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 _____	06/12/2025

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 The following deficiencies were cited during the survey conducted to determine the compliance with Federal PRTF certification rules for Psychiatric Residential Treatment Facilities (appendix N).	N 000		
N 178	NOTIFICATION OF PARENT(S) OR LEGAL GUARDIAN CFR(s): 483.366 If the resident is a minor as defined in this subpart: 483.366(a) The facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention. This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to ensure parents or guardians were notified as soon as possible following the initiation of each emergency safety intervention (ESI). This affected in 3 of 5 sample children (Child 1, Child 2 and Child 3). Findings follow: Interview with the Quality Department Manager and Program Director along with the review of the Behavior Management reports and staff training records on 6/10/2025 and 6/11/2025 revealed the following: 1. Child 1 was restrained on 6/8/2025 from 7:44 am to 8:05 am. Review of the Behavior Management report indicated the child's parent/guardian was contacted via email on 6/10/2025 at 3:11 pm.	N 178		

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N 178	Continued From page 1 2. Child 2 was restrained on 4/11/2025 from 5:40 pm to 5:49 pm. Review of the Behavior Management report indicated the child's parent/guardian was contacted, via a weekly summary, on 4/14/2025 at 2:28 pm. 3. Child 3 was restrained on 1/20/2025 from 10:51 am to 10:57 am. Review of the Behavior Management report indicated the child's parent/guardian was contacted via a staffing meeting on 2/3/2025 at 12:00 pm. Additional record review revealed the facility's Behavioral Management Policy, dated 3/28/24, directed the facility provided appropriate notifications regarding ESI within 24 hours of the intervention. When interviewed on 6/11/2025 at 9:58 am, the Quality Department Manager confirmed these findings.	N 178		
N 221	EDUCATION AND TRAINING CFR(s): 483.376(e) Staff must be trained and demonstrate competency before participating in an emergency safety intervention. This ELEMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure facility staff were certified in the safe use of restraint techniques under Therapeutic Crisis Intervention (TCI) or MANDT Systems (MANDT) prior to participating in emergency safety interventions. This affected 1 of 18 staff reviewed (Staff A). Finding follows:	N 221		

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N 221	Continued From page 2 Interview with the Quality Department Manager and Program Director along with the review of the Behavior Management reports and staff training records on 6/10/2025 and 6/11/2025 revealed the following: Record review on 6/10/2025 revealed Child 4's restraint documentation dated 4/7/2025, indicated Staff A participated in the physical restraint. Staff A's training records documented she was last certified in TCI on 6/12/2017. Staff A completed MANDT certification training on 4/8/2025. Training records failed to reveal documentation of current certification in TCI or MANDT when she participated in Child 4's restraint on 4/7/2025. The facility's Behavior Management policy dated 3/28/2024 directed staff participated in behavior management program training within 60 days of hire and annual recertification. The facility policy further directed staff completed bi-annual competency practice and testing. When interviewed on 6/11/2025 at 1:20 pm, the Quality Department Manager confirmed these findings.	N 221		
N 222	EDUCATION AND TRAINING CFR(s): 483.376(f) Staff must demonstrate their competencies as specified in paragraph (a) of this section on a semiannual basis and their competencies as specified in paragraph (b) of this section on an annual basis. This ELEMENT is not met as evidenced by:	N 222		

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N 222	Continued From page 3	N 222		

Based on interview and record review the facility failed to ensure staff demonstrated competencies in the safe use of restraint techniques under Therapeutic Crisis Intervention (TCI) or MANDT Systems (MANDT) on a semiannual basis for 2 of 18 staff (Staff B, Staff C) and failed to ensure staff demonstrated competencies in the use of cardiopulmonary resuscitation (CPR) on an annual basis for 2 of 18 staff reviewed who participated in emergency safety interventions (Staff D, Staff E). Findings include:

Interview with the Quality Department Manager and Program Director along with the review of the Behavior Management reports and staff training records on 6/10/2025 and 6/11/2025 revealed the following:

1. Child 5's physical restraint documentation dated 5/4/2025, indicated Staff B participated in the physical restraint.

Staff B's training records documented she completed TCI certification training on 8/26/2024. Additional TCI training documents could not be provided. Semiannual TCI competency training could not be located.

2. Child 5's physical restraint documentation dated 2/4/2025, indicated Staff C participated in the physical restraint.

Staff C's training records indicated she completed TCI certification training on 6/12/2024. No further TCI training documents could be provided. Semiannual TCI competency training could not be located.

The facility's Behavior Management policy dated

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N 222	Continued From page 4 3/28/2024 directed staff participated in behavior management program training within 60 days of hire and annual recertification. The facility policy further directed staff completed bi-annual competency practice and testing. 3. Child 3's physical restraint documentation dated 8/2/2024 indicated Staff D participated in the physical restraint. Child 4's restraint documentation dated 10/3/2024 indicated Staff D participated in the physical restraint. Staff D's training records documented she completed CPR certification on 1/25/2023. Additional CPR training documents could not be provided. Staff D's annual CPR competency/certification training could not be located. 4. Child 2's restraint documenting dated 4/11/2025 indicated Staff E participated in the physical restraint. Staff E's training records documented she completed CPR certification on 2/14/2024. CPR training documents prior to 4/11/2025 could not be located. When interviewed on 6/11/2025 at 1:20 pm, the Quality Department Manager confirmed these findings.	N 222		

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E 000	Initial Comments No deficiencies were cited during the survey conducted to determine compliance with federal PRTF certification rules for the Emergency Preparedness regulations (appendix Z).	E 000		

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