Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D. WING				
		IL6000806	B. WING		08/30/2024		
NAME OF PE	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BEECHER	MANOR NRSG & REHA	B CTR	E HIGHWAY R, IL 60401				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE		
S 000	Initial Comments		S 000				
	Annual Licensure and	Certification					
S9999	Final Observations		S9999				
	Staement of Licensure	e Violations					
	300.615e)						
	Section 300.615 Dete	ermination of Need est for Resident Criminal					
	History Record Inform						
	e) In addition to the s	- · · · · · · · · · · · · · · · · · · ·					
	Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a						
	resident, request a cri check pursuant to the	minal history background					
	Information Act for all						
	seeking admission to	the facility, unless a					
	•	s initiated by a hospital					
	pursuant to the Hospi Background checks s	-					
	resident's name, date						
		by the Department of State					
	Police. (Section 2-20	1.5(b) of the Act)					
	This requirement was	not met as evidenced by:					
	Based on interview ar	nd record review, the facility					
	failed to do resident b	ackground checks within					
	24 hours of admission fingerprint appointment	n and failed to schedule a nt within 48 hours.					
	This applies to 9 of 10	residents (R35, R78,					
		, R33, R10, & R14) in a					

Illinois Department of Public Health

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

(X6) DATE TITLE 09/15/24 **Electronically Signed**

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(Y2) MI II TIDI F	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
			A. BUILDING: _			
			P WING			
		IL6000806	B. WING		08/30/202	24
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DEECHEE	MANOD NDCC & DEUA	P CTP 1201 DIXI	E HIGHWAY			
DEECHER	R MANOR NRSG & REHA	BEECHER	R, IL 60401			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	_	MPLETE DATE
TAG	TREGOLITION ON E	DENTIL TING IN GIAM, MIGH,	TAG	DEFICIENCY)		
20000	04	. 4	S9999			
S9999	Continued From page	9 1	29999			
	The findings include:					
		AM V26 (Admission's				
		te Surveyor were doing				
	record review for resident background checks. 1. R10's EHR (electronic health record) showed					
	,	on 2/20/24 and he had 2				
		tory information response				
	,	I. The 1st CHIRP was done				
	on 3/1/24 and it showed, "In Progress" and the					
	2nd CHIRP was done on 4/19/24. R10's 4/19/24					
	CHIRP showed that he was and identified sex					
	offender. R10's EHR showed his fingerprints					
	were requested on 4/22/24. V26 said that she					
	doesn't know why R10's background check and					
	fingerprints were not done within the required					
	time.					
		that she was admitted on				
		RP was done on 8/29/22.				
		that she was admitted on				
		ad no documentation for				
		Registry, National Sex				
	Corrections.	Illinois Department of				
	_	that he was admitted on				
	-	HRP, Illinois Sex Offender				
	Registry, and his Illino					
		e on 3/15/2017, and R52				
		umentation showing that the				
	•	r Registry search was				
	done.	- •				
	5. R16 EHR showed to	that she was admitted on				
	11/14/2023 and her CHIRP was done on					
	11/20/2023, and she	did not have an Illinois Sex				
	Offender Registry sea	arch done.				
		that she was admitted on				
		P was done on 3/13/24.				
	7. R115 EHR showed	I that she was admitted on				

Illinois Department of Public Health

STATE FORM WZKG11 If continuation sheet 2 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED		
		IL6000806	B. WING		08/3	30/2024	
NAME OF PROVIDER OR SUPPLIER BEECHER MANOR NRSG & REHAB CTR 1201 DIXIE BEECHER,							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
\$9999	2/15/2024 and she did documentation for Illin and her National Sex completed on 1/30/20 Department of Correct 2/2/2024. 8. R78 EHR showed 8/9/2022 and her CHI 9. R35 EHR showed 5/6/2023 and her CHI her Illinois Sex Offend 5/4/2023, she did not Offender Registry dor Illinois Department of 5/4/2023. On 08/28/24 at 11:05 background checks a within 24 hours of adrappointments should the safety of the resid On 08/29/24 at 4:06 F Nursing) said that her have the residents' ba within 24 hours of the The facility's Identified and Procedure policy policy of the facility to sensitive and residen accordance with the phome Care Act, the facility for the safety of the residence of the sensitive and residen accordance with the phome Care Act, the facility for the facility to sensitive and residen accordance with the phome Care Act, the facility for the facility to the facility and residen accordance with the phome Care Act, the facility to t	d not have any nois Sex Offender Registry, Offender Registry was 24 and her Illinois stions was done on that she was admitted on IRP was done on 4/19/24. That she was admitted on IRP was done on 5/16/24, der Registry was done on have the National Sex ne and the date for her Corrections was done on AM, V26 said that the nd CHIRP should be done mission and fingerprint be made within 72 hours for ents. PM V2 DON (Director of expectations are that staff ackground checks done in admission. d Offender Facility Policy (no date) showed it is the establish a resident to secure environment. In provisions of the Nursing acility shall check the ground on any resident the facility in order to inal convictions. The ground check will be	S9999				

Illinois Department of Public Health

STATE FORM WZKG11 If continuation sheet 3 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
	IL6000806	B. WING	 	08	3/30/2024	
NAME OF PROVIDER OR SUPPLIER BEECHER MANOR NRSG & REHA	B CTR 1201 DI	ADDRESS, CITY, STATE XIE HIGHWAY ER, IL 60401	E, ZIP CODE			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999 Continued From page (C)	3	S9999				

Illinois Department of Public Health

STATE FORM WZKG11 If continuation sheet 4 of 4