

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: GLOBAL WOUND CARE
MEDICAL GROUP, a professional
Corporation

CASE NO.: 24-34908

CHAPTER 11

DEBTOR

**FOURTH REPORT OF SUZANNE RICHARDS
AS PATIENT CARE OMBUDSMAN OF THE DEBTORS**

1. INTRODUCTION AND EXECUTIVE SUMMARY

1. This is the FOURTH Report of Suzanne Richards, Patient Care Ombudsman (“PCO”), appointed in the Chapter 11 case of Global Wound Care Medical Group, (the “Debtor” or “Global”). This appointment was made pursuant to §333 of the Bankruptcy Code, Bankruptcy Rule 2007.2(c), and the Order of the Bankruptcy Court (the “Court”) Directing U.S. Trustee to Appoint Patient Care Ombudsman entered on November 4, 2024 (the “Appointment Order”), (ECF No. 1). The effective date of my appointment was November 4, 2024, pursuant to the Notice of Appointment of Patient Care Ombudsman filed by the U.S. Trustee (ECF No. 1).
2. This Fourth report summarizes the sixty-day period of April 30, 2025, to June 28, 2025.
3. Pursuant to §333 of the Bankruptcy Code, the PCO must:
 - a. Monitor the quality of patient care provided to the clients of the Debtor to the extend necessary under the circumstances, including interviewing leadership, patients, providers and staff;
 - b. File a report with the Court, after notice to the parties in interest, at a hearing or in writing, regarding the quality of patient care provided to patients of the Debtor;
 - c. If the PCO determines that the quality of patient care provided to parties of the Debtor is declining significantly or is otherwise begin materially compromised, file with the Court a motion or written report, with notice to the parties in interest, immediately upon making such determination; and
 - d. Maintain any information obtained by the PCO under §333 of the Bankruptcy Code that relates to patients, including information relating to patient records,



as confidential information. The PCO may not review confidential patient records unless the court approves such review in advance and imposes restrictions on the PCO to protect patient confidentially.

4. Executive Summary

- a. Staff that were interviewed during this time period continued to demonstrate a positive attitude and dedication to patient care.
- b. There were no complaints regarding supply availability.
- c. There has been no significant decrease in available clinicians for care for clients and no increase in patient complaints. Human Resources reports that multiple resumes are received for each open position and the qualifications of the resumes are high quality. There has not been a significant increase in resignations.
- d. There were three scheduled onsite trainings for in-person demonstrations and competencies on 5/9/25 in Houston, Texas; 5/30/25 in Los Angeles, California and 6/13/25 in Cleveland Ohio. The Texas onsite training has occurred and reported to be successfully attended. The PCO attended the 5/30/25 event in Los Angeles, California to monitor the educational process for ongoing competency of the staff of Global Wound Care Medical Group.
- e. Work on HIPAA and Compliance policies are currently being developed. The Compliance Officer continues to report that she feels supported in her role.
- f. The PCO considers the level of cooperation and transparency of the Debtor as key ingredients in the efficient discharge of monitoring responsibilities. In this regard, the PCO received excellent cooperation and transparency from all Debtor's leadership. A thank you to Ms. Sabeen Raja, Paralegal, who continues to provide support in arranging meetings and tours.

2. **MONITORING PROCESS**

- a. The Debtor's leadership and clinical team is experienced, dedicated, skilled, passionate, and knowledgeable.
- b. The monitoring process included, but was not limited to, a two leadership interviews with the Senior Vice President of Clinical Care and the Chief Compliance Officer. Onsite monitoring of the competency skills fair in Los Angeles, California was conducted. The PCO believes this grouping of oversight tools was sufficient to assess quality of care delivered during this period.

- c. It was reported that staffing remained consistent during this reporting period. Staffing appears to have remained consistent since the filing of the bankruptcy. There are openings but candidates are being interviewed and quality staff is being hired. The Debtor is continually reviewing staffing needs and making appropriate changes to meet the needs of their clients.

3. **FINDINGS**

No red flag issues reported with respect to staffing, incidents, purchasing/supplies and quality of care. The Senior Vice President and Chief Compliance officer report there has not been an increase or spikes in complaints.

No financial issues were expressed, for example, meeting payroll obligations, inadequate supplies, inadequate supply of biologicals.

No coverage gaps have been reported. Leadership expected some resignations with the bankruptcy but have not had any issue finding and hiring new staff to fill positions.

Reports of good internal and external communication.

Regulations related to privacy policies seemed to be intact but these policies, including compliance, are currently under review for modification.

The onsite competency skills training was well attended and consisted of workstations for competency assessment of skills for attendees. The process appeared to be very thorough and pertaining to the skills needed for wound care.

4. **RISK Assessment**

- a. The PCO assessment of staffing, process and quality controls to monitor the level of risk. Based on this level of risk, she plans an appropriate level of monitoring. The PCO assigns the debtor to one of three categories of risk—low, medium, or high. The level is based on data collection and interview with management, patients and staff. This initial determination of level of risk may be adjusted as findings either improve or deteriorate. These three potential levels are outlined below:
 - Low-level risk evidenced by transparent reporting, and no observable staffing, supply or quality of care issues that are not readily resolved.

- Mid-level risk evidenced by transparent reporting with some significant observable staffing, supply or quality issues, or lack of transparent reporting.
 - High-level risk evidenced by significant staffing, supply, or quality issues observed, or risk of partial or full closing of services.
- b. Healthcare debtors can move between levels of risk over the course of the bankruptcy, and the risk level will continue to be reassessed with each encounter between the PCO and the debtor.
- c. In the case of this debtor there appears to be no difficulty currently meeting payroll obligations, nor with obtaining supplies, biologicals, vendor services, etc. There are no reported or observable staffing, medical records, or quality of care issues. The debtor and management have been cooperative, and communication with the PCO appears to be transparent.
- d. Based upon the above findings made during this monitoring period, the risk level at this time is determined to be low risk.

5. CONCLUSIONS/RECOMMENDATIONS

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

- a. Virtual interviews key staff every six weeks.
- b. Review quality reports and operational reports, and other filings in the case for potential red flags.
- c. Written report to court submitted at the end of 60-day period.
- d. The PCO did not note any issues that have resulted in a change in the quality of the care as a result of their pending bankruptcy. The Debtors continue to provider care in the manner consistent with that prior to the current proceeding. Staffing levels and competency have remained consistent. The Debtors appears to strive to meet the needs of their clients.
- e. The PCO strongly encourages the Debtors to remain vigilant with regards to patient care.
- f. The PCO will continue to monitor the Debtors' operations consistent with the above protocols. The monitoring process will continue to include announced monthly site visits, charge reviews, client and staff interactions. The PCO

reserves the right to alter these protocols based on the needs of these cases and related facts and circumstances.

6. **SERVICE OF REPORT**

- a. A copy of this Fourth Report will be filed with the Court, served on the Office of the United States Trustee for the Southern District of Texas, Houston Division, counsel for the Debtors counsel for the Official Committee of Unsecured Creditors and all parties who filed a Notice of Appearance, as well as any current patients requesting a copy of the Report.

Dated: July 15, 2025

Submitted by:

Suzanne Richards, RN, MPH, MBA
SMR Healthcare Management, Inc
Patient Care Ombudsman for
Global