Wisconsin Department of Health Services

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					c	
		322	B. WING		12/20/2017	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	re. ZIP CODE		
			TARIO RD	,:		
WILLOW	CREEK BEHAVIORAL HE	ALTH	BAY, WI 54311			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
				DEFICIENCY)		
Z 001	Initial Comments		Z 001			
	was conducted at Wil	site Complaint investigation low Creek Behavioral Health n 12/18/2017-12/20/2017 for 24.				
		oral Health was found to be in WI Administrative Code for 50.				
Z 005	50.065(2)(b)intro ENT CHECK REQUIREME		Z 005			
	respect to a caregiver 1. A criminal history s maintained by the dep 2. Information that is of under s. 146.40(4g) reagainst the person. 3. Information maintain safety and profession status of the person's 4. Information maintain regarding any final dep 48.981(3)(c)5m. or, if held on such a determination or such a determination of the person of a license, capproval or registration in the person of a license, capproval or registration registration to operate specified in sub. (4m) any denial to the person of a with or permit	earch from the records coartment of justice. Contained in the registry egarding any findings and the department of all services regarding the credentials, if applicable, and by the department etermination under s. a contested case hearing is mination, any final decision 5p. that the person has a child. Indeed by the department earding any denial to the ertification, certificate of on or of a continuation of a certificate of approval or ean entity for a reason (a)1. to 5. and regarding on of employment at, a ssion to reside at an entity in sub. (4m)(b)1. to 5. If the				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		322	B. WING		12/2	, 0/2017
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILLOW	CREEK BEHAVIORAL HE	EALTH 1351 ONTA GREEN BA	RIO RD Y, WI 54311			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
Z 005	Continued From page	<del>:</del> 1	Z 005			
Z 005	indicates that the persicense, certification, or registration, continual certification, certification, certification, certification, certification, certification, certification as described in this sunction obtain the information of the second reviet facility failed to ensure background checks in (BID-Background Disof Justice, and IBIS-In Information System) wemployee, who will provide facility failed to ensure background checks in (BID-Background Disof Justice, and IBIS-In Information System) wemployee, who will provide for 5 of 5 personned for 5 of 5 personned for 5 of 5 personned file background for 12/19/2017 between with Director of Human contracts with a components with a components listed as descriptor indicating in Federal Criminal History Wisconsin (7 years); Wisconsin; National Filest States of the second for	son has been denied a certificate of approval or tion of a license, e of approval or registration, ent or permission to reside abdivision, the entity need ation specified in subds. 1. to as evidenced by: ew and interview, staff at this e that all requirements for a the State of Wisconsin closure), DOJ-Department integrated Background were completed for every rovide patient care, upon nel files reviewed (Staff C, on Resources H. The facility pany in Colorado.  In the files for Registered in the files for Registered in the following checked with a status of there were any issues: 1. The facility in EASTERN district 2. Motor Vehicle Report in Records Search; OIG [office	2 005			
	Criminal History in Wi	arties Search; Statewide isconsin (7 years); National y; SSN [social security				

Wisconsin Department of Health Services

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1331 ONTARIO RD GREN BAY, WI 54311  SUMMARY STATEMENT OF DEPICIENCES  (PACH DEFICIENCY MUST BE PRECEDED BY PILL  RECOLATIONY OR LSC IDENTIFYING NPORMATION)  Z 005  Continued From page 2  There is no DOJ or IBIS letter for any of these Registered Nurses.  Per interview with Director H on 12/19/2017 at 2:20 PM, regarding completion of background checks according to the State of Wisconsin guidelines for caregivers, Director H stated, "This is what they send us and told us it was completed by Doctor G's employer out of Austin Texas (Doctor G is a locum tenens physician (temporary) who is contracted with the facility to provide psychiatric patient care).  Per interview with Director H on 12/19/2017 at 2:30 PM, Director H stated, "Toctor G's] employer runs the background check reports and then sends them to the facility."  There is a paragraph for a background check that was conducted in the State of Georgia for Doctor G as the background check.  There is no BID, DOJ letter, or IBIS letter complete for the State of Wisconsin.  These findings were discussed with, and confirmed per interview, by Human Resource Director H on 12/19/2017 at 2:35 PM.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  WILLOW CREEK BEHAVIORAL HEALTH  STREET ADDRESS, CITY, STATE, 2IP CODE  351 ONTARIO RD  GREEN BAY, WI 54311   (IXA) ID  (IXA) ID  (IRA) BENIMARY STATEMENT OF DEFICIENCIES  (IRACH DEFICIENCY) MIST SEE PRECEDED BY PILL  (IRACH DEFICIENCY MIST SEE PRECEDED BY PILL  (IRACH DEFICIENCY MIST SEE PRECEDED BY PILL  (IRACH DEFICIENCY MIST SEE PRECEDED BY PILL  (IRACH DEFICIENCY)  TAG  PROVIDERS PLAN OF CORRECTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  Z 005  Continued From page 2  There is no DOJ or IBIS letter for any of these  Registered Nurses.  Per interview with Director H on 12/19/2017 at  2:20 PM, regarding completion of background  checks according to the State of Wisconsin  guidelines for caregivers, Director H stated, "This  is what they send us and told us it was  completed by Doctor G's employer out of Austin  Texas (Doctor G is a locum tennes physician  [temporary] who is contracted with the facility to  provide psychiatric patient care).  Per interview with Director H on 12/19/2017 at  2:30 PM, Director H stated, "[Doctor G's]  employer runs the background check reports and  then sends them to the facility."  There is a paragraph for a background check that  was conducted in the State of Georgia for Doctor  G as the background check.  There is no BID, DOJ letter, or IBIS letter  completed for the State of Wisconsin.  These findings were discussed with, and  confirmed per interview, by Human Resource				A. BOILDING.			
WILLOW CREEK BEHAVIORAL HEALTH  (SUMMARY STATEMENT OF DEFICIENCIES  (RACH) DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Z 005  Continued From page 2  There is no DOJ or IBIS letter for any of these Registered Nurses.  Per interview with Director H on 12/19/2017 at 2:20 PM, regarding completion of background checks according to the State of Wisconsin guidelines for caregivers, Director H stated, "This is what they send us and told us it was compleated by Doctor G's employer out of Austin Texas (Doctor G is a locum tenens physician [temporary] who is contracted with the facility to provide psychiatric patient care).  Per interview with Director H on 12/19/2017 at 2:30 PM, Director H stated, "Those is a paragraph for a background check revealed that it was compleated by Doctor G's employer out of Austin Texas (Doctor G is a locum tenens physician [temporary] who is contracted with the facility to provide psychiatric patient care).  Per interview with Director H on 12/19/2017 at 2:30 PM, Director H stated, "[Doctor G's] employer runs the background check reports and then sends them to the facility."  There is a paragraph for a background check that was conducted in the State of Georgia for Doctor G as the background check.  There is no BID, DOJ letter, or IBIS letter completed for the State of Wisconsin.  These findings were discussed with, and confirmed per interview, by Human Resource			322	B. WING			
CALL   DEFICIENCY   DEFICIENCY   DEFICIENCE   PROVIDER'S PLAN OF CORRECTION   CALL   COMPILITE   CALL   DEFICIENCY MUST BE PRECEDED BY PULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPILITE DATE    Z 005   Continued From page 2   Z 005    There is no DOJ or IBIS letter for any of these Registered Nurses.  Per interview with Director H on 12/19/2017 at 2:20 PM, regarding completion of background checks according to the State of Wisconsin guidelines for caregivers, Director H stated, "This is what they send us and told us it was completed by Doctor G's employer out of Austin Texas (Doctor G's employer out of Austin Texas (Doctor G's employer out with the facility to provide psychiatric patient care).  Per interview with Director H on 12/19/2017 at 2:30 PM, Director H stated, "[Doctor G's] employer runs the background check reports and then sends them to the facility."  There is a paragraph for a background check that was conducted in the State of Georgia for Doctor G as the background check.  There is no BID, DOJ letter, or IBIS letter completed for the State of Wisconsin.  These findings were discussed with, and confirmed per interview, by Human Resource	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG    EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   ROSS-REFERENCED TO THE APPROPRIATE DATE	WILLOW	CREEK BEHAVIORAL HE	<b>ΕΔΙΤΗ</b>				
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	Z 005	There is no DOJ or IE Registered Nurses.  Per interview with Dir. 2:20 PM, regarding or checks according to the guidelines for caregivities what they send us a compliant."  Doctor G's background completed by Doctor Texas (Doctor G is a light [temporary] who is comprovide psychiatric parallel paralle	ector H on 12/19/2017 at completion of background the State of Wisconsin vers, Director H stated, "This and told us it was and check revealed that it was G's employer out of Austin locum tenens physician contracted with the facility to atient care).  The ector H on 12/19/2017 at stated, "[Doctor G's] ckground check reports and the facility."  For a background check that the State of Georgia for Doctor check.  I letter, or IBIS letter atte of Wisconsin.  I discussed with, and the ew, by Human Resource	Z 005			