

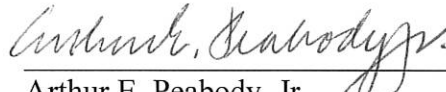
UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MASSACHUSETTS  
CENTRAL DIVISION

In re:	)	
	)	Case No. 17-41895-EDK
HKD Treatment Options, PC	)	
	)	Chapter 11
Debtor.	)	
	)	
	)	

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**Notice of Filing Report of the Patient Care Ombudsman**

The Patient Care Ombudsman (PCO) gives Notice that he has this day, pursuant to Section 333 of the Bankruptcy Code, filed a Report reflecting an evaluation of the Debtor, HKD Treatment Options, PC, 21 George Street, Lowell, Massachusetts, conducted on March 12, 2018.



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March 27, 2018

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FOR THE DISTRICT OF MASSACHUSETTS  
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**Report of the Patient Care Ombudsman**

**I. Introduction**

On October 20, 2018, HKD Treatment Options PC (HKD”) filed a voluntary petition under Chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the District of Massachusetts. [Dkt. No. 1]. Pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code, HKD continues to manage its business and financial affairs as a debtor-in-possession.

On October 27, 2017, this Court ordered the United States Trustee to appoint a patient care ombudsman [Dkt. No. 18]. On December 6, 2017, the United States Trustee appointed Arthur E. Peabody, Jr. as the Patient Care Ombudsman (PCO) and filed a notice of such appointment with the Court [Dkt. No. 47].

As defined in the Bankruptcy Code, the role of the PCO is to “monitor the quality of patient care and to represent the interests of the patients of the health care business” and to determine whether “patient care provided to patients of the debtor is declining significantly or is otherwise being materially compromised.” 11 U.S.C. § 333 (a)(1) and (3).

On March 12, 2018,<sup>1</sup> the PCO, accompanied by Dr. Nancy Hanrahan, R.N., Ph.D., Professor of Nursing at Northeastern University's School of Nursing [hereinafter the "team"], visited HKD, a substance abuse clinic, at its offices at 21 George Street, Lowell, Massachusetts, for the purpose of conducting a review of the operations of the clinic. During the visit, the team interviewed Dr. Hung K. Do, MD, the owner of the clinic, Ms. Debra (Debbie) Rooklin, Administrator of the Clinic,<sup>2</sup> Licensed Mental Health Counselor, Mr. Chris "X," physician's assistant, and Ms. Chelsea Lessard, Intake Specialist, also responsible for IT and the facility's electronic medical records. This report is based on these interviews and a review of patient records.<sup>3</sup> All individuals were fully cooperative and offered helpful information that facilitated our review for which we offer our thanks.

## **II. Summary of Findings and Recommendations**

- Under the leadership of a new Administrator, employed since January (only three months), steps have been taken to reform clinic management practices, designed to enhance revenue, and initial steps have been formulated to improve the clinical program. Billing of claims has been contracted to a private company.

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<sup>1</sup> The evaluation did not extend to March 13, 2018 as originally planned because all HKD staff readily identified issues of concern and mitigated the need for a voluminous review of patient records. We note that the clinic was closed on March 13, 2018, in any event, due to a blizzard.

<sup>2</sup> Ms. Rooklin has been employed on a one-year contract.

<sup>3</sup> Counsel for the Debtor, HKD Treatment Options, LLC [hereinafter "HKD" or the "facility"] and the PCO filed a motion for access to confidential patient records maintained by HKD. [Dkt. 71]. Following hearing, the Court ordered that counsel for the Debtor serve all patients of HKD since the date of the filing of the Petition with notice of the motion and the opportunity of object to access to their individual patient record by the PCO. [Dkt. 97]. Thereafter, following hearing, the Court entered a proposed Consent Order submitted by counsel for the Debtor and the PCO providing for steps to maintain the confidentiality of the patients records and barring access by the PCO to any record of any patient who had filed an objection to his/her patient record. [Dkt. 101].

- *Recommendation:* All denied claims, including claims denied over the past year (or the applicable time frame for appeal), should be reviewed and appealed, if appropriate, to maximize revenue.

- Since the filing of the bankruptcy petition, HKD no longer offers counseling and therapy services to patients.

*Recommendation:* According to generally accepted standards for the care and treatment of persons with substance abuse addiction, counseling and therapy services should be offered in conjunction with medication. While HKD has recognized the need for such services, a short-term plan, with specific steps and timeframes for implementation, is needed to restore therapy and counseling services as soon as practicable.

- There is no evidence in patient records that HKD refers patients to other essential medical services in light of the needs patients, *e.g.*, depression, diabetes, and hypertension (high blood pressure).

*Recommendation:* Since HKD's physicians limit their practices to substance abuse addiction, appropriate referrals for other medical and supportive services are essential.

- HKD does not record or collect data of adverse incidents of patients, *e.g.*, adverse drug reactions, hospitalizations, suicide attempts, in one separate file to be reviewed to ensure quality care in consistently afforded to patients.

*Recommendation:* HKD needs to design a system to collect such information for periodic review.

- Due to the large clinic caseload, Dr. Hung Do, the owner, spends all, or nearly all, of his time treating patients.

*Recommendation:* A Medical Director should be assigned or employed to manage the overall operations of the clinic. A current physician could be designated to fill this role.

- The Administrator stated that one of her goals is to obtain a license from the Commonwealth of Massachusetts to operate HKD as a licensed substance abuse clinic.

*Recommendation:* These efforts should be both encouraged and supported. We endorse this goal and recommend the development of a long-term plan to obtain a license. In light of the financial status of HKD, licensing should be viewed as a long-term goal. Licensing by state authorities ensures that generally accepted practices and standards are consistently implemented in the diagnosis and treatment of patients in need of medical care, including substance abuse addiction, and oversight of the operation of facility. Since HKD is not presently licensed, the credentials of all staff, including physicians, should be reviewed.

- HKD is presently developing policies and procedures for all aspects of the operation of the clinic. These efforts should continue until completed. HKD has employed a part-time employee to accomplish this task.

The PCO recommends that any plans HKD formulates to address the recommendations of this Report be afforded to the PCO for review and comment. The PCO will monitor progress and provide a report to the Court at the end of the next 60-day period, the end of May 2018.

### **III. Overview**

#### **A. Operations and Treatment**

HKD currently serves 506 patients with diagnosis of alcohol or opioid addiction each week. The patients are largely “self-referral” and come from Lowell and the surrounding communities of Middlesex and Essex counties. Most patients are in their “early 20’s.” Sixty percent of patients have co-occurring mental illness. Homeless individuals are served. Some patients were transferred to the Lowell facility from the HKD’s former program in Salem, Massachusetts, when it closed due to the bankruptcy. Eighty percent or more are supported by

the Medicaid program. The program is staffed by five physicians, an administrator and other support staff. The clinic is open six days each week, Monday through Saturday, from 8:00 am to 6:00 pm. The Administrator is on-call 24 hours per day and has access to the clinic’s physicians, as needed. The facility uses eClinical as its electronic medical record system.

HKD’s program is operated on a “medical model” where only medications are used for treatment. Presently, there are no on-site therapy services, *i.e.*, psychotherapy or other counselling services provided as a part of a patient’s treatment program. Medications utilized consist of Suboxone and Vivitrol. General “eligibility criteria” for acceptance as a patient at the clinic include being “off opioids and motivated for treatment.”<sup>4</sup> In addition, individuals who do not respond to treatment are terminated from the program, *i.e.*, the program presently focuses on the short term use of medications to combat addiction.<sup>5</sup>

Staffing at HKD includes the following:

Staff	Credentials/Description	Responsibility and Time
5 Physicians	MDs certified in radiology, psychiatry, internal medicine, <sup>6</sup> oncology/psychiatry, resident in psychiatry; one not board certified; none certified in substance abuse medicine; all licensed for prescription of suboxone and vivitrol; variable hours; all are salaried employees <sup>7</sup>	Each MD has a caseload of up to 275 patients; Physician assistant, 100 patients; approximately 25 patients are scheduled each day per physician; appointments are 15 minutes for each patient
1 Medical Assistant		
3 “Intake Workers”		Schedules, releases (consent forms), calls to primary care physicians to obtain information, interface with billing company, set up payment plans, and other administrative duties

<sup>4</sup> Interview with Dr. Do, March 12, 2018.

<sup>5</sup> Note 105 CMR §164.303 (clients with two or more unsuccessful episodes of supervised withdrawal within the previous 12 months may not be admitted to opioid withdrawal treatment); 105 CRM § 164.302 (availability of short term detoxification treatment for a period not less than 30 days nor more than 180 days).

<sup>6</sup> Dr. Do, the owner, is certified in internal medicine.

<sup>7</sup> There was substantial evidence provided indicating that all physicians are attending continuing education programs, *i.e.*, certificates of attendance.

2 Part-time Lab Technicians	1 certified	Urinalysis
2 Full-time administrators		Requisitions, contracts, credentials and other tasks
4 Line staff		Secretarial and other administrative duties
1 Staff (Policy)		Assists in drafting clinic policies 1-2 days per week
1 Staff		Finance

**B. A Program in Transition**

Under the leadership of Ms. Debra Rooklin, HKD is currently addressing its bankruptcy status with a number of administrative and other measures. Ms. Rooklin is a new administrator who commenced her employment with HKD on January 2, 2018 (or about three months ago).<sup>8</sup> During her interview, she described in detail many of the management issues that she has already addressed during her brief tenure. For example, private companies have been retained to do both billing and payroll.

Ms. Rooklin attributed much of the poor financial condition of HKD to the denial of claims that were not appealed, excessive inventory of computers and other equipment, and other deficient management practices. In addition, she reformed the system of releases (consents) to obtain information for patients from other sources, *e.g.*, the primary physician, in order to comply with HIPAA.

Ms. Rooklin also indicated that all of the counseling and therapy staff left HKD’s employment just prior to or just after HKD filed for bankruptcy. Both Ms. Rooklin and Dr. Do recognize the need to enhance the program’s treatment of patients to include therapy and counseling. They indicated that due to the financial condition of HKD, this goal would be

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<sup>8</sup> Ms. Rooklin, LMHC, is a licensed mental health counselor, and hold a Master’s degree in health counseling with 30 years of experience in the field of addiction medicine, including the operation of programs serving persons with substance abuse addiction. She impressed the team as competent and qualified for her position as Administrator.

implemented over the long term. They cited the need for other improvements, including the establishment of an on-site pharmacy and the replacement of the current electronic record system with a more “user friendly” one with a focus on substance abuse. Finally, each shared the goal of successfully resolving the bankruptcy and obtaining a license for the program at 21 George Street, Lowell.

#### **IV. The Regulatory Scheme -- Core Requirements**

The Commonwealth of Massachusetts, Department of Public, Health Bureau of Substance Abuse, licenses programs offering substance abuse services pursuant to 105 CMR 164.000, regulations that provide a detailed list of both procedural and substance requirements in order to obtain a license. HKD, by counsel and its Administrator, represent that its program is guided by the Commonwealth of Massachusetts Bureau of Substance Abuse Services, “Standards of Care,”<sup>9</sup> which incorporate by reference the standards of the care and treatment of persons afflicted with substance abuse of the American Society of Addiction Medicine (ASAM).<sup>10</sup> In addition, counsel for the Debtor advised that the facility follows the standards of Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.<sup>11</sup>

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<sup>9</sup> These standards represent a set of general principles setting forth generally accepted treatment “philosophy” for the treatment of persons diagnosed with substance abuse and resources materials. These standards are general in nature and lack specific requirements. *See*, <http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles/bsas-standards-of-care.pdf>. The document describes “Standards of Care (Standards) of the Bureau of Substance Abuses System of Care, including principles and framework guiding design, implementation and maintenance of programs and services; components and essential characteristics of the System; requirements of the Substance Abuse and Mental Health Services Administration Substance Abuse Block Grant (SABG); and essential operational and organizational components.”

<sup>10</sup> The ASAM standards set forth detailed requirements for the operation of a substance abuse program that reflect generally accepted standards of practice in all areas relating to the care and treatment of individuals with a diagnosis of substance abuse. *See*, <https://www.asam.org/docs/default-source/publications/standards-of-care-final-design-document.pdf>.

<sup>11</sup> Under these regulations, a practitioner who intends to dispense opioid drugs in the treatment of opioid use disorder must first obtain from the Secretary or, by delegation, from the Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA), a certification that the practitioner is qualified under the



HKD is not licensed by the Commonwealth of Massachusetts and has never applied for a license.<sup>12</sup> More specifically, HKD is not licensed as a substance abuse provider of care by the Commonwealth of Massachusetts. It relies on the individual licenses of its physicians, employed by the program, to afford care to patients.<sup>13</sup>

Nonetheless, this body of regulatory standards, *i.e.*, the Commonwealth's licensing standards, the Commonwealth's "philosophy"/standards of care, and the generally accepted standards of care for persons with a diagnosis of "substance abuse" of the ASAM provide guidance of this review. Each of these standards have "core requirements" that are identical in substance or form that represent accepted practices or standards for the care and treatment of individuals afflicted with substance abuse disorders.

These standards have been utilized to determine if care is "declining significantly or is otherwise being materially compromised," 11 U.S.C. § 333(b)(3), and, specifically, whether patients are being subjected to harm or to undue risks of harm. As such, this review extends to identifying systemic deficiencies in the program of care. It has not been designed to evaluate the care of individual patients except to the extent that deficiencies noted in patient records may serve to identify systemic deficiencies at HKD.<sup>14</sup>

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Secretary's standards and will comply with such standards. Eligibility for certification will depend upon the practitioner obtaining accreditation from an accreditation body that has been approved by SAMHSA. In addition, these regulations also establish requirements and general standards for accreditation bodies to ensure that practitioners are consistently evaluated for compliance with the Secretary's standards for treatment of opioid use disorder with an opioid agonist treatment medication. *See*, 42 C.F.R § 8.1 et seq.

<sup>12</sup> Conversation with staff, Commonwealth of Massachusetts, Bureau of Substance Abuse, confirmed by staff interviews at HKD.

<sup>13</sup> A detailed review of the credentials of each HKD physician was outside the team's initial review of HKD which focused on the provision of patient care. Our recommendations include a request for a review and report regarding the credentials of each physician employed or otherwise associated with HKD by the program's Administrator.

<sup>14</sup> *See*, <http://www.mass.gov/eohhs/docs/dph/substance-abuse/care-principles/bsas-standards-of-care.pdf>. The document describes "Standards of Care (Standards) of the BSAS System of Care, including principles and framework guiding design, implementation and maintenance of programs and services; components and essential characteristics of the System; requirements of the Substance Abuse and Mental Health Services

**V. Evaluation**

**A. License**

The Commonwealth of Massachusetts' Licensing Standards set forth in 105 CMR 164.000 et seq., set forth a comprehensive set of standards to ensure that any program offering substance abuse standards afford care and treatment consistent with generally accepted practices and standards in the field of substance abuse. There are rigid substantive requirements, measures to ensuring the reporting of "adverse" incidents, and a system of accountability to ensure compliance with such standards. The possession of a license acts to ensure that all aspects of the facility are serving the interests of patients, that care is monitored, and that there are systems in place to detect deviations from generally accepted practice that may result in harm to patients. In sum, a license protects patients while ensuring that all practitioners at the facility have the tools and systems needed to provide adequate care. Finally, compliance with state licensing requirements will ensure that the facility is in compliance with all, or nearly all, other professional and federal standards in the field of substance abuse.

The Administrator of HKD indicated that it is the goal of HKD to obtain a license and all involved in practice at the clinic share this goal and recognize its importance. Moreover, there is candid recognition that in light of the financial condition of the program, licensing must be viewed as a long term goal. Nonetheless, a written plan is needed to identify steps and a timeline for obtaining a license from the Commonwealth of Massachusetts. This goal should be supported and encouraged.

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Administration Substance Abuse Block Grant (SABG); and essential operational and organizational components." HKD also represented that it follows standards of the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, apparently referring to specimen collection procedures.

**B. Substantive “Core Standards”**

**1. Assessment, Diagnosis, and Treatment Planning**

All standards in medicine and in the field of substance abuse medicine recognize the need for a professional assessment of the needs of the patient for care.<sup>15</sup> For substance abuse, this assessment includes family medical, psychiatric, substance use, addictive behavior and addiction treatment history, including summary of the patient’s readiness to engage in treatment, diagnosis, and treatment planning.

Records of patients at HKD indicate that these assessment standards are being followed and that assessments reflect general compliance with professional standards for such assessments. However, all assessments are narrowly limited to intervention by medication. As such, while the assessments may comply with generally accepted professional standards for the use of medication, they fail to reflect an assessment of the overall needs of the patient and areas that are considered essential to adequate treatment for substance abuse addiction, e.g., therapy and counseling. In other words, to the extent that HKD offers intervention for addiction by the use of medications, its practices are acceptable.<sup>16</sup> However, “opioid treatment is organized ambulatory, addiction treatment for opioid addicted persons providing FDA-approved medications and counseling and other services needed to assist the client in achieving stability.”<sup>17</sup> The sole use of medication, absent counseling and other needed services to address substance abuse disorders, does not comply with generally accepted practice or the standards in effect in the Commonwealth of Massachusetts.

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<sup>15</sup> See, 105 CMR, § 164.072, 164.302(B), BSAS standard I.D.3, ASAM Standards 1.1, 1.3, 2.1, and 2.2.

<sup>16</sup> This finding assumes that all the physicians at HKD are properly credentialed by the Commonwealth of Massachusetts and comply with applicable federal standards.

<sup>17</sup> 105 CMR 164.300. Assessment elements are identified in 105 CMR 164.072; elements of an individualized treatment plan specified in 105 CMR § 164.073, including specification of dosage level of medication not to exceed federal standards.

### C. Counseling and Therapy

The standards recognize that medication assisted substance addiction treatment must be provided “in combination with individual and group counseling and other services ... to help patients achieve stability”<sup>18</sup> and that such therapy must be provided concurrently with medical care.<sup>19</sup> To do so, a program needs therapy and counseling services to be available and a case management system present to coordinate services, including referrals to other needed services available in the community, *i.e.*, services needed by patients to meet their individual needs – services ranging from specialty medical services to housing and employment.

HKD provides no concurrent therapy services or any therapy services at all. Prior to the bankruptcy, HKD employed up to five therapists. All left the employment of HKD either just prior to or after the filing of the bankruptcy petition. Records reviewed indicated that some counselling and therapy was afforded to patients prior to the bankruptcy.<sup>20</sup> Concurrent therapy services should be planned, organized, and implemented at HKD.<sup>21</sup>

The Administrator and Dr. Do recognize the need to expand HKD’s services to include therapy. The Administrator indicated that she is planning to launch at an unspecified time three group counseling sessions<sup>22</sup> and has requested (or is planning to request) approval to rent additional clinical space at 21 George Street to permit the three sessions to occur – present space is adequate for only two such sessions. The absence of any counselling or therapy sessions for patients of HKD is a serious deficiency and may compromise patient care.

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<sup>18</sup> See, 105 CMR § 164.074 (A) (substance abuse therapies, counseling and education which conforms to accepted standards of care), (F), (G), (J), and 105 CMR § 164.221 and BSAS Standard I, D, 3.

<sup>19</sup> ASAM Standard 2.3 and 4.3.

<sup>20</sup> Patient’s Nos. 1-10.

<sup>21</sup> See, 105 CMR § 164.074 (A) (substance abuse therapies, counseling and education which conforms to accepted standards of care), (F), (G), (J), and 105 CMR § 164.221 and BSAS Standard I, D, 3.

<sup>22</sup> HKD is waiting for Mass Health (Medicaid approval).

Likewise, a system of case management, generally social workers, needs to be implemented to coordinate services for patients and make referrals to essential services – to meet the needs of the entire person; not simply for medication. Although staff represented that physicians refer patients to other necessary services, records reviewed failed to indicate any evidence of any such referrals.

**D. Treatment of Co-Occurring Mental Health and Other Co-Occurring Medical Disorders**

The standards recognize the need to address mental health issues directly or by a system of referral to mental health service providers.<sup>23</sup> Many individuals with substance abuse addiction also have concurrent mental health and medical issues, *e.g.*, depression, diabetes, hypertension, that require treatment. HKD does not provide any such services. Records reviewed did not indicate any evidence of any such referrals. Appropriate treatment includes treatment of the “whole person,” including mental health issues.

**F. Medical Director**

Dr. Do, the owner of HKD, described the history of his involvement with substance abuse and his opening of four substance abuse clinics, three of which have closed as a result of the bankruptcy. In view of the caseload at HKD, Dr. Do spends all, or nearly, all of his time treating patients. Generally accepted professional standards require a medical director who will oversee the overall implementation of the clinical program and the operation of the facility, *i.e.*, its finances and administration. The overall operation of the program would benefit from the designation or hiring of a Medical Director to perform this function.<sup>24</sup>

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<sup>23</sup> See, 105 CMR §164.073(11); BSAS Standard I, D, 3, ASAM Standard 3.4

<sup>24</sup> This recommendation is not intended to be critical of Dr. Do. The professional standards require the medical director to be certified in substance abuse medicine. The addition of such a person to HKD’s staff would likewise advance its interest in obtaining a license.

**E. Monitoring of Diagnostic Procedures/Treatment**

Generally accepted professional standards require procedures to collect and update data, *e.g.*, scales, labs,<sup>25</sup> as necessary, to provide an evaluation of whether the prescribed treatment is effective and beneficial to a patient.<sup>26</sup> HKD lacks an “outcome data plan.” HKD presently uses urinalysis solely to determine the presence or absence of drugs in the patient. No standardized clinical instruments are in place for collecting outcomes of the care afforded to patients. In addition, no peer review process is in place to evaluate/monitor the clinical practices of physicians.

The absence of such procedures for the collection of data indicates that there is no systematic way to determine whether any of the treatment afforded to any patient at HKD is effective. This means that each physician is operating independently without any oversight that a peer review system might provide. Likewise, there is no systematic basis, *i.e.*, data, to determine whether any patient is being harmed, *e.g.*, no separate information is kept for drug reactions and contraindications or other untoward incidents placing patients at risk. Such information must be gleaned from each individual patient record.<sup>27</sup>

**G. Policies and Procedures**

HKD is in the process of writing policies and procedures for all aspects of its operations, including both financial and clinical issues. This project was described as “ongoing.” One of the primary goals of the project is to ensure compliance with HIPAA.<sup>28</sup> To this end, admission forms and other materials have been modified to include necessary release or consent forms, *e.g.*,

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<sup>25</sup> HKD has a lab on site to conduct urinalysis of patient specimens for evidence of addictive drugs. There is no evidence this “data” is collected and evaluated.

<sup>26</sup> *See*, BSAB Standard II, A, 3; ASAM Standard 1.2.

<sup>27</sup> Licensed substance abuse programs are required to report “adverse incidents.” *See*, 105 CMR § 164.305.

<sup>28</sup> *See* 105 CMR § 164.084.

when requesting medical information from a patient's primary physician. Releases obtained from patients on admission were reviewed and appear to fully comply with HIPAA.<sup>29</sup>

## VI. PCO Recommendations

- 1) Develop a long term written plan with specific steps to achieve licensing of HKD by the Commonwealth of Massachusetts, Bureau of Substance Abuse Services, with specific deadlines for finalization, implementation, periodic review and submission of an application for a license.
- 2) Develop a written short term plan with an implementation date, as soon as practicable, to assess the need for and to afford therapy and counseling services to each patient.
- 3) Draft and implement administrative and clinical policies.
- 4) Designate/hire a medical director with specific responsibility to oversee all aspects of the operation of HKD.
- 5) Review the credentials of all staff, including physicians, affording care to patients.
- 6) All denied claims, including claims denied over the past year (or the applicable time frame for appeal), should be reviewed and appealed, if appropriate, to maximize revenue.

Respectfully submitted,



Arthur E. Peabody, Jr.  
Patient Care Ombudsman



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March 27, 2018

<sup>29</sup> The Administrator indicated that on her arrival at the facility on January 2, 2018, compliance with HIPAA was, at best, uneven.

### CERTIFICATE OF SERVICE

I, Richard A. Mestone, hereby certify that on this day, I electronically filed the attached Notice of Filing of the Patient Care Ombudsman's Report and the Report of the Patient Care Ombudsman with the United States Bankruptcy Court for the District of Massachusetts using the CM/ECF system. I have served true and correct copies of the foregoing documents only via the CM/ECF upon the United States Trustee, Counsel for the Debtor, and individuals who have filed notices of appearance and requests for notice in the Court's CM/ECF data base.

/s/Richard A. Mestone  
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