STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L007	A. BUILDING _____ B. WING _____	C 04/15/2026

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) COMPLETION DATE
N 000	Initial Comments Complaint investigation # 131792-C was conducted from 3/31/2026 to 4/15/2026. The following deficiencies were cited during the complaint investigation related to the Federal PRTF certification rules for Psychiatric Residential Treatment Facilities (appendix N).	N 000	See Attached POC 5/27/26	
N 149	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(h) Staff must document the intervention in the resident's record. That documentation must be completed by the end of the shift in which the intervention occurs. If the intervention does not end during the shift in which it began, documentation must be completed during the shift in which it ends. Documentation must include all of the following: This ELEMENT is not met as evidenced by: Based on interview and record review, the facility failed to document a restraint before the end of the shift in which it occurred. This affected 1 of 1 children (Child 1) in Complaint #131792-C. Findings include: Record review on 3/31/2026 revealed Child 1's Behavior Management Report, dated 2/17/2026, documented Staff A escorted Child 1 from the unit to seclusion using a MANDT 2.0-approved escort technique at 7:41 p.m. after Child 1 pushed past staff in an effort to physically go after a peer. Record review on 4/1/2026 revealed surveillance video from 2/17/2026, showed Staff A initially	N 149		

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

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N 149	Continued From page 1 placed Child 1 into a MANDT-approved escort. Staff A lifted Child 1's feet briefly from the floor en route to the seclusion room, which restricted Child 1's movement. Continued record review revealed the facility's Behavior Management Policy dated 11/20/2025, indicated the use of physical restraint would be documented and placed in the individual's record. Continued record review revealed Staff A had not completed a corresponding Behavior Management Report documenting a restraint. When interviewed on 4/9/2026 at 11:25 am, the Quality Compliance Manager and the Vice President of Residential Services confirmed Staff A should have documented a brief restraint on a Behavior Management Report.	N 149		

four oaks

Re: Four Oaks PMIC McIntyre PRTF Deficiency N149
Plan of Correction

5-20-26

Dear Ms.Campbell,

In accordance with your request for our statement of correction of deficiencies (N 149) found during a recent PMIC (McIntyre) facility complaint conducted by Chad Wagner from 3/31/26 to 4/15/26, outlined below is the plan of correction our agency is taking to mitigate and prevent future deficiencies.

(1)**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.**

After review of camera footage of the escort of a child to the seclusion room, it showed that the child's feet briefly left the ground. Chad Wagner had a discussion with the Assistant VP of residential services who is also a MANDT trainer regarding the move. MANDT does recognize that there is the potential for a small child's feet to leave the ground while in an escort but the rul of thumb is for 10 steps or less. During the discussion it was decided to be safe that anytime an escort is used it should be documented as a restraint.

In addition to this escort/restraint, the program was also cited for violation of N149. The rule indicates that the writing of reports involving incidents must be completedd by the end of the shift in which it occurred. This standard had not been met for the above complaint.

(2) 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.

The Compliance Team developed a plan of correction which included the continuous monitoring of incidents and the completion of the written documentation.

- The first line of correction stands with the supervisor on duty reviewing the document for completion during the post shift meeting
- The next step involves 2 different members of the Compliance Team. Each incident and behavior management is reviewed daily by a compliance manager and a compiance specialist for accuracy and completion.
- If they find errors in the written record such as date/time/proper techniques and timeliness of the report does not meet the standard, they will send it back to the author of the report as well as the program manager for corrections.
- The compliance team members will then follow up with the managers to make sure the report is now complete and ready for final review.

5400 Kirkwood Blvd SW | Cedar Rapids, IA 52404
Phone: 319.364.0259 | Fax: 866.290.5565
www.fouroaks.org

(3) A realistic Date of Correction by month, date and year

Our team has already implemented the the majority of the corrective action steps outlined. We are in the process of re-training and re-teaching staff members of the process and expectations. Our team will have the re-training process completed no later than May 27. 2026. We are confident the deficiencies found will be resolved and future deficiencies can effectively be prevented by following the plan of correction outlined.

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,

Mary Chval

four oaks
Expect Success

Mary Chval
Compliance Manager
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