STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L027	A. BUILDING _____ B. WING _____ POC 2/12/26	C 12/31/2025

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) COMPLETION DATE
N 000	Initial Comments Investigation #130989-C, conducted from 12/30/2025 to 12/31/2025, resulted in a PRTF deficiency cited at N0189.	N 000	What measures will be put into place for systems change? * Supervision *Training on completion of debriefing and documentation of debriefing * Emergency Safety Intervention Review form created *Emergency Safety Intervention Committee weekly meetings. Members to include: Program Director, Program Manager 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 and in supervision with Mental Health Technicians. Person(s) who will be responsible for monitoring ensuring that compliance is achieved and continues * Program Director and Program Manager How will the corrective action be accomplished? Emergency Safety Intervention Review form impletmented. Supervision with staff members regarding performance deficit needing correction. Ongoing Emergency Safety Intervention Training Initial 6 month Yearly As needed when performance deficit or performance acquistion has not been acquired.	
N 189	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(b) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of - 483.370(b)(1) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention; This ELEMENT is not met as evidenced by: Based on interview and record review on 12/30/2025, the facility failed to conduct and document the staff debriefing as required. This affected 1 of 2 children (Child 1) reviewed. Findings follow: Record review on 12/30/25 revealed the following: 1. Child 1's Emergency Safety Intervention (ESI) report dated 10/1/25 documented staff placed Child 1 in the control room at 9:45 p.m. 2. Child 1's ESI dated 10/2/25 documented staff placed Child 1 in the control room at 9:20 a.m.	N 189		1/13/26 2/12/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Brenda Cunningham | TITLE: CEO | (X6) DATE: 2/9/26

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
	16L027	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-CORBETT	2101 COURT STREET, 6TH FLOOR B SIOUX CITY, IA 51102

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N 189	Continued From page 1 3. Child 1's ESI dated 10/3/25 documented staff placed Child 1 in the control room at 4:20 p.m. 4. Child 1's ESI dated 10/3/25 documented staff placed Child 1 in the control room at 2:32 p.m. 5. Child 1's ESI dated 10/15/25 documented staff placed Child 1 in the control room at 2:48 p.m. The staff debriefings failed to include documentation of the situation, the outcome of the intervention or needed updates to the child's plan. The facility's Emergency Safety Intervention Policy dated 10/10/2023, indicated a staff debriefing must be held and documented as soon as possible, but within 24 hours by the licensed independent practitioner. The debriefing must include a discussion of the emergency safety situation that required the intervention; the factors that led to the intervention; alternative techniques that may have prevented the use of the intervention; procedures that staff could implement to prevent further use of physical intervention; the need to update the client's treatment plan; and the outcome of the intervention, including any injuries that may have resulted. When interviewed on 12/31/2025 at 12:10 p.m., the Chief Operating Officer confirmed staff failed to properly document the staff debriefing.	N 189		