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
	17PM046	A. BUILDING: _____ B. WING _____	12/18/2025

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 PMIC survey to determine compliance with Chapter 41 rules.	A 000	See attached. POC 12/19/25	
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 days of admission for 1 of 3 children (Child 1). Findings includes: Record review on 10/14/2025 revealed Child 1's individual plan of care indicated the facility admitted Child 1 on 7/18/2025. The facility implemented Child 1's plan of care on 8/5/2025, 18 days past the date of admission. When interviewed on 10/14/2025 at 12:25 pm the Care Manager confirmed these findings.	A 170		
A 215	41.11(3)a, b Individual Plan of Care 41.11(3) The plan of care shall be reviewed every 30 days by the team referred to in rule	A 215		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

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A 215	Continued From page 1 481-41.13(135H) to: a. Determine that services being provided are or were required on an inpatient basis; and b . Recommend changes in the plan as indicated by the recipient's overall adjustment as an inpatient. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to update the individual plan of care within 30 days for 1 of 3 children (Child 1). Findings include: Record review on 10/14/2025 revealed Child 1's indivdual plan of care indicated the facility completed the 2nd update of Child 1's plan of care on 10/12/2025, 38 days after the previous update on 9/4/2025. When interviewed on 10/14/2025 at 12:25 pm the Care Manager confirmed these findings.	A 215		

Re: Four Oaks PMIC (Mason City) Audit
Plan of Correction

12/19/2025

Kristina Dolson, Program Coordinator
Adult/Special Services Unit
Acute and Continuing Care Bureau

In accordance with your request for our statement of correction of deficiencies found during a recent PRTF facility audit in October 2025, outlined below is the 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 one client's Initial Service Plan/Treatment plan completed within the required 14 days, but rather 18 days. We have corrected our systems to ensure this deficiency does not occur going forward.

- Prior to the audit, in August 2025, we experienced a change in care management staff and we were transitioning a staff member from another residential program to a PMIC care management role. Through this transition and training process there was an oversight in some of the required due dates for clients who admitted in August 2025.
- Between August and current date, we have continued to train and support the new care manager as they have learned PMIC/PRTF compliance and documentation standards. This has been done through individual and group supervision, modeling and teaching, and providing examples of time management and compliance tracking systems used by other care managers. This has resulted in the new care manager developing adequate skills and systems to ensure their compliance with documentation standards.
- Following the audit, we reviewed all current clients and their admit dates to verify that treatment plans are completed within the 14 days.
- We have developed a manual tracking system through a shared spreadsheet that is completed on date of admit and calculates all due dates on their required timeframe. This is completed by care manager as part of their "day of admit" checklist, and utilized in weekly supervision to monitor for compliance.

- Additionally, we have enabled a feature on our EHR which provides automated "alerts" to the assigned Care Manager and Supervisor that outline what Initial Service Plans (as well as Progress Reports) are due in the upcoming 7 business days. This has helped ensure accurate tracking of days and reports in one system.
- We will continue to utilize a shared 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. This is used as a "check balance" in comparison to the EHR alerts.
- PMIC Care Management Director will continue to review both the EHR alerts and spreadsheet on a weekly basis with Care Managers during their scheduled supervision time to ensure Care Managers are getting ISPs completed on time, and/or identify barriers encountered and problem solve those barriers, before ISPs are late.

We aslo recognize that during the October audit, we were deficient with one client's Service Plan Review that is required to be completed within 30 days, but rather it was completed in 38 days. We have corrected the process in this area as well to ensure this deficiency does not occur going forward.

- As described above, the deficiency in this area also relates to novice skills and training of a staff member who was newly transitioned to a PMIC/PRTF care manager role just before the audit. Through this transition and training process there was an oversight in some of the required due dates for clients who were transitioned from the exiting care manager to the incoming care manager.
- Between August and current date, we have continued to train and support the new care manager as they have learned PMIC compliance and documentation standards. This has been done through individual and group supervision, modeling and teaching, and providing examples of time management and compliance tracking systems used by other care managers. This has resulted in the new care manager developing adequate skills and systems to ensure their compliance with documentation standards.
- We have also standardized our PMIC 30 Day Review Process which includes each client's 30 day review date added to the monthly clinical rotation schedule. We utilize this schedule in our weekly Clinical Review Meetings (Progress Management) in which is the venue for the multidisciplinary team to review the client's treatment/service plan, progress towards goals, therapeutic interventions, family engagement/visits, and permenancy plan to determine updates, new interventions needed, and/or how implementation of treatment plan is going.
- Following the clinical review meeting, care managers consult with other stakeholders, such as parent/guardian, other providers for their input at the client's monthly staffing. Care managers then utilize information from Clinical Review and Monthly Staffing and complete the required documentation of the PMIC 30 Day Review form within the 30 day requirement.
- Like Initial Service Plans, we have enabled a feature on our EHR which provides automated "alerts" to the assigned Care Manager and Supervisor that outline what PMIC 30 Day Reviews (as well as Progress Reports & ISPs) are due in the upcoming 7 business days.

- As noted above, we continue to utilize a shared spreadsheet in which admit dates are inputted, and auto-populated due dates at the 30 day mark are calculated which ensures we are attending to monthly due dates for Service Plan Reviews This is used as a "check balance" in comparison to the EHR alerts.
- PMIC Care Management Director will continue to review both the EHR alerts and spreadsheet on a weekly basis with Care Managers during their scheduled supervision time to ensure Care Managers are Service Plan Reviews completed on time, and/or identify barriers encountered and problem solve those barriers, before Service Plan Reviews are late.

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 and Service Plan Reviews completed with 30 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.

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 and Service Plan Review 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 are confident deficiencies have been resolved and prevention of future deficiencies to be ongoing effective immediately following the plan of correction outlined.

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
Four Oaks Education Director
& PMIC Care Management
misenberg@fouroaks.org
O: 319-784-2163
C:319-269-3817

Mary Chval
Four Oaks Compliance Manager
mchval@fouroaks.org
O: 319-784-2041