Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C B. WING IL6000806 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DIXIE HIGHWAY **BEECHER MANOR NRSG & REHAB CTR** BEECHER, IL 60401 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of February 5. 2023/IL156641 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 03/10/2023	
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S9999	Continued From pa	ge 1	S9999		Ş 2	***
W 1	care needs of the re	esident.		* S 2		7- 75
	c) Each direct and be knowledgea respective resident	care-giving staff shall review ble about his or her residents' care plan.	a.	V V		7:
14 22	nursing care shall in	subsection (a), general aclude, at a minimum, the peracticed on a 24-hour, pasis:	i i			es et
 	to assure that the re as free of accident in nursing personnels	ry precautions shall be taken esidents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision revent accidents.				55
8	These requirements by:	s were not met as evidenced				20 20 20 20 20 20 20 20 20 20 20 20 20 2
j.	review, the facility fa provided care in a sa resulted in a residen	on, interview, and record hiled to ensure a resident was afe manner. This failure at (R2) being rolled out of bed a right ankle fracture.	×	6	87	
	This applies to 1 of accidents.	3 residents (R2) reviewed for	38			(A.)
in.	The findings include	: = = = = = = = = = = = = = = = = = = =		10		
a .	cast on her right leg. 5, 2023, at around 6 Nurse Assistant) car incontinence care. I	AM, R2 was in bed with a R2 stated that on February AM, V17 CNA (Certified me to her room to provide R2 stated V17 provided care he asked V17 to get another	8 78		23 W	ė.

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