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
	17PM046	A. BUILDING: _____ B. WING _____	11/21/2024

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) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during the survey to determine compliance with Chapter 41 PMIC rules.	A 000		
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 develop the individual plan of care for 1 of 3 residents (Child 1) within 14 days of admission. Findings include: 1. Review of one child's case file (Child A) revealed an admission date of 7/11/2024. The individual plan of care was not completed until 7/31/2024. The development of the plan was completed at 20 days rather than within the specified 14 days of admission. 2. On 11/18/2024 at 3:10 pm the Utilization Manager confirmed these findings.	A 170		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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