

PLAN OF CORRECTION

Name - Provider/Supplier:	
SBH Green Bay, LLC DBA Willow Creek Behav Hlth	
Street Address/City/Zip Code:	
1351 Ontario Rd, Green Bay, WI 54311	
License/Certification/ID Number (X1):	3168
Survey Date (X3):	01/15/2020
Survey Event ID Number:	ZUZ011

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
X294	<ol style="list-style-type: none"> Due to the length of time from survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures will be put into place: Willow Creek Behavioral Health Suspended adolescent day treatment intensive hospital-based program as of October 31, 2020. Prior to resuming services, the Program Director will be responsible for ensure all corrections to the program are made. All screening summaries will be completed by a mental health professional as it is stated in DHS 40.03(28). Willow Creek Behavioral Health is currently recruiting for a clinical coordinator that fulfills the regulatory and licensure requirements as defined in 40.09(3)(a). The clinical coordinator as defined in 40.09(3)(a) will oversee the mental health staff professional completing the screening summary to ensure their qualifications meet all requirements. To ensure the deficiency does not recur: <ol style="list-style-type: none"> The Program Director will be responsible for the recruitment of all program staff necessary to resume operation are hired prior to re-initiating services. The Program Director will recruit additional per diem and part time staff as needed to ensure services are able to operate under compliance at all times. The CEO will obtain contracts with staffing agencies for temporary mental health professionals who meet the qualification requirements of chapter 40 as additional service support if indicated. The clinical coordinator will ensure all staff members providing mental health services have the qualifications required for their roles in the program and comply with all requirements. Monitoring of compliance will be completed via record audits and reported monthly to the hospital Quality Committee. Prior to resuming the program, the Director of Clinical Services; in conjunction with the Director of Quality, Risk and Compliance and the Information Technology software team; will modify documentation within the electronic medical record for the adolescent day treatment intensive hospital-based program to develop modifications to the electronic medical record that will consolidate screening summary requirements to a single document. The summary will include: 	<p>Prior to resuming adolescent day treatment intensive hospital-based services. Willow Creek will notify DHS prior to resuming program.</p>

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	<ol style="list-style-type: none"> a. The names of individuals involved in the referral for admission, those contacted during the screening process, and the dates of meetings or other contacts with those individuals. b. A summary of reviewed materials deemed to be valid, reliable, and reflect the current functioning of the youth during the screening process. c. A summary of the reasons for admission or denial d. A diagnostic summary and a summary of medications, dosages, and dates. e. A profile of the needs and strengths of the youth. f. A summary of the services which will be offered while the assessment and treatment plan are prepared and setting the date on which the youth may begin attending the program. g. A description of educational and community resources available. h. A summary of other less restrictive services to day treatment in which the youth is dually involved and the reason for continued dual enrollment. i. An initial discharge plan with measurable criteria for determining how the youth's needs may be met by less restrictive services following discharge. <ol style="list-style-type: none"> 8) The CEO will be responsible for approval of the screening summary template prior to implementation. 9) The electronic medical record will mandate the required documentation fields to populate the screening summary. 10) The Program Director and Clinical Coordinator will be responsible for reviewing the screening summary of all potential admissions to the program, prior to admission to ensure all components are complete for documentation requirements by appropriately qualified treatment professionals. The Program Director and Clinical Coordinator will approve all admissions prior to initiation of services for the individual. 	
X305	<ol style="list-style-type: none"> 1) Due to the length of time from survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures will be put into place: 2) Willow Creek Behavioral Health Suspended adolescent day treatment intensive hospital-based program as of October 31, 2020. 3) Willow Creek Behavioral Health is currently recruiting for a clinical coordinator that fulfills the regulatory and licensure requirements as defined in 40.09(3)(a). 4) To ensure the deficiency does not recur: 	<p>Prior to resuming adolescent day treatment intensive hospital-based services. Willow Creek will notify DHS</p>

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	<p>a. The Program Director will be responsible for the recruitment of all program staff necessary to resume operation are hired prior to re-initiating services.</p> <p>b. The Program Director will ensure that, prior to re-instatement of the service, a clinical coordinator meeting the requirements of 40.09(3)(a) is employed full-time (40 hours per week) by the facility. The Program Director, prior to re-instatement of the service, will identify a treatment professional qualified under 40.09(3)(a-e) to whom authority may be delegated in the absence of the clinical coordinator.</p> <p>i. The Program Director is responsible for ensuring the clinical coordinator maintains the licensure requirements for the role through primary site verification.</p> <p>c. The CEO will obtain contracts with staffing agencies for temporary mental health professionals who meet the qualification requirements of chapter 40 as additional service support if indicated.</p> <p>d. The Program Director will ensure the clinical coordinator or designee will be present at all times that youth are present in the program.</p> <p>e. Compliance will be evidenced by timecard documents.</p> <p>5) Willow Creek Behavioral Health will; within 5 working days following the decision to admit a youth into the program; assemble an interdisciplinary team to begin an assessment of the youth. The assessment will include:</p> <p>a. Individual strengths and needs of the youth to address the level of functioning as well as specific strategies that will be utilized to treat the youth.</p> <p>6) The clinical coordinator or designee who meets the requirements of 40.09(3)(a) will prepare a written report describing and evaluating the following:</p> <p>a. Biopsychosocial information that is sufficient to identify the goals that the youth or legal representative want to accomplish through their participation in the program, the needs that will have to be addressed to reach those goals and the strengths of the youth that can form the foundation of the individual treatment plan to meet the identified needs and achieve the chosen goals, through conducting a respectful and thorough series of interviews that engage the youth or legal representative</p>	<p>prior to resuming program.</p>
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	<p>history, significant past events, significant past relationships and prominent influences, behavioral history, financial history and overall life adjustment.</p> <p>b. The current mental health status of each youth including the frequency, severity and duration of the symptoms and behaviors and the manner in which the symptoms and behaviors impact the youth's ability to function, attitude, judgement, memory, speech, thought content, perception, intellectual functioning, general appearance, diagnosis, or medical impression.</p> <p>c. Completing an evaluation of:</p> <ol style="list-style-type: none"> Current living arrangements, social relationships, support systems, including the youth's level of social and behavioral functioning in the home, school and community, and the youth's relationship with his or her family members, including an assessment of family member strengths and weaknesses which might affect treatment A youth's trauma history and experiences and how treatment approaches will avoid re-traumatization A youth's ability to work in a group setting The youth's level of academic functioning and educational history, including areas where the youth shows interest, skill and achievement. A youth's history of criminal activity, including sexual perpetration, peer-to-peer violence, battery, and safety concerns. The youth's health, medical history, and prescribed medications, including a youth's prior history of dangerous reactions to psychotropic medications, including procedures for assessing and monitoring the desired objectives and side effects of medications which the youth is taking, dealing with the results of possible medication interactions, medication overdose, an error in medication administration, an unanticipated reaction to the medication, the effects of a concurrent medical illness or condition occurring while the client is receiving the medication, and monitoring the medication regime to determine if any of the medications, solely or in combination, may mask or mimic psychiatric symptoms or behaviors. 	
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	<ul style="list-style-type: none"> vii. Suicide risk and self-harm history and risk including criteria for deciding when the level of risk of suicide requires the use of crisis response services or hospitalization. viii. For a youth over the age of 15, the youth's vocational and independent living history, skills and needs. ix. The youth's current or recent use of drugs or alcohol and the possible presence of any co-occurring disorder that will have to be addressed through the treatment plan. x. Any other assets and needs of the youth which affect the youth's ability to participate effectively in relationships and activities in home, community and school environments. xi. Past treatment, including where it occurred, for how long, and by whom. xii. Recommendations for completing any new test or evaluation which the interdisciplinary treatment team finds is necessary for development of an effective treatment plan for the youth, including psychological, neuropsychological functional, cognitive, behavioral, developmental or early and periodic screening and diagnosis under s. DHS 107.22. d. The written assessment shall inform and be completed prior to development of the treatment plan. e. The written assessment shall be signed by the youth or legal representative and the clinical coordinator. <p>7) The Program Director will be responsible for confirming all required documentation is completed by the clinical coordinator or designee as defined in 40.09(3)(a), within 5 working days following the decision to admit the youth into the program.</p>	
X1839	<p>1) Due to the length of time from survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures will be put into place</p> <ul style="list-style-type: none"> a. Willow Creek Behavioral Health submitted a variance request to utilize Recreational Therapists in place of Occupational Therapists. The request was granted by DHS, expiring 1/31/2022. i. Recreational Therapists can meet the functionality of the role in the acute care setting. The patient population served requires a focus on their psychiatric and 	9/1/20

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	<p>behavioral illness verses their occupational skills. Program components developed with the recreational therapists will meet the patient's psychiatric and behavioral health needs.</p> <p>b. Willow Creek Behavioral Health inpatient service maintains a ratio of 1.6 hours of activity therapy staff time per patient per week 61.71(1)(c) by employing 2 full-time inpatient Recreational Therapists who work 61.71 service 40-45 hours per week each and one full-time Recreational Therapy Manager who works 20 hours per week to the 61.71 service.</p> <p>c. The facility's average daily census is budgeted for 58-60 patients per month and has not exceeded an average daily census of 58 patients since opening January 2017.</p> <p>2) Systematic changes being implemented to ensure sufficient recreational therapy staff are employed to meet 61.71 service:</p> <p>a. Per diem Recreational Therapists are being recruited to support activity therapy and to ensure the required 1.6 hours per week requirement is maintained.</p> <p>b. Part time Recreational Therapists are being recruited to support the Recreational Therapy department in the event full-time staff are unable to fulfill their scheduled hours</p> <p>c. Additional full-time Recreational Therapists will be recruited and hired dependent upon patient volume needs and position vacancy.</p> <p>d. See the included staff roster that identifies the Recreational Therapy staff who fulfill the requirements for 61.71 service.</p> <p>3) In the event of a position vacancy</p> <p>a. Willow Creek Behavioral Health will utilize agency staff that meet the licensure and educational requirements.</p> <p>i. Willow Creek Behavioral Health has a contract in place with Maxim Healthcare Services to meet staffing needs.</p> <p>b. Recruitment for permanent staff will begin immediately.</p> <p>i. The CEO will be responsible for ensuring contract, travel, agency staff as well as new employees meet the requirements of chapter 40 education and licensure for the role of Recreation Therapy as approved by DHS.</p> <p>4) The Recreational Therapy Manager and the Director of Clinical Services are responsible for program components and development that meet the patient's psychiatric and behavioral health needs.</p>	
X1840	1) Due to the length of time from survey to the Plan of Correction, there is	4/14/21

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	<p>no plan to look at specific records of individuals. Going forward, the following measures will be put into place:</p> <p>2) Systematic changes to ensure the hospital is able to verify the minimum hours of 0.8 hours per week per patient of social services and prevent the deficiency from recurring are:</p> <ul style="list-style-type: none"> a. Modification to the electronic medical record to include 'time spent' mandatory field documentation. b. The Director of Clinical Services (DCS), responsible for social work services of DHS 61.71 has a master's in social work and is licensed as an Advanced Practice Social Worker. c. The DCS will audit the social service department weekly for evidence of 'time spent' documentation by the department. <ul style="list-style-type: none"> i. Results of the audit will be reported at the monthly Quality Committee 	
X1841	<p>1) Due to the length of time from the survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures will be put into place to ensure that this does not occur again.</p> <p>2) Willow Creek utilizes a team approach via psychiatric providers, medical providers, therapists, nurses, mental health technicians and discharge planners to meet patient's acute psychiatric needs during short term hospitalization.</p> <p>3) Willow Creek will maintain psychology services on contract for patient evaluation, treatment, and services as deemed necessary and ordered by the psychiatric provider during short term hospitalization.</p> <p>4) Willow Creek Psychiatric providers will order, as indicated, an outpatient referral at the time of discharge, for psychological testing and treatment following the stabilization of the patient's acute psychiatric condition.</p> <p>5) The systematic changes for prevention of deficiency recurrence are:</p> <ul style="list-style-type: none"> a. As the average length of stay for hospitalized patients is 7 days, the majority of individuals are hospitalized less than a week. The CEO will initiate immediate recruitment for employed or contract licensed psychologist with the expectation of filling the position within 60 days. <ul style="list-style-type: none"> i. Following recruitment of a contract or employed psychologist. As the hospital provides acute stabilization, short term hospitalization, psychology services will be provided to patients who remain hospitalized at six days of treatment to meet the 	5/31/21

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	<p>requirement of 0.8 hours per week psychology time required in 61.71(1)(e).</p> <p>ii. Subsequent psychology services for patients remaining hospitalized greater than seven days will be provided at a frequency of 0.8 hours weekly per 61.71(1)(e).</p> <p>iii. Documentation of psychology services including time spent with patient will be completed in the electronic medical record.</p> <p>6) The CEO will be responsible for ensuring psychology services are available for patients requiring hospitalization greater than six days and weekly thereafter.</p>	
X1862	<p>1) Due to the length of time from the survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures were put into place to ensure that this does not occur again.</p> <p>2) Systematic changes that have been implemented following the statement of deficiencies receipt to ensure the deficiency does not reoccur:</p> <p>a. Willow Creek provides psychiatric services daily during program operations by board certified Psychiatric Nurse Practitioners. Willow Creek Behavioral Health has a psychiatrist present a minimum of weekly for consultation and collaboration of care with the psychiatric nurse practitioners. A psychiatrist is scheduled to be available on call at all times whenever the program is in operation per 61.75 (1)(c)</p> <p>b. Patients experiencing an emergency are provided support via the facility emergency response policies. A change in condition can be evaluation and discussed with a psychiatric provider 24 hours/day, 7 days per week.</p> <p>3) The Program Director, Clinical Coordinator and Director of Nursing are responsible for ensuring psychiatric services are scheduled and provided daily during program operational hours by board certified nurse practitioners, that a psychiatrist is available weekly for consultation and collaboration and that a psychiatrist is on call for patient evaluation if condition change occurs.</p>	8/10/20
X1882	<p>1) Due to the length of time from survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures have been put into place</p> <p>2) Willow Creek utilizes a team approach via psychiatric providers, medical providers, therapists, nurses, mental health technicians and discharge</p>	5/31/21

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	<p>planners to meet patient's acute psychiatric needs during short term hospitalization.</p> <p>3) Willow Creek will maintain psychology services on contract for patient evaluation, treatment, and services as deemed necessary and ordered by the psychiatric provider during short term hospitalization.</p> <p>4) Willow Creek Psychiatric providers will order, as indicated, an outpatient referral at the time of discharge, for psychological testing and treatment following the stabilization of the patient's acute psychiatric condition.</p> <p>5) The systematic changes for prevention of deficiency recurrence are:</p> <ol style="list-style-type: none"> As the average length of stay for hospitalized patients is 7 days, the majority of individuals are hospitalized less than a week. The CEO will initiate immediate recruitment for employed or contract licensed psychologist with the expectation of filling the position within 60 days. <ol style="list-style-type: none"> Following recruitment of a contract or employed psychologist. As the hospital provides acute stabilization, short term hospitalization, psychology services will be provided to patients who remain hospitalized at six days of treatment to meet the requirement of 0.8 hours per week psychology time required in 61.71(1)(e). Subsequent psychology services for patients remaining hospitalized greater than seven days will be provided at a frequency of 0.8 hours weekly per 61.71(1)(e). Documentation of psychology services including time spent with patient will be completed in the electronic medical record. <p>6) The CEO will be responsible for ensuring psychology services are available for patients requiring hospitalization greater than six days and weekly thereafter.</p>	
X2522	<p>1) Due to the length of time from survey to the Plan of Correction, there is no plan to look at specific records of individuals. Going forward, the following measures have been put into place:</p> <p>2) Willow Creek Behavioral Health's staffing for the outpatient mental health clinic as of 3/1/2020:</p> <ol style="list-style-type: none"> Clinic Administrator: <ol style="list-style-type: none"> APSW (s. 457.08(2)) Licensed treatment professional per DHS chapter 35 (9g): <ol style="list-style-type: none"> APSW (s. 457.08(2)) 40 hours per week 	9/1/2020

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	<p>ii. LPC (s. 457.13) 40 hours per week</p> <p>3) Willow Creek Behavioral Health has additional prn licensed treatment professionals for utilization in the event a full-time staff member is on vacation, leave of absence, or terminates employment to ensure minimum staffing requirements are met at all times.</p> <p>4) Systematic changes to prevent recurrence of deficient practice are:</p> <ul style="list-style-type: none"> a. The Clinic Administrator is responsible for the recruitment and retention of mental health professionals that meet DHS 35.123(a-c) licensure and education requirements. b. The Clinic Administrator is responsible for ensuring licensure requirements are maintained by mental health professionals serving DHS 35, through primary site verification. c. In the event of a position vacancy, Willow Creek Behavioral Health will utilize per diem mental health professionals and agency mental health professionals that meet the licensure and educational requirements according to DHS 35.123(a-c) <ul style="list-style-type: none"> i. Willow Creek Behavioral Health has a contract in place with Maxim Healthcare Services to meet staffing needs. ii. Willow Creek Behavioral Health is actively recruiting additional per diem mental health professionals that meet DHS 35.123 (a-c) licensure and education requirements. iii. See the attached staff roster 	
X2592	<p>1) Development of a discharge summary that specifically includes:</p> <ul style="list-style-type: none"> a) A summary of the outpatient mental health services provided by the clinic, including any medication <p>2) Discharge summary component modifications will be made within the electronic medical record. Until such time as a standardized template tool is developed within the discharge summary, staff will manually enter the modified components onto the discharge summary.</p> <p>4) Services provided while in the outpatient mental health program will be based on the individual patient needs:</p> <ul style="list-style-type: none"> a) Staff training regarding the modifications to the discharge summary will be completed by the Director of Clinical Services and/or designee <p>5) The Clinic Administrator as defined in DHS 35.03(9g) will be responsible for monthly auditing of discharge summaries component completion to ensure adherence to the plan of correction:</p> <ul style="list-style-type: none"> a) 3 months (6/30/2020) following discharge summary improvements (100% of records audited) with a baseline goal of 	11/30/2020

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	<p>90%</p> <p>i) Re-education of staff completed as indicated per audit results</p> <p>b) 3 months (8/31/2020) following the attainment of discharge summary audit goal (50% of records audited) with a baseline goal of 95%</p> <p>i) Re-education of staff completed as indicated per audit results</p> <p>c) 3 months and there after following the attainment of discharge summary audit goal (minimum of 30% of records audited)</p> <p>i) Re-education and/or formal corrective action completed as indicated per audit results.</p> <p>6) DHS review of POC submitted 8/25/2020 was received 2/4/2021 noting an unacceptable correction completion date. The correction is complete as of 11/30/2020. POC response per recommendation of Mental Health Services Section Chief, Division of Care and Treatment Services.</p>	
X2593	<p>1) Development of a discharge summary that specifically includes:</p> <p>a) A final evaluation of the patient's progress toward the goals of the treatment plan</p> <p>2) Discharge summary component modifications will be made within the electronic medical record.</p> <p>3) Until such time as a standardized template tool is developed within the discharge summary, staff will manually enter the modified components onto the discharge summary.</p> <p>4) Services provided while in the outpatient mental health program will be based on the individual patient needs</p> <p>5) Staff training regarding the modifications to the discharge summary will be completed by the Director of Clinical Services and/or designee</p> <p>6) The Director of Clinical services will be responsible for monthly auditing of discharge summaries component completion and adherence to the action plan:</p> <p>a) 3 months (3/31/2020) following discharge summary improvements (100% of records audited) with a baseline goal of 90%</p> <p>i) Re-education of staff completed as indicated per audit results</p> <p>b) 3 months (8/31/2020) following the attainment of discharge summary audit goal (50% of records audited) with a baseline goal of 95%</p>	11/30/2020

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	<p>i) Re-education of staff completed as indicated per audit results</p> <p>c) 3 months and there after following the attainment of discharge summary audit goal (minimum of 30% of records audited)</p> <p>i) Re-education and/or formal corrective action completed as indicated per audit results.</p> <p>7) DHS review of POC submitted 8/25/2020 was received 2/4/2021 noting an unacceptable correction completion date. The correction is complete as of 11/30/2020. POC response per recommendation of Mental Health Services Section Chief, Division of Care and Treatment Services.</p>	
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