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
	97PM11	A. BUILDING: _____ B. WING _____	C 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYS & GIRLS HOME & FAMILY SERV INC-CORBETT	**2101 COURT STREET, 6TH FLOOR B 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) COMPLETE DATE
A 000	Initial Comments A PMIC licensing review and investigations 130840-C and 130766-C were conducted from 11/17/2025 to 11/20/2025. No deficiencies were cited during the survey to determine compliance with Chapter 41 PMIC rules. Investigation #130840-C resulted in deficiencies cited at N0143 and N0170. Investigation #130766-C resulted in no deficiencies cited.	A 000		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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	16L027	A. BUILDING _____ B. WING _____	C 11/20/2025

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BOYS & GIRLS HOME & FAMILY SERV INC-CORBETT	2101 COURT STREET, 6TH FLOOR B SIOUX CITY, IA 51102

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N 143	ORDERS FOR USE OF RESTRAINT OR SECLUSION CFR(s): 483.358(d) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must verify the verbal order in a signed written form in the resident's record. The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention. This ELEMENT is not met as evidenced by: Based on record review and interview, the facility failed to obtain a proper order for seclusion for Child 1's control room stay on 9/16/2025. This affected one of six (1 OF 6) control room stays reviewed from 8/17/2025 to 9/17/2025 in investigation 130840-C. Finding follows: Record review on 11/17/2025 revealed Child 1's emergency safety intervention progress report dated 9/16/2025, indicated Child 1 was placed in the control room under a control room order dated on 9/6/2025. The control room order was dated ten days before the control room stay. The facility's Emergency Safety Intervention Policy dated 10/10/2023, indicated an order for every intervention utilized will be given by the Licensed Independent Practitioner. Written orders	N 143		

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 143	Continued From page 1 for initial and continuing use of seclusion are time limited based on the individual's treatment and presenting emergency safety intervention. If an emergency safety intervention needs to extend beyond the initial time-limited order, a new order must be obtained. When interviewed on 11/20/25 at 4:00 pm the Chief Operating Officer and Program Director confirmed staff failed to obtain a current control room order.	N 143		
N 170	MONITORING DURING AND AFTER SECLUSION CFR(s): 483.364(a) Clinical staff, trained in the use of emergency safety interventions, must be Physically present in or immediately outside the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the resident in seclusion. Video monitoring does not meet this requirement. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to adequately monitor children while in seclusion. This affected two of six (2 of 6) control room stays reviewed from 8/17/2025 to 9/17/2025 in investigation #130840-C. Finding follows: Record review on 11/17/2025 revealed Child 1's emergency safety intervention progress report dated 9/3/2025, indicated staff placed Child 1 in the control room at 12:05 pm. Staff documented her well-being at 12:10 and 12:13; however, they did not document again until they released her at 12:30 pm. Documentation of additional checks could not be located.	N 170		

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N 170	Continued From page 2 Child 1's emergency safety intervention progress reported dated 9/16/2025 showed staff placed Child 1 in the control room at 9:00 am and released her at 9:10 am. Documentation of additional checks could not be located. The facility's Emergency Safety Intervention Policy dated 10/10/2025, indicated a trained staff member would be assigned to visually monitor the client continually during the entire intervention and observations would be documented in increments of every 5 minutes. When interviewed on 11/20/25 at 4:00 pm the Chief Operating Officer and Program Director confirmed staff failed to document checks as required.	N 170		