PRINTED: 04/03/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X	(X3) DATE SURVEY COMPLETED	
		B WING			С		
		524041	B. WING _			12/20/2017	
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK BEHAVIORAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1351 ONTARIO RD GREEN BAY, WI 54311			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 000	INITIAL COMMENTS	3	A 0	00			
	was conducted at Wi	-site Complaint investigation llow Creek Behavioral Health m 12/18/2017-12/20/2017 for 424.					
	in substantial complia Conditions of Particip 482. Citations are iss below. Complaint #V	oral Health was found to be ance with Medicare pation for Hospitals, 42 CFR sued at a standard level or WI00031424 is substantiated, are not related to the					
A 396	NURSING CARE PLA CFR(s): 482.23(b)(4)		A 3	96			
	develops, and keeps	sure that the nursing staff current, a nursing care plan nursing care plan may be inary care plan					
	Based on record rev this facility failed to detreatment plans related patients identified to l #4, 7, and 9), and fail wound management	not met as evidenced by: iew and interview, staff at evelop and/or update patient ed to falls in 3 out of 9 be at risk for falls (Patient led to develop a goal for in 1 of 1 patients identified to g wound on admission					
	Findings include:						
	#1000.51, dated 10/0 12/18/2017 at 12:59 indicate that patient's	cled, "Fall Risk Precautions," 11/2016, was reviewed on PM. The policy does not at risk for falls should have and interventions added to					
_ABORATORY	 DIRECTOR'S OR PROVIDER/:	SUPPLIER REPRESENTATIVE'S SIGNATUR	 RE	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.

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NAME OF PROVIDER OR SUPPLIER WILLOW CREEK BEHAVIORAL HEALTH				135	REET ADDRESS, CITY, STATE, ZIP CODE 1 ONTARIO RD EEN BAY, WI 54311	<u> 121</u>	20/2017	
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A 396	their treatment plan. of Nursing A on 12/18 treatment plans and find patients identified to a for falls should have a treatment plan for the treatment plan for the The facility's policy tit Inpatient," #1200.9, or reviewed on 12/19/2 revealed in part, "Eac psychiatric unit shall be treatment plan which clinical assessments. process is continuous admission and continual falls: Patient #9's closed mon 12/18/2017 at 3:23 Director of Nursing A findings at the time of #9 was admitted on 1 have a high risk for fall falls problem identified plan. Per interview wat 3:23 PM, Director of falls problem identified Patient #4's closed mon 12/19/2017 at 8:03 Director of Nursing A findings at the time of #4 was admitted on 1 #4 was admitted on 1	Per interview with Director 8/2017 2:54 PM regarding falls, Director A stated that have a moderate to high risk a problem opened up in their em. led, "Treatment Plan Acute lated 10/1/2016, was 017 at 3:00 PM. The policy ch patient admitted to the have an individualized is based on interdisciplinaryThe treatment planning is, beginning at the time of uing through discharge." ledical record was reviewed 3 PM accompanied by who confirmed the following if the record review: Patient 0/8/2017 and assessed to alls score of 26 on no falls problem, goal or d in Patient #9's treatment with Director A on 12/18/2017 A stated, "No, there is no d." ledical record was reviewed 2 AM accompanied by who confirmed the following if the record review: Patient 1/14/2017 and was	A:	396				
	on admission. A falls	igh risk for falls score of 24 problem, goals and entified on the treatment						

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		524041	B. WING			C 12/20/2017	
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK BEHAVIORAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CC 1351 ONTARIO RD GREEN BAY, WI 54311	•	2/20/2017	
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A 396	11/15/2017 at 6:10 P and 11/23/2017 at 6:10 P and 11/23/2017 at 6:10 updates to the treatment falls to attempt to imprinterview with Director AM regarding Patient Director A stated, "W interventions we have stated that 1:1 observes reserved for behavior for falls. Patient #7's closed mon 12/19/2017 at 10: Director of Nursing A findings at the time of #7 was admitted on have a falls risk scorrisk). Patient #7's treproblem identified with however there were in Patient #7 had a fall oplan was unchanged A on 12/19/2017 at 1 was looking through there were goals and there are not." Review on 11/14/2017 after Frisk manager identified treatment plan in place. Wound: Patient #5's closed mon 12/19/2017 at 9:0 Director of Nursing A findings at the time of	and was updated on M. Patient #4 had a fall on M, 11/23/2017 at 12:30 PM 55 PM. There were no ment plan after any of these prove patient safety. Per or A on 12/19/2017 at 8:45 at #4's interventions for falls, we were continuing to use the en available to us." Director A vation status is primarily ral concerns, and not used medical record was reviewed 12 AM accompanied by who confirmed the following of the record review: Patient 11/7/2017 and assessed to the of 13 (low side of high ment plan has a falls the a start date of 11/7/2017, the goals or intervention. The interview with Director 0:20 AM, Director A stated, "I the care plan last night and the interventions there, but now the wof the incident report filed that there was no falls	A 3	96			

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A 396	skin assessment on a Patient #5 had a sma left leg that was leaki also had non-pitting (inflammation) to both are no goals or interv	e 3 admission revealed that all skin tear on the anterior and clear fluid. Patient #5 adema and cellulitis (tissue lower extremities. There rentions related to Patient on the treatment plan.	A 3				