NAME OF PROVIDER OR SUPPLIER  Beecher Manor Nrsrg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 Dixie Highway Beecher, IL 60401	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews the facility failed to follow fall prevention interventions for residents at high risk of falls for two of six residents (R4, R8) reviewed for falls and safety. The findings include: 1. R4 is an [AGE] year-old male with a history of Dementia, Parkinson's Disease, Muscle Wasting and Atrophy, Lack of Coordination, and Repeat Falls who was admitted to the facility 03/17/2017. On January 23, 2026, at 12:11 PM, A picture of a leaf was located next to R4's name outside of his room, R4 was lying in his room in his bed, R4's bed was raised approximately 2 feet from the floor and not in the lowest position, R4 said he has had a fall at the facility. On January 23, 2026, at 1:09 PM, R4 was lying in his bed, R4's bed was raised approximately 2 feet from the floor and not in the lowest position. On January 24, 2026, at 9:40 AM V10 (Certified Nursing Assistant) said she was not assigned to be R4's aide today but was assigned to him yesterday, there were no specific fall precautions for R4 that she was aware of. R4 was sleeping in bed his bed was raised approximately 2 feet from the floor and not in the lowest position, R4's care card located in his room closet states fall precautions include low bed. 2. R8 is a [AGE] year-old female with a history of Dementia, Non-Pathological and Pathological Fractures, Disorders of Bone Density and Structure, and Repeated Falls who was admitted to the facility 06/21/2023. On January 23, 2026, at 11:23 AM, A picture of a leaf was located next to R8's name outside her room door, R8 was lying in her bed sleeping with her bed raised approximately 2 feet from the floor and not in lowest position, R8 said she was trying to get some rest. On January 26, 2026 at 4:00 PM V3 (Assistant Director of Nursing/Registered Nurse) said fall risk assessments are completed on admission, quarterly, annually, and as needed, and are completed again when new falls occur, the facility reviews all falls and previous fall interventions, and attempts to determine the root causes of falls, the restorative director is the facility's fall coordinator, the fall coordinator for the facility was V6 (Former Restorative Director) until recently. V3 said if fall precautions for resident's include a low bed, the bed should be in the lowest position low when the resident is in bed, the beds are able to be lowered pretty close to the floor when in the lowest position.</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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