

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6011688	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/18/2024
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NAME OF PROVIDER OR SUPPLIER MASON CITY AREA NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 520 NORTH PRICE AVENUE MASON CITY, IL 62664
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey Shelter Care Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. These Regulations are not met as evidenced by: Based on interview and record review, the facility failed to obtain residents' criminal history	S9999		

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

TITLE

(X6) DATE
02/08/24

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S9999	<p>Continued From page 1</p> <p>background checks within 24 hours after admission and failed to perform checks to determine if residents were listed as registered sex offenders. These failures have the potential to affect all 57 residents residing in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. R56's Census Report documents R56 admitted to the facility on 1/8/24. <p>R56's Criminal History Information Response Process is documented as being checked on 1/10/24.</p> <ol style="list-style-type: none"> 2. R257's Census Report documents R257 admitted to the facility on 1/11/24. <p>R257's Criminal History Information Response Process is documented as being checked on 1/17/24.</p> <ol style="list-style-type: none"> 3. R258's Census Report documents R258 admitted to the facility on 1/12/24. <p>R258's Criminal History Information Response Process is documented as being checked on 1/15/24.</p> <ol style="list-style-type: none"> 4. R308's Census Report documents R308 admitted to the facility on 1/2/24. <p>R308's Criminal History Information Response Process is documented as being checked on 1/4/24.</p> <p>On 1/17/24 at 2:35 PM, V1 (Administrator) verified residents background checks should be completed within 24 hours of a residents' admittance to the facility and verified that the sex</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>offender registries should be checked as well.</p> <p>On 1/18/24 at 10:34 AM, V1 stated the facility only checked Criminal History Information Response Process/CHIRP screenings on residents and could not provide documentation that other screenings were completed.</p> <p>On 1/18/24 at 12:29 PM, V1 stated V5 (Social Service Director) is responsible for completing resident background checks.</p> <p>On 1/18/24 at 12:40 PM, V5 (Social Service Director) stated V5 was not aware residents needed screened from the sex offender registries as part of the background screening process. V5 stated V5 only completed a CHIRP. At this same time, V5 verified R56, R257, R258, and R308's screenings were not completed within 24 hours of admission. V5 stated, "I thought I did them on time, but I didn't."</p> <p>CMS/Centers for Medicare & Medicaid Services Form-671 (Long-Term Care Facility Application for Medicare and Medicaid) signed and dated by V1 (Administrator) on 1/16/24 documents 57 residents currently reside in the facility.</p> <p>(C)</p>	S9999		