

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE:

ACADIANA MANAGEMENT GROUP, L.L.C., ET AL.¹

CASE NO. 17-50799

DEBTORS

CHAPTER 11

PATIENT CARE OMBUDSMAN’S SECOND INTERIM REPORT - VEGAS

Pursuant to 11 U.S.C. §333 of the Bankruptcy Code and the Court’s Order Directing United States Trustee to Appoint a Patient Care Ombudsman [Docket No. 118], the United States Trustee provided notice of appointment of Susan N. Goodman, RN JD as the Patient Care Ombudsman (“**PCO**”) [Docket No. 131]. PCO was directed to submit her report of her evaluation regarding the quality of patient care provided at AMG Specialty Hospital – Las Vegas (the “**Facility**” or “**Debtor**”).

Accordingly, PCO submitted *Patient Care Ombudsman’s First Interim Report – Vegas* to this Court on August 18, 2017 (“**First Report**”) [Docket No. 189]. PCO comes now and submits this *Patient Care Ombudsman’s Second Interim Report – Vegas* (“**Second Report**”) detailing remote monitoring, follow-up, a second site visit, observations, and analyses of the Las Vegas operation.

EXECUTIVE SUMMARY

A new CEO was placed at this location since PCO’s initial site visit. The move was an internal, utilizing the CEO from the Albuquerque location. Staff reported positively on this

¹ AMG Hospital Company, L.L.C., Case No. 17-50800; AMG Hospital Company II, L.L.C., Case No. 17-50801; Albuquerque – AMG Specialty Hospital, L.L.C., Case No. 17-50802; Central Indiana – AMG Specialty Hospital, L.L.C., Case No. 17-50803; Tulsa – AMG Specialty Hospital, L.L.C., Case No. 17-50804; LTAC Hospital of Louisiana – Denham Springs, L.L.C., Case No. 17-50805; Las Vegas – AMG Specialty Hospital, L.L.C., Case No. 17-50806; LTAC Hospital of Greenwood, L.L.C., Case No. 17-50807; LTAC of Louisiana, L.L.C., Case No. 17-50808; Houma – AMG Specialty Hospital, L.L.C., Case No. 17-50809; LTAC Hospital of Edmond, L.L.C., Case No. 17-50810; LTAC Hospital of Wichita, L.L.C., Case No. 17-50811; AMG Realty I, L.L.C., Case No. 17-50812; CHFG Albuquerque, L.L.C., Case No. 17-50813; and, AMG Realty Youngsville, L.L.C., Case No. 17-50814.

change, with the hope of increased census numbers. Census on the date of PCO's visit was seven (7) with numbers reported as low as three to four (3-4) during the interim reporting period.

PCO interviewed four of seven patients—all the patients who could be interviewed. Concerns related to call light response time and the attitudes displayed by some clinical staff were received from three out of the four patients interviewed. Nursing staff was functioning in a direct-care staffing model at the time of PCO's visit, meaning the nurses were not assisted by a nurse's aide, and patient-to-nurse ratios were within Debtor's staffing matrix. Two patients attributed slow call light response times to nurses working without a nurse's aide. These concerns were evaluated relative to August patient survey data with some correlation noted. Feedback was discussed with the CEO, CCO, the Quality Director, and regional operational staff. Site leadership communicated that leadership embarked on a performance improvement plan relative to patient concerns and will share the specifics of the plan when available. PCO will remain engaged on these efforts, reporting to this Court as necessary. PCO cannot rule out that declines in patient feedback are at least partially attributable to the bankruptcy process.

PCO will continue to evaluate Debtor's care delivery processes and patient feedback at this facility for continued signs of strain, reserving the right to visit the facility in less than sixty (60) days as needed.

SITE VISIT SUMMARY

PCO observed care and interviewed staff, patients, and visitors. Unfortunately, no physicians or mid-level providers were present at the facility at the time of PCO's visit.

A contracted occupational therapist ("OT") departed this reporting cycle. The newly hired OT returned to Debtor facility having worked previously for them. OT staff denied concerns with supplies, while acknowledging that she was "still settling in" to her new role. Likewise, contracted physical therapy and dietary staff denied supply concerns. Hours worked by the therapy team flexes relative to patient census. Like the direct clinical staff, therapy staff reported that low census was the primary facility concern.

PCO interacted with Medical Record, Human Resource, Environmental Services (“EVS”), Respiratory/Quality, Kitchen, Facility, clinical, and unit secretary/clerk staff. Additionally, PCO met two contracted pharmacy technicians who were on-site to stock the automated medication dispensing system (aka “Pyxis”).

Two EVS staff worked on the date of PCO’s visit. The facility appeared clean, including both visitor bathrooms and those patient rooms visited by PCO. Hand gel and/or soap were available in all dispensers utilized by PCO.

PCO observed the wound care nurse perform an uncomplicated dressing change. The supplies needed were available, and PCO provided feedback regarding her observations on the process and technique utilized. In response to a supply utilization concern, PCO asked for copies of the documented competency metrics required for this role. PCO is continuing to follow-up regarding these competency measurements.

Medical Record staff reported continued chart delinquency challenges (timeliness metrics regarding the presence and completeness of certain physician documentation), primarily correlated to one specific provider. All staff denied supply challenges. The supply area was briefly swept for outdated supplies, with outdates provided to the team member responsible for supplies—in this case the Facility Director.

PCO generally received positive feedback on the food provided at the facility, with only one of the four patients interviewed commenting negatively about the food. PCO noted that kitchen staff had added a resource manual in their work area to assist PRN staff with understanding food selection differences and options by diet type.

Low patient census continues to create a strain point for clinical staff as they get cancelled from some of their scheduled shifts without pay. While the fear of site closure seems less than what PCO noted during the first site visit, the concern remains. The physical therapy assistant, for example, has moved to part-time coverage at Debtor’s location and secured full-time work at another facility. PCO expects this dynamic to continue if patient census doesn’t improve during the next interim reporting cycle.

SUMMARY AND NEXT STEPS

Given the patient feedback, staffing concerns associated with continued low census, and operational/process gaps observed during the second site visit, PCO may visit this location again in the next thirty to forty-five (30-45) days to confirm that necessary patient-focused process improvement efforts are underway and demonstrating results.

DATED: October 27, 2017.

MESCH CLARK ROTHSCHILD

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CERTIFICATE OF SERVICE

I hereby certify that the above and foregoing *Patient Care Ombudsman’s Second Interim Report – Vegas* has been electronically filed with the Clerk of Court using the CM/ECF filing system and a true and correct copy of this pleading has been sent to the following parties or counsel of record who have registered to receive electronic service.

DATED: October 27, 2017.

MESCH CLARK ROTHSCHILD

By: /s/ Susan N. Goodman, AZ Bar #019483
Susan N. Goodman

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