(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING.					
IL6011688		B. WING	B. WING		4/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
MASON	MASON CITY AREA NURSING HOME 520 NORTH PRICE AVENUE MASON CITY, IL 62664							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Annual Licensure a	and Certification						
S9999	Final Observations		S9999					
	Statement of Licens 300.610a) 300.625a) 300.625b)	sure Violations:						
	Section 300.610 R	esident Care Policies						
	a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.							
		entified Offenders shall review the results of the elegand checks immediately						
	b) The facility all steps necessary residents while the background check are pending; while twaiver of a fingerpr							

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

12/24/24 **Electronically Signed**

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
IL6011688		IL6011688	B. WING		12/04/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MASON	CITY AREA NURSING	HOME	TH PRICE AV SITY, IL 6266				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999				
	Recommendation is pending.						
	These Regulations are not met as evidenced by:						
	failed to request the Response Process admission for six of R52, R158, R205) a check the Illinois So website and Depart registrant search pa	and record review, the facility e Criminal History Information, CHIRP, within 48 hours of f ten residents (R8, R40, R50, and failed to immediately ex Offender registration tment of Corrections Sex age for two (R158, R205) of 10 ample of 33 residents.					
	Findings Include:						
	admission on 10/11 Bureau of Identifica Information Respor	edical record documents his /24. The Illinois State Police ation Criminal History hase Process (CHIRP), states," e Police on 10/14/24."					
	admission on 11/01 Bureau of Identifica Information Respor	nedical record documents her /24. The Illinois State Police ation Criminal History has Process (CHIRP), states, the Police on 11/04/24."					
	admission on 10/11 Bureau of Identifica Information Respon	nedical record documents her /24. The Illinois State Police ation Criminal History has Process (CHIRP), states, the Police on 10/14/24."					
	admission on 11/01 Bureau of Identifica Information Respon	nedical record documents her /24. The Illinois State Police ation Criminal History hase Process (CHIRP), states, the Police on 11/04/24."					

Illinois Department of Public Health

STATE FORM 6899 WYPR11 If continuation sheet 2 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPF IDENTIFICATION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6011688 B. WING			12/04/2024		
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MASON	CITY AREA NURSING	НОМЕ		TH PRICE AV			
(VA) ID	STIMMA DV STA	TEMENT OF DEFICIE		ITY, IL 6266	PROVIDER'S PLAN OF CORRE		(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
S9999	Continued From page 2		S9999				
	(R158's) electronic her admission on 1 Police Bureau of Id Information Respor "Sent to Illinois Stat Illinois Sex Offende of Corrections Sexu 12/02/24.	1/29/24. The Illi entification Crim nse Process (Ch te Police on 12/0 er Registry and tl	nois State inal History HRP), states, 02/24." The ne Department				
	(R205's) electronic medical record documents her admission on 11/27/24. The Illinois State Police Bureau of Identification Criminal History Information Response Process (CHIRP), states, "Sent to Illinois State Police on 12/01/24." The Illinois Sex Offender Registry and the Department of Corrections Sexual Offender Listing are dated 12/02/24. On 12/04/24 at 11:00 AM, V1, Administrator, stated, "I didn't realize that they were getting sent in late. I know that they should be sent off right away. We'll be working on that." The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 12/01/24, signed by V1, Administrator, documents 52 residents currently reside within the facility.						
	The document Adm Convicted Sex Offe states, "Central offi individual's name of Registration websit of Corrections Sex determine if the indisex offender. The background checks and reviewed by the Uniform Criminal In	enders/Felons, done will check for an the Illinois Sexten and the Illinois Registrant search ividual is listed a results will be place facility. In add	ated 11/2024, the c Offender Department ch page to as a registered acced into the cility I drive ition, the				

Illinois Department of Public Health

STATE FORM 6899 WYPR11 If continuation sheet 3 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
IL6011688			B. WING		12/0	12/04/2024		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 520 NORTH PRICE AVENUE							
		MASON C	ITY, IL 6266	64				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
S9999	Continued From pa	ge 3	S9999					
	(Criminal History In CHIRP) will be con- within 24 hours afte regarding the new r	formation Response Process, ducted on all new residents er admission. Information resident will be forwarded to ne UCIA (CHIRP) check to be						
		(C)						

Illinois Department of Public Health

STATE FORM 6899 WYPR11 If continuation sheet 4 of 4