STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L099	A. BUILDING _____ B. WING _____	C 05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYS & GIRLS HOME & FAMILY SERV INC-BRICK	2101 COURT STREET, 6TH FLOOR - C SIOUX CITY, IA 51102

(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 #128802-C and #128037-C were conducted from 5/20/2025 to 5/22/2025. The following deficiencies were cited during the complaint investigation to determine compliance with Psychiatric Residential Treatment Facilities (Appendix N).	N 000	POC 5/27/25	
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 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 interview and record review the facility failed to conduct a face-to-face assessment of the child within one hour of the initiation of the emergency safety intervention. This affected 1 of	N 145	All clinical and nursing staff were re-trained on the ESI policy, with a focus on time-sensitive documentation and the required assessment elements. Staff were educated that if an LIP does not follow protocol or fails to respond in a timely manner, they are to immediately initiate the facility's Call Tree Protocol.	5/20/25

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 145	Continued From page 1 2 children (Child 1) in investigation # #128037-C. Finding follows: Record review on 5/21/2025 revealed the Emergency Safety Intervention (ESI) Assessment documented Child 1 was restrained by Staff A on 3/5/2025 at 8:00 am and escorted in the restraint to seclusion. Registered Nurse (RN) A completed the face-to-face assessment of Client 1 at 4:00 p.m., eight hours after the intervention was initiated. Record review on 5/20/2025 revealed the facility's policy for ESI Assessments, dated 10/31/2023, stated a Licensed Independent Practitioner or RN completed an in-person evaluation of a client within one hour of the initiation of an ESI and immediately upon release of the ESI. The assessment was documented on the ESI Assessment. When interviewed on 5/22/2025 at 10:45 am, the Program Director stated assessments should be completed within one hour of initiation of an ESI.	N 145	The RN member responsible received disciplinary action for failure to follow federal and facility guidelines. Effective immediately, the RN responsible is required to report all medical concerns, evaluations, or potential safety interventions to the Program Director immediately, initiated on 5/20/25. Revaluated on 6/3/25. RN responsible is required to maintain direct communication with the Program Director or designee regarding any major medical concerns, client evaluations, or potential emergency safety interventions.	5/20/25
N 146	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(g) Each order for restraint or seclusion must include- (1) The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion; This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to obtain an order for seclusion. This affected 1 of 2 children (Child 2) in investigation	N 146	On 5/20/25 the staff member involved received a written performance warning for failure to follow proper procedure regarding medical communication and escalation. As part of the corrective process, the Program Director is now responsible for verifying that the staff member checks in consistently following any incident involving restraint, seclusion, or medical evaluation.	5/20/25

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N 146	Continued From page 2 #128802-C. Finding follows: Record review on 5/21/2025 revealed Child 2's Emergency Safety Intervention (ESI) Order dated 5/19/2025 documented staff physically restrained Child 2 at 9:36 a.m. and then placed into seclusion from 9:36 a.m. until 10:05 a.m. The ESI Report documented Child 2's behaviors while in seclusion on five-minute increments during that timeframe. The seclusion order could not be located. Record review revealed the facility's ESI Orders policy 10/31/2023, stated an order for physical intervention or seclusion must be obtained at the time of occurrence. When interviewed on 5/22/2025, at 9:00 am, Registered Nurse (RN) A stated when she arrived on 5/19/2025 at the incident, Child 2 was in the seclusion room with the door open. RN A assumed Child 2 was not put into seclusion; therefore, she did not sign the seclusion order. When interviewed on 5/22/2025 at 9:45 am, the Program Director stated Staff A obtained the verbal order for Child 2's restraint and seclusion from RN A. RN A should have been aware staff placed Child 2 in seclusion.	N 146	On going: Emergency Safety Interventions will be emailed out to designated ESI team members.	5/20/25
N 179	NOTIFICATION OF PARENT(S) OR LEGAL GUARDIAN CFR(s): 483.366(b) [If the resident is a minor as defined in this subpart] the facility must document in the resident's record that the parent(s) or legal guardian(s) has been notified of the emergency safety intervention, including the date and time of	N 179	The facility's ESI policy was reviewed and clearly stated that the name of the staff member making parent/guardian notification must be documented in the ESI Assessment form. All relevant staff received mandatory retraining on ESI documentation, with emphasis on: • Immediate parent/legal guardian notification following ESI	5/27/25

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N 179	Continued From page 3 notification and the name of the staff person providing the notification. This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to consistently document the name of the staff person providing notification to the parent of resident being involved in an emergency safety intervention. This affected 1 of 2 children (Child 1) involved in investigation #128037-C. Finding follows: Record review on 5/22/2025 revealed Child 1's Emergency Safety Intervention (ESI) Assessments dated 2/24/2025 indicated Child 1 was involved in an ESI at 4:15 pm. His parent was notified at 8:00 am on 2/25/2025. Documentation of who provided notification could not be located. Child 1's ESI assessment dated 2/25/2025 at 2:28 p.m. indicted his parent was notified at 4:00 pm. The staff member who notified the parent was not documented. Child 1's ESI assessment dated 3/1/2025 at 4:32 p.m. documented Child 1's mother was notified. Documentation of the date, time and who provided the notification could not be located. Child 1's ESI assessment dated 3/5/2025 at 8:00 a.m. documented the parent was notified at 9:30 a.m. Documentation of who provided notification could not be located. Record review revealed the facility's ESI Policy stated the Supervisor or Nurse contacted the parent/legal guardian and caseworker and	N 179	• Immediate parent/legal guardian notification following ESI • Accurate and complete documentation of who made the contact and when. On going: ESI paperwork is reviewed weekly in ESI Team meetings conducted by Program Director and Program Manager.	5/27/25

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N 179	Continued From page 4 informed them of the ESI. The date and time of notification would be documented on the ESI Assessment. When interviewed on 5/22/2025, the Program Director verified staff should have documented who contacted the parent and when.	N 179		
N 198	MEDICAL TREATMENT FOR INJURIES CFR(s): 483.372(b)(1) A resident will be transferred from the facility to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care; This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to transfer Child 2 from the facility to the hospital in a timely manner for necessary medical care. This affected 1 of 1 child (Child 2) in investigation #128802-C. Finding follows: Record review on 5/22/2025 revealed Child 2's Emergency safety Intervention (ESI) Assessment dated 5/19/2025 indicated staff restrained Child 2 at 9:36 a.m. and put him into seclusion at 9:36 a.m. Registered Nurse (RN) A arrived at 10:15 a.m. Child 2 refused assessment RN A removed herself from the area to help Child 2 calm down. When interviewed on 5/21/2025 at 1:30 pm, Staff A said he restrained Child 2. Staff A escorted Child 2 in the restraint. Child 2 dropped to the floor, and pulled Staff A down on top of Child 2. Staff A explained once Child 2 was in the seclusion room, he was not able to get up and remained on the floor. He yelled his leg was hurt	N 198	All direct care and nursing staff were reeducated on the facility's Call Tree Protocol, which outlines the immediate steps to be taken: • Any life-threatening or urgent medical concern requires a direct 911 call without delay • Use of the Call Tree is mandatory when a supervising clinician or LIP is unavailable, unresponsive, or declines action contrary to a staff member's safety concern. MHT received specific reeducation on advocating for client health and safety, including: • Their right and responsibility to escalate concerns when they believe an order--or lack of action—places a client at risk The staff member responsible received a written performance warning for failure to follow federal and facility protocol. Staff member responsible is required to maintain direct communication with the Program Director or designee regarding any major medical concerns, client evaluations, or potential emergency safety interventions.	5/20/25

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N 198	Continued From page 5 and he needed an ambulance. When interviewed on 5/22/2025 at 9:00 am, RN A stated Child 2 indicated to her his pain level in his right leg was a 10 and he was unable to roll off of his right leg. Child 2's second ESI assessment dated 5/19/2025, completed by RN B, documented staff notified RN B of the situation with Child 2 at 11:10 a.m. She arrived at 11:20 a.m. RN B documented Child 2 was unable to move his right leg, his pain was at a 10 and he wouldn't allow her to assess him. RN B called the ambulance was called at that time, approximately one hour and 44 minutes after the initial fall. The facility's ESI Assessment Policy 10/31/2023 stated for immediate life-threatening injuries, medical treatment would be obtained by calling 911. When interviewed on 5/22/2025 the Program Director confirmed Child 2 suffered a broken femur that required surgery. The Program Director stated staff should have immediately called 911 when the child reported his pain at a 10 and was unable to move his leg. The Program Director indicated staff were able to contact 911 without prior authorization of upper management.	N 198		
N 217	EDUCATION AND TRAINING CFR(s): 483.376(a)(3) The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion.	N 217	All direct care and nursing staff attended a mandatory retraining on the safe use of seclusion and restraint.	5/20/25

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N 217	Continued From page 6 This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to provide safe use of seclusion. This affected 1 of 1 child (Child 1) involved in investigation #128037-C. Finding follows: Record review on 5/20/2025 revealed Child 1's Emergency Safety Intervention (ESI) Progress Report dated 3/5/2025 indicated Staff A put Child 1 into seclusion at 8:02 am. Staff A attempted to removed Child 1's sweater, and Child 1 resisted. Child 1's sweater got caught on Child 1's neck, but Staff A was able to get it removed. Child 1's ESI Assessment dated 3/5/2025 completed by Registered Nurse (RN) A documented Child 1 injured his arm due to a struggle in the hold. Child 1 was assessed and offered pain reliever. Record review on 5/22/2025 revealed Child 1's medical record dated 3/14/2025 documented Child 1 sustained a minimally displaced acute midshaft clavicle fracture. Child 1 was discharged with a shoulder immobilizer for pain management. The facility's ESI Policy 10/31/2023 revealed the only procedural directive regarding removal of items from a child placed in seclusion was to remove all potentially injurious objects. Additional record review revealed Child 1's Admission Outline and Treatment Plan dated 5/20/2025 indicated Child 1 didn't have a history of self-harm or suicidal ideation.	N 217	The facility's ESI Policy was reviewed including: • Clear guidelines on when and how to remove clothing or objects from residents during seclusion. • Documentation requirements for every removal action, including clinical justification and staff involved. Staff involved in incident was immediately removed from direct care responsibilities pending investigation and is not allowed to participate in any kind of TACT hold until retraining TACT trainer. On going: retraining of TACT to be completed before 7/30/25	5/20/25

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N 217	Continued From page 7 When interviewed on 5/21/2025 at 1:30 pm Staff A indicated it was protocol to remove strings from sweatshirts when children were placed in seclusion. Staff A said the strings would not come out of Child 1's shirt; therefore, he removed the sweatshirt. Staff A said Child 1 fought against the sweatshirt removal and Staff A took it off one arm at a time. Staff A denied he heard or felt anything pop like a bone breaking while doing this. When interviewed on 5/22/2025 at 9:45 am, the Program Director identified it was regular practice to remove drawstrings from sweatshirts when children were placed into seclusion as a safety precaution. The Program Director identified in the past, strings were removed from sweatshirts at the time of admission into the program; therefore, this was not put into the policy. Over time, due to parent complaint, the facility stopped taking drawstrings out of sweatshirts and instead, took them out when children were put on suicide watch and when put into seclusion. The Program Director confirmed this was not documented in any training materials or in facility policy.	N 217		