December 20, 2006

TO THE MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

The HUMAN SERVICES COMMITTEE met in special session on December 13, 2006, and recommends the following motions:

1. Discussion and action on RFP for a design-build Construction Manager to build a new Mental Health Center. To proceed with a Construction Manager At-Risk and to develop RFP's for both an Architect and Construction Manager At-Risk to go out at the same time.

2. Presentation by Horty-Elving on their recommendations regarding the Mental Health Center. Reaffirm adoption of the plan.

Approved by:

_____

COUNTY EXECUTIVE Date

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PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES COMMITTEE

Pursuant to Section 19.94 Wis. Stats., a **Special** meeting of the **Brown County Human Services Committee** was held on Wednesday, December 13, 2006 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

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Present: Patrick Evans, Guy Zima, Steve Fewell, Mary Scray, Joe VanDeurzen, Chris Zabel.

Excused: Pat LaViolette.

Also Present: Supervisors Harold Kaye, Bill Clancy, Mike Fleck, Norb Dantinne, Adam Warpinski, Bernie Erickson & Tom De Wane. Jerry Zuber (Horty Elving), Jessica Stoller, Diane Pivonka, Bill Dowell, Nate Curell, News Media and Other Interested Parties.

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1. **Call Meeting to Order:**
The meeting was called to order by Chairman Patrick Evans at 6:05 p.m.

2. **Approve/Modify Agenda:**

Motion made by Supervisor Scray and seconded by Supervisor Van Deurzen to modify the agenda to take item #3 after item #5. Vote taken. MOTION APPROVED UNANIMOUSLY.

Motion made by Supervisor Van Deurzen and seconded by Supervisor Fewell to approve the modified agenda. Vote taken. MOTION APPROVED UNANIMOUSLY.

3. **Comments from the Public.**
This item was addressed after item 5.

Ruth Reimers, 2682 Woodfield Court, Green Bay, WI addressed the committee and asked if every Supervisor present has ever been through the Mental Health Center and talked to the patients and staff. She described all of the activities that have been taken away from the patients in the last four years. Ms Reimers spoke highly of the facility in Outagamie County and said we need a new Mental Health Center. She said taxpayers are willing to pay for it. She added that the current facility does not have enough staff to properly care for the patients and this has got to stop. She said we must build a new facility.

The meeting was adjourned at this point.

4. **Discussion and action on RFP for a design/build Construction Manager to build a new Mental Health Center.**
Chair Evans introduced Jeri Zuber, CEO of Horty Elving & Associates, Inc. and said he had asked him to discuss the concept of Construction Management for a

new Mental Health Center. Mr Zuber gave a Powerpoint presentation and explained the three different processes to consider:

- Design-bid-build – This method involves three parties; the owner, the architect and general contractor and the difficulty with this is that conflicts can arise between the parties.
- Construction Management & Construction Manager At-Risk – In this method, the owner hires an architect to design the building and a construction manager to assist in putting bids out to subcontractors. In this situation, the owner takes the risk, but it typically results in the least cost to the owner. One offshoot of this method is a Construction Manager At-Risk, which involves a larger fee, but the Construction Manager holds the contracts and assumes the risk for the subcontractors. The benefits of this method are that the project can move forward faster and it is not confrontational.
- Design-build – This is the method of choice in the private sector because it involves single responsibility. However, public entities have difficulty with this method because they have to deal with the competitive bidding requirement.

There was some discussion on the methods that were outlined and Mr Zuber responded to questions from members of the committee and staff. Corey Brumbaugh and Greg Douglas of Miron Construction were present and expressed agreement with the points made by Mr Zuber. For the Mental Health Center project, Mr Zuber suggested the use of a Construction Manager At-Risk.

Motion made by Supervisor Fewell and seconded by Supervisor Zabel to proceed with a Construction Manager At-Risk and to develop RFP's for both an Architect and Construction Manager At-Risk to go out at the same time. Roll Call Vote taken. MOTION APPROVED UNANIMOUSLY.

4a. **Presentation by Horty-Elving on their recommendations regarding the Mental Health Center.**

Mr Zuber distributed copies of the *"Brown County Mental Health Center Pre-Design Review"* (available in County Board office). He explained that this is a "second opinion" on a report that was given for this project and gave a Powerpoint presentation on the recommendations by Horty Elving (see attached). He concluded his report by stating that we are assisting people in the end years of their lives and we want to make that as comfortable for them as we can by providing care with dignity.

Motion made by Supervisor Zima and seconded by Supervisor Fewell to reaffirm the adoption of the plan. Vote taken. MOTION APPROVED UNANIMOUSLY.

5. **Such other matters as authorized by law:**

Chair Evans stated that this is for discussion only and read portions of a handout of an ACTS Complaint Summary that has been filed against the Brown County Mental Health Center (see attached). He said that the committee had heard and inquired about people that were being turned away from the MHC and he believes that they have been lied to by Director Manning and Executive Kelso. He expressed that this is unethical, it verges on criminal behavior and he will look into this with the District Attorney.

Supervisor Zima stated that he does not believe this is an isolated incident and commented on reports he has received from staff. He said the County Board has done all they can to override every effort by the County Executive to stop anybody from entering the facility and he wants to see these atrocities stopped. He added that we've made the policy clear and staff has been put in between. Supervisor Zima suggested that a John Doe investigation be conducted.

Supervisor Zabel expressed his disappointment in hearing about this issue and the fact that a member of our community was sent away without receiving the services that they need.

Supervisor Fewell stated that he appreciates the openness that has occurred in tonight's meeting. He said we need open government, with people giving the County Board honest numbers so that they can make good decisions for the betterment of Brown County. In regard to this complaint, Supervisor Fewell said the professionals got a clear directive and they followed it. He stated that we can not blame the staff at the MHC. They have been trying to give the best care they can under some horrible conditions.

At this point, the committee went back to item #3, ***Comments from the Public.***

Motion made by Supervisor Van Deurzen and seconded by Supervisor Scray to adjourn at 7:50 p.m. Vote taken. MOTION APPROVED UNANIMOUSLY

Respectfully submitted,

Jeanne A. Buzzell
Recording Secretary

A - Scope of Report

1. Intent

It is the intent of this study to review the Pre-Design Report for a new Brown County Mental Health Center prepared by Eppstein Uhen Architects, Inc. of Milwaukee, WI, Earth Tech of Sheboygen, WI, and Boldt Construction of Appleton, WI dated May 22, 2006. The purpose of that report was to identify the space program needs, organization, site planning, and preliminary cost estimate.

Also reviewed was the Renovation Study Report by Raasch Associates, dated August 18, 2004. This report dealt primarily with the renovation and upgrading of the existing mental health center for today's standards.

The purpose of our review is to establish the reasonableness of the assumptions, space program, findings, costs, and site selection of the two reports.

2. Directive

The directive to Horty Elving from the Health & Human Service Committee, chaired by Pat Evans, is as follows:

A. Review the existing study and compare this to other facilities that are similar, recently built or under construction.

B. Review and revise the program to reflect programs of other similar facilities that are being constructed.

C. Develop a building space program and proposal to provide a new Brown County Mental Health Center for no more than $18,000,000 including furniture, fixtures, and equipment, as well as design fees.

D. Revisit and re-analyze site selection and make a site recommendation.

E. Develop a building concept plan to meet the new program and a conceptual site plan.

B - Eppstein Uhen Architects Report - Review and Evaluation

1. The **EUA Report** focused on developing three options for the replacement of the Mental Health Center:

Option A

40-bed skilled nursing facility; 32 beds ICF/MR; 28 beds psychiatric hospital; total of 100 beds
95,476 sq.ft. at 954 sq.ft./bed
With the omission of the 32 beds ICF/MR the square footage is 80,160 at 1178 sq.ft./bed
Construction cost - $22,532,687
Construction cost per sq.ft. - $228.00
Total project cost - Option A - $25,345,898
Project cost per sq.ft. - $257.00

Option B

48-bed skilled nursing facility, 24 beds psychiatric hospital; total of 72 beds, and outpatient clinic -
98,888 sq.ft. at 1119 sq.ft./bed
Construction cost - $22,532,687
Construction cost per sq.ft. - $227.00
Total project cost - Option B - $25,264,342
Project cost per sq.ft. - $255.00

Option C

- This option is essentially Option A with the clinic, 40-bed skilled nursing facility, 32-bed ICF/MR, 28-bed psychiatric hospital, for a total of 100 beds plus clinic
120,828 sq.ft. with the clinic
102,518 sq.ft. without the clinic
102,518 sq.ft. at 1125 sq.ft./bed
Construction cost - $26,797,296
Construction cost per sq.ft. - $222.00
Total project cost - Option C - $30,123,963
Project cost per sq.ft. - $249.00

Our review of the EUA report revealed several characteristics, some of which would seem to contradict each other.

2. **Programmed Square Footage**

The space program in the report appears to be very thorough in the spaces provided. It would appear that all needed functions have been provided for, however at over 1000 or 1100 sq.ft. per resident, the programmed building is above the norm for buildings of this type, which have typically been hovering between 800 and 900 sq.ft. per bed. The higher acuity of the psychiatric hospital may account for some of this, however a psychiatric hospital in and of itself is only 662 sq.ft. per bed which would be on the low side of current-day healthcare inpatient units. Also adding to the complexity of these numbers is that the programmed building only has one-third private rooms which is not up to the currentday standard of all-private rooms and their inherent benefits, such as eliminating roommate conflicts, reduced staff time for eliminating transfers, and dealing with roommate conflicts, and higher occupancy rate by eliminating gender issues. Given the small number of private rooms the square footage per bed seems even more out of balance.

With the square footage not allocated to the resident rooms, other areas need to be reviewed. It appears that the staff support spaces are more than generous in their square footage allocations. Virtually all offices are a minimum of 200 sq.ft. which is a very good size office. It should be noted that one of the difficulties in designing for a staff that is in an existing but partially vacated building that has down-sized over the years is that offices tend to occupy old patient or resident rooms, thereby making them quite generous. There is a tendency to view this as the expectation and can have a tendency to sway the size of programmed office space. Even the smaller group office areas, such as transcription, appear to be more than generous for the need. It also appears that many of these offices are designed for desks as opposed to wall mounted counter which are far more efficient. Desks in the center of a room take up an enormous amount of space and are very inefficient as they have circulation on all sides. For example, the director of nursing office is 300 sq.ft., the scheduling manager is 200 sq.ft., billing and collections with 10 - 11 persons at 1500 sq.ft. which means each person gets the equivalent size of an office of 150 sq.ft., transcriptionists--three people--is 350 sq.ft. and although it does contain space for forms, closet, printers, and some files, this is still probably larger than necessary.

Staff spaces seem to be over-sized compared to what we have been working with in the past couple of years. The total square footage for the combined areas of the staff lounge, lockers, vending, and break room, without mention of a toilet, is 1280 sq.ft.; 400 sq.ft. of that is for the men's locker room alone. We have been combining the vending and lockers into the staff dining/break room for a more efficient plan and could probably reduce this by at least half.

Dietary also appears generous at 3604 sq.ft. which may be about 1000 sq.ft. more than we have been experiencing in a compact plan. The facility has a very generous maintenance shop at 600 sq.ft. and a 180 sq.ft. office. In addition to this there is electric repair and storage of 150 sq.ft. Under the facilities heading there is also a conference/break room at 300 sq.ft.; it would seem that this should be shared with the other break room.

We have looked at the program with a critical eye and later in this evaluation we illustrate a revised program.

3. Circulation Multiplier

The EUA space program utilizes from 18% to 46% as a multiplier for 8' corridors, accessibility door swing clearances, etc. The skilled care is all 25%. We do not understand how that could be realistic; 25% would normally provide for a 4' or 5' wide corridor within a department such as administration, however those departments then would need 8 ft. wide corridors connecting them to the rest of the building. We have found that a very accurate multiplier for healthcare with 8 ft. wide corridors is a 40% multiplier on top of departments which may already have a 25% or 30% multiplier for circulation within the department. Therefore we would have a tendency to question the overall space allocation in the program. If a 40% multiplier were utilized, the space program would be 15% larger than it already is, pushing the per bed square footages from 1000 to 1150 sq.ft. per bed which would have a serious impact on the budget.

Again, a critical eye and discussion with the staff will be needed to validate the program spaces and sizes to avoid over-building.

4. Construction and Project Cost

The construction cost at $225 - $228/sq.ft. for construction is in line with smaller lower-end hospital construction and at the very top of skilled care construction. Whether the construction cost is too high is a matter of the type of building and quality of building that you as a sponsoring organization must weigh-in on. Factors include durability, permanence, affordable first-cost, image, etc. The new

facility in Appleton, Brewster Village, would cost $170/sq.ft. in today's market. The new facility that we have just bid in Winnebago County is designed to be built at $150 - $155/sq.ft. Both of these buildings are steel frame and masonry with precast floors and offer a very durable long-lasting building. Therefore we feel that the construction cost needs to be discussed and reviewed to better understand what the construction cost should be for Brown County's facility.

C - Proposed Building Program

We propose the following building program:

1. A new building on Site C.
2. Staffing ratio of 1:7, resulting in neighborhoods of 21 (two households per neighborhood, 10 and 11 residents each).
3. Three neighborhoods for a total of 63 SNF beds.
4. No ICF/MR.
5. 28 psychiatric hospital beds in two households of 14 each.
6. A clinic as programmed in the EUA report with size reduction.
7. Separate entries for the clinic and SNF, with a third entry for night-time admissions.
8. A revised space program (requires final verification and approval).
9. A project cost of $18,000,000.
10. A full production kitchen is provided in the main building.
11. The outpatient clinic has a separate entry and could be detached per further discussion.
12. We anticipate a one-story building of one-hour rated wood structure and steel stud interior build-out. The construction will be high quality for the institutional occupancy.
13. All private rooms (compared to one-third private rooms in the EUA report).
14. Some office and staff support spaces omitted or reduced from the EUA report.

D - Facility Sizing Process

The proposed facility size is a balance between several indicators and drivers of the number of beds needed.

1. A market/demographic analysis was not utilized.
2. Existing licensure and corresponding occupancy rate.
3. Unmet need.
4. Most efficient staffing ratio (1:9).
5. Realistic staffing ratio (1:7).
6. Ideal social household living unit size (10 - 11).
7. Realistic efficient manager/staff ratio.
8. Clinic program remains at existing.
9. Project cost limited to $18,000,000.

E - Program Elements

In meetings with the Health & Human Services Committee and administrative staff from the Mental Health Center, general program parameters were established based on anticipated bed need, realistic staffing efficiencies, bed breakdown per care type, and overall cost. The basic parameters are as follows:

1. The staffing efficiency based on 1:7 was felt to be workable. This is also the staffing being designed for at the Park View Health Center in Winnebago, WI. The staff felt that this facility was similar to Winnebago and therefore could expect a similar staffing ratio of 1:7. This is also similar to the staffing ratios experienced at Brewster Village which was initially designed for 1:8 and 1:9, however the reality is that that level of efficiency is difficult to attain in a very high acuity and high behavioral situation. A staffing ratio of 1:7 leads to household sizes of 10 and 11 (a good social living unit), with a total neighborhood size (two households) of 21. Three neighborhoods of 21 for a total of 63 was felt by the parties involved to be a workable size meeting both the perceived need and staffing efficiencies.

   The psychiatric hospital remains at 28 beds as programmed in the EUA report.

   The clinic is based on the number of providers as indicated in the EUA report.

   These basic criteria are the basis for the revised program to meet the $18,000,000 project cost limitation.

2. The site selection will be reviewed based on criteria of cost, efficiency, and social parameters of the location, including image for Brown County.

3. The evaluation of the existing Mental Health Center is based on both the Raasch & Associates report and our observations through tour and discussions with staff.

F - Site Selection

The EUA report recommended Site C over the jail site, sighting that the jail site would cost an additional $1,400,000 to mitigate the grade on the site to provide a flat surface for building the building. Most of this would be in retaining walls which provide a very unattractive view for those who are near them.

We would agree with the EUA report in recommending Site C as well. The additional cost of the retaining wall is valid and the use of such extensive retaining wall has no benefits to the project and will provide a negative visual impact and an impact on the quality of life of the residents and staff. Most retaining walls today are being built of modular masonry units and may have some long-term maintenance issues associated with them, particularly if the drainage issues on the site are not well handled at the retaining wall.

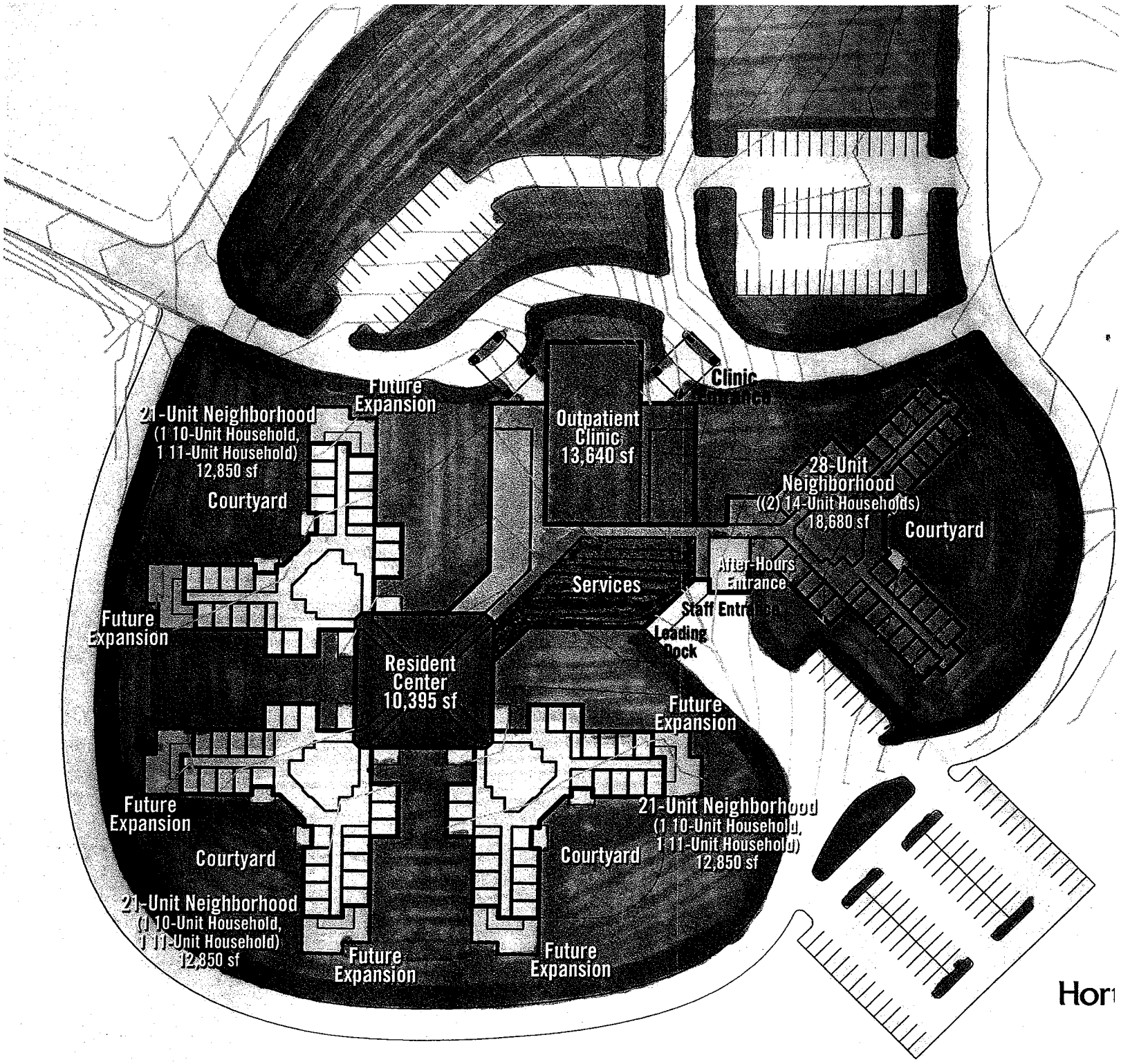
It is our understanding that the kitchen at the jail was designed to accommodate the nursing care facility, however we also understand now that the jail is not allowed to provide meals prepared by inmates to the nursing home. Therefore that location and attachment is of no value.

Site C offers a far more appropriate location with its own identity and image on the frontage road instead of being "behind the jail" as just another part of the county inmate/patient population. We think there is more hope instilled for the residents and patients that has its own identity away from the jail, in addition to costing the county $1,400,000 less.

G - Renovation of Existing Mental Health Center

We have reviewed the Raasch Associates, Inc. Renovation Study 2004 and have toured the existing buildings and discussed some of the particulars of the building with staff. We would echo the Raasch Associates' report relative to the code and infrastructure issues that need to be corrected, both of which are significant, particularly the infrastructure. The plan, however, that was not put forth in the report primarily utilizes existing rooms and does not deviate from the double-loaded medical model corridor approach. Where toilets are upgraded at resident rooms, they are still not made large enough to allow for use of lifts and staff assistance. Many rooms are still shared as double rooms. It is not surprising, however, as the building is designed in the long double-loaded medical model corridor and it is difficult to create a new organization based on the existing building. The existing MHC is comprised of buildings from 1934 and 1967, with the 1934 building in the middle, creating a barrier due to different floor elevations of the two vintages. Therefore the plan, although updated with new infrastructure and finishes, etc. does not meet and cannot easily meet the changing programmatic needs and the subsequent plan changes that go with it. Brown County would be saddled with a building and subsequent plan that is already 40 to 60 years old.

We recommend that the existing building renovation not be pursued and the time, money, and effort be spent on a new building that can serve both the physical and programmatic needs of the residents, patients, staff, and Brown County.


Future
Expansion
21-Unit Neighborhood
(1 10-Unit Household,
1 11-Unit Household)
12,850 sf
Courtyard
Outpatient
Clinic
13,640 sf
Clinic
28-Unit
Neighborhood
((2) 14-Unit Households)
18,680 sf
Courtyard
After-Hours
Entrance
Services
Staff Entrance
Loading
Dock
Future
Expansion
Resident
Center
10,395 sf
Future
Expansion
Future
Expansion
21-Unit Neighborhood
(1 10-Unit Household,
1 11-Unit Household)
12,850 sf
Courtyard
Courtyard
21-Unit Neighborhood
(1 10-Unit Household,
1 11-Unit Household)
12,850 sf
Future
Expansion
Future
Expansion
Hor

Printed: 12/11/2006
Due Date: 11/30/2006
Priority: Non-IJ Medium

ACTS Complaint Summary

Intake Number: WI00006826
Facility ID: HSPLPSY2
Provider Number: 524014
Mgmt Unit: HSS

PROVIDER INFORMATION:

Name: BROWN CTY MENTAL HLTH CTR
Address: 2900 ST ANTHONY DR
City/State/Zip/County: GREEN BAY, WI, 54311, BROWN
Telephone: (920)391-4700

License #: 213
Type: HOSP-PSY
Medicaid #: 10064500

Complaint Number: WI00006826
State Complaint Number:

Received End Date: 09/05/2006
Investigation Completed:

ALLEGATIONS

Allegation #: 1
Category: Quality of Care/Treatment
Subcategory:

Findings: Substantiated:Federal deficiencies related to alleg are cited, State deficiencies related to the alleg are cited

Findings Text: Survey Tasks performed:
1. Tour of the unit.
2. Review of the facility's policy and procedure admission and discharge.
3. Staff interviews.
4. Complainant interview.
5. Interview with the Community Based Residential Facility (CBRF) Manager.
6. Medical Records review.

Findings Include:

Patient #1 is a 92-year-old male with a history of severe dementia, CHF (Congestive Heart Failure) and COPD (chronic obstructed pulmonary disease).

Documentation obtained from the Community Based Residential Facility (CBRF) indicates, Patient #1's medical record dated 8/20/06 at 9:00 AM indicates that Patient #1 did become combative. Documentation in the record indicates that Patient #1 was trying to hit another resident with his cane because she was sitting at his table. Patient #1 threatened to kill anyone in his way or to break their necks. Patient #1 kept going after the Resident Assistants with his cane trying to hit them and threatening them. He also cornered one Resident Assistant in the laundry room and would not let visitors in the door. Patient #1 kept swinging his cane and kicking at staff that was trying to help him. A Resident Assistant got a wheelchair to seat Patient #1 so he would not fall and had taken his cane away for safety reasons. When Patient #1 was seated in the wheelchair Patient #1 grabbed a Resident Assistant's chest and bit her finger and scratched her hand. Staff A (Manager) was notified and Staff A notified Staff B (CBRF's, R.N.)

Documentation in Resident # 1's (CBRF's) medical record dated 8/28/06 at 10:15 AM indicates that Resident #1 is combative, striking out at staff and threatening staff with his cane. Emergency Medical Services (EMS) was called so Resident #1 would be medically/psychiatrically evaluated.

On 8/28/06 at 12:55 PM documentation obtained from Brown County Mental Heath Center indicates that Patient #1 was admitted on an EM-1 petition from Brown County with a history of combative behaviors. After explaining the EM-1 rights, which he did not understand, he did not refuse the psychiatric evaluation but was not able to provide much information. He was very confused. He thought he was in a barn. He was disoriented. Patient #1 did receive a psychiatric evaluation.

During an interview with Staff A, (Manager of the CBRF)) on 8/16/05 at 10:30 AM, it was stated, that Brown County Mental Health Care Center notified the facility on 8/29/06 at noon. Brown County Mental Health Care Center stated that Patient #1 will be discharged. Staff A indicated that Brown County Mental Health Care Center stated on his admission to Brown County Mental Heath Center, the plan was to admit Patient #1 for 10 day so that he could be evaluated and treated. Staff A stated that we could not pick Patient #1 up from Brown County Mental Health Care Center in such a short notice. Staff A said that a staff member from

Brown County Mental Health Care Center returned Patient #1 to the (CBRF) by taxi cab. Patient #1 was discharged from Brown County Mental Health Care Center on 8/29/06 at 1:10 PM.

Documentation obtained from Brown County Mental Health Care Center titled "Client Progress Record" dated 8/28/06 states, on admission "Patient combative at first but quickly settled down".

8/28/06 at 9:30 PM, "Making inappropriate comments to male staff".

8/28/06 at 10:00 PM, "Inappropriate sexual comments 2 times with staff of contact. Wanted to hit staff with cane when staff asked to sign papers.

8/29/06 at 11:30 AM, " Continues on a 1:1 observation for behavior/safety-confusion, unsteady gait occasional impulsive striking out".

During an interview with Staff A, on 8/16/06, she indicated that Patient #1 returned to the (CBRF) on 8/29/06 in the afternoon. Staff A stated that Patient #1 was striking another client with his cane in the groin area. When staff tried to intervene, Patient #1 placed his cane around a staff member's neck and attempted to pull the staff member to the floor with his cane.

Documentation in Patient #1's medical record for follow-up care states, "Follow-up care will be provided at the CBRF. He was maintained and discharged on a soft/general diet. No acute medical problems were identified at the time of discharge. He was advised to refrain from alcohol and drugs. He is currently retired".

During an interview with Staff C (Inpatient Clinical Coordinator) on 11/15/06 at 12:15 PM, she did state "Brown County Mental Health Care Center had entered into a downsizing agreement with the state that we would get down to 40 beds in the nursing home. Therefore, we had a directive from administration to not admit anyone into the nursing home. If we would have had the option to admit (Patient #1) to the nursing home, it would have been appropriate to provide additional evaluation, stabilization and admission to the nursing home.

During an interview with Staff D (Brown County Mental Health Care Social Worker) on 11/15/06 at 10:05 AM, she indicated that Patient #1 is a 92-year-old with confusion and a history or Alzheimer's. Staff D stated, "(Patient #1) would have been far better served in the nursing home of the facility. " The nursing home is not accepting new admission, which is the reason he was not admitted. Staff D indicated that Resident #1 was not here long enough to identify/address the adverse behavioral health condition of Patient #1 and plan accordingly for discharge.

During the exit conference on 11/15/06, Staff F (Brown County Mental Heath Care Psychiatrist) indicated that the nursing home would have been an option for Patient #1. Staff F stated " We are not admitting new patients into the nursing home unit of this facility, per directive of administration.

During an interview with Staff C (Inpatient Clinical Coordinator) on 11/15/06 at 2:15 PM, she did confirm, that it would have been appropriate to admit (Patient #1) to the nursing home unit of Brown County Mental Health Center. Additional evaluation, stabilization and treatment would have been appropriate for this Patient.

This allegation is substantiated

Total Number of Allegations for Complaint: 1

END OF SUMMARY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	524014	A. BUILDING _____ B. WING _____	C 11/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN CTY MENTAL HLTH CTR	2900 ST ANTHONY DR 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS Surveyor: 15523 This is a result of a unannounced complaint investigation (#WI00006826) conducted at Brown County Mental Health Center from 11/14/06 through 11/15/06. The complaint is substantiated and a federal deficiency cited.	A 000		
A 350	482.43(a) CRITERIA FOR DISCHARGE EVALUATIONS The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. This STANDARD is not met as evidenced by: Surveyor: 15523 Based on 1 of 5 complaint medical records reviewed (Patient #1) and staff interviews, the hospital failed to identify the adverse behavioral health condition of Patient #1 and plan accordingly for discharge. Findings Include: Patient #1 is a 92-year-old male with a history of severe dementia, CHF (Congestive Heart Failure) and COPD (chronic obstructed pulmonary disease). Documentation obtained from the Community Based Residential Facility (CBRF) indicates, Patient #1's medical record dated 8/20/06 at 9:00 AM indicates that Patient #1 did become combative while at the CBRF. Documentation in the record indicates that Patient #1 was trying to hit another resident with his cane because she	A 350		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	524014	A. BUILDING _____ B. WING _____	C 11/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWN CTY MENTAL HLTH CTR	2900 ST ANTHONY DR 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 350	Continued From page 1 was sitting at his table. Patient #1 threatened to kill anyone in his way or to break their necks. Patient #1 kept going after the Resident Assistants with his cane trying to hit them and threatening them. He also cornered one Resident Assistant in the laundry room and would not let visitors in the door. Patient #1 kept swinging his cane and kicking at staff that was trying to help him. A Resident Assistant got a wheelchair to seat Patient #1 so he would not fall and had taken his cane away for safety reasons. When Patient #1 was seated in the wheelchair Patient #1 grabbed a Resident Assistant's chest and bit her finger and scratched her hand. Staff A (Manager) was notified and Staff A notified Staff B (CBRF's, R.N.) Documentation in Resident #1 ' s (CBRF's) medical record dated 8/28/06 at 10:15 AM indicates that Resident #1 is combative, striking out at staff and threatening staff with his cane. Emergency Medical Services (EMS) was called so Resident #1 would be medically/psychiatrically evaluated. On 8/28/06 at 12:55 PM documentation obtained from Brown County Mental Health Center indicates that Patient #1 was admitted on an EM-1 petition from Brown County with a history of combative behaviors. After explaining the EM-1 rights, which he did not understand, he did not refuse the psychiatric evaluation but was not able to provide information. He was very confused. He thought he was in a barn. He was disoriented. During an interview with Staff A, (Manager of the CBRF)) on 8/16/05 at 10:30 AM, it was stated, that Brown County Mental Health Care Center notified the facility (CBRF) on 8/29/06 at noon.	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	524014	A. BUILDING _____ B. WING _____	C 11/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 350	Continued From page 2 Brown County Mental Health Care Center stated that Patient #1 will be discharged. Staff A indicated that Brown County Mental Health Care Center stated on that Patient #1 was to be admitted for 10 days so that he could be evaluated and treated. Staff A stated that we could not pick Patient #1 up from Brown County Mental Health Care Center in such a short notice. Staff A said that a staff member from Brown County Mental Health Care Center returned Patient #1 to the (CBRF) by taxi cab. Patient #1 was discharged from Brown County Mental Health Care Center on 8/29/06 at 1:10 PM. Documentation obtained from Brown County Mental Health Care Center titled "Client Progress Record" dated 8/28/06 states, on admission "Patient combative at first but quickly settled down". 8/28/06 at 9:30 PM, "Making inappropriate comments to male staff". 8/28/06 at 10:00 PM, "Inappropriate sexual comments 2 times with staff of contact. Wanted to hit staff with cane when staff asked to sign papers. 8/29/06 at 11:30 AM, " Continues on a 1:1 observation for behavior/safety-confusion, unsteady gait occasional impulsive striking out". During an interview with Staff A, on 8/16/06, she indicated that Patient #1 returned to the (CBRF) on 8/29/06 in the afternoon. Staff A stated that Patient #1 was striking another client with his cane in the groin area. When staff tried to intervene, Patient #1 placed his cane around a staff member ' s neck and attempted to pull the	A 350		

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A 350	Continued From page 3 staff member to the floor with his cane. During an interview with Staff C (Inpatient Clinical Coordinator) on 11/15/06 at 12:15 PM, she did state "Brown County Mental Health Care Center had entered into a downsizing agreement with the state that we would get down to 40 beds in the nursing home. Therefore, we had a directive from administration to not admit anyone into the nursing home. If we would have had the option to admit (Patient #1) to the nursing home, it would have been appropriate to provide additional evaluation, stabilization and admission to the nursing home. During an interview with Staff D (Brown County Mental Health Care Social Worker) on 11/15/06 at 10:05 AM, she indicated that Patient #1 is a 92-year-old with confusion and a history or Alzheimer's. Staff D stated, "(Patient #1) would have been far better served in the nursing home of the facility. The nursing home is not accepting new admission, which is the reason Patient #1 was not admitted." During the exit conference on 11/15/06, Staff F (Brown County Mental Heath Care Psychiatrist) indicated that the nursing home would have been an option for Patient #1. Staff F stated " We are not admitting new patients into the nursing home unit of this facility, per directive of administration." During an interview with Staff C (Inpatient Clinical Coordinator) on 11/15/06 at 2:15 PM, she did confirm, that it would have been appropriate to admit (Patient #1) to the nursing home unit of Brown County Mental Health Center. Additional evaluation, stabilization and treatment would have been appropriate for this Patient.	A 350		

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A 350	Continued From page 4 The hospital provided no additional data to support their decision to discharge Patient #1 back to the CBRF and not retain him in the acute care hospital setting.	A 350		