

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145616	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER Mason City Area Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 520 North Price Avenue Mason City, IL 62664	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent abuse for one resident (R7) of three reviewed for abuse in a total sample of 14. Findings include: The facility's Resident Care Policy and Procedure Regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Unknown Origin, and Social Media Policy dated 8/25/2025 document All residents have the right to be free of verbal, sexual, physical, mental abuse. Sexual Abuse is non-consensual sexual contact of any type which includes, but is not limited to, unwanted intimate touching of any kind especially of breasts or perineal area. The Final Facility Incident Report Form for 01/02/2026 documents a resident-to-resident interaction in which R8 was observed with R8's hand placed on R7's chest and R8 reported he had a moment of weakness and placed his hand on R7's breast over R7's clothes. Incident occurred in the TV lounge area. R8's Electronic Health Record documents R8 was admitted to the facility on [DATE] with diagnoses to include Displaced Right Acetabulum Fracture, Chronic Obstructive Pulmonary Disease, Heart Failure, Atrial Fibrillation, Peripheral Vascular Disease, and Hypertension. R8's Progress Note dated 12/15/25 documents R8 is alert and scored 15/15 on his BIMS (Brief Interview for Mental Status) which indicates R8 is cognitively intact and R8 is understood and understands. R8's Progress Note dated 1/23/26 at 4:03 PM documents, R8 noted to be wandering throughout the facility and noted to be observing others. Interdisciplinary Team implemented 15 minute check observations related to sexual tendencies. R8's Progress Note dated 1/23/26 at 5:42 PM documents, Interdisciplinary Team implemented 1:1 observations related to history of sexual tendencies. R7's Electronic Health Record documents R7 was admitted to the facility on [DATE] with diagnoses to include Dementia, Depression, Hypertension, and Hyperlipidemia. R7's Progress Note dated 12/24/25 documents, R7 is severely cognitively impaired. R7's Physician's Order dated 9/12/25 documents, 15 minute observation checks due to wandering. R7's Progress Note dated 1/23/26 documents, CNA reported she visualized another resident made inappropriate contact with this resident. On 1/23/26 at 10:03 AM V1 (Administrator) reported that after the incident on 12/28/25 R8 was placed on 15 minute checks for 3 days and no concerns were identified so the 15 minute checks were discontinued for R8. On 1/24/26 at 8:20 AM V1 (Administrator) reported on 1/23/26 R8 was observed by staff touching the back of R7's head and R8 was placed on 1:1 supervision. On 1/24/26 at 9:14 AM R8 denied touching R7's breast and stated, It didn't mean anything. On 1/24/26 at 10:09 AM V21 (CNA) reports she has observed R8 pacing the hallways looking for R7.</p>		

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: 145616	Facility ID: 145616 If continuation sheet Page 1 of 1