| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16L035 | A. BUILDING _____ B. WING _____ | 05/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| FOUR OAKS BERKELEY UNIT | 80 N EISENHOWER MASON CITY, IA 50401 |

| (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 |
|---|---|---|---|---|
| E 000 | Initial Comments<br><br>No deiciencies were cited during the survey conducted to determine compliance with federal PRTF certification rules for the Emergency Preparedness regulations (appendix Z). | E 000 | | |
| N 000 | Initial Comments<br><br>The following deficiencies were cited during the survey conducted to determine compliance with federal PRTF certification rules. | N 000 | | |
| N 137 | PROTECTION OF RESIDENTS<br>CFR(s): 483.356(d)<br><br>Contact information. The facility's policy must provide contact information, including the phone number and mailing address, for the appropriate State Protection and Advocacy organization.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review the facility failed to ensure the policy on restraint and seclusion included the phone number and mailing address for the State Protection and Advocacy organization. Findings include:<br><br>Review of the facility's Behavior Management Policy and Procedures revealed the phone number and mailing address for Disability Rights Iowa (the the state's Protection and Advocacy organization) was not included in the policy.<br><br>On 4/30/2024 at 3:48 pm, the Utilization Manager confirmed these findings. | N 137 | The Plan of Correction is attached. | |
| N 156 | ORDERS FOR USE OF RESTRAINT OR SECLUSION<br>CFR(s): 483.358(j) | N 156 | | |

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 156 | Continued From page 1<br>The physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion must sign the restraint or seclusion order in the resident's record as soon as possible.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review the facility failed to ensure the licensed practitioner signed the restraint or seclusion order possible regarding 6 of 9 Behavior Management Restraint Reports reviewed involving Child #1, Child #2, Child #3, Child #4. Findings include:<br><br>1. Review of the Behavior Management Reports on 4/30/2024 and 5/1/2024 revealed:<br>a. Child #1 was restrained on 3/1/2024 from 6:50 am to 6:57am. The order to restrain was secured however the licensed practitioner failed to sign the order.<br>b. Child #2 was restrained on 9/2/2023 from 2:49 pm to 2:53 pm and on 12/16/2023 from 11:24 am to 11:29 am. Both orders to restrain were secured however the licensed practitioner failed to sign either order.<br>c. Child #3 was restrained on 2/7/2024 from 6:45 pm to 6:50 pm. The order to restrain was secured however the licensed practitioner failed to sign the order.<br>d. Child #4 was restrained on 2/11/2024 from 8:56 pm to 9:07 pm and on 2/15/2024 from 8:09 am to 8:25 am. Both orders to restrain were secured however the licensed practitioner failed to sign either order.<br><br>2. On 5/1/2024 at 11:50 am, the Program Director confirmed these findings. | N 156 | | |

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| N 202 | Continued From page 2 | N 202 | | |
| N 202 | MEDICAL TREATMENT FOR INJURIES<br>CFR(s): 483.372(c)<br><br>Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.<br><br>This ELEMENT is not met as evidenced by:<br>Based on interview and record review the facility failed to ensure staff met with supervisory staff to evaluate the circumstances that caused injury regarding 2 of 2 Behavior Management Restraints reviewed where injuries occured. Findings include:<br><br>1. Review of the Behavior Management Reports on 4/30/2024 and 5/1/2024 revealed:<br>a. Child #4 was restrained on 2/11/2024 from 8:56 pm to 9:07 pm. During the restraint the child was unharmed but staff sustained an injury to their wrist accordng to a comment on the report. The restraint report had a Staff Injury; Circumstances and Evaluation section with only N/A listed. No discussion, evaluation or plan to prevent further injuries between staff and supervisory staff was documented.<br>b. Child #4 was restrained on 2/15/2024 from 8:09 am to 8:25 am. During the restraint on 2/15/2024 the child was unharmed but documentation in the report revealed the child attacked the staff biting their arm and clawing at their hand drawing blood. The restraint report had a Staff Injury; Circumstances and Evaluation section with only N/A listed. No discussion, evaluation or plan to prevent further injuries between staff and supervisory staff was | N 202 | | |

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| N 202 | Continued From page 3<br>documented.<br><br>2. On 5/1/2024 at 12:15 pm, the Program Director confirmed these findings. | N 202 | | |

# Statement of Deficiencies and Plan of Correction

## Provider Identification Number: 16L035

## Date: 06/13/2024

**Summary statement of deficiencies:**

- **Protection of Residents: N137**
  - Prior to this audit, work was being done to update our family and client handbooks and intake materials. These updates include the addition of contact information for Disability Rights Iowa. This contact information is listed within the handbook, as well as on the behavior management policy receipt form. Both of these documents will be replacing outdated versions effective no later than July 1, 2024.
    - **TIME FRAME**: Completed by July 1, 2024.

- **Orders for Use of Restraint or Seclusion: N156**
  - Prior to this audit, a process has been established at the Berkeley location which includes overnight staff printing behavior management reports from the previous day and filing them through nursing to obtain the signature on the front page section labeled for the licensed practitioner to sign. Following this audit, program leadership (coordinators) will also begin providing another layer of review of these documents, ensuring signatures are captured in a timely manner following the intervention.
    - **TIME FRAME**: review of process effective immediately, the process will continue as detailed indefinitely.

- **Medical Treatment for Injuries: N202**
  - Currently, as a function of the Compliance department, there are daily reviews that take place of each incident that is documented for the day prior. These reviews include reviewing for completion all areas of behavior management reports. The individual(s) responsible for these reviews has already been made



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aware of this specific discrepancy, and moving forward will ensure that if an injury is listed in either area (under “staff injury”), that it is also reflected in the other area of the report that asks about staff injury. Further, when HR receives a First Report of Injury from staff, and it states that the injury was received as a result of involvement in a physical restraint or seclusion room placement, HR will notify the Compliance department supervisor. This person will then review for confirmation that the injury is properly documented in the behavior management report.

- **TIME FRAME**: review of process effective immediately, HR will begin informing of injury as necessary no later than July 1, 2024.

√ 6/20/24