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 12/31/2025

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

POC 2/12/26

(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 #130988-C, conducted from 12/30/2025 to 12/31/2025, resulted in PRTF deficiencies cited at N0145 and N0188.	N 000	What measures will be put into place for systems change? Training occurred 1/9/2026 and 1/28/2026 with licensed practitioners regarding completion of assessment.	corrected 1/30/2026
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 facility staff failed to assess well being of children in a timely manner following emergency safety interventions. This effected 1 of 2 children (Child 1) reviewed. Findings follow: Record review on 12/30/25 revealed the following:	N 145	Supervision Emergency Safety Intervention Committee weekly meetings. Members include: Program Director, Program Manager and CQI Specialist Emergency Safety Intervention Review form created How will corrective action be monitored to ensure that the deficient practices are being corrected and will not reoccur? Corrective action will be reviewed by Program Director and Program Manager and in supervision with licensed practitioners Person(s) who will be responsible for monitoring ensuring that compliance is achieved and continues Program Director and Program Manager How will corrective action be accomplished? Emergench Safety Intervention Review form implemented. Supervision with licensed practitioners regarding performance deficit needing correction or disciplinary action up to and including termination. Ongoing Emergency Safety Intervention Committee weekly meetings	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: COO | (X6) DATE: 02/16/2026

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 1. Child 1's Emergency Safety Intervention (ESI) report dated 10/18/2025, documented safety intervention initiated at 10:10 a.m. Staff C assessed Child 1 at 11:20 p.m. 2. Child 1's ESI report dated 10/13/2025, documented safety intervention initiated at 5:53 p.m. Staff B assessed Child 1 at 9:07 p.m. 3. Child 1's ESI report dated 10/15/2025, documented safety intervention initiated at 5:53 p.m. Staff A assessed Child 1 at 8:15 p.m. 4. Child 1's ESI report dated 10/11/2025, documented safety intervention initiated at 5:00 p.m. Staff A assessed Child 1 at 6:10 p.m. 5. Child 1's ESI report dated 10/29/25, documented safety interventions initiated at 6:49 p.m. Staff A assessed Child 1 at 7:55 p.m. 6. Child 1's ESI report dated 10/9/2025, documented safety interventions initiated 4:40 p.m. Staff A assessed Child 1 at 5:45 p.m. 7. Child 1's ESI report dated 10/8/25 documented safety interventions initiated at 5:28 p.m. Staff A assessed Child 1 at 6:35 p.m. 8. Child 1's ESI report dated 10/11/2025, documented safety intervention initiated at 1:12 p.m. Staff A assessed Child 1 at 2:15 p.m. The facility's Emergency Safety Interventions policy, no date, directed children's physical and psychological status and comfort were assessed following an ESI.	N 145		

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N 145	Continued From page 2 When interviewed at 12:10 p.m. on 12/31/2025, the Chief Operating Officer confirmed staff failed to assess the physical and psychological well being of the children according to PRTF regulations.	N 145	What measures will be put into place for systems change? *Supervision *Training on completion of debriefing and documentation of debriefing *Emergecny Safety Intervention Review form created *Emergency Safety Intervention Committee weekly meetings. Members include: Program Manager, Program Director and CQI Specialist. *Emergency Safety Intervention documentation form revised to outline debriefing protocols. Training by Program Director and Program Manager (certified Emergency Intervention curriculum TACT II trainers) How will corrective action be monitored to ensure that the deficient practices are being corrected and will not reoccur? Corrective action will be reviewed by Program Director and Program Manager in weekly meetings and in supervision with Mental Heatlh Technicians and licensed practitioners Person(s) who will be responsible for montioring ensuring that compliance is achieved and continues * Program Director and Program Manager How will the corrective action be accomplished? Emergency Safety Intervneiton Review form implemented. Supervision with staff members regarding performance deficit needing correction Ongoing Emergency Safety Intervention training *Initial, 6 month, yearly, and as needed when performance acquistion has not been acquired.	corrected 2/12/2026
N 188	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on interview and record review on the facility failed to include all involved staff in the debriefing process. This affected 1 or 2 children (Child 1) reviewed. Finding follows: Record review on 12/30/25 revealed Child 1's emergency safety intervention progress report dated 10/1/25 indicated Staff C and an unnamed	N 188		

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N 188	Continued From page 3 second staff member assisted in the hold by placing a Ukeru head pad between Staff C and Child 1 for the Child 1's safety at 3:44 p.m.. The report failed to list the second staff as involved in the intervention. The staff debriefing failed to include the second staff as present, not present or excused. When interviewed at 12:10 p.m. on 12/31/2025, the Chief Operating Officer confirmed staff failed to properly document the staff debriefing.	N 188		