

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/12/2026
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from abuse for two (R1 and R2) of three residents reviewed for abuse in a sample of three. Findings include: Facility Abuse and Neglect Prohibited policy, dated 1/29/26, documents All residents have the right to be free from verbal, physical, and mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, and exploitation. Abuse is the willful infliction of injury. Willful means the individual must have acted deliberately. 1. Facility initial report to state dated 4/26/26, and final dated 5/1/26, documents (R3) stated (R1) was getting ready to hit (V4) CNA and (R3) grabbed (R1's) arm to stop it. Facility interview with R3 documents R3 was in the dining room when she saw R1 attempt to hit V4 CNA and her reaction was to grab R1's arm and stop her. R3 told R1 You're not going to hit them and then let go of R1's arm. R3's MDS/Minimum Data Set, dated [DATE], documents R3 is cognitively intact. R1's nurses notes, dated 4/26/26 at 12:30PM by V7 LPN/Licensed Practical Nurse, documents Possible resident to resident altercation while waiting in dining room for meal. Other resident grabbed this resident by left arm and residents moved from each other. Head to toe done on this resident bruising dark purple times three noted. On 6/11/26 at 12:30PM, V4 CNA/Certified Nurse Aid stated I worked on 4/26/26, I was walking a resident into the dining room, I needed a chair by (R1), I told (R1) I needed to move her and she called me a bitch, then (R1) went to reach around to hit me, and (R3) grabbed (R1's) arm. On 6/11/26 at 11:30AM and 2:10PM, R3 was alert and oriented in the dining room and bingo for activities. R3 stated she grabbed R1's arm in response to her trying to hit staff. 2. Facility initial report to state dated 4/30/26, and final report to state dated 5/5/26, documents (V4) CNA observed (R1 and R2) altercation outside of the dining room. (V4) reported (R1) struck (R2) after (R2) accidentally bumped into (R1) with her wheelchair. R1 was discharged from the facility on 5/23/26, and was unable to be interviewed. R1's MDS, dated [DATE], documents R1 is cognitively intact. On 6/11/26 at 10:38AM, R2 was alert but not able to be interviewed due to cognition. R2's MDS, dated [DATE], documents R2 is severely impaired cognitively. Facility staffing for 4/30/26 documents V4 CNA was assigned to the dining room, V7 LPN was assigned as R1's nurse, and were working day shift. R1 and R2's nurses notes, dated 4/30/2026 at 1:20pm by V2 DON/Director of Nursing, documents Resident to resident incident occurred. Residents separated immediately. Facility interview with R1 documents R1 stated R2 was grabbing her shoulder and poking at her outside of the dining room. R1 stated she yelled at R2 to stop it and then shoved R2's wheelchair. On 6/11/26 at 12:20PM, V7 LPN stated she was R1's nurse on 4/30/26, and did R1 and R2's assessment. V7 was not in the dining room when the incident took place between R1 and R2. On 6/11/26 at 12:30PM, V4 CNA stated she worked on 4/30/26. V4 stated R1 told R2 to Get off me bitch. R2 was behind R1 in the dining room lunch line and bumped into R1 with her wheelchair. (R2) is confused and did it accidentally, but (R1) began to swat at (R2). On 6/11/26 at 1:00PM, V5 SSD/Social Services Director stated she was working on 4/30/26. R1 and R2 were lined up for the dining room outside of her office area, and she heard staff say She hit her. V5 stated she did not see it happen but staff said it was R1 that hit R2.		

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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