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 12/08/2025

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 Investigation #130869-C, conducted from 12/2/2025 to 12/8/2025, resulted in the following deficiency related to Appendix-N of the PRTF rules.	N 000	See Attached POC 11/18/25	
N 126	PROTECTION OF RESIDENTS CFR(s): 483.356 (a)(1) Each resident has the right to be free from restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. This ELEMENT is not met as evidenced by: This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to keep Child 1 safe from restraint being used as a means of coercion, discipline, convenience, or retaliation. This affected 1 of 1 children (Child 1) in investigation #130869-C. Findings include: Document review on 12/2/2025 of an Iowa Department of Health and Human Services Child Abuse Assessment Summary completed in 11/19/2025, revealed Staff A placed Child 1 in a restraint of 10/20/2025. When interviewed on 12/2/2025 at 9:55 am the Compliance Manager confirmed these findings stating video evidence revealed Staff A had not used Four Oaks approved restraint techniques (Mandt System). Staff A had used unapproved restraint techniques and was no longer employed by the facility. She further explained the facility was not aware of the incidnet at the time it	N 126		

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.

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 12/08/2025

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

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N 126	Continued From page 1 occurred. Video review on 12/3/2025 revealed on 10/20/2025 Staff A engaged in brief non-Mandt restraint of Child 1 at 1:20:30 pm. Child 1 sat on the floor and attempted to stick an item in an electrical outlet located to the immediate right of the unit seclusion room. Staff A grasped Child 1's left hand until Child 1 dropped the item. After dropping the item, Child 1 struck Staff A on the left shin. Staff A reacted to this and restrained Child 1 on the floor for approximately 6 seconds. Child 1 was not in a prone position, but was positioned on their left side as Staff A reached over their body to grasp both wrists. This action restricted Child 1's movement. Staff A also placed their right knee on Child 1's right hip. This action further restricted Child 1's movement. Four Oaks Behavior Management Policy stated de-escalation and appropriate physical interventions are utilized through a successful and evidence based Behavior Management Program.In behavior management system, interventions must be justified, approved, and utilized according to set parameters regarding length of intervention. Following interventions, all appropriate notifications must be made within 24 hours. Further, client assessments following intervention, and the staff-to-client and staff-to-staff debriefing must take place within prescribed time frames. During the restraint, Staff B was present, but did not intervene. Additionally, no documentation of this restraint was located or was produced by the facility. When interviewed on 12/3/2025 at 12:32 pm the	N 126		

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 12/08/2025

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

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N 126	Continued From page 2 Compliance Manager confirmed these findings.	N 126		

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IAPM015	A. BUILDING: _____ B. WING _____	C 12/08/2025

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) COMPLETE DATE
A 000	Initial Comments Investigation #130755-C, conducted from 12/2/2025 to 12/8/2025, resulted in no deficiency related to Chapter 41 PMIC rules.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Re: Four Oaks Smith PMIC Investigation
Plan of Correction

1/20/2026

Dear Ms. Campbell,

On December 2nd thru December 8th, 2026, a facility review occurred where several deficiencies were noted. Below you'll find a detailed plan of correction our agency is taking to mitigate and prevent future deficiencies.

A step-by-step description of the method(s) used to correct the system level problem which caused the deficiences. The plan of correction must provide information which assures the intent of the regulation as evidenced by examples, is corrected.

We recognize that during the investigation, we were deficient with following proper protocol regarding the use of seclusion and restraint, as well as in the area of protection of residents (483.354, N100-483.376(h), N224).

Steps:

- All MANDT trained staff are required to attend regular skills trainings provided by our certified MANDT instructors.
- The training department maintains a training record for all agency staff and monitors completion of skills trainings in employee files.
- If the scheduled required trainings are not completed within the assigned timeframe, progressive disciplinary steps are followed, including suspending the ability to work until compliant with training.
- Following the investigation, the PMIC leadership team addressed the proper use of seclusion and restraint techniques in all program team meetings.

State the method(s) to be used to maintain and monitor compliance. Indicate the position(s) responsible for the correction to prevent deficiency's reoccurrance. State your anticipated frequency of monitoring.

To maintain quality and ensure we continuously meet the of the expectations of proper use of seclusion and restraint, the following actions are being/will continue to be taken:

- All Incident and Behavior Management forms are gathered routinely by the Compliance Manager for quality and compliance review, and distributed to parties including the Executive Leadership and other program leadership.
- Reports are reviewed for accuracy, completion, and appropriateness of intervention, including whether the use of seclusion or restraint was warranted and properly used.
- Where applicable, the training team may be involved to help with re-training or reviewing technique with staff, as part of the internal review process.
- Any content that indicates improper use of restraint is immediately reported to the appropriate Administrators for proper review.

A releasitic date of correction by month, date, and year.

- Following the HHS assessment process and camera footage review, the staff member in question was terminated from his employment immediately. This item was complete on November 18th, 2025.
- Recipients of upcoming due training info has expanded and lists are reviewed weekly at a program level, as well as an administrative level. This item became effective immediately following the review and will be an ongoing internal protocol.
- Progressive discipline steps are in place and enforced if training deadlines are missed, up to and including termination. This item will be an ongoing internal protocol.
- When appropriate, camera footage may be reviewed to ensure that appropriate restraint technique is used.

Thank you for your ongoing partnership and support in helping our facility to maintain the high quality standards of PMIC. Should you need further information on our plan of correction, please feel free to contact our team directly.

With Regards,

Mary Chval
Compliance Manager
Four Oaks
Cell 319-471-3982
Desk 319-784-2041
mchval@fouroaks.org