

Joseph J. Tomaino
Grassi Healthcare Advisors LLC
488 Madison Avenue
New York, NY 10022
(212) 223-5020
Patient Care Ombudsman

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

**HBL SNF LLC d/b/a Epic
Rehabilitation and Nursing at White Plains**

Debtor

CHAPTER 11

Case No. 21-22623 (SHL)

**THIRD REPORT OF
JOSEPH J. TOMAINO
AS PATIENT CARE OMBUDSMAN**

I, Joseph J. Tomaino, the duly appointed Patient Care Ombudsman (“PCO”) appointed by the United States Trustee pursuant to an order of the Court entered in the above-captioned bankruptcy cases, file this third report pursuant to 11 U.S.C. § 333 (b)(2). This case involves HBL SNF LLC d/b/a Epic Rehabilitation and Nursing at White Plains (“Epic”) a licensed 160 bed skilled nursing facility located at 120 Church St., White Plains, NY.

Approach

On June 13, 2022, the PCO made a site visit and toured the facility, interviewing several patients, staff, and administration. The PCO also made several other calls to the administrator during this two-month period to inquire on any impact of the bankruptcy on operations. The PCO participated in status conferences and mediation sessions between the parties as well to monitor for potential impact of the case on the residents in the facility.

Findings

The PCO toured the facility lobby area where appropriate Covid screening activity was observed being performed. The PCO contact information and binder with notices and reports was noted on the desk next to the binder with the State Survey Results. The PCO also toured two resident care units—the memory care unit and the short-stay rehab unit. The facilities were clean and there were no odors. Equipment appeared to be in working order. Meal pass was observed, and several residents were interviewed. These residents verbalized satisfaction with their care and the quality of the food. They were all fully dressed and in common dining areas.

Three nursing staff were interviewed and were asked if there has been any difficulty obtaining needed equipment, supplies or medications for resident care. They all denied any difficulty. Linen and supply carts were examined, and adequate supplies noted. Medications were observed being administered and the nurse reported no issues with pharmacy deliveries. Staff were observed interacting and engaging with residents. No activities were noted in progress; however, this was expected as the tour was performed during lunch hour.

The Director of Nursing was interviewed on ability to staff the units appropriately. She related that the facility continues to encounter the same issues all facilities are experiencing right now with challenges recruiting and retaining staff. She stated that she can provide appropriate staffing even with these challenges. On the tour of the facility, staff were observed actively engaged with residents and no shouting out or unanswered call lights were observed. She reported that Covid was not an issue in the building at present, and that congregate dining was being restored in main dining room for lunch and plans were underway to expand to dinner.

On phone interviews, the facility administrator reported no issues meeting payroll or operating related financial obligations. He said that the bankruptcy has no effect at all on the facility and is related to a landlord / financing dispute. The facility does have some vacant beds, like other facilities in the area.

Complaints

No resident, family, or staff complaints were received by the PCO during this period. The PCO maintains and monitors a hotline for complaints.

Risk Assessment

This PCO assesses each debtor he is appointed to monitor for level of risk. Based on this level of risk, he plans an appropriate level of monitoring. The PCO assigns the debtor to one of three categories of risk-- low, medium, or high. The level is based on data collected

and interviews with management, patients, and staff. This initial determination of level of risk may be adjusted as findings either improve or deteriorate. These three potential levels are outlined below:

- Low-level risk evidenced by transparent reporting, and no observable staffing, supply or quality of care issues that are not readily resolved.
- Mid-level risk evidenced by transparent reporting with some significant observable staffing, supply, or quality issues, or lack of transparent reporting.
- High-level risk evidenced by significant staffing, supply, or quality issues observed, or risk of partial or full closing of services.

Healthcare debtors can move between levels of risk over the course of the bankruptcy, and the risk level will continue to be reassessed with each encounter between the PCO and the facility.

In the case of this debtor, there appears to be no difficulty currently meeting payroll obligations, nor with obtaining supplies, medications, vendor services, etc. There are no reported or observable staffing, medical records, or quality of care issues. The debtor and management have been cooperative, and communication with the PCO appears to be transparent.

Based on the above findings made during this monitoring period, the risk level at this time is determined to be low.

Monitoring Plan

Based on the low-level risk determination, the PCO will implement the following monitoring plan for the next 60-day period:

- Monthly on-site tour of the facility and interviews with key staff and residents
- Review of quality assurance reports from each facility
- Maintain phone and email hotline posted in facility and investigate any complaints from patients, families, or staff
- Monitoring of operating reports and other filings in the case for potential red flags
- Monitor status conferences with attendance periodically as needed or requested by parties
- Written report to court submitted at the end of the two months

Consistent with requirements outlined in Federal Rule of Bankruptcy Procedure 2015.1-1, notice of this report will be served on each entity that issues licenses or regulates the debtor. In this case, that is the New York State Department of Health. A copy will also be sent to the New York State Long Term Care Ombudsman.

The PCO will make his next report in sixty (60) days or sooner, if circumstances warrant.

Dated: June 16, 2022
New York, New York

JOSEPH J. TOMAINO, SOLELY IN HIS
CAPACITY AS THE COURT APPOINTED
PATIENT CARE OMBUDSMAN

/s/ Joseph J. Tomaino
JOSEPH J. TOMAINO