STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L008	A. BUILDING _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS SMITH CENTER-PMIC	5400 KIRKWOOD BOULEVARD SW CEDAR RAPIDS, IA 52404

(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) COMPLETION DATE
N 000	Initial Comments Complaint investigation #128806-C was conducted from 6/2/25 to 6/4/25. The following deficiencies were cited during the complaint investigation conducted to determine compliance with Federal PRTF certification rules for Psychiatric Residential Treatment Facilities (appendix N).	N 000	See Attached POC 10/15/25	
N 140	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(a) Orders for restraint or seclusion must be by a physician, or other licensed practitioner permitted by the State and the facility to order restraint or seclusion and trained in the use of emergency safety interventions. Federal regulations at 42 CFR 441.151 require that inpatient psychiatric services for beneficiaries under age 21 are provided under the direction of a physician. This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to secure an order for restraint and/or seclusion by a physician or other license practitioner permitted by the State and the facility to use emergency safety interventions for 3 of 5 interventions reviewed (Child A). Findings include: Record review on 6/2/2025 revealed the following: 1. Behavior management report #6502 revealed Child A's seclusion documentation, dated 4/7/2025 from 3:41 pm to 3:51 pm documented the Certified Medical Assistant (CMA) provided a verbal order for seclusion. Approval from an authorized licensed professional could not be	N 140		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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N 140	Continued From page 1 located. 2. Behavior management report #6768 revealed Child A's restraint documentation, dated 4/15/2025 from 3:20 pm to 3:21 pm documented the Certified Medical Assistant (CMA) provided a verbal order for seclusion. Approval from an authorized licensed professional could not be located. 3. Behavior management report #6756 revealed Child A's seclusion documentation, dated 4/15/2025 from 3:21 pm to 3:41 pm documented the Certified Medical Assistant (CMA) provided a verbal order for seclusion. Approval from an authorized licensed professional could not be located. When interviewed on 6/2/2025 at 1:25 pm the Quality Compliance Manager explained facility practice allowed the CMA to provide the verbal order and then a Registered Nurse (RN) co-signed and approved the written order within 24 hours. The Quality Compliance Manager acknowledged no documentation of the RN co-signature and written approval could be produced.	N 140		
N 145	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(f) Within 1 hour of the initiation of the emergency safety intervention a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological wellbeing of residents, must conduct a face-to-face assessment of the	N 145		

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N 145	Continued From page 2 physical and psychological wellbeing of the resident, including but not limited to- (1) The resident's physical and psychological status; (2) The resident's behavior; (3) The appropriateness of the intervention measures; and (4) Any complications resulting from the intervention. This ELEMENT is not met as evidenced by: Based on interviews and record review the facility failed to have a physician or other licensed practitioner assess the physical and psychological wellbeing of the resident within 1 hour of the initiation of the emergency safety interventions for 3 of 5 reviewed (Child A). Findings include: Record review on 6/3/2025 revealed the following: 1. Behavior management report #6502 revealed Child A's seclusion documentation, dated 4/7/2025 from 3:41 pm to 3:51 pm indicated the on-duty Certified Medical Assistant (CMA) completed the assessment at 4:00 pm. A physical and psychological assessment by a licensed practitioner permitted by the state could not be located. 2. Behavior management report #6768 revealed Child A's restraint documentation, dated 4/15/2025 from 3:20 pm to 3:21 pm indicated that the on-duty Certified Medical Assistant (CMA) completed the assessment on 4/15/2025 at 3:50	N 145		

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N 145	Continued From page 3 pm. A physical and psychological assessment by a licensed practitioner permitted by the state could not be located. 3. Behavior management report #6756 revealed Child A's seclusion documentation, dated 4/15/2025 from 3:21 pm to 3:41 pm indicated that the Certified Medical Assistant (CMA) that the on-duty Certified Medical Assistant (CMA) completed the assessment on 4/15/2025 at 3:50 pm. A physical and psychological assessment by a licensed practitioner permitted by the state could not be located. Additional record review revealed the facility's Behavioral Management Policy, dated 9/2022, directed this level of care required a licensed Authorizer conducted the assessment. When interviewed on 6/3/2025 at 1:08 pm the Quality Compliance Manager confirmed the facility practice allowed the on-duty CMA to provide the physical and psychological wellbeing assessment within 1 hour of the safety intervention.	N 145		
N 189	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of - 483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up	N 189		

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N 189	Continued From page 4 to the intervention; This ELEMENT is not met as evidenced by: Based on interviews and record review the facility failed to have an appropriate supervisory and administrative staff along with all staff involved in the safety intervention included in a debriefing session for 1 of 5 interventions reviewed (Child A). Findings include: Record review on 6/2/2025 revealed the following: Record review of behavior management report #6756 revealed Child A's seclusion documentation, dated 4/15/2025 from 3:21 pm to 3:41 pm, noted a Staff debriefing took place at 4:30 pm. One of the three staff involved in the safety intervention completed the debriefing. The debriefing failed to include a supervisor or administrator. Documentation of staff being excused from the debriefing could not be produced. On 6/2/2025 at 2:20 pm the Quality Compliance Manager confirmed these findings.	N 189		
N 202	MEDICAL TREATMENT FOR INJURIES CFR(s): 483.372(c) Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.	N 202		

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N 202	Continued From page 5 This ELEMENT is not met as evidenced by: Based on interviews and record review the facility failed to provide documentation that the staff involved in a safety intervention that resulted in an injury to a resident or staff, met with a supervisory staff to evaluate the circumstances that caused the injury for 1 of 5 interventions reviewed (Child A). Findings include: Record review on 6/3/2025 of behavior management reports #6768 and #6756 revealed Child A was placed in a restraint on 4/15/2025 from 3:20 pm to 3:21 pm, directly following, the child was placed in seclusion from 3:21 pm to 3:51 pm. Seclusion intervention documentation noted a minor rug burn to the child's left check was sustained while trying to aggressively bite staff. Staff debriefing section listed as "client injury:circumstances and evaluation" had "none" listed in the comments. Discussion of the safety intervention and evaluation of the circumstances of the injury between the involved staff and supervisory personnel could not be located. When interviewed on 6/3/2025 at 1:42 pm the Quality Compliance Manager (QCM) confirmed Child A was injured during the restraint. QCM explained facility nursing staff took photos of Child A's injury. The QCM acknowledged a discussion between involved staff and supervisory staff should have occurred.	N 202		
N 222	EDUCATION AND TRAINING CFR(s): 483.376(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an	N 222		

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N 222	Continued From page 6 annual basis. This ELEMENT is not met as evidenced by: Based on interviews and record review the facility failed to ensure that staff demonstrated competencies in the safe use of restraint (MANDT Systems) on a semiannual basis for 1 of 6 staff (Staff 1) and the use of cardiopulmonary resuscitation (CPR) on an annual basis for 1 of 6 staff (Staff 2) reviewed who participated in emergency safety interventions. Findings include: Record review on 6/3/202 revealed the following; 1. Staff 1's training records indicated Staff 1 completed initial MANDT certification on 8/8/2024. Review of behavior management reports specify Staff 1 participated in an emergency safety intervention of Child B on 3/21/2025. Staff 1 should have received competency training in February 2025. No documentation of semiannual MANDT competency training could be located. 2. Staff 2's training records indicated Staff 2 completed CPR certification on 11/2/2023. Review of behavior management reports specify Staff 2 participated in an emergency safety intervention of Child B on 4/5/2025. At the time of the 4/5/2025 intervention 15 months had passed since his CPR certification. No documentation of annual competency could be located. 3. Staff 2's training records indicated Staff 2 CPR certification on 11/2/2023. Review of behavior management reports specify Staff 2 participated in an emergency safety intervention of Child A on 4/7/2025. At the time of the 4/7/2025 intervention 15 months had passed since his CPR	N 222		

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N 222	Continued From page 7 certification. No documentation of annual competency could be located. When interviewed on 6/3/2025 at 2:20 pm the Quality Compliance Manager confirmed these findings.	N 222		

July 17, 2025

Kristina Dolsen
Department of Inspections, Appeals, & Licensing
6200 Park Avenue Suite 100
Des Moines, Iowa 50321-1270

Statement of Deficiencies and Plan of Correction

Provider Identification Number: 16L008

Date: July 17, 2025
Summary statement of deficiencies:

- **N140 – Orders for Use of Restraint or Seclusion (must be by a physician or other licensed practitioner).**
    - Following this audit, a new on-call rotation was created, to include only those providers who are licensed. There are currently 4 individuals participating in rotation, with more eligible individuals being actively identified and placed into rotation.
        - **TIME FRAME**: Complete as of July 17, 2025. Identifying eligible individuals and adjusting the on-call schedule as needed will be ongoing.

- **N145 – Orders for Use of Restraint or Seclusion (face-to-face assessment by licensed practitioner within 1 hour of initiation of intervention).**
    - Following this audit, a new on-call rotation was created, to include only those providers who are licensed to both authorize prior to, and then assess after, clients placed into seclusion or restraint. There are currently 4 individuals participating in rotation, with more eligible individuals being actively identified and placed into rotation.
        - **TIME FRAME**: Complete as of July 17, 2025. Identifying eligible individuals and adjusting the on-call schedule as needed will be ongoing.

- **N189 – Post Intervention Debriefings**

- Prior to this audit, a process had been established for more comprehensive daily reviews of behavior management reports, to include completed debriefing sections and identifying who was involved in those debriefings, along with their job title to ensure a supervisor is present during debriefings. Further review will be done to ensure that all staff listed as participating in the intervention, are accounted for in the debriefing (present or excused). Communication has been given to staff and program leadership regarding the requirements for, and importance of, debriefing with a supervisor in a timely manner following an emergency safety intervention.
    - **TIME FRAME**: Communication to staff will be completed by August 5, 2025. Reviews of behavior management reports will be ongoing.

- **N202 – Medical Treatment for Injuries**
    - Following this audit, questions were added to our Behavior Management report, to prompt these questions to be answered each time a client reports an injury during an emergency safety intervention: Was client injured? If client was injured, was it self-inflicted? If client was injured, was it sustained during this incident? If client was injured, was supervisor notified? If client was injured, was health services notified & what next steps did they advise? Questions will also be added to the Behavior Management report, to be answered when staff sustain injury during an emergency safety intervention: Was staff injured? If yes, was First Report of Injury completed and sent in to HR?
        - **TIME FRAME**: Client injury questions added – completed as of July 17, 2025. Staff injury questions will be added by July 23, 2025. These changes will be communicated to staff during a meeting which is scheduled for August 4th, 2025.

- **N222 – Education and Training**
    - Following this audit, a plan was devised with the Training team to update training plans for student due dates, to ensure that recertification/refresher training is administered in a timely manner. Automated notifications will be sent out at 90 days, 60 days, and 30 days prior to the due date, and will be sent to both the supervisor, the staff member, and individuals on the administrative team who review delinquent trainings regularly. Staff who are delinquent in completing behavior management training will go through appropriate disciplinary process, up to and including being ineligible to work within the program until compliant with training expectations.
        - **TIME FRAME**: Completion of updated training plans will be completed by September 1, 2025. Anticipated completion will be October 15, 2025, as we can use these 90 days leading up to monitor the notification process.

If there are questions or additional items needed, please do not hesitate to contact us.

Sincerely,

Shayla Brooks, *Compliance Director*
Four Oaks Family and Children's Services
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319-364-0259