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2 **THE UNITED STATES BANKRUPTCY COURT**  
3 **FOR THE WESTERN DISTRICT OF TEXAS**  
4 **SAN ANTONIO DIVISION**

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6 **In re:** § **Chapter 11**  
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8 **SUPERIOR HOME HEALTH** § **Case No. 18-50599**  
9 **OF SAN ANTONIO, LLC** §  
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11 **Debtor** §  
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16 **Third Patient Care Ombudsman Visit to**  
17 **SUPERIOR HOME HEALTH OF SAN ANTONIO, LLC**

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19 **Background**  
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21 On March 16, 2018, the Superior Home Health of San Antonio, LLC (Debtor) filed a  
22 voluntary petition for relief under Chapter 11 of Title 11 of the United States Code, 11  
23 U.S.C. §§ 101-1330 (as amended, the “Code”) as “Small Business” bankruptcy debtors.  
24 Dr. Thomas A. Mackey was appointed as the Patient Care Ombudsman (PCO) with the  
25 intent of evaluating and reporting to the Court on the quality and safety of patient care.  
26 Dr. Mackey is a Registered Nurse and Nurse Practitioner with 44 years of clinical,  
27 teaching, business and administrative experience and has provided PCO services since  
28 2012 for hospital, nursing home and home health care agency cases. The PCO was  
29 directed to submit bi-monthly reports to the Court.

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31 Quality and safety of care from home health care agencies are linked to medication error  
32 avoidance, fall prevention, hospital re-admission reduction, nurses work environment  
33 (shared decision making regarding patient care processes), outcomes based quality

34 improvement programs, and high patient satisfaction scores. Hospice quality and safety  
35 of care are linked to patient experience measures (Hospice Consumer Assessment of  
36 Healthcare Providers and Systems) as well as screening and treatment measures found on  
37 the Hospice Item Set (treatment preferences, beliefs/values addressed, pain screening and  
38 assessment, dyspnea screening and assessment, and patients treated with opioids who are  
39 given a bowel regimen). Both measures are routinely reported via the Hospice Quality  
40 Reporting Program emanating from the Centers for Medicare and Medicaid Services  
41 (CMS). The PCO visit concentrated on assessing how well the Debtor's organizational  
42 structure, operations and functioning address the above indicators for home health and  
43 hospice care.

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**Executive Summary**

48 For the sake of the Court, the following summarizes the significant points of the PCO  
49 visit on November 26, 2018.

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1. The quality and safety of patient care by the Debtor continues to be delivered in a manner equal to/better than what was delivered prior to the PCO's first visit. There is no apparent decrease in quality, safety or types of services from what existed prior to the filing.
2. As mentioned in the previous PCO report, the Debtor's licenses from the Texas Department of Aging and Disability Services (DADS) for all Facilities are still current. DADS was scheduled to visit for re-certification back in August, 2018 but delayed all statewide recertification's until computer issues at the State office are resolved. DADS will reschedule a visit in the near future.

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3. The Debtor continues to improve quality of patient care with a “Drive for 5” campaign directed at improving the CMS Quality of Patient Care Star Ratings.
4. Key indicators of quality and safety (medication error avoidance, fall prevention, hospital re-admission reduction, nurses work environment outcomes based quality improvement programs, and high patient satisfaction scores) are still being addressed by key staff members.
5. Since May 2018 the number of active patients noticeably increased from 471 to 701.
6. The total number of employees increased from 106 to 119 since July 2018.

**Overview**

Debtor was formed on October 11, 2006 and provides home health nursing care services for patients recovering from injury, surgery, or otherwise needing medical services at their homes. The Debtor also operates three licensed hospice care Facilities caring for patients nearing end of life. Home health and hospice services provided by the Debtor are located in Facilities in various Texas cities: San Antonio, McAllen, Harlingen, Del Rio, Brownsville, Uvalde, and Eagle Pass. Belinda Juarez, RN BSN (Owner) is the majority owner and Chief Executive Officer for Facilities named in the Chapter 11 motion.

104 Reorganization efforts by the Owner continue. The reorganization efforts are described in  
105 previous PCO reports. Over the last four PCO visits the number of patients has steadily  
106 increased from 471 to 701.

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108 The PCO visited with the Alternate Administrator in the San Antonio Facility on  
109 November 26, 2018 and had a phone conversation with the Regional Director of Clinical  
110 Services (RDSCS). Materials from the other Facilities were sent to the San Antonio office  
111 for review by the PCO. The PCO did not feel it necessary to visit each Facility to verify  
112 quality and safety of patient care is occurring. During a previous PCO visit individual  
113 Facility administrators brought requested pertinent records to the San Antonio Facility  
114 and were interviewed. During the current PCO visit Facility administrators provided  
115 requested supporting documentation to help verify operations at the other Facilities. No  
116 personal (i.e. patient/employee) data/information was removed from the office and the  
117 PCO did not evaluate any financial information related to the Debtor's Facilities.  
118 However, finances do not appear to be affecting quality and safety of patient care.

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**Acknowledgement of Debtor Cooperation**

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123 The PCO consistently experienced cooperation and candor at all levels of the Debtor's

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125 Organization. Staff were open and forthcoming with requested information.

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127 Staff do not believe the Chapter 11 proceedings have compromised patient quality or

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129 safety of care. For example, administrator requests from the various offices to hire new

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131 nurses or office personnel are readily granted as needed. The PCO viewed evidence of

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133 new employee hiring via human resource files.

**Goals and Description of PCO's Visit**

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The PCO visited the San Antonio Facility on November 26, 2018 for the fourth time during the current Chapter 11 process. The goals of the visit were:

1. To determine and document the safety and quality of care being provided to patients by the Facilities
2. To determine if safety and quality of patient care is/is not being compromised as a result of Chapter 11 proceedings
3. To evaluate progress on prior PCO visit recommendations to improve quality and safety of patient care

To achieve the above goals the PCO met with the Alternate Administrator over a six hour period of time. During the on-site visit the PCO examined the following: organizational charts for the Facilities, in-service training logs, patient satisfaction surveys, infection control logs, incident reports, safety manuals, patient charts, policies and procedures, personnel files, nurses' schedules, tuberculosis skin test files of employees, quality improvement plans, and CMS reports.

**Operations and Personnel**

One Policy and Procedure manual is common to all Facilities within the organization. No changes since May 14, 2018 have been made. Organizational charts for various Facilities were updated as recently as 11/18/18.

159 Some employees have terminated, or been terminated, since the last PCO visit but others  
160 have been hired in replacement. There are more employees now (119) than at the last  
161 PCO visit (112) corresponding with the increase number of patients. Consequently, there  
162 has been no reduction in staff.

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164 The number of daily patient visits for some nurses has increased over the past couple  
165 months. However, the PCO feels there is no compromise in quality or safety of care  
166 based on the total number of patients and reasonable nurse-to-patient workloads. Nurses  
167 making home visits are hired on a full and part-time basis and have a caseload of 1-11  
168 patients per day depending on multiple circumstances. The average number of daily visits  
169 per nurse is 4-6. A caseload of 1-10 patients represents the industry standard to allow for  
170 high quality and safe patient care. The PCO viewed, in detail, multiple nurses' daily  
171 schedules from San Antonio, Del Rio and Eagle Pass to verify the above. Debtor does not  
172 hire or use contract nurses from other agencies. The Debtor has plenty of personnel to  
173 service the number of patient visits.

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176 Personnel files were viewed for completion of usual human resource content and found to  
177 be up to date. Copies of nurse licenses are included in the personnel files. The policy and  
178 procedure to verify nursing skills is current and implemented. Electronic personnel files  
179 still contain verification checks when the nurse is hired and periodically checked.

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### **Patient Care, Safety and Quality Control**

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188 The Debtor's San Antonio Facility license from the Texas Department of Aging and

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190 Disability Services (DADS), while expired, is still current since there has been no site  
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192 visit by the licensing agency. Apparently, a computer issue exists with DADS and the  
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194 Debtor has a letter on file indicating a site visit will occur when the problem is fixed in  
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196 the near future. Until such time as a visit occurs the Facility is authorized to continue  
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198 services.

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201 In-service training logs were viewed by the PCO and topics regularly discussed included:  
202 patient rights, fall prevention, wound care, co-ordination of care, pain management, use  
203 of restraints, etc. Of great importance, there is evidence of training related to many of the  
204 most important indicators of quality and safety: medication error avoidance, fall  
205 prevention, infection control, and patient satisfaction.

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208 The PCO noted the number of patient satisfaction surveys from three Facilities remains  
209 about the same as during the previous visit. Such participation is a very strong indicator  
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211 there is a positive culture of process improvement related to improving patient outcomes.

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214 While patient satisfaction is not a clearly defined concept, it is identified as an important  
215 quality outcome indicator to measure success of the delivery system. The surveys viewed  
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217 were well above average.

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220 As another quality indicator, there were many OASIS reports submitted by the Facility  
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222 since the last PCO visit. Documents show a very satisfactory accuracy rate.

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225 The anticipated upcoming DADS survey will be very thorough and include a time-  
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227 consuming review of patient charts. At the next visit the PCO will evaluate the DADS  
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229 report for potential quality/safety issues as related to actual patient care.

230 Approximately eight months ago the Debtor created a new position by appointing one of  
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232 the nurses to be the Region Director of Clinical Services (RDCS). Such a leadership  
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234 position is a very positive step in assuring quality and safety of patient care. Previously,  
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236 the PCO interviewed the employee who has been the administrator of a home health  
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238 agency in the past yet has very little formal training to actualize her job description.  
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240 For the fourth visit the PCO interviewed the RDCS via telephone, as she was ill on the  
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242 day the PCO visited. The job description includes monitoring infection control, patient  
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244 complaints, missed nurse visits, supervision of the Quality Assurance Priority  
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246 Improvement Program, oversight of the safety committee, sitting in on case conferences at  
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248 each Facility and creating in-services for staff. Since the last PCO visit the RDCS  
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250 completed an on-line Infection Control for Healthcare Educators course and continues to  
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252 use a consultant to improve knowledge and job functioning in designated patient quality  
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254 and safety areas with the staff. In particular, the RDCS focuses on training staff to  
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256 appropriately complete OASIS evaluations on patients. The RDCS is now registered for  
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258 more continuing education courses with the Texas Society of Infection Control and  
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260 Infection (TSICI). The PCO believes continued involvement and training with TSICI will  
261  
262 greatly enhance quality and safety of patient care with the Debtor Facilities.  
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264 Incident and fall reports from the various Facilities were reviewed. Above all, the PCO  
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266 noted the Alternate Administrator at the San Antonio Facility focused on falls as  
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268 evidenced by specific patient chart documentation. Other Debtor Facilities are  
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270 encouraged to be as specific with documenting plans to prevent patient falls in the future.  
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276 **Update on Previous Findings and Recommendations**

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278 FINDING #1

279 There is no up to date TB screening policy yet developed and adopted by the Facility.

280 RECOMMENDATION #1

281 Develop, adopt and implement a new tuberculosis screening policy.

282 PROGRESS ON FINDING #1

283 The RDCS created a new, very thorough, TB screening policy and procedure reviewed

284 by the PCO. Once incorporated into the Policy and Procedure manual no further

285 recommendation exists.

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287 FINDING #2

288 There does not appear to be a clear policy regarding flu shots for employees with patient

289 care contact.

290 RECOMMENDATION #2

291 Develop, adopt and implement before flu season begins a new policy based on CDC

292 guidelines related to flu shots for employees with patient care contact.

293 PROGRESS ON FINDING #2

294 The RDCS created a new, very thorough, flu vaccine policy and procedure reviewed

295 by the PCO. Once incorporated into the Policy and Procedure manual no further

296 recommendation exists.

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299 **Visit Summary and Recommendations**

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301 In general, systems and personnel are in place to continue providing quality safe care to

302 patients of the Facilities. The PCO believes the Facilities are currently providing quality  
303 safe care. At this time, the PCO is satisfied with corrective actions on those issues and  
304 believes the infrastructure now in place provides a permanent solution for continued  
305 delivery of safe quality care.

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307 For sustained improvement in patient care and safety, the PCO recommends continued  
308 support for continuing education for the RDCS. The Debtor is encouraged to provide  
309 avenues/opportunities for the RDCS to obtain formal training in such areas as infection  
310 control, patient safety issues, quality assessment and process improvement.

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312 At the next visit in November the PCO will review progress on the above  
313 recommendation and determine if overall levels of patient safety and quality of care are  
314 being maintained or improved.

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316 Respectively submitted by

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323 September 29, 2018

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