

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 05/20/2026
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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure restorative nursing services were consistently implemented in accordance with therapy recommendations and resident needs rather than residents approaching MDS (Minimum Data Set) assessment review periods. The facility failed to provide restorative programming when restorative aids were reassigned to work on the floor and given an assignment to perform patient care/ staffing duties.This applies to 11 of 13 residents (R1, R2, R3, R4, R5, R6, R7, R8, R10, R12, R13) reviewed for restorative therapy services. The findings include:1.R12's Face sheet showed R12 was admitted to the facility on [DATE], with multiple diagnoses including hemiplegia, hemiparesis, lack of coordination, abnormal gait and mobility, abnormal posture, and reduced mobility.R12's MDS (Minimum Data Set) dated April 20, 2026, showed R1 had severe cognitive impairment and required maximal assistance/dependence on staff for completion of activities of daily living (ADLs).R12's current restorative care plan showed that R12 was to be assisted with an eating program, bed mobility and passive range of motion (PROM) to the right hand and joints.2. R13's Face sheet showed R13 was admitted to the facility on [DATE], with multiple diagnoses including lack of coordination, reduced mobility, abnormal posture, osteoarthritis, repeated falls and spinal stenosis.R13's MDS dated [DATE], showed that R13 was severely cognitively impaired and was dependent on staff for the completion of ADLs.R13's current restorative care plan showed R13 should receive active range of motion (AROM) to the bilateral upper extremities for eight to ten repetitions per joint daily for six to seven days per week.On May 19, 2026, at 11:00 AM, and 12:00PM, and on May 20, 2026, at 9:00 AM, 11:40 AM, and 1:15 PM, R11, R12, and R13 were sitting near the nurse's station without any engagement from staff for restorative programming or exercise.On May 19, 2026, at 12:20 PM, V8 (Restorative Aid/RA), said that the restorative team's daily routine starts with getting weights on those residents that need to be weighed, and then they have to review those residents who are listed as having a MDS assessment due that week. They are the priority, and their restorative programming gets completed first. The exercises are performed individually with residents if they are on the MDS list. Once they are done with those residents, and if time allows, they will work with other residents on their restorative programming. V8 said that those residents who have been identified as a high risk for falls, are seated around the nurse's station or at the table. The Restorative Aides will sit at the table with these residents and perform up and down leg kicks if time allows and the residents are able to do. V8 said that she was working on the unit as a CNA (Certified Nursing Assistant) for this shift and had not done any restorative programming on any of the residents sitting around the nurse's station.On May 19, 2026, at 12:40 PM, V7 (RA/CNA) said they do restorative programming for the residents sitting at the tables in front of the nurse's station maybe once or twice a week if time allows.On May 20, 2026, at 11:30AM, V2 (Director of Nursing/DON) said that residents on restorative programming should receive restorative programming six to seven days per week for fifteen minutes per day. V2 confirmed that residents who are vulnerable to decline should receive programming and that includes the residents who are often sitting at the tables in front of the nurse's station. 3.R2's face sheet showed R2 was admitted on (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: 145538	If continuation sheet Page 1 of 5

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R10 said she does not receive exercise programming from restorative care or CNAs on the floor, but she does participate in resident led yoga sessions on Wednesdays and Saturdays to keep up strength.On May 19, 2026 at 11:25 AM, V9 (Certified Nursing Assistant/CNA) and V10 (CNA) said that there is a restorative team that completes restorative programs for the residents and if the residents are on tasks such as dressing then it is done when the resident gets up in the morning, but as far as actual programming it is performed by the restorative staff.On May 19th, 2026, at 11:35AM, V12 (CNA) said that all CNA's are responsible for providing restorative care for the residents.On May 19, 2026, at 5:56 PM, V11 (CNA) said that the CNA's do not perform restorative care and that there is a separate team, a restorative team that performs restorative care.On May 19, 2026, at 12:20 PM, V8 said that restorative programming is an extension of physical therapy. V8 said that typically there are two RA's on the floor and they start on opposite ends of the hallway focusing on the residents who are up for MDS review that week. Residents who are on the list for review who participate in walking will be walked to meals that week. V8 said that when RAs are pulled to the floor because they are also CNAs, the restorative programming does not get done. The RAs are used to cover open floor shifts a lot. V8 said that she has encouraged CNA's who are working on the floor to assist with restorative programming especially when RAs are pulled to the units to cover call offs. V8 said there are only a few CNA's who are willing to assist, but most will not do it. V8 said she has been requesting assistance, but it does not happen. V8 said that there is no daily task sheet, list of residents on programs, or schedule of residents that need to be seen daily. The staff would have to get the look back review sheet from the MDS coordinator which shows which residents' assessments need to be reviewed for MDS evaluation for that week. V8 said once they have completed the list they can then pick and choose who else to work with that day if time allows.On May 19, 2026, at 12:40 PM, V7 said that there is no daily task list. V7 said they complete the list of residents that have MDS assessments up for review for the week and then sign off on anyone that may be seen outside of that list. V7 said she normally asks the people who want to walk and perform walking programs. V7 said that they receive referrals from therapy, but restorative does not really work with therapy. V7 said that the restorative team is expected to do what the referral lists to keep up with what the resident had learned in therapy. V7 said that restorative aides are pulled from restorative to work the unit a lot. V7 said that V8 was pulled from restorative today and V7 was used to cover an open CNA shift on Sunday. V7 said that when there is no one from restorative performing tasks then they do not get done.On May 20, 2026, at 10:30AM V6 (RA) said every day the RAs come in, they ensure splints are on, perform daily weights, and then obtain list of residents who are due for MDS assessment. If all work is complete, she is then able to choose other residents to perform tasks on. V6 said residents receive restorative care for six to seven days. V6 said she only works part time and is pulled to the floor at least once a week. V6 said that when she is covering open CNA shifts restorative programming does not get done.On May 19, 2026, at 1:01PM, V4 (Restorative Nursing Director) said that weights are completed by restorative team on a daily basis and that the RAs are told to focus on the residents who are up for review for MDS assessment. This is to ensure nothing is missed on the assessment. V4 said she is responsible for looking at the referrals and inputting the restorative tasks into the electronic medical record. V4 said she monitors what is being done by the restorative aides via verbal discussion. V4 said that restorative aides are pulled to the floor a lot and when this occurs restorative care does not get done. V4 said that when RAs are covering floor shifts it is expected that CNAs on the floor complete the task, but this does not get done. V4 said that when RAs are pulled to the floor, V4 does not go to the floor to complete any programs herself. V4 said that she has to complete her portions of the MDS assessment, and it does not allow enough time for her to do so. V4 (continued on next page)		

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