DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	57PM34	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS NORTH OAKS-PMIC	5400 KIRWOOD BLVD 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) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during the survey, conducted from 9/16/2024 to 9/18/2024, to determine compliance with Chapter 41 PMIC rules.	A 000	See Attached POC 11/30/24	
A 170	41.10 Active Treatment 481-41.10(135H) Active treatment. Inpatient psychiatric services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care as described in rule 481-41.12(135H). The plan of care shall be: 1. Developed and implemented no later than 14 days after admission; and 2. Designed to achieve discharge from inpatient status at the earliest possible time. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to implement the individual plan of care within 14 days of admission for 2 of 3 children (Child 1, Child 2). Findings include: 1. Review of Child 1's resident case file revealed an admission date of 2/16/2024. The initial individual plan of care was dated 3/4/2024 which is 17 days past the date of admission. 2. Review of Child 2's resident case file revealed an admission date of 5/28/2024. The initial individual plan of care was dated 6/14/2024 which is 18 days past the date of admission. When interviewed on 9/14/24 at 22:45 p.m. the Senior Compliance Manager confirmed care plans were not implemented within 14 days of	A 170		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 170	Continued From page 1 admission.	A 170		

Re: Four Oaks PMIC Audit
Plan of Correction

11/6/2024

Dr. Ms. Campbell,

In accordance with your request for our statement of correction of deficiencies found during a facility audit in September 2024, below you'll find a detailed plan of correction our agency is taking to mitigate and prevent future deficiencies.

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.

We recognize that during the audit, we were deficient with two client files in which we did not have the Initial Service Plan/Treatment plan completed within 14 days. In both instances, we failed to meet this standard by having treatment plans completed at 17 and 18 days. We have addressed and corrected this decifiency thorugh the following:

- Prior to the audit dates, we recognized that care managers were carrying too high of a caseload. Therefore, we reviewed the caseload of the the care managers, and made adjustments to reduce to caseload sizes.
- Prior to the audit, we hired two additional care managers to ensure that caseload sizes remain managable and care managers can effectively meet quality and compliance deadlines
- Following the audit, we reviewed all current PMIC clients and have tracked their admit dates, and verified that treatment plans are completed within the 14 days
- We have created an organizational system utilizing shared calendars and spreadsheet in which admit dates are inputted, and auto-populated due dates at 12 days as a reminder to care manager to finilize, and a reminder at 14 days to submit
- We have created a systemic process for care managers and supervisor to review due dates for Initial Service Plans during weekly supevision to prevent future deficiencies

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.

To maintain quality and ensure we continuously meet the expected deadline of having Initial Service Plans completed within 14 days, the care manager and care manager supervisor will be responsible for ongoing monitoring and compliance. Together, the care manager and supervisor, will review these weekly during supervision. As stated above, these positions will utilize a shared spreadsheet and calendar to track due dates and ensure those dates are achieved.

A relealistic date of correction by month, date, and year.

Our team has implemented the corrective action steps already and are actively engaged in the ongoing monitoring of Initial Service Plan due date timeliness. We are confident that the deficiencies have already been resolved. To this end, the plan of correction will continue to be implemented ongoing, and we expect all corrections to be resolved by 11/15/2024, and prevention of future deficiencies to be fully resolved no later than 11/30/2024.

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,

Megan Isenberg, LMSW
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& PMIC Care Management
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