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
	17PM047	A. BUILDING: _____ B. WING _____	C 01/15/2026

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

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A 000	Initial Comments PMIC complaint investigations #130758-C and #131054-C, conducted from 12/22/2025 to 1/15/2026, resulted in a deficiency cited at A170.	A 000	See Attached POC 3/20/26	
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 observation, interview, and record review, the facility failed to provide supports identified in the individual plan of care. This affected 1 of 3 children (Child 1) in investigation #130758-C and #131054-C. Findings include: Observations on 12/22/2025 at 3:15 p.m. revealed Child 1 sat at a table completing school work without a staff member within three arm's length proximity. All staff members in the unit were gathered at the staff desk approximately 15 feet from Child 1. At 4:10 p.m., Child 1 walked to the kitchen unaccompanied by a staff member. Record Review on 12/22/25 revealed Child 1's incident forms, dated from 10/7/25 to 12/22/25, documented 39 actual or attempted elopements.	A 170		

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A 170	Continued From page 1 The following reports documented facility failure to provide 1:1 supervision as directed: a. On 10/24/2025 at 5:00 p.m., a staff member took Child 1 and another child to the adjacent administrative building. Child 1 eloped and returned to the unit on 10/25/25 at 1:00 a.m. b. On 10/29/2025 at 5:00 a.m., Child 1 eloped. A single staff was assigned the overnight shift and was not able to provide Child 1 1:1 supervision. Child 1 returned to the unit at approximately 3:00 p.m. c. On 11/2/2025 at 9:00 a.m., Child 1 eloped when a staff member entered the restroom. The police returned Child 1 to the unit at approximately 1:00 p.m. d. On 11/4/2025 at 4:50 p.m., Child 1 eloped. It was documented 1 staff member was alone in the Cambridge Unit and was dealing with another peer's behavior issues. Child 1 remained on campus and returned to the unit with a staff member at 5:10 p.m. e. On 11/17/2025 at 1:00 a.m., Child 1 eloped. A single staff member was assigned on the overnight shift. Child 1 returned to the unit at approximately 5:39 a.m. f. On 11/22/2025 at 1:25 a.m., Child 1 attempted to elope from the Cambridge Unit. A single staff was assigned the overnight shift. g. On 12/8/2025 at 5:35 p.m., Child 1 eloped from the Cambridge Unit with a peer when all staff were gathered at the staff desk, completing paperwork. Child 1 returned on their own at approximately 7:20 p.m. h. On 12/10/2025 at 4:30 p.m., Child 1 eloped when a staff member went into the unit kitchen to hand off keys to another staff member. Child 1 returned to the unit with staff at approximately 5:15 p.m. i. On 12/12/2025 at 5:00 p.m., Child 1's 1:1 staff	A 170		

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A 170	Continued From page 2	A 170		

member went to the adjacent Dover Unit to assist with a crisis. Child 1 returned on their own at approximately 9:00 p.m.
j. On 12/13/2025 at 9:10 a.m., Child 1 eloped from the Cambridge Unit when staff members were documented as distracted by other children. Child 1 returned on their own at approximately 12:35 p.m.

Continued review of Child 1's incident forms revealed the following occurrences of staff failure to provide identified preventative supports, resulting in elopement:

a. On 10/7/2025 at 4:36 p.m., Child 1 was non-compliant, refused to do roomtime, and had poor physical boundaries with peers, which required several redirections to correct. A staff member offered to take Child 1 outside, and she eloped from campus. The police returned Child 1 at approximately 6:45 p.m.
b. On 10/28/2025 at 7:27 p.m., Child had a problem with a peer and made threats toward the peer. Child 1 eloped from the Cambridge Unit and a staff member returned Child 1 to the unit at approximately 9:43 p.m.
c. On 10/25/2025 at 5:00 p.m., Child 1 eloped from the unit with two peers. Two staff members worked the unit, and both failed to attempt to physically stop Child 1.
d. On 11/1/2025 at 5:30 p.m., Child 1 was outside with a staff member and met up with a peer returning from a home visit. Staff failed to attempt to physically stop Child 1 from the elopement
e. On 10/26/2025 at 10:00 am, Child 1's 1:1 staff took Child 1 outside. Child 1 eloped the previous day.

Record Review on 12/22/2025 revealed Child 1's Single Case Agreement (SCA) plan indicated,

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A 170	Continued From page 3 Child 1 would have an identified staff for each shift. This staff should be in proximity to Child 1 at all times (within 3 feet). If Child 1 was not in her room, she would remain hand-in-hand with her 1:1 staff. Preventative procedures included staff separating Child 1 from her peers when they engaged in unsafe or unkind behavior. The plan further directed staff to attempt to physically stop Child 1 from elopement. Additionally, the plan included restricted outside time the following day after and elopement was restricted When interviewed on 12/30/2025 at 2:30 p.m., Staff A explained they did not know what a Single Case Agreement was. Staff A stated they sat at a table outside of Child 1's room when Child 1 was served their meal after she returned from an elopement, but could not state with certainty they had been assigned as Child 1's 1:1 staff member. When interviewed on 12/30/2025 at 2:50 p.m., Staff B identified the need to keep Child 1 within eyesight and arm's length at all times. Staff B reported there were normally three staff scheduled in the Cambridge Unit, but this was difficult to do with only two staff members. Staff B stated staff members were directed to make Child 1 a priority and attempt to stop her if she attempted to elope. Staff B added Child 1 had been allowed to have reduced levels of supervision and participate in more aspects of programming if she demonstrated a period of safe behavior, but felt this was applied inconsistently. When interviewed 12/30/2025 at 3:05 p.m., Staff C explained they were aware Child 1 was made a priority if she attempted to elope. Staff members should physically block exits to the unit and utilize Mandt restraint if necessary to prevent	A 170		

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A 170	Continued From page 4 Child 1 from getting outside. Staff C stated Child 1 should be programmed to her room following an elopement with a staff member seated outside of her door to provide 1:1 supervision. Staff C confirmed Child 1 had been allowed to have reduced levels of supervision after two or three days of safe behavior, but was not sure of the exact time required. When Interviewed on 12/31/2025 at 9:30 a.m., Shift Leader D explained staff members were expected to keep Child 1 within eyesight and arm's length at all times, and Child 1 was programmed from her room if she recently eloped. Shift leader D added staff members were expected to stop Child 1 if she attempted to elope. Shift Leader D stated they did not feel Child 1's SCA plan had been consistently followed. When interviewed on 12/31/2025 at 10:27 a.m., Staff E explained they were aware staff should provide Child 1 1:1 supervision and staff were expected to stop her if she attempted to elope. Staff E shared this was not always easily accomplished when most shifts were covered with only two staff members, which left the second staff member to meet all of the needs for the other 5 children in the unit. Staff E stated Child 1 had been allowed to earn a reduced level of supervision through demonstrating safe behaviors. Staff E was not aware of the exact amount of time needed to earn reduced supervision levels. When interviewed on 12/31/2025 at 10:52 a.m., Shift Leader F stated staff members were expected to keep Child 1 in eyesight at all times and were expected to check the restrooms for potential self-harm items before Child 1 entered.	A 170		

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A 170	Continued From page 5	A 170		

Shift Leader F added staff members were expected to stop Child 1 if she attempted to elope. Upon return from elopement staff were to position themselves outside of her door providing 1:1 supervision. Shift Leader F shared her understanding of Child 1's SCA plan allowed her to earn reduced supervision after 2 or 3 days of demonstrating safe behavior, but they did not feel this portion of Child 1's SCA plan had been followed consistently.

When interviewed on 1/6/2026 at 11:56 a.m., Child 1's therapist explained they felt Child 1 was allowed to earn reduced levels of supervision through two or three days of demonstrated safe behavior. The therapist stated Child 1 would first be allowed to join peers for group activities or meals and would be expected to return to her room for 1:1 supervision. The therapist shared within a week of safe behavior being demonstrated, Child 1 could earn the right to be out of her room full-time, but did not feel like these guidelines had been consistently followed.

When interviewed on 1/6/2026 at 12:50 p.m., Care Manager G shared they had little experience in formulating an SCA plan. Care Manager G stated their understanding of Child 1's SCA plan allowed Child 1 to earn reduced supervision after three or four days of safe behavior being demonstrated. Care Manager G could not identify if these provisions were in writing for staff members to consult.

When interviewed on 12/30/25 at 1:50 p.m., the Program Director explained Child 1 had been allowed to earn reduced levels of supervision if she had demonstrated a period of positive behavior. It was also revealed a staff member was not required to sit directly outside of Child 1's

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A 170	Continued From page 6 room if she had demonstrated a period of positive behavior. When interviewed on 1/7/2026 at 10:27 a.m., Care Manager H stated they worked with the Program Director to formulate Child 1's SCA plan, and there were no written provisions for Child 1 to earn reduced levels of supervision in the current SCA plan.	A 170		

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

2/23/2026

Dear Ms. Campbell,

In accordance with your request for our statement of correction of deficiencies found during a recent PMIC (Cambridge) facility audit conducted December 2025-January 2026, 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 of three client's Individual Care Plans in which their care plans where there was not evidence of an Active Treatment Plan within 14 days of admit. Further, evidence was found that a client's Individualized Service Plan relating to their single case agreement was implemented inconsistently and did not meet licensure standards. We have worked diligently to improve our protocols and training procedures to ensure this deficiency has been addressed and will not occur going forward.

<u>Active Care Plan Implementation Corrections that have been already been addressed –</u>

- **Development of Initial Service Plan within 14 days of admission** – The care team has corrected the issue of timliness, specifically ensuring that each client has an active care plan developed within the first 14 days of PMIC placement. This was corrected through targeted training of care managers who are responsible for writing the intial care plan.

- **Frequent Review & Revision of Individualized Service Plans & Behavior Management Plans –** The multidisciplinary care team has created a process that ensures each client's Behavior Management and Initial Service Plans are reviewed and updated at least every 30 days, OR more frequently when a client is exhibiting high-risk behaviors (elopements/AWOLs, frequent restraints or seclusions, etc). While the multidisciplinary team will review client plans in the weekly clinical care team review, ultimately, the care manager is responsible for ensuring revisions to the plan are completed and uploaded into the client's file.

- **Agency Run Protocol & Run Screener –** Whenever a client goes AWOL from the PMIC facility and property, a PMIC care team member will complete the Run

Screener with the client upon their return to the facility. An initial resolution to the critical incident will be included on this report after consultation with nursing and program leadership. The runaway screener is then sent to the multidisciplinary team for review in the weekly clinical consultation (Progress Management) meeting. The care manager will ensure any changes to the client's plan are reflected and uploaded into the client's file, and communicated with guardian and/or other external members of the care team.

- **Weekly Clinical Consultation/Progress Management Review of Behavior Management & Initial Service Plans & Single Case Agreement Plans –** The multidisciplinary team meets each week and reviews all clients who are having critical incidents and/or behavior management concerns. The team reviews the possible antecedents to the critical incidents, reviews the immediate intervention utilized, and determines what changes are needed to the individual care plan to reduce/prevent future critical incidents. At times, the team determines the client will need support of a Single Case Agreement Plan, and creates the SCA plan and seeks authorization of the SCA. The changes determined via this discussion will be outlined in the PMIC 30 day Review Report, Behavior Management Plan,the client's Initial Service Plan, and as needed, a Single Case Agreement Plan.

- **Single Case Agreement Protocols** – Prior to the audit, our team recognized that our SCA protocols and practices would benefit from being updated and standardized across sites. The process of updating these practices and ensuring our EHR could sufficiently support the implementation has been underway since July 2025. We have since finalized SCA protocols and aligned them with EHR functionality. The training roll out of SCA protocols is scheduled to occur the first quarter of 2026 and preliminary steps have already begun.

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 ensure we continuously meet the PMIC standard of maintaining Active Treatment Plans via review and revisions at least every 30 days, or more frequently as needed based on critical incidents;

- A member of program leadership will ensure that all mileu staff are properly trained in the Agency Run Protocol and Run Screener Procedures. Program leadership/administration will facilitate quarterly training "refreshers" with all mileu staff that focus on our SCA, LOP, and Runaway Screenings.
- A member of program leadership will ensure that all mileu staff are properly trained on how to effectively complete the documentation for critical incidents, behavior managements, complete runaway screening, and provide notification to guardians and clinical care team.
- The Care Management Director will be responsible for ensuring that Individual Care Plans, Behavior Management Plans, and as applicable, Single Case Agreement plans

are reviewed in clinicial consultation on a weekly basis, and that Care Managers effectively revise these plans within the client's file.

- The Care Manager will be responsible for ensuring that feedback from guardians and members of the external care team are integrated with the interdisciplinary team feedback, making proper revisions to the behavior management, SCA plans, and ISPs are completed and uploaded to our EHR.
- A member of program leadership will ensure that all mileu staff are provided the updated Individual Plan of Care, Behavior Management Plan, and SCA plan as applicable, so that they have necessary information to implement changes to the client plans.
- Program leadership (or their designee) will be responsible for monitoring critical incident reports, notifications, runaway screenings, and subsquent revisions to individualized care plans to ensure that all required reporting and documentation of critical incidents are completed and entered in the clients file.
- Program leadership will be responsible for the daily oversight and implementation of single case agreement plans which will include ensuring staff members are trained properly in each client's SCA plan and ensuring that a designated SCA staff is assigned during the client's non-school, waking hours.

A relealistic date of correction by month, date, and year.

Our team has already implemented the the majority of the corrective action steps outlined, with the exception of a targeted, rigorous training process for updated Single Case Agreement Protocols. This training will be conducted with all direct care mileu staff and clinical team members no later than March 20, 2026

Additionally, we are already in the process of refreshing staff members training and understanding of process and expectations of critical incident response, notification, documentation, and plan changes. Our team has incorporated a rotation of refresher trainings conducted in monthly team meetings to accomplish this. We are confident that with the updated protocols and targeted training, as well as frequent refresher trainings for all staff, and systemized process for revising active care plan interventions will not only resolve the current the deficiencies but will also prevent a reoccurrance of such deficiencies.

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,

Mary Chval
Compliance Manager
Four Oaks
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