

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 04/09/2026
NAME OF PROVIDER OR SUPPLIER Beecher Manor Nrsng & 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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure a resident was transferred in a safe manner, resulting in a fall. This applies to 1 of 5 residents (R1) reviewed for falls in a sample of 5. The findings include: R1's records showed that she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including asthma, rheumatoid arthritis, type 2 diabetes, lack of coordination, muscle wasting and atrophy, difficulty walking, and osteoarthritis. On 4/7/26 at 12:34 PM R1 was in her room and staff were transferring R1. R1 was observed with bruising around her right eye, a bruise to her right elbow, an approximate 1-inch wound with 2 steri strips (Steri strips are thin sterile adhesive bandages used to hold edges of small wounds or surgical incisions together while they heal) over the wound and a bruise to her right upper thigh. R1's 4/3/26 11:19 pm progress note R1 had fallen and was observed on the floor on her right side holding her head. R1 was observed with bruising around the right eye, redness to her right knee and ankle and a skin tear to her right forearm and her pain being 7 out of 10. The progress note showed that R1 was sent to the local community hospital for evaluation. R1's 4/3/26 hospital after visit summary show that R1 sustained facial contusion, arthralgia (joint pain or discomfort), and skin tear. R1's Care Card (no date) showed that staff are to use R1's walker for stand pivot transfers. R1's 4/6/26 MDS (Minimal Data Set) showed that R1 needs partial to moderate assistance with transferring. R1's 4/3/26 care plan showed that R1 is a high risk for falls and interventions include anticipate and meet the resident's needs and follow fall protocol. On 4/7/26 at 3:56 PM, V10 CNA said that on 4/3/26 she was transferring R1 from the bed to her wheelchair and R1's feet slipped, and she fell to the floor on her right side and sustained a cut to her right elbow. V10 said that she did not use a gait belt or R1's walker while she was transferring R1. On 4/7/26 at 4:50 PM, V11 (Registered Nurse) said that on 4/3/26 she was R1's nurse. V1 said that R1 was a 1 person assist for transferring and the staff are required to use a gait belt when they transfer R1. V11 said that on 4/3/26, R1 did not have a gait belt on and R1's walker was nowhere near R1. V11 said that on the day that R1 fell her Care Card showed that staff are to use R1's walker when transferring or pivoting. V11 said that R1 sustained bruising to her outer right eye, above and below the eye, a skin tear to her right elbow, a red spot below her right knee, and a red spot on her right ankle. V11 said that R1 complained of her pain being a 7 out of 10. V11 said that the purpose of the gait belt is to assist during transfers to keep the resident stable, and to help prevent injuries or prevent falling when the resident is unstable or lose their balance. V11 said if the gate belt had been used it would have helped R1, and if the walker had been used it would have been the best prevention from R1 falling. V11 said that when R1 returned from the hospital she had bruising to her right flank area and to her right hip. On 4/7/26 at 3:40 PM, V16 PTA (Physical Therapy Aide) said that she provides care for R1 and R1 is a one person transfer with a gait belt and walker. V16 said that all staff are to use gait belts with one-person transfers. V16 said gait belts are to be used to help residents from falling when they lose their balance. On 4/8/26 at 10:52 AM, V13 (Restorative Nurse) said that she filled out R1's Care Card when she was admitted to the facility and updated the Care Card before her fall on 4/3/26 to add that the walker is to be used for standing and pivoting while (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145538
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transferring. V13 said the information was also discussed in the facility's morning meetings. V13 said that when transferring R1, or anyone who has weakness or is at a high risk for falls, a gait belt is used. On 4/8/26 at 3:37 PM, V1 (Administrator) said that V10 did not use a gait belt or a walker while transferring R1 on 3/4/26. V1 said that R1's Care Card indicated that the walker is to be used for transferring and pivoting and the staff should have used it. V1 said that on 4/3/26, R1 sustained bruising to her face, a skin tear and that R1 said that she was sore. On 4/9/26 at 2:03 PM, V2 DON (Director of Nursing) said that the gait belt is used as a safety precaution, and its purpose is to assist with transfers and ambulation. V2 said that R1's family had requested that the staff use the gait belt when transferring R1. V2 said that the staff should have used the walker for R1's transfer from the bed to the wheelchair on the day of her fall. V2 said that the walker could have served as extra support during the transfer. The facility's Gait Belt Use Guideline (02/23) showed the purpose of the gate belt is to provide a secure grasping surface to aid during transfer and ambulation. Commonly used for residents who are at risk for falls and those who require assistance during transfer. A belt can support a lower to the floor if a resident begins to fall or lose balance during a transfer or ambulation. The facility's Gait Belt Application and Use (no date) showed that the gait belt should be placed around the person's waist with the rationale to promote safety and prevent injury. For transfers, grasp both sides using an underhand grip with the rationale to promote safe transfers and ambulation. The facility's Falls and Fall Risk, Managing policy dated August 2008, showed that based on evaluations and current data, the staff will identify interventions related to the resident specific risks and causes to try to prevent the resident from falling and try to minimize complications from falling.		