

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF CONNECTICUT
BRIDGEPORT DIVISION**

In Re: Chapter 11
HEBREW HEALTH CARE, INC., et al.,¹ 16-21311 (JAM)
Debtors. Jointly Administered

**PATIENT CARE OMBUDSMAN'S
FOURTH REPORT PURSUANT TO BANKRUPTCY CODE § 333(b)(2)**

In accordance with 11 U.S.C. § 333(b)(2), Anne Cahill Kluetsch, the Patient Care Ombudsman (“Ombudsman”) appointed in the cases of Hebrew Life Choices, Inc., Case No. 16-21312, Hebrew Community Services, Inc., Case No. 16-21313, Hebrew Home and Hospital, Incorporated, Case No. 16-21314, and CT Geriatric Specialty Group, P.C., Case No. 16-21334, hereby files her Fourth Report to the Court as to the quality of patient care at the facilities for which the Ombudsman was appointed.

Dated this 19th day of May 2017.

ANNE CAHILL KLUETSCH,
Patient Care Ombudsman

/s/ Carl T. Gulliver

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Patient Care Ombudsman Report for
Hebrew Home & Hospital
April 19, 2017

The following report is provided by the court appointed Patient Care Ombudsman (PCO) for Hebrew Life Choices, Inc., Hebrew Community Services, Inc., Hebrew Home and Hospital Inc., and CT Geriatric Specialty Group. P.C. Anne Cahill Kluetsch was appointed as PCO September 21, 2016.

Per the appointment order, the PCO shall:

- monitor the quality of patient care provided to the patients of the debtors, to the extent necessary under the circumstances, including interviewing patients and physicians
- not later than 60 days after the date of the appointment and not less frequently than at 60 day intervals thereafter, report to the court after notice to the parties in interest, at a hearing or in writing regarding the quality of patient care provided to patients on the debtors; and
- If she determines that the quality of patient care provided to patients of the debtors is declining significantly or is otherwise being materially compromised, file with the court a motion or written report, with notice to the parties of interest immediately upon making such determination; and
- maintain any information she obtains by virtue of her appointment as Patient Care Ombudsman in this case that relates to patients (including information relating to patient records) as confidential information

Introduction

Anne Cahill Kluetsch MA, BA, RN- Patient Care Ombudsman (PCO)

Anne has over 40 years of experience in the healthcare industry working in the acute care sector, long term care, behavioral health hospitals and community settings. Besides her direct clinical care practice, experience and advancements she has extensive background in regulatory compliance, nursing and administrative leadership, management and education. This experience has included both the for profit and not-for-profit organizations. Anne has focused experience in developing and applying successful action plans for hospitals and long term care that are in need of directed action plans and remediation. She has a strong knowledge of regulatory requirements, and focus on quality of care and patient satisfaction. Anne's work includes assisting hospitals and long term care with preparation assessment for State/Federal and Joint Commission surveys and continuous compliance. Besides having the experience as Associate Director of Nursing at Tuft's New England Medical Center, she has served as Chair of the Nursing in Long Term care at Saint Francis Hospital School of Nursing, and COO for Saint Franciscare Behavioral Health, Portland campus. She is founder and principal of a consulting group which provides consultation services to healthcare clients, institutions and companies mainly in Connecticut. She holds a Diploma in Nursing from Catherine Laboure' School of Nursing, a Bachelor's degree in Psychology from the University of Hartford and a Master's degree from Saint Joseph College in Gerontology and Human Development.

Background

The Hebrew home was originally founded in the early 1900s to provide long term care to the members of the Jewish community in the area. The history indicates that Hebrew Healthcare dates to 1898 when a group of Orthodox Jewish women in Hartford established a Ladies Sick Benefit Association. It was the first Hebrew Old People's Home to be opened in Connecticut. It was renamed in 1937 as the Hebrew home for the Aged of Hartford. The original facility was located on Tower Avenue in Hartford. In 1968 or so, the Home established a chronic disease hospital which remains as such by license. In 1974, an

Adult Day Care program was initiated; one of the first two established in Connecticut. As need of the aging grew, a campaign to develop expanded services was initiated. In 1989, the Abrahams Blvd facility was opened. Currently the home holds licenses from the Department of Public Health (DPH) for a 257 bed chronic and convalescent nursing home (SNF) skilled nursing facility and a 45 bed (CDH) chronic disease hospital and an outpatient clinic. In addition to these licenses, Hebrew Community Services is licensed as an Assisted Living Service Agency (ALSA).

As stated in the materials that describe the development of the Hebrew Healthcare, "...our long term commitment is to provide comprehensive care of the elderly. We do not simply say it; we do not simply build it. Hebrew HealthCare does it- every day, every week, and every year."

As the Hebrew Home Healthcare had been experiencing ongoing losses, both at the Home and on a system wide basis, due generally to the SNF, the Boards of the Home and Hebrew Healthcare began to consider strategies and other options to strengthen the financial position while still maintaining the Mission to serve vulnerable older adults.

Hebrew Health Care commenced bankruptcy reorganization and assigned operation of the 257-bed West Hartford nursing home to a third party. An auction and sale of the skilled nursing facility was done on December 15, 2016.

By pursuing a restructuring plan, Hebrew Healthcare is seeking to restore the financial strength of the services that they provide in the hospital, day care, physician services, and assisted living as well as geriatric behavioral and dementia/memory care.

Methodology

The process that the POC continues to use includes:

- Interview and discussion with leadership, management, and direct care staff per site
- Interview with patients and significant others and/or family members
- Review of survey outcome documents, from CMS, DPH and regulatory/licensing bodies and plan of action or correction for findings and recommendations from surveys
- Tour of physical plant: hospital setting, Senior Day Care setting, Clinic/MD services, and the Assisted Living; Hoffman Summerwood Community and The Retreat
- Direct observation of care, staff communication with patients, clients, residents and visitors in various settings
- Review of staffing levels/ ratios/ vacancy and turnover rates/ recruitment and retention
- Review of safety programs – for patients and staff
- Review of Infection Prevention program and practices
- Review of Quality plans and measures and review Corporate Compliance and HIPAA
- Review of management and supervision
- Reviews of emergency and disaster response plans
- Review of services, supplies, vendor support
- Review of patient satisfaction surveys
- Review of process to address patient grievances, concerns or complaints
- Review staff education goals and staff competencies

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Summary

Since last reporting, the PCO has made on site visits to the HHC on March 17, 22, March 29, April 5, April 11, April 19, and April 26 2017. Offsite reports, resource and reference materials have been developed and provided to the leadership team for review and consideration. The PCO has made recommendations related to policies, particularly the Infection Prevention program, wound care, education competencies and annual program planning.

The PCO activities since last reporting include:

- ✦ Attending the weekly Patient care Rounds for the Behavioral Health unit (BHU)
- ✦ Observing therapeutic group activities on BHU
- ✦ Attending the Patient care rounds that are conducted daily on the Medical Health Unit (MHU)
- ✦ Reviewing Policy and procedures and making recommendations
- ✦ Reviewing Infection Control meeting agenda, minutes, data, program and policies
- ✦ Reviewing Quality (QAPI) program, meeting agenda, minutes, data and RCA processes
- ✦ Attending daily Safety Huddle rounds for the hospital, clinic, adult day care, and assisted living center (an element of the High Reliability plan)
- ✦ Observing staff interactions with patients and family members
- ✦ Talking with patients and family members
- ✦ Reviewing discharge planning patient teaching and communication with homecare and Long term care settings
- ✦ Conducting review of patient events and the investigation processes
- ✦ Reviewing survey and regulatory compliance readiness
- ✦ Meeting and planning with Administration policy, practice and compliance
- ✦ Conducting Environment of Care (EOC) and Infection prevention /safety rounds
- ✦ Meetings that PCO has attended include: QAPI, Infection Control/Prevention, meeting with the Compliance officer and reviewing the facility progress with the Action Plan, and conducting an exit review at each visit with the Administrator/Director of Nursing Services, the CEO and the Compliance officer

Hebrew Healthcare

The Hospital at Hebrew Healthcare is a licensed acute care hospital with a 23 bed medical care unit, a 22 bed acute geriatric behavioral health care unit.

This hospital is now referred to as “The Hospital for Senior Care at Hebrew Healthcare”

The majority of the PCO time has been spent at the hospital setting. This includes the Medical Hospital Unit and the Behavioral Health Unit. There are areas that have been identified by the PCO that require attention and focus and present as Opportunities for Improvement. These areas have been discussed with the Board and hospital leadership. Post the discussions there have been activity to initiate an Action Plan to address the findings and recommendations.

As the Board of Directors noted and responded to the comments and recommendations from the PCO, outlined in the previous report, the Board of Directors determined that it would be advantageous to determine a “Compliance Officer” to oversee the Action Plan and ensure that goals are established and that action steps are taken to see that the goals are met. So a board member has stepped in to assume this oversight role. Several areas were determined as priority areas for quality review and a team leader was assigned for the area and is responsible for oversight.

Areas of noted improvement include:

- ✦ Revision of the Infection Prevention/Control Manual and materials including routine and regular IC rounding
- ✦ Establishing a process and timeframe for review and revision of all hospital policy and procedure manuals
- ✦ Continuing with the development of the Antibiotic Stewardship program
- ✦ Continuing with the development of the High Reliability program with discussion at the daily Safety Huddle
- ✦ Evaluating supplies, equipment needs, I.e. environment safety; alarms, exit monitoring, evaluating the impact of the change in laundry service to ensure that linens are cleaned properly per public health standards for linen services, evaluating waste receptacles appropriate for use in the behavioral health unit
- ✦ Reevaluating and revamping the Wound and Skin Care protocols and program
- ✦ Reviewing HR processes including job description review and evaluations to keep current
- ✦ Continuing with the Quality Program and involving line staff in processes, meetings and improvement plans
- ✦ Initiating a review of the elements of the Behavioral Health Program (including evaluation of physical plant challenges)
- ✦ Establishing a review of the discharge processes, patient education, communication with post hospital agencies, developing a system to track hospital readmissions
- ✦ Incorporating the above items into the hospital QAPI program and review
- ✦ Initiating discussion and communication with CHA to participate in review of care and quality measures and review data

The PCO continues to observe how the role of the Compliance officer has encouraged and directed the leadership and departmental teams to review the processes that affect patient care and safety. The Compliance officer is facilitating the monitoring of care and quality areas include: Infection Control, Patient accident/incidents, Patient and family satisfaction/grievances, wound/skin care and Pressure injury prevention, EOC safety, Staff education and competencies, Performance improvement projects related to specialty of care, review of staffing and assignments and unit organization.

The PCO continues to observe a staff that is genuine, competent and caring with the patients and with the concerned family members. Family comments have been positive addressing care in the hospital setting. On the MHU the plan of care is developed, is individualized and designed and reviewed with the team to meet the specific patient needs. The plans have been effective and the family support is a critical point that is focused on by the full care team. The team meets daily and reviews all the elements of care and for discharge planning and family education and support. The PCO sees positive signs of engagement in self-improvement practice for HHC under the direction and supervision of the Compliance officer.

The PCO also supports the efforts to review the Behavioral Health Unit: program description, elements of care and service, quality initiatives, and outcome review. The PCO recommended to the Program Manager that it may be advantageous to review the Joint Commission compliance requirements of Behavioral Health. This could be a guide to self-evaluation of the program elements.

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QAPI

Over the past year there have been many areas addressed and improved through the QAPI process that has been implemented. The data collected and presented for the past quarter indicates that the hospital is intent and successful in keeping established quality measures in line with both state and federal benchmarks. One objective of the program is to create a culture where all members of the organization know and foster quality, support safety and performance improvement efforts. Another essential objective is to achieve and maintain compliance with federal, state and accrediting bodies and foster continuous regulatory compliance.

The organization has in place an effective and comprehensive program to review all facility events or accidents and incidents, such as (falls, pressure injury/ulcer development, medication variances, altercations and grievance or complaints). The facility effectively uses the Root Cause Analysis (RCA) process to review and investigate any and all events. The data tracked and trended for falls indicates and validates the effectiveness of the fall prevention plan that was developed and implemented a year ago. There is a significant reduction in the number of falls and falls with injury. Data collected on the Behavioral Health Unit indicates the effectiveness of the behavioral health plan with interventions to prevent the need and use of restraints. Through quality assessment of systems and events, an opportunity for improvement related to wound and pressure ulcer prevention was identified. A plan was developed by the interdisciplinary team and is now in place to continue to improve wound and skin care processes to prevent hospital acquired pressure ulcers (HAPU).

Staffing

The PCO and the Hospital Administrator/ Director of Nursing Services reviewed the staffing plan process. Staffing on the BHU and MHU is determined by census and acuity. The PCO finds there are sufficient and appropriate staffing patterns in place to meet patient needs. There are a few part time openings for the Certified Nursing Assistant (CNA) staff. The per diem staff is filling the staff hours. There is several new staff hired and in orientation: a Psychiatric APRN, two new RN and LPN nurses, a Unit Secretary, and a Social worker.

Census

Average daily census

Month	March	April	May (to date)
Medical Hospital Unit	1.6	1.3	1.4
Behavioral Health Unit	19.5	20.8	20.4

Hebrew Community Services, Inc.

Senior Day Center is a structured medical model adult day center

The Hebrew HealthCare's Senior Day Center (SDC) is a non-sectarian, certified medical model Senior Day Center which provides transportation, meals, clinical care, personal care, social, recreational and spiritual activities and events. It is an impressive program- well run, with engaged staff and dedicated leadership.

The PCO continues to find the staff to be engaging with the clients and enthusiastic as they directed and participated in the delivery of selected cultural, intellectual, artistic and exercise programs. The PCO found the Day Care setting to be inviting, lively and there are structured daily activities, nursing services,

exercise, intergenerational and family integration programs that are purpose-filled and that give back to the community.

This setting is a model that enhances the lives of the clients and offers oversight of client status and change in status. A recent example: staff noted that one client was experiencing changes in self-care and in physical stamina. The onsite nurse, as this is a structured medical and social model, assessed the client and determined that a MD assessment was indicated, called the Clinic, arranged the assessment visit. At the visit, that took place on site and immediately, the MD recommended that the client required Hospital level of care to deal with the acute medical condition. The referral was made; the client was admitted to the MHU, was treated there for a few days, was discharged home and later returned to the Adult Day setting, his regular routine. All this was a splendid example of the continuum of care that is available and accessible in the HHC setting. Staff communicated, coordinated and made the transition in and out of the hospital setting easy for the elder and the family. This is healthcare and patient focused care in practice. This was a successful team effort and a job well done.

The Senior Day Center was re-credentialed for Allied/DSS funding (which is a contracted service for approximately 85% of the clients).

The SDC Director was inducted as Women's Champion for the Alzheimer's Association.

Geriatric Specialty Group. P.C.

Connecticut Geriatric Specialists (CGS) provides primary medical care and geriatric consultation. Physicians and APRN staff are board certified in geriatric.

This is an active setting where outpatient medical and behavioral health assessments are provided to the community. The scope is in preventative care and management of chronic conditions and diagnosis, functional limitations and cognitive impairments. Census continues to be 101 clients. The Dementia Care Services Director has resigned and a new director will begin in early June, 2017 to continue with this well-defined and well known community service.

Hebrew Life Choices, Inc.

**Hebrew Healthcare provides assisted living services at two locations
The Retreat in Hartford and Hoffman Summerwood in West Hartford**

Both locations offer nursing, medication assistance, coordination of care person care activities and assistance, and exercise and health maintenance planning.

As the focus of the PCO visits were at the hospital setting, the PCO did not at this reporting spend time at the offsite settings.

Bankruptcy update

Leadership reviewed with the PCO that a proposal plan of reorganization was submitted March 31, 2017. The first hearing was scheduled for early May; however, because there has been an effort on the part of the unsecured creditors to seek an appraisal of the hospital and enable further refinement of the plan of reorganization, the hearing is delayed. In addition the organization is working with the Department of Revenue Services in an effort to resolve past- due provider tax obligations incurred by the nursing home. This resolution also would require modification of the proposed plan.

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Impression

The PCO continues to observe a staff attitude of respect as care is delivered with a kind manner. At the end of last report, the PCO recommended that the administrative leadership team / organization of senior leadership begin to self-assess and develop action plans independent of the PCO's commentary and direction by:

- Completing a self-assessment
- Establishing a time to complete the action plan of priority areas identified in self- assessment
- Determining the competencies for each specialty Medical and Behavioral
- Reviewing the checklist of regulatory and survey compliance preparation
- Setting weekly goals to accomplish the goal or revise the plan as indicated
- Review in daily Safety Huddle the actions and outcomes

The administrative leadership reviewed and responded to the commentary and provided the PCO with a response to each area noted above. The PCO has observed that the action plans developed and overseen by the Compliance Officer have substance and goals. The PCO observes that effective rounds are being completed routinely for safety and Infection prevention/ control, attention to patient and family concerns, and a focus on review of regulatory compliance and survey readiness. The Compliance Officer is working with the administrative leadership in managing the action plan and directing the response elements. Is this a position of Compliance officer on the organizational chart that is to be permanent or should this oversight be built into the administrative leadership role.

There is appropriate staffing in place based on a review of census and acuity. There is appropriate and attentive supervision and oversight of clinical, nursing and physician practice. Administration is working hard to ensure that the equipment and supplies are available for staff and patient care.

The PCO will continue to provide support to the organization as they continue to operationalize structure and processes for self-improvement. The PCO observations continue to indicate that care and essential services are being maintained during this transition.

The PCO will at this time continue to make on site visits and review the action plan progress and report.

Should you request or require additional comment, please do not hesitate to contact me.

Respectfully,

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BRIDGEPORT DIVISION

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that on May 19, 2017, the foregoing *Patient Care Ombudsman's Fourth Report Pursuant to Bankruptcy Code § 333(b)(2)*, was served by the Court's CM/ECF Service on the Office of the United States Trustee, and on all appearing parties qualified to receive electronic notice.

Dated this 19th day of May 2017.

ANNE CAHILL KLUETSCH, MA, RN
Patient Care Ombudsman

/s/ Carl T. Gulliver

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