

**IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT
OF DELAWARE**

In re:)	Chapter 11
QUORUM HEALTH CORPORATION., et al. (KBO))	Case No. 20-10766
Debtors.)	Jointly Administered

PATIENT CARE OMBUDSMAN’S FIRST REPORT

In accordance with Section 333(b)(2) of Title 11 of the United States Code (the “Bankruptcy Code”), Daniel T. McMurray (the “Ombudsman”), the Patient Care Ombudsman appointed in the above-captioned Chapter 11 cases, submits this first report (the “Report”) on the quality of patient care.

I. Introduction

The Ombudsman was appointed by the United States Trustee on April 14, 2020, pursuant to an Order of the Court in accordance with Section 333(a)(1) of the Bankruptcy Code, (the “Appointment Order”). As set forth in Section 333(a)(1) and in the Appointment Order, the Ombudsman was appointed to monitor the quality of patient care provided to patients of the Debtors.

During this initial reporting period, April 14, 2020 through June 13, 2020, the Ombudsman worked closely with members of the Debtors’ corporate staff to review the structures and models utilized by the Debtors to measure, monitor, and manage the quality of services provided to those cared for at the Debtors’ operating centers.

The Ombudsman conferred numerous times with the senior staff of the Debtors' and with members of the operational staff charged with operational control and management, measurement, and improvement in quality.

In addition, the Ombudsman undertook several communications with his counsel, Debtors' counsel and the Office of the United States Trustee to review matters of importance to the Ombudsman's efforts to review quality and the provision of services to the Debtors' patients. The Ombudsman's access to Protected Health Information was provided in the Appointment Order and facilitated the Ombudsman's efforts to review protected information. The Ombudsman is monitoring each of the 23 hospitals, the 3 nursing homes, the ambulatory surgical centers, and other Quorum-related service provider entities.

II. Background of the Cases and the Debtors

Quorum Health Corporation and its affiliates (collectively "QHC or the "Debtors") provide hospital, long-term care, and outpatient healthcare services in rural and mid-sized markets across 13 states. QHC owns or operates at least 23 hospitals, 3 long term care facilities, 7 outpatient centers and various other provider entities, through which it has a total of 1,950 licensed beds. These facilities are centrally managed by the Debtor QHCCS, LLC. In addition, the Debtors provide a wide range of hospital management advisory and healthcare consulting services through its subsidiary Quorum Health Resources LLC("QHR").

QHC's business is believed to be fundamentally healthy and functional. QHC is operating with a highly leveraged balance sheet. This has been true since QHC's inception. The size and expenses of the operations of QHC, as well as current industry dynamics, have led to a liquidity shortfall and have negatively impacted QHC's ability to operate its business, while simultaneously servicing its more than \$130 million in annual debt-service obligations.

The continued operation of QHC is important for the health and safety of the patients in the communities it serves. Many of the QHC's hospitals and its other providers are the sole healthcare providers for patients located in

their respective markets. Access to a hospital and other sources of care in these communities has been demonstrated to have a positive effect on the communities served and directly on the health of patients, as increased distances to emergency rooms and other services have been demonstrated to negatively impact health outcomes for patients, including lower survival rates, increased hospital length of stays and reduced compliance with follow-up appointments and other post-interventional activities. Even a temporary closure of QHC's hospitals would, in many cases, result in significantly increased travel times for the patients. In addition, access to physician care provided through QHC in these communities offers the benefits of much needed primary care services, as well as access to specialists.

In addition, the communities served by QHC are particularly reliant on the economic impact of QHC's business operations, often serving as one of the area's largest employers.

At this moment, QHC's operations often are a key source of treatment for two serious health threats -- the opioid epidemic which has rapidly spread to rural and mid-sized communities. and a community's preparedness and ability to address the novel coronavirus (COVID-19), which has proven to be highly contagious and lethal. As most are aware, this virus often has a lengthy incubation period, during which time individuals may be contagious, but not show symptoms, making the disease difficult to contain. There is significant concern, as the virus spreads to more rural type areas, communities with limited healthcare delivery resources will face considerable difficulty in addressing the disease.

Regarding the opioid crisis, one component of addressing the increased age-adjusted, opioid-related mortality rate in rural and mid-sized communities is access to competent healthcare providers for the people in the affected communities. As a QHC delivery service is frequently the only healthcare system in the area, QHC facilities and services play a key role in certain communities' plans to address and mitigate the effects of the opioid crisis.

Corporate Operational and Finance Issues

QHC was challenged by the same problems facing most healthcare providers, including reimbursement issues, staffing issues, reduced census, and escalation in the general cost of providing services.

To address the pressure faced by the organization, QHC undertook the following actions:

- divesting or closing 15 underperforming hospitals,
- initiating operational turnaround efforts,
- transitioning the operation of the revenue management system from Community Health Systems, Inc., from who QHC purchased its facilities,
- extending facility hours, adding physicians and nursing staff, marketing in new areas, pursuing strategic partnerships, and altering offered services and capabilities,
- actively renegotiating contracts with patients' insurance carriers to optimize the payments,
- decreasing expenses by reducing the operating costs of certain departments, primarily through staffing optimization and reduction, and the reduction of QHC corporate staff.

QHC had taken such steps to address the matters outlined above; however, as noted, the pressures of the capital structures on QHC, and the unique circumstances of the operational challenges facing small and rural providers, combined with the various external pressures noted, QHC was faced with the need to utilize chapter 11 filings.

The extensive debt-service obligations diverted management's attention and strained QHC's ability to reinvest in its operations and facilities. These issues, it was determined, would be best addressed through a financial restructuring, which enabled the operations to continue with minimal impact.

III. The Monitoring Process

A. Current Operations Overview

During this reporting period, most of the Debtors' operations remain open and functional and continue to provide services to patients and the communities, which QHC has served and continues to serve.

B. Review of Activities for Systems and Processes Utilized by the Debtors to Monitor and Measure Quality in their Operations.

Generally, a patient care ombudsman undertakes a review of the clinical and operational systems, which are utilized to monitor and measure the quality of care delivered to patients and to ensure the systems are appropriate and functioning as designed. Such systems provide daily indication the services provided to patients are meeting the standards established by various external agencies, as well as those developed by the service industry and the organization itself. Such systems help to ensure the entire organization is operating in an integrated and appropriate fashion on a day-to-day basis. If quality of care were beginning to deteriorate and if these systems are functioning properly, these systems would provide the early warning signs that a problem existed. This would enable everyone responsible for ensuring the quality of care to undertake the necessary actions to protect patients' interests.

Given the unique circumstances of the structure, size and geographical diversity of this clinical operation and the special situation created by the isolation and visitation restrictions required to address the coronavirus (COVID19), the Ombudsman is focusing on the elements of the operational process which are related to ensuring patients are being treated in a manner consistent with their healthcare needs, including safety, consent and appropriate documentation. The Ombudsman is also focusing on the management and retention of, and patient and provider access to, the patient records of the Debtors and is endeavoring to determine whether needed equipment and services will be available to meet patient needs throughout the bankruptcy. For the immediate patient care aspects of the Debtors' operations, the Ombudsman reviews available quality metrics

both at the corporate level and at the local operational level to determine whether quality and appropriateness of service are being maintained.

Areas covered in this review include the following:

1. Regulatory agencies' findings and reports, to be addressed below in the separate report rider for each facility,
2. Risk Management process,
3. Communication network to identify concerns and issues,
4. Health Information Management,
5. Patient Safety,
6. Quality and Performance Improvement measures, including any Quality Improvement/Performance Improvement Plan, infection control reports and the various quality metrics maintained by the Debtors.
7. Corporate Compliance process,
8. Human Resource process.

C. Findings of Review of Activities

QHC is a very complex organization with 135 Debtor entities, consisting of multiple related and "Doing Business As" operations. The Ombudsman reviewed various sources to ascertain which operations were still providing services and appropriate for review.

The Ombudsman determined the following entities were no longer eligible for review, having been sold or closed.

Augusta Hospital, LLC – sold 2018	Augusta Physician Services, LLC – sold 2018
Barrow Regional Medical Center (Barrow Health Ventures) – sold 2016	Georgia HMA Physician Management, LLC – sold 2016
Winder HMA, LLC – sold 2016	Big Spring Hospital Corporation (Affinity Medical Center) – sold 2019

Big Spring Medical Center – sold 2019	Blue Island Clinic Company, LLC – closed 2019
Blue Island Hospital Company (Metro South Medical Center) - closed 2019	Blue Island HBP Medical Group - closed 2019
Blue Island Illinois Holdings, LLC - closed 2019	QHC Blue Island Urgent Care Holdings, LLC - closed 2019
Clinton Hospital Corporation – sold 2018	CSRA Holdings, LLC – sold 2018
Haven Clinton Medical Associates, LLC – sold 2018	Lock Haven Clinic Company, LLC - sold 2018
Georgia HMA Physician Management, LLC - sold 2016	Winder HMA, LLC – sold 2016
Greenville Hospital Corporation (LV Stabler Medical Center) – sold 2018	Greenville Clinic Corporation – sold 2018
Hamlet HMA, LLC – sold 2017	Hamlet HMA Physician Management, LLC - sold 2017
Hamlet HMA PPM, LLC – sold 2017	Lexington Hospital Corporation (Henderson County Community Hospital) – sold 2020
Ambulance Services of Lexington, Inc. - sold 2020	Lexington Clinic Corporation – sold 2020
Lexington Family Physicians, LLC – sold 2020	
Massillon Holdings, LLC – closed 2018	Massillon Health System, Inc. – closed 2018
Massillon Community Health System, LLC – closed 2018	QHG of Massillon, Inc. – closed 2018
QHG of Massillon, Inc - closed 2018	Mckenzie Clinic Corporation – sold 2019
Mckenzie Tennessee Hospital Company, LLC – closed 2018	Ambulance Services of Mckenzie, Inc. – closed 2018
Monroe HMA, LLC - sold 2018	Monroe HMA Physician Management, LLC – sold 2018
Monroe Diagnostic Testing Center, LLC – sold 2018	OHANI Oncology – sold 2018
Sunbury Hospital Company, LLC – sold 2017	Sunbury Clinic Company – sold 2017

Watsonville Hospital Corporation – sold 2019	
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The following entities provide no patient services and therefore no review was undertaken of these Debtors:

QHC ARM Shared Services, LLC	QHC HIM Shared Services
QHCCS, LLC	QHR Development, LLC
QHR Healthcare Affiliates, LLC	QHR Intensive Resources, LLC
QHR International, LLC	Quorum Health Corporation Political Action Committee
Quorum Health Foundation, Inc.	Quorum Health Investment Company, LLC
Quorum Health Resources	Quorum Purchasing Advantage
Quorum Solutions, LLC	Our Healthy Circle

The Ombudsman established the following list of operating entities to be reviewed:

Anna Hospital Corporation (Union County Hospital)	Anna Clinic Corporation
Hospital of Barstow, Inc. (Barstow Community Hospital)	Barstow Healthcare Management, Inc.
QHC California Holdings, LLC	
Big Bend Hospital Corporation	Big Bend Medical Group
Blue Ridge Georgia Hospital Company (Fannin Regional Medical Center)	Hidden Valley Medical
Fannin Regional Orthopaedical Center, Inc.	Blue Ridge Georgia Holdings, LLC
Deming Hospital Corporation (Mimbres Memorial Hospital)	Deming Clinic Corporation
Deming Nursing Home Company LLC	

Evanston Hospital Corporation (Evanston Regional Hospital)	Evanston Clinic Corporation
Forrest City Arkansas Hospital Company (Forrest City Medical Center)	Forrest City Clinic Company, LLC
Ambulance Services of Forrest City, LLC	Forrest City Holdings, LLC
Fort Payne Hospital Corporation, (DeKalb County Regional Medical Center)	Fort Payne Clinic Corporation
Fort Payne HBP, LLC	Fort Payne RHC Corporation
Galesburg Hospital Corporation (Galesburg Cottage Hospital)	Knox Clinic Corporation
Galesburg Professional Services, LLC	
Granite City Illinois Hospital Company, LLC (Gateway Regional Medical Center)	Edwards Ambulatory Surgery Center, LLC (Granite City ASC Investment Company)
Granite City Physicians Corporation	Granite City Clinic Corporation
Granite City Orthopedic Physicians Company, LLC	Granite City HBP Corporation
Marion Hospital Corporation (Heartland Regional Medical Center)	Southern Illinois Medical Care Associates, LLC
Memorial Management, Inc.	River to River Heart Group, LLC
Heartland Rural Healthcare, LLC	
Jackson Hospital Corporation (Kentucky River Medical Center)	Jackson Physician Corporation
Kentucky River Physician Corporation	Kentucky River HBP, LLC
Hospital of Louisa, Inc. (Three Rivers Medical Center)	Three Rivers Medical Clinics, Inc.;
National Health Care of Mt. Vernon, Inc. (Crossroads Community Hospital)	Crossroads Physician Corporation
King City Physician Company, LLC	National Imaging of Mount Vernon, LLC

National Imaging of Cartersville, LLC	
Mckenzie-Willamette Regional Medical Center	Mckenzie-Willamette Regional Medical Center Associates
Mckenzie Physician Services, LLC	MWMC Holdings, LLC
Triad of Oregon, LLC	Springfield Oregon Holdings, LLC
MMC of Nevada, LLV (Mesa View Regional Hospital)	Mesquite Clinic Management Company
Paintsville Hospital Company, LLC (Paul B. Hall Regional Medical Center)	Paintsville HMA Physician Management, LLC
Phillips Hospital Company. LLC (Helena Regional Medical Center)	Phillips Clinic Company, LLC
Red Bud Illinois Hospital Company (Red Bud Regional Hospital)	Red Bud Clinic Corporation
Quorum Health Corporation	
Red Bud Physicians Group, LLC	Red Bud Regional Clinic Company, LLC
Monroe County Surgical Center	
San Miguel Hospital Corporation (Alta Vista Medical Center)	San Miguel Clinic Corporation
Summit Emergency Medicine, LLC	
Tooele Hospital Corporation (Mountain West Medical Center)	Tooele Clinic Corporation
Ambulance Services of Tooele, LLC	CHS Utah Holdings
Waukegan Illinois Hospital Company, LLC (Vista Medical Center)	Waukegan Clinic Corporation
Waukegan Hospital Corporation	Lindenhurst Surgery Center, LLC
Lindenhurst Illinois Hospital Company LLC	
Williamston Hospital Corporation (Williamston Medical Center)	Williamston Clinic Corporation
Williamston HPB Services, LLC	

During this initial reporting period, the Debtors' operations in the facilities listed immediately above remain open and functional and continue to provide services to patients and their communities, as permitted under the protocols in place to manage the threat of cross infection from coronavirus.

Communications Network

The Ombudsman worked with the debtors to ensure the Notice of his appointment was posted in each of the Debtors' operating entities.

The Ombudsman established dedicated communications modalities to facilitate access to him for patients, patients' families and others concerned about patient issues. The communication channel consists of an 800-exchange telephone number and a specific e-mail address. Notice of these communication alternatives were posted in each of the Debtors' operating entities at the same location as the Notice of Appointment.

During this initial reporting period the Ombudsman, surprisingly, received only two (2) telephone communications. One was a general inquiry concerning the notices the Debtor provided to current and former patients, as apparently required by the Court. The second phone call focused on a billing issue. QHC is following up directly with the individual. QHC has provided confirmation of the actions taken to address the issues noted during the phone call.

It is the Ombudsman's speculation the relative lack of calls could be attributable to the reduced presence of non-patients, including family members, in the common, non-clinical areas of the facilities during the coronavirus pandemic.

Quality and Performance Improvement Measures, Corporate Overview

As noted, to begin the review process, the Ombudsman communicated with the senior staff of the Debtors and with members of the operational staff charged with operational control and management, measurement, and improvement in quality.

The review was initiated with an overview of the corporate structure developed to measure, monitor, and address the management of quality matters and to conduct performance improvement as outlined in the corporate organizational charts. The Ombudsman reviewed the structure in various discussions with the individuals charged with leading and directing the organization's efforts at performance improvement and the management efforts to maintain and enhance the delivery of first quality services to those served by QHC. The Ombudsman held conferences with Martin Smith, COO, Charles Reece, VP, Chief Quality Officer, Hal McCord, SVP and General Counsel and Secretary, Edwin Coms, SVP Physician Services, Alfred Lumsdaine, CFO, Stacey Donegan, SPV & Chief Risk Officer, Terry Johnson, SVP Human Resources and Patty Lawson, Health Information Director, Informatics. The QHC staff provided detailed examples of reports, minutes and communications demonstrating the corporate oversight and leadership of the efforts to measure, monitor and improve quality and performance at all levels within the organization.

Corporate Quality Assessment and Performance Improvement

The Ombudsman reviewed QHC's **Corporate Quality Assurance and Performance Improvement Plan for 2020**. It sets the foundation for tracking the full array of quality improvement initiatives, such as measures utilized to monitor and identify issues requiring further analysis reflected in the various management committees or communication channels. It addresses problems demonstrated through the quality improvement process or identified through event or complaint analysis. These initiatives are developed internally and are also recommended through outside agencies such as the Joint Commission, state regulatory agencies, and other accrediting bodies.

QHC has also developed a program to address accreditation preparation, the **Accreditation Oversight process**, which includes a written plan, specific structured action plans, evaluation, development of a corrective action process for addressing shortcomings identified and a reevaluation process to ensure modifications, to ensure improvements have been

implemented and continue to function as intended. The Ombudsman reviewed the plan in detail, as well as the actual process of identification of issues, development of plans of correction, implementation and follow up monitoring.

As part of the Ombudsman's review of QHC Quality Management structure and operation, he reviewed the Accreditation summary report for January 2020 and the QHC anticipated Accreditation schedule for April 20, 2020. It should be noted that the Joint Commission, State licensure and other accrediting agencies suspended their respective review processes due to the coronavirus pandemic.

In the opinion of the Ombudsman, QHC's Corporate Quality Assurance and Performance Improvement Plan for 2020 and QHC's Accreditation Oversight process and 2020 operational plan are well developed, thorough programs for addressing QHC's efforts at maintaining and improving the quality of services delivered to patients and communities served by Quorum Health Corporation.

Risk Management and Patient Safety

The Ombudsman reviewed QHC's approach to risk management and patient safety with Stacey Donegan, SVP & Chief Risk Officer. Ms. Donegan provided an overview of corporate and institution risk management plans. The Ombudsman reviewed the risk management patient safety structure, current insurance coverage, and the interplay, if any, of insurance with the Debtors' pending plan of reorganization. QHC's approach to tracking event occurrences, causality, and mitigation, as well as complaints and samples of the complaint log were reviewed. Ms. Donegan also reviewed loss run analysis, litigation history and risk mitigation programs.

In the opinion of the Ombudsman, the Risk Management Program was thorough and provided clear insight into the management of risk by QHC and the program's integration into the corporation's efforts to maintain and improve quality.

The Ombudsman performed a detailed analysis of the QHC Loss Run report for the New Mexico region through April 10, 2010 and the May 1, 2020 updated insurance coverage for QHC New Mexico operations.

The Ombudsman also reviewed the Workers Compensation Loss Run Report through the week ending May 4, 2020.

The Ombudsman found no issues of note during these reviews.

Health Information Management

The Ombudsman reviewed the management of protected health information with Patty Lawson, Director of HIM, Informatics. QHC has a thorough approach, as outlined in its HIM policies and procedures, regarding the management and security of protected health information. QHC has not experienced any breach events.

Ms. Lawson explained that QHC utilizes a decentralized approach to managing and storage of medical records. Records are maintained, stored, and managed locally by the providers. Only portions of the patients' record are generated and stored electronically. In those components of the QHC system not governed by organized labor agreements, R1, a well-established, medical record management firm is responsible for managing patient record information. In those elements of the organization governed by a labor agreement, records are managed at the local level.

With the assistance of Ms. Lawson and the staff at R1, a process was established to provide the Ombudsman with access to medical records while ensuring everyone's ability to secure and protect the information.

During this reporting period, the Ombudsman reviewed the medical records of twenty-two (22) patients from four (4) institutions.

The Ombudsman reviewed with Ms. Lawson the system-wide report utilized to manage delinquencies in medical records. The review demonstrated that QHC faces the same challenge all healthcare providers must address. QHC's approach and systems effectively deal with ensuring all documentation is both complete, legible, and timely.

In the opinion of the Ombudsman, the Health Information Management process developed by QHC is well structured, thorough, and well managed. It ensures the creation, completeness, and timeliness of the patients' records. Appropriate access is provided while maintaining the privacy of protected information.

Corporate Compliance

The Ombudsman reviewed the Corporate Compliance Program with Brian Burton, Director of Corporate Compliance, Meredith Box, Director of Corporate Compliance and Renee Luna, Manager of Corporate Compliance. The Corporate Compliance Plan was reviewed in some detail. Included in the process was a review of mandates and agreements. A review of the periodic reports and data was undertaken and demonstrates compliance with requirements of the noted mandates and agreements. The QHC Compliance Risk Plan was also reviewed. This plan and process examines each area identified as a potential risk, specifies the nature of the risk, provides a determination, where in the organization the risk element resides, the source of the risk, the rank of the risk and the actions required to address the exposure and mitigate the risk's occurrence.

The Compliance Auditing Process and Monitoring Activities Plan and report for 2019 was reviewed.

The Compliance Committee Report issued February 13, 2020 was also reviewed. The report provides significant detail on the efforts to meet the compliance and privacy standards of the organization and underpins the foundation for QHC's 2010 Compliance Risk Plan.

There were no unaddressed issues identified during the review process.

Activity of the QHC Board of Directors and Associated Committees

The Ombudsman reviewed the activity of the QHC Board of Directors and associated committees regarding maintaining and managing quality in the delivery of services.

Review of the QHC's Corporate Bylaws was performed with a focus on quality assessment and performance improvement.

A review of Medical Staff Bylaws was conducted, including an emphasis on Peer Review, Ongoing Professional Practice and Evaluation and Focused Professional Practice Evaluation. The review included a review of Medical Staff Rules and Regulations, QHC approach to a Fair Hearing Plan and Process, Policies and Procedures regarding Practitioner Wellness and Policies and Procedures regarding Behavior that undermines a Culture of Safety. The review included operations conducted in both Departmentally and Non-Departmentally organized organizations.

A review was conducted of the minutes of Patient Safety & Quality of Care Committee of the Board of Directors for the dates of February 13, 2019, May 30, 2019, September 12, 2019, December 5, 2019, and February 13, 2020.

In the Ombudsman's opinion the Board of Directors, through its committee structure, is actively participating in identifying, addressing, and resolving quality and performance issues. The QHC approach is thorough, active, and organization-wide, reaching the most remote and smallest operational activities and ranging through the entire operational process right to the highest corporate echelons.

Human Resources

The Ombudsman reviewed the process for ensuring all the licenses, certifications, registration, and accreditations for each operational element and all employees are monitored to ensure compliance with required regulatory, performance and quality standards.

The Ombudsman determined, when issues are identified, QHC and its operational components take the appropriate steps to address and rectify the issues promptly.

Court filings

The Ombudsman reviewed both monthly operating reports filed with the Court, primarily the report covering the full month of April, to ascertain whether QHC might at some point prior to the implementation of the Plan face a situation in which resources might be scarce, potentially impacting patient care, availability of services or quality of service. The Ombudsman found no indication of any impending problem.

The Ombudsman reviewed the Objection filed by Cigna Health and Life Insurance Company and related entities and HealthSpring Life and Health Insurance Company related to potential impact of any proposed decision to reject the contractual relationships between QHC and these organizations and its potential impact on patients. It is the Ombudsman's understanding, following inquiry by his counsel, the Objection has been resolved in a manner that will prevent any adverse impact upon patients.

Considering certain references to patients and/or former patients of the Debtors, the Ombudsman also reviewed the request from the Debtors' Motion to Seal certain specified documents maintaining the confidentiality of Creditors and employees and the objection by the United States Trustee to the motion. The Ombudsman made further inquiry regarding certain communications between patients and agents of the Debtors. He did not find evidence of a systemic problem.

Summary

This Report is a summary of numerous interviews and document reviews, including review of patient medical records, conducted by the Ombudsman. The Debtors' management and staff were cooperative in providing information, producing data and reports, and responding to questions in an honest and open fashion. The Ombudsman has made a best effort within the unique parameters created by the COVID-19 pandemic and within the time, financial and logistical constraints, to conduct a review and assessment of the quality of care delivered by Quorum Health Corporation. The Ombudsman will continue to monitor the quality of services provided to the patients served by QHC providers. After careful review, it appears no significant issues were identified during this initial reporting period regarding the quality of care provided by the Debtors.

Finally, the Ombudsman respectfully refers the Court, and other readers of this Report, to the subsequent pages, which contain separate reports on each individual QHC facility.

/s/ Daniel T. McMurray

Daniel T. McMurray, as

Patient Care Ombudsman

in the Above-Captioned Cases.

Anna Hospital Corporation (Union County Hospital) (Critical Access Hospital and Nursing Care Center) and Anna Clinic Corporation.

Located in Anna, Illinois

Joint Commission

The Ombudsman reviewed the findings of the Joint Commission Laboratory Survey from 4/3/2018 through 4/5/2018 – there were no significant deficiencies. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation.

The Ombudsman reviewed the findings for Anna Hospital Corporation Critical Access Hospital and Nursing Care Center Joint Commission Survey from 3/2/2020 through 3/4/2020. There were no significant deficiencies noted for the Critical Access Hospital and no significant deficiencies for the Nursing Care Center. It should be noted, the Nursing Care Center received only three citations, all of which were minor. The hospital submitted a Plan of Correction addressing the deficiencies noted for both the Critical Access Hospital and the Nursing Care Center. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation.

Illinois Department of Public Health (IDPH)

The IDPH conducted an Annual Health Inspection of the Nursing Care Center on August 9, 2019 to determine compliance with federal certification requirements for nursing home participation in the Medicare/Medicaid programs. IDPH determined the Nursing Care Center was not in substantial compliance. The facility submitted a Plan of Correction, which was accepted by IDPH, and on 8/21/2019 the facility received notice from IDPH that the facility had achieved the status of “Substantial Compliance” with all the health regulations.

On August 19, 2019, IDPH conducted an Annual Life Safety Code (LSC) inspection of the Nursing Care Center to determine compliance with federal certification requirements for nursing home participation in the Medicare/Medicaid programs. IDPH determined the Nursing Care Center was not in substantial compliance. The facility submitted a Plan of Correction, which was accepted by IDPH and on 8/21/2019 the facility received notice from IDPH that the facility had achieved the status of “Substantial Compliance” with all the health regulations.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey

The HCAHPS is a survey instrument and data collection methodology for measuring patients’ perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients’ experiences. The results are a secondary measure of quality, as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for 2019. Union County Hospital was rated in the third quartile for each quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Anna Hospital Corporation (Union County Hospital) (Critical Access Hospital and Nursing Care Center) and its related operations is declining during, or as a result of, the bankruptcy process.

**Hospital of Barstow, Inc. (Barstow County Hospital), Barstow
Healthcare Management, Inc., QHC California Holding, LLC**

Located in Barstow, CA.

Joint Commission

The Ombudsman reviewed the findings of the Barstow County Hospital Joint Commission Survey from 11/13/18 through 11/15/2018. There were no significant deficiencies noted. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 11/13/2018 through 11/15/2018 – one (1) significant deficiency was cited. The hospital submitted a Plan of Correction addressing all the deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for 2019. Barstow County Hospital was rated in the middle of the third quartile for each quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Hospital of Barstow, Inc. (Barstow County Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

Big Bend Hospital Corporation (Critical Access Hospital)

Located in Alpine, TX

Joint Commission

The Ombudsman reviewed the findings of the Big Bend Regional Medical Center Joint Commission Survey from 1/28/2019 through 1/30/2019. There were no significant deficiencies noted. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey on 3/5/2019 through 3/7/2019. There were no significant deficiencies identified. The hospital submitted a Plan of Correction addressing the eight (8) deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for 2019. Big Bend Regional Medical Center was rated in the fourth quartile for each quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Big Bend Hospital Corporation (Critical Access Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

Blue Ridge Georgia Hospital Company (Fannin Regional Medical Center) Hidden Valley Medical Center, Inc., Fannin Orthopaedic Center, Inc. Blue Ridge Georgia Holdings, LLC

Joint Commission

The Ombudsman reviewed the findings of the Blue Ridge Georgia Hospital Company (Fannin Regional Medical Center) Joint Commission Survey from 6/5/2017 through 6/6/2017. There were thirteen (13) deficiencies noted, none of which were significant. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan of Correction and the documentation of the corrections and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 2/12/2019 through 2/15/2019. There were no significant deficiencies identified. The hospital submitted a Plan of Correction addressing the nine (9) limited deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Medical Records

The Ombudsman selected one (1) Medical Record for review. The record was well documented and very thorough. No deficiencies were noted.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure

of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for 2019. Blue Ridge Georgia Hospital Company (Fannin Regional Medical Center) was rated in the third quartile for each quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Blue Ridge Georgia Hospital Company (Fannin Regional Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

Deming Hospital Corporation (Mimbres Memorial Hospital) (Critical Access Hospital), Deming Clinic Corporation, Deming Nursing Home Company

Located Deming, NM

Joint Commission

The Ombudsman reviewed the findings of the Deming Hospital Corporation (Mimbres Memorial Hospital) Joint Commission Survey from 11/13/2017 through 11/14/2017. There were seventeen (17) deficiencies noted, none of which were significant. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan of Correction and the documentation of the corrections and awarded full accreditation as a Critical Access Hospital, including compliance with Medicare certification requirements.

Deming Nursing Home Company was surveyed at the same time as Deming Hospital, from 11/13/2017 through 11/14/2017. There were sixteen (16) deficiencies noted, none of which were significant. The nursing center submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan of Correction and the documentation of the corrections and awarded full accreditation including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 8/8/2017 through 8/10/2017. There were two (2) significant and a total of thirty-one (31) deficiencies identified. The hospital submitted a Plan of Correction addressing all thirty-one (31) of the deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

New Mexico Department of Health

On April 10, 2019, April 12, 2019 and May 8, 2019 the New Mexico Department of Health conducted an Annual Health Inspection and an Annual Life Safety Code (LSC) inspection of the Mimbres Memorial Nursing Home to determine compliance with federal certification requirements for nursing home participation in the Medicare/Medicaid programs. The New Mexico Department of Health determined that the Nursing Care Center was not in substantial compliance. The facility submitted a Plan of Correction and was resurveyed on June 7, 2019 regarding the deficiencies noted in the Health Inspection and was resurveyed on June 26, 2019 and on June 27, 2019 regarding the noted Life Safety Code issues. These resurveys conducted by the New Mexico Department of Health determined that the facility had achieved the status of “Substantial Compliance” with all the health regulations.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients’ perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients’ experiences. The results are a secondary measure of quality as determined by the patients being served and creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for Deming Hospital Corporation (Mimbres Memorial Hospital) (Critical Access Hospital) for 2019. Deming Hospital Corporation (Mimbres Memorial Hospital) (Critical Access Hospital) was rated in the second quartile for two calendar quarters and third quartile for other two quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Deming Hospital Corporation (Mimbres Memorial Hospital) (Critical Access Hospital), Deming Nursing Home Company and its related operations is declining during, or as a result of, the bankruptcy process.

**Evanston Hospital Corporation (Evanston Regional Hospital),
Evanston Clinic Corporation, Evanston Dialysis Center**

Located in Evanston, WY

Joint Commission

The Ombudsman reviewed the findings of the Evanston Hospital Corporation (Evanston Regional Hospital) Joint Commission Survey from 6/3/2018 through 6/15/2018. There were no significant deficiencies noted. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 7/17/2018 through 7/19/2018. There were only seven (7) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Evanston Dialysis Center

Wyoming Department of Health conducted a State Licensure survey on April 1, 2019. There were no significant deficiencies noted. A Plan of Correction was submitted to the Wyoming Department of Health for all cited deficiencies and the facility was resurveyed on August 1, 2019. Additional corrective action was presented to the State on August 2, 2019 and on October 10, 2019 the Wyoming Department of Health deemed the program to be in full compliance.

Medical Records

The Ombudsman reviewed eight (8) Medical Record. The records were well documented and very thorough, complete, and timely. No deficiencies were noted.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for Evanston Hospital Corporation (Evanston Regional Hospital) for the calendar 2019. Evanston Hospital Corporation (Evanston Regional Hospital) was rated in the third quartile in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Evanston Hospital Corporation (Evanston Regional Hospital) and Evanston Dialysis Center and its related operations is declining during, or as a result of, the bankruptcy process.

Forrest City Arkansas Hospital Company (Forrest City Medical Center), Forrest City Clinic Company, LLC, Ambulance Services of Forrest City, LLC.

Located in Forrest City, AR

Joint Commission

The Ombudsman reviewed the findings of the Forrest City Arkansas Hospital Company (Forrest City Medical Center) Joint Commission Survey from 12/12/2017 through 12/14/2017. There was one (1) significant deficiency noted. There was a total of twenty-four (24) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 8/28/2018 through 8/30/2018. There was one (1) significant deficiency noted. The total number of deficiencies noted was seventeen (17). The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

The Department of Health State of Arkansas

The Department of Health State of Arkansas conducted a Medicare Deficiency Follow-up event on January 26, 2018. Based on the finding of this reviewed Forrest City Arkansas Hospital Company (Forrest City Medical Center) was deemed to be following all Medicare requirements.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Forrest City Arkansas Hospital Company (Forrest City Medical Center) was rated in the third quartile in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Forrest City Arkansas Hospital Company (Forrest City Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

Fort Payne Hospital Corporation (DeKalb County Regional Medical Center), Fort Payne Clinic Corporation, Fort Payne HBP, LLC, Fort Payne RHC (Rural Health Clinic) Corporation

Located in Fort Payne, AL

Joint Commission

The Ombudsman reviewed the findings of the Fort Payne Hospital Corporation (DeKalb County Regional Medical Center) Joint Commission Survey from 2/21/2018 through 2/23/2018. There were two (2) significant deficiencies noted. There was a total of thirty-three (33) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 8/28/2018 through 8/30/2018. There was one (1) significant deficiency noted. The total number of deficiencies noted was twenty-five (25). The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Board of Trustees - Fort Payne Hospital Corporation (DeKalb County Regional Medical Center)

The Ombudsman reviewed the minutes of the Board of Trustees for January 21, 2010 and March 17, 2020. There were agenda items related to membership, privileging and reappoint of provider staff. Peer review was addressed. Patient Satisfaction and Quality and Patient Safety were reviewed. A Root Cause Analysis was reviewed. The Internal Quality Dashboard was presented and discussed.

Medical Executive Committee

The minutes of the Medical Executive Committee for February 28, 2020 and May 5, 2020 were reviewed.

Agenda items and discussion included Patient Safety, Annual QI Appraisal for 2019, QIC Initiates, Infection Control Plan, Clinical Contract Services Evaluation and policy and procedure updates. The chart reviews for Medical Care, Surgical Care, Women's and Children's Care, Utilization Management, Radiation Safety, and the Quality Improvement Council were reviewed.

The report of the Credentials process and the Peer Review process were reviewed, discussed, and acted upon.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Fort Payne Hospital Corporation (DeKalb County Regional Medical Center) was rated in the third quartile in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Fort Payne Hospital Corporation (DeKalb County Regional Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

Galesburg Hospital Corporation (Galesburg Cottage Hospital), Knox Clinic Corporation, Galesburg Professional Services, LLC

Located in Galesburg, IL

Joint Commission

The Ombudsman reviewed the findings of the Galesburg Hospital Corporation (Galesburg Cottage Hospital) Joint Commission Survey from 11/20/2019 through 11/21/2019. There were two (2) significant deficiencies noted. There was a total of twenty-six (26) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 5/1/2019 through 5/3/2019. There were only two (2) deficiencies noted. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Galesburg Hospital Corporation (Galesburg Cottage Hospital) was rated in the third quartile in 2019.

Sale of Galesburg Hospital Corporation (Galesburg Cottage Hospital), Knox Clinic Corporation, Galesburg Professional Services, LLC

The Ombudsman reviewed the material related to the impending sale of Galesburg Hospital Corporation (Galesburg Cottage Hospital) and its related entities to ensure that patient interests, safety and privacy were maintained. It is the stated intention of the parties to the sale that the hospital will continue in business without interruption.

Particular attention was focused on the transfer of patient information, including medical record information, to make sure management of the information, protection and security of the information and access to the information, both current and historic, were addressed in a manner reflecting the interest of patients. No issues were found.

A second focus of review related to ensuring that the sale process provided for continuity of insurance coverage for patients. Following discussion with the Debtors and with their counsel and review of the Debtors' plan of reorganization by the Ombudsman's counsel, the Ombudsman concluded that there was no substantial basis for concern.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Galesburg Hospital Corporation (Galesburg Cottage Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

Granite City Illinois Hospital Company, LLC (Gateway Regional Medical Center), Edwards Ambulatory Surgery Center, LLC (Granite City ASC Investment Company), Granite City Physicians Corporation, Granite City Clinic, Granite City Orthopedic Physicians Company, LLC, Granite City HBP Corporation

Located in Granite City IL

Joint Commission

The Ombudsman reviewed the findings of the Granite City Illinois Hospital Corporation (Gateway Regional Medical Center) Joint Commission Survey from 5/8/2019 through 5/10/2019. There were four (4) significant deficiencies noted. There was a total of forty (40) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 5/21/2018 through 5/25/2018. There was a total of seventeen (17) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Department of Health and Human Services, Centers for Medicare and Medicaid Services

The Illinois Department of Public Health (IDPH) conducted a Medicare Compliance Validation survey on June 20, 2019. Gateway Regional Medical Center was deemed not to be following required standards. On September 18, 2019, the Illinois Department of Public Health (IDPH) conducted a monitoring survey which determined that Gateway Regional

Medical Center was now in compliance with the Medicare Conditions of Participation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Granite City Illinois Hospital Company, LLC (Gateway Regional Medical Center) was rated in the second quartile in 2019.

Edwardsville Ambulatory Surgical Center

Located in Glen Carbon, IL

Illinois Department of Public Health (IDPH)

The Illinois Department of Public Health (IDPH) conducted a Medicare Recertification survey on July 25, 2016 which included both Health Surveillance and Life Safety Code Compliance. Given the nature and number of deficiencies the Edwardsville Ambulatory Surgical Center was found not in compliance with Medicare required Conditions of Coverage for Ambulatory Surgical Centers.

The facility submitted a Plan of Correction and Edwardsville Ambulatory Surgical Center was resurveyed on September 12, 2016. The Plan of Correction was accepted by IDPH and all deficiencies were cleared.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Granite City Illinois Hospital Company, LLC (Gateway Regional Medical Center) and Edwards Ambulatory Surgery Center, LLC and its related operations is declining during, or as a result of, the bankruptcy process.

Marion Hospital Corporation (Heartland Regional Medical Center), Southern Illinois Medical Care Associates, LLC, Memorial Management, Inc., River to River Heart Group, LLC, Heartland Rural Healthcare, LLC.

Located in Marion, IL

Joint Commission

The Ombudsman reviewed the findings of the Marion Hospital Corporation (Heartland Regional Medical Center) Joint Commission Survey from 5/16/2019 through 5/17/2019. There were no significant deficiencies noted. There was a total of twenty-one (21) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 7/31/2018 through 8/3/2018. There was a total of seventeen (17) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Board of Trustees - Marion Hospital Corporation (Heartland Regional Medical Center)

The Ombudsman reviewed the minutes of the Board of Trustees meeting for February 20, 2020, March 19, 2020, and April 16, 2020. There were agenda items related to membership, privileging and reappoint of provider staff. Peer review was addressed. Patient Satisfaction and Quality and Patient Safety were reviewed. The Annual Compliance Report was reviewed. A review of the Bylaws was conducted. Committee reports for

Infection Control, Pharmacy, Nutritional Services, Sanitation and Safety, Laboratory and Rehabilitation Medicine were reviewed.

Medical Executive Committee

The minutes of the Medical Executive Committee for March 18, 2020, and April 15, 2020 were reviewed.

Agenda items and discussion included ICU coverage, COVID-19, Medical Staff Bylaws, Radiology, Patient Safety, Annual QI Appraisal for 2019, QIC Initiates, Infection Control and the Quality Improvement Council were reviewed.

The report of the Credentials Committee was reviewed, including the Peer Review process.

The Quality Council/Patient Safety Summary Report was reviewed. It included a review of Core Measures, Risk Management, Falls, Patient Events, Security Services, Laboratory, Clinical Services and Policy and Procedure Updates.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Marion Hospital Corporation (Heartland Regional Medical Center) was rated in the third quartile in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Marion Hospital Corporation (Heartland Regional Medical Center)and its related operations is declining during, or as a result of, the bankruptcy process.

**Jackson Hospital Corporation (Kentucky River Medical Center),
Jackson Physician Corporation, Kentucky River Physician
Corporation, Kentucky River HBP, LLC**

Located in Jackson, KY

Joint Commission

The Ombudsman reviewed the findings of the Jackson Hospital Corporation (Kentucky River Medical Center) Joint Commission Survey from 11/28/2017 through 11/30/2017. There were no significant deficiencies noted. There was a total of twenty-eight (28) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 8/28/2019 through 8/30/2019. There was a total of twelve (12) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Jackson Hospital Corporation (Kentucky River Medical Center) was rated in the third quartile for two quarters and in the fourth quartile for two quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Jackson Hospital Corporation (Kentucky River Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

Hospital of Louisa, Inc. (Three Rivers Medical Center), Three Rivers Medical Clinics, Inc.

Located in Louisa, KY

Joint Commission

The Ombudsman reviewed the findings of the Hospital of Louisa, Inc. (Three Rivers Medical Center) Joint Commission Survey from 11/8/2017 through 11/10/2017. There were no significant deficiencies noted. There was a total of sixteen (16) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 7/31/2018 through 8/2/2018. There was a total of only three (3) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar 2019. Hospital of Louisa, Inc. (Three Rivers Medical Center) was rated in the third quartile for two quarters and in the fourth quartile for two quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Hospital of Louisa, Inc. (Three Rivers Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

National Health Care of Mt. Vernon, Inc, (Crossroads Community Hospital), Crossroads Physician Corporation, King City Physician Company, LLC, National Imaging of Mount Vernon, LLC, National Imaging of Carterville

Located in Mont Vernon, IL and Carterville, IL

Joint Commission

The Ombudsman reviewed the findings of the National Health Care of Mt. Vernon, Inc, (Crossroads Community Hospital) Joint Commission Survey from 3/18/2019 through 3/19/2019. There was one (1) significant deficiency noted. There was a total of thirty-eight (38) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 1/8/2019 through 1/10/2019. There was a total of only seven (7) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. National Health Care of Mt. Vernon, Inc, (Crossroads Community Hospital) was rated in the third quartile for two quarters and in the fourth quartile for two quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at National Health Care of Mt. Vernon, Inc, (Crossroads Community Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

Mckenzie-Willamette Regional Medical Center (Mckenzie-Willamette Regional Medical Center Associates, LLC), Mckenzie Physician Services, LLC, MWMC Holdings, LLC, Triad of Oregon, LLC, Springfield Oregon Holdings

Located in Springfield, OR

Joint Commission

The Ombudsman reviewed the findings of the Mckenzie-Willamette Regional Medical Center (Mckenzie-Willamette Regional Medical Center Associates, LLC) Joint Commission Survey from 2/5/2018 through 2/7/2018. There were four (4) significant deficiencies noted. There was a total of thirty-three (33) citations recorded. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 2/18/2020 through 2/21/2020. There was a total of eight (8) deficiencies noted. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Oregon Department of Health

Mckenzie-Willamette Regional Medical Center was reviewed by the Oregon Department of Health on February 13, 2019 for continued categorization as a Level III trauma hospital. Mckenzie-Willamette Regional Medical Center was awarded continued designation through 2020.

Board of Trustees - Mckenzie-Willamette Regional Medical Center

The Ombudsman reviewed the minutes of the Board of Trustees for January 22, 2020 and February 26, 2020. There were agenda items related to nominations for Board membership, Conflict of Interest and Confidentiality requirements, Board Self Evaluation and CEO Evaluation, review of Executive Quality Dashboard, Joint Commission Compliance Audit review, Laboratory policies & procedures and Medical Staff membership, privileging and reappoint of provider staff. Peer review reports were reviewed. Quality Reports and the Quality Dashboard were also reviewed. A Regulatory update was provided. A Nursing update was provided. The Patient Experience report was given including an HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) summary.

Medical Executive Committee

The minutes of the Medical Executive Committee for February 18, 2020 and March 17, 2020 were reviewed.

The report of the Credentials Committee was reviewed, including the Peer Review process.

Various reports including performance improvement, Medical records issues, controlled substance security and patient medications,

Agenda items and discussion included ICU coverage, COVID-19, Patient Safety, QIC Initiates, Infection Control issues and the Quality Improvement Council.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an

incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Mckenzie-Willamette Regional Medical Center was rated in the third quartile for one quarter and in the fourth quartile for three quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Mckenzie-Willamette Regional Medical Center and its related operations is declining during, or as a result of, the bankruptcy process.

**MMC of Nevada, LLV (Mesa View Regional Hospital), Mesquite
Clinic Management Company**

Located in Mesquite, NV

Joint Commission

The Ombudsman reviewed the findings of the MMC of Nevada, LLV (Mesa View Regional Hospital) Joint Commission Survey from 8/17/2017 through 8/18/2017. There were no significant deficiencies noted. There was a total of twenty-two (22) deficiencies identified. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed two (2) Laboratory surveys for this report. This includes findings of the Joint Commission Laboratory and Point-of-Care Testing Survey conducted from 9/16/2017 through 9/8/2017. There was a total of only four (4) deficiencies noted in this survey. No significant issues were cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation. The second Joint Commission Laboratory survey reviewed was conducted from 9/10/2019 through 9/12/2019. There were two (2) significant deficiencies from this review of laboratory operations. A total of ten (10) deficiencies were identified in this survey. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. MMC of Nevada, LLV (Mesa View Regional Hospital) was rated in the third quartile for each quarter in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at MMC of Nevada, LLV (Mesa View Regional Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

Paintsville Hospital Company, LLC (Paul B. Hall Regional Medical Center), Paintsville HMA Physician Management, LLC

Located in Paintsville, KY

Joint Commission

The Ombudsman reviewed the findings of the Paintsville Hospital Company, LLC (Paul B. Hall Regional Medical Center) Joint Commission Survey from 12/11/2019 through 12/12/2019. There were two (2) significant deficiencies noted. There was a total of twenty-two (22) citations recorded. The hospital submitted a Plan of Correction addressing those deficiencies noted. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 11/6/2018 through 11/8/2018. There was a total of seventeen (17) deficiencies noted. One (1) significant issue was cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Paintsville Hospital Company, LLC (Paul B. Hall Regional Medical Center) was rated in the second quartile for one quarter and in the third quartile for three quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Paintsville Hospital Company, LLC (Paul B. Hall Regional Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

**Phillips Hospital Company, LLC (Helena Regional Medical Center),
Phillips Clinic Company, LLC**

Located in Helena, AR

Joint Commission

The Ombudsman reviewed the findings of the Phillips Hospital Company, LLC (Helena Regional Medical Center) Joint Commission Survey from 7/24/2018 through 7/27/2018. There were four (4) significant deficiencies noted. These specific citations were classified as potential “Immediate Threat to Life” deficiencies and required immediate action. The citations covered issues with Infection Control, Medication Management and Leadership. There was a total of twenty-seven (27) citations recorded. The hospital submitted a Plan of Correction (POC). The POC was reviewed in detail by the Ombudsman, addressing those deficiencies noted with special emphasis on the deficiencies cited as significant. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 3/5/2019 through 3/7/2019. There was a total of eighteen (18) deficiencies noted. There were no significant issues cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

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of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Phillips Hospital Company, LLC (Helena Regional Medical Center) was rated in the second quartile for one quarter and in the third quartile for three quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Phillips Hospital Company, LLC (Helena Regional Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

Red Bud Illinois Hospital Company (Red Bud Regional Hospital) (Critical Access Hospital) (Red Bud Regional Nursing Care Center), Monroe Surgical Center, Red Bud Clinic Corporation, Red Bud Physicians Group, LLC, Red Bud Regional Clinic Company, LLC

Located in Red Bud, IL

Joint Commission

The Ombudsman reviewed the findings of the Red Bud Illinois Hospital Company (Red Bud Regional Hospital) and Red Bud Regional Nursing Care Center Joint Commission Survey from 4/3/2017 through 4/4/2017. The Nursing Care Center had a total of only four (4) citations recorded. There were no significant deficiencies cited. The Critical Access Hospital had twenty-two (22) deficiencies with no significant issues noted. The hospital and the nursing center submitted Plans of Correction. The Joint Commission accepted those Plans and the documentation of correction for each program and awarded full accreditation including compliance with Medicare certification requirements to both findings Red Bud Illinois Hospital Company (Red Bud Regional Hospital) and Red Bud Nursing Care Center.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 9/24/2019 through 9/26/2019. There was a total of nine (9) deficiencies noted. There was one (1) significant issue cited. The hospital submitted a Plan of Correction addressing the deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Illinois Department of Health (IDPH)

The Illinois Department of Health (IDPH) conducted an Annual Health Inspection of Red Bud Regional Nursing Care Center on January 23, 2020. The facility was determined to not be in “Substantial Compliance” with the regulatory requirements of the Centers for Medicare and Medicaid

Services. The Red Bud Regional Nursing Care Center submitted a Plan of Correction and a resurvey was conducted on February 27, 2020. The Plan of Correction, documentation of improvement and resurvey demonstrated that Red Bud Regional Nursing Care Center was now fully compliant with all required regulations

On January 31, 2020 Red Bud Regional Nursing Care Center was surveyed by IDPH for compliance with the Life Safety required of the Illinois Department of Health (IDPH). Deficiencies were cited and a Plan of Correction (POC) addressing those deficiencies was submitted to The Illinois Department of Health (IDPH). On February 26, 2020 Red Bud Regional Nursing Care Center was notified of the acceptance of the POC and resolution of all issues.

Medical Records

The Ombudsman reviewed seven (7) Medical Records. The records were well documented, very thorough and both complete and timely. No deficiencies were identified.

Monroe Surgical Center (Monroe County Ambulatory Surgical Center)

The Illinois Department of Health (IDPH) conducted a health surveillance and life safety code survey for Conditions of Coverage for Ambulatory Surgical Centers on December 8, 2016 and December 29, 2016. Monroe Surgical Center was found not to be complying. A Plan of Correction was submitted and accepted on January 30, 2017.

In summer of 2019, a decision was made not to renew accreditation with the Accreditation Association for Ambulatory Health Care (AAAHC). This was a business decision. The program remains certified by Illinois Department of Health (IDPH) and the Medicare and Medicaid programs. The only impact from this decision will be the relationship with BCBS since membership and accreditation by AAAHC is a contract requirement. Monroe Surgical Center has only minimal business with BCBS clients and therefore will not have any meaningful impact on operations or finance.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

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The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Red Bud Illinois Hospital Company (Red Bud Regional Hospital) (Critical Access Hospital) (Red Bud Regional Nursing Care Center) was rated in the fourth quartile for two quarters and in the third quartile for two quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Red Bud Illinois Hospital Company (Red Bud Regional Hospital) (Critical Access Hospital) (Red Bud Regional Nursing Care Center) and its related operations is declining during, or as a result of, the bankruptcy process.

San Miguel Hospital Corporation (Alta Vista Medical Center) (Alta Vista Regional Hospital), San Miguel Clinic Corporation, Summit Emergency Medicine, LLC.

Located in Las Vegas, NV

Joint Commission

The Ombudsman reviewed the findings of the San Miguel Hospital Corporation (Alta Vista Medical Center) (Alta Vista Regional Hospital) Joint Commission Survey from 8/6/2018 through 8/9/2018. There were no significant deficiencies noted. There was a total of twenty-five (25) citations recorded. The hospital submitted a Plan of Correction. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey on 11/13/2019. There was a total of seven (7) deficiencies noted. There were five (5) significant issues cited. The Laboratory was cited for unsuccessful proficiency testing and directed to cease testing. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation on January 28, 2020.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey

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The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. San Miguel Hospital Corporation (Alta Vista Medical Center) (Alta Vista Regional Hospital) was rated in the third quartile for four quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at San Miguel Hospital Corporation (Alta Vista Medical Center) (Alta Vista Regional Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.

**Tooele Hospital Corporation (Mountain West Medical Center),
Tooele Clinic Corporation, Ambulance Services of Tooele, LLC, CHS
Utah Holdings**

Located in Tooele, UT

Joint Commission

The Ombudsman reviewed the findings of the Tooele Hospital Corporation (Mountain West Medical Center) Joint Commission Survey from 7/10/2018 through 7/13/2018. There were no significant deficiencies noted. There was a total of seventeen (17) citations recorded. The hospital submitted a Plan of Correction. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 5/21/2019 through 5/23/2019. There was a total of seventeen (17) deficiencies noted. There were no significant deficiencies noted. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Tooele Hospital Corporation (Mountain West Medical Center) was rated in the third quartile for four quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Tooele Hospital Corporation (Mountain West Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

**Waukegan Illinois Hospital Company, LLC (Vista Medical Center),
Lindenhurst Surgery Center, LLC, Waukegan Clinic Corporation,
Waukegan Hospital Corporation, Lindenhurst Illinois Hospital
Company**

Located in Waukegan, IL

Joint Commission

The Ombudsman reviewed the findings of the Waukegan Illinois Hospital Company, LLC (Vista Medical Center) Joint Commission Survey from 3/5/2018 through 3/9/2018. There were no significant deficiencies noted. There was a total of thirty (30) citations recorded. The hospital submitted a Plan of Correction. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 5/21/2019 through 2/23/2019. There was a total of twelve (12) deficiencies noted. There were no significant deficiencies cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

The Ombudsman reviewed the findings of the Lindenhurst Surgery Center, LLC Joint Commission Survey conducted on 6/19/2018 and 6/20/2018. There were no significant deficiencies noted. There was a total of sixteen (16) deficiencies were noted. The surgery center submitted a Plan of Correction. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation including compliance with Medicare certification requirements.

Medical Records

The Ombudsman reviewed seven (7) Medical Records. The records were well documented, very thorough and both complete and timely. No deficiencies were identified.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Waukegan Illinois Hospital Company, LLC (Vista Medical Center) was rated in the second quartile for four quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Waukegan Illinois Hospital Company, LLC (Vista Medical Center) and its related operations is declining during, or as a result of, the bankruptcy process.

(Martin Hospital) Williamston Hospital Corporation, Williamston Clinic Corporation, Williamston HBP Services, LLC

Located in Williamston, NC

Joint Commission

The Ombudsman reviewed the findings of the Williamston Illinois Hospital Company, LLC (Williamston Medical Center) (Martin Hospital) Joint Commission Survey from 5/28/2019 through 5/31/2019. There were three (3) significant deficiencies noted. There was a total of fifty-two (52) citations recorded. The hospital submitted a Plan of Correction. The Joint Commission accepted the Plan and the documentation of correction and awarded full accreditation, including compliance with Medicare certification requirements.

The Ombudsman reviewed the findings of the Joint Commission Laboratory and Point-of-Care Testing Survey from 5/21/2019 through 5/23/2019. There was only a total of four (4) deficiencies noted. There were no significant deficiencies cited. The hospital submitted a Plan of Correction addressing those deficiencies noted within the laboratory. The Joint Commission accepted the Plan of Correction and the documentation of correction and awarded full accreditation.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) administered by Press Ganey Associates

The HCAHPS is a survey instrument and data collection methodology for measuring patients' perception of their experience with a provider. The program provides a national standard for comparing, assessing, and validating the patients' experiences. The results are a secondary measure of quality as determined by the patients being served. It creates an incentive to improve quality since all the data is reported to Centers for Medicare & Medicaid Services (CMS) and is available to the public.

The Ombudsman reviewed the HCAHPS survey results for the calendar year 2019. Williamston Illinois Hospital Company, LLC (Williamston Medical Center) (Martin Hospital) was rated in the second quartile for one quarter and in the third quartile for three quarters in 2019.

In the opinion of the Ombudsman, given the information the Ombudsman has been able to review and the unique situation created by the COVID-19 pandemic, there is no evidence the quality of care at Williamston Illinois Hospital Company, LLC (Williamston Medical Center) (Martin Hospital) and its related operations is declining during, or as a result of, the bankruptcy process.