STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L036	A. BUILDING _____ B. WING _____	C 12/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS CAMBRIDGE 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
N 000	Initial Comments Complaint investigation # 131028-C was conducted from 12/18/2025 to 12/29/2025. The following deficiencies were cited during the license review conducted to determine compliance with Federal PRTF certification rules for Psychiatric Residential Treatment Facilities (appendix N).	N 000		
N 188	POST INTERVENTION DEBRIEFINGS CFR(s): 483.370(a) Within 24 hours after the use of the restraint or seclusion, staff involved in an emergency safety intervention and the resident must have a face-to-face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to conduct face-to-face post intervention briefings within 24 hours after an emergency safety intervention. This affected 1 of 3 children	N 188		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L036	A. BUILDING _____ B. WING _____	C 12/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS CAMBRIDGE 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
N 188	Continued From page 1 (Child 2) in Complaint #131028-C. Findings include: Record review on 12/18/2025 revealed Child 2's Behavior Management Report, dated 10/17/2025, documented Staff A restrained Child 2 in a standing 1-arm Mandt restraint from 9:00 pm to 9:10 pm. after Child 2 struck them in the face with a closed fist. No post-emergency safety intervention debriefing with Child 2 was documented. Continued record review revealed the facility's Behavior Management Policy dated 3/28/2024, indicated debriefings would occur. When interviewed on 12/29/2025 at 3:15 pm, the Compliance Manager confirmed these findings.	N 188		
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 record review and interview, the facility failed to have an appropriate supervisory and	N 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16L036	A. BUILDING _____ B. WING _____	C 12/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS CAMBRIDGE 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
N 189	Continued From page 2 administrative staff along with all staff involved in the emergency safety intervention included in a debriefing session. This affected 1 of 3 children (Child 2) in Complaint #131028-C. Findings include: Record review on 12/18/2025 revealed Child 2's Behavior Management Report, dated 10/17/2025, documented Staff A restrained Child 2 in a standing 1-arm Mandt restraint from 9:00 pm to 9:10 pm. after Child 2 struck them in the face with a closed fist. The report indicated a staff debriefing was conducted; however, neither the date nor the time was documented. The debriefing did not include a supervisor or administrator. Additionally, there is no documentation available to confirm staff members were excused from attending the debriefing. Continued record review revealed the facility's Behavior Management Policy dated 3/28/2024, indicated debriefings would occur. When interviewed on 12/29/2025 at 3:15 pm the Compliance Manager confirmed these findings.	N 189		