

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

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

1. INTRODUCTION AND EXECUTIVE SUMMARY

1. This is the FIFTH 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 Fifth report summarizes the sixty-day period of June 29, 2025, to August 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. There has not been a significant increase in resignations.
- d. The temperature and humidity automatic systems have been installed into the Nevada and Tennessee warehouses and are monitoring temperature and humidity to keep the stability of biologicals.
- e. Global completed an onsite skills day for 240 practitioners to assess skill level and ensure competency of the professionals entering the homes and skilled nursing facilities. The education demonstrates the organization continues to strive for high quality care for patients.
- 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 four leadership interviews with the Vice President of Supply Chain, Director of Internal Education, Vice President Clinical Education and Program Development, and a Clinical Nurse Practitioner from Michigan.
- c. The following documents were reviewed:
 - Policy on Policies
 - Conflict of Interest

3. **FINDINGS**

No red flag issues reported with respect to staffing, incidents, purchasing/supplies and quality of care.

The Vice President of Supply Chain reported that an automatic temperature monitoring system has been implemented in each of the warehouses where biologicals are stored. This automated temperature monitoring indicates when the temperature is above or below the storage temperature range to allow for the staff to immediately rectify the temperature issues.

The Vice President Clinical Education and Program Development and Director of Internal Education summarized the skills day for the three sites of Ohio, Texas and California focusing on Back to the Basics. Eight stations for licensed vocational nurses, registered nurses, physician assistants, nurse practitioners, and medical directors. Estimated two hundred and forty individuals were trained. 97% of the staff were trained in person with makeup days with about 3% completed virtual. Remediations for areas of improvement with 85% completed and are actively working to ensure 100% compliance. Plans for next year include immediate remediation. Next year plans to continue skills labs are in the works. Currently redesigning external education, reviewing for gaps in onboarding, which is currently a 12-week program. Two types of customers, facility-based and home-based. Currently putting a “Facility Based Redesign Summit” to look at gaps into skilled nursing facility care to ensure quality. Stated strong commitment from leadership driving success.

The Nurse Practitioner in Michigan discussed the skills day event and the competency assessment. This nurse practitioner has been with the organization for two years. Felt it was well organized. Described the topics as “back to the basics”. Current caseload is 27 and can see up to 30 a week. His caseload has remained the same. Feels caseload is appropriate. Expressed the leaders of the organization did a good job communicating and feels needs are heard. Medical director is available and has a monthly check in to discuss issues. Clinicians have monthly meetings to share case studies and learn from each other. Stated there are not supply issues, able to order as needed within guidelines.

The two policies for the Compliance Department that have been reviewed are the Policy on Policies and Conflict of Interest. Both policies are appropriate for the organization. There is a slow, but thoughtful process with the development of policies for compliance. Policies will continue to request as they become available.

All Interviewees continue to report good internal and external communication.

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, compliance policies 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 Fifth 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: August 28, 2025

Submitted by:

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