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
	57PM33	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS MCINTYRE 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 The following deficiency was cited during the PMIC survey to determine compliance with Chapter 41 PMIC rules.	A 000	See Attached POC 10/24/25	
A 170	41.10 Active Treatment 481-41.10(135H) Active treatment. Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care as described in rule 481-41.12(135H). The plan of care shall be: 1. Developed and implemented no later than 14 days after admission; and 2. Designed to achieve discharge from inpatient status at the earliest possible time. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to implement the individual plan of care within 14 days of admission for 1 of 3 children (Child 1). Findings include: Record review on 8/19/2025 revealed Child 1's individual plan of care indicated the facility admitted Child 1 on 2/20/2025. The facility implemented Child 1's plan of care on 3/9/2025, 17 days past the date of admission. When interviewed on 8/20/2025 at 2:40 pm the Compliance Manager confirmed these findings.	A 170		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

Re: Four Oaks PMIC Audit
Plan of Correction

10/9/2025

Kristina Dolsen
DIAL Program Coordinator

In accordance with your request for our statement of correction of deficiencies found during a facility audit in August 2025, outlined below is the 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 audit, we were deficient with one client files in which we did not have the Initial Service Plan/Treatment plan completed within 14 days, but rather 17 days. We have corrected our systems to ensure this deficiency does not occur going forward.

- Following the audit, we reviewed all current clients and their admit dates to verify that treatment plans are completed within the 14 days.
- We have enabled a feature on our EHR which provides automated "alerts" to the assigned Care Manager and Supervisor that outline what Initial Service Plans (as well as Progress Reports) are due in the upcoming 7 business days. This will help ensure accurate tracking of days and reports in one system.
- We will continue to utilize a shared spreadsheet in which admit dates are inputted, and auto-populated due dates at 12 days as a reminder to care manager to finilize, and a reminder at 14 days to submit. This is used as a "check balance" in comparison to the EHR alerts.
- PMIC Care Management Director will continue to review both the EHR alerts and spreadsheet on a weekly basis with Care Managers during their scheduled supervision time to ensure Care Managers are getting ISPs completed on time, and/or identify barriers encountered and problem solve those barriers, before ISPs are late.

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 expected deadline of having Initial Service Plans completed within 14 days, the care manager and care manager supervisor will be responsible for ongoing monitoring and compliance. Together, the care manager and supervisor, will review these weekly during supervision.

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

Our team has implemented the corrective action steps already and are actively engaged in the ongoing monitoring of Initial Service Plan due date timeliness. We are confident that the deficiencies have already been resolved. To this end, the plan of correction will continue to be implemented ongoing, and we expect all corrections to be resolved by 10/15/2025, and prevention of future deficiencies to be fully resolved no later than 10/24/2025.

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

With Regards,

Megan Isenberg, LMSW
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& PMIC Care Management
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