

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/10/2026
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview and record review, the facility failed to provide meal delivery in a timely manner to ensure palatability. This applies to 3 of 3 residents (R4, R5 and R7) reviewed for dietary services. The findings include: On 07/09/26 at 11:42 AM, residents were in the main dining room waiting to be served lunch. On 07/09/26 at 12:09 PM, a small lunch cart with a few trays were delivered to the north unit nursing station. On 07/09/26 at 12:15 PM, R4 was in bed watching TV. R4 had not received her lunch tray. R4 stated all meals have been served an hour late for the last month. R4 stated the food is always cold and never warm. R4 stated there have been times when she has received breakfast at 11:00 AM, lunch at 2:00 PM, and dinner at 7:30 PM. On 07/09/26 at 1:00 PM, R4 continued to wait for lunch. R4 stated she was hungry and ready for lunch. On 07/09/26 at 1:08 PM, an enclosed lunch cart was delivered to the unit. The staff passed trays to the residents. On 07/09/26 at 1:11 PM, V6 (CNA/Certified Nursing Assistant) pushed R4 in a shower chair to the shower room. Twelve minutes later at 1:23 PM, V5 (CNA) delivered lunch tray to R4's room. A third zipped lunch cart arrived at the unit. On 07/09/26 at 1:20 PM, R5 was sitting at the nurse's station waiting for lunch. The staff continued passing lunch trays from the other cart. R5 was then pushed to the table across from the nurse's station to eat lunch and R5's tray was provided at 1:23 PM. On 07/09/26 at 2:02 PM, V6 pushed R4 back to her room from the shower room. R4 stated she did not want the lunch because it was cold, and she would eat a sandwich that she already had. R4 stated she did not want the lunch heated up. R4 was served chicken pot pie with gravy on top, peas, a brownie, and cranberry juice. On 07/09/26 at 2:10 PM, V7 (Dietary Manager) tested the temperature of the food for R4. The chicken pot pie temperature was 100 F (Fahrenheit), peas 90 F. V7 stated the temperature should be hotter for the pot pie and the peas for the meal to be palatable. V7 stated residents lunch trays should not be served to their rooms at 1:23 PM. V7 stated R4's hallway trays are last to be delivered. R7 stated the last food cart did not have the insulated base to keep the food warm since the facility ran out of the bases. On 07/10/26 at 10:10 AM, V10 (LPN/Licensed Practical Nurse) stated residents' meals are often served late. V10 stated there are times lunch is served when the day shift is almost over at 2:00 PM and the residents complain about the food being cold when it is served to them. On 07/10/26 at 1:42 PM, V11 (LPN) stated she works the 2:00 PM - 10:00 PM shift. V11 stated there had been several occasions when she had come in for work, residents were just being served lunch. V11 stated residents complain about the food being cold. On 07/10/26 at 11:44 AM, R7 stated dinner is served at 7:00 PM for the residents who eat in their rooms. R7 stated sometime the food is warm, and not always hot. On 07/10/26 at 4:24 PM, V1 (Administrator) stated lunch trays should not be delivered to residents after 1:00 PM. V1 stated dinner should not be delivered to residents at 7:00 PM. V1 stated meals should be delivered on time. V1 stated the facility has a guideline on when residents need to get their meals. V1 stated food should not be delivered to the residents cold. The facility's Mealtimes showed Breakfast: 7:30 AM tray line serving, 8:00 AM (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
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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dining room serving/1:1 assist. Lunch Time: 11:30 AM tray line serving, 12:00 PM dining room serving/1:1 assist. Dinner Time: 5:00 PM tray line serving, 5:30 PM dining room serving/1:1 assist. The facility's Grievances and Resident Council Meeting Minutes were reviewed for the last three months. Grievance dated 04/01/26 showed family member expressed concern regarding late breakfast on 03/29/26. Grievance dated 05/05/26 showed resident expressed concern regarding late breakfast and lunch on 05/05/26. Grievance dated 05/11/26 showed resident's family expressed concerns regarding late meals on the weekend. Grievance 05/12/26 showed resident expressed concern regarding breakfast and late dinner.		