A Note from Rockhill

On behalf of Rockhill Healthcare, I personally welcome you to the first edition of our quarterly newsletter. The newsletter touches on topical items affecting the long-term care segment. We hope that you enjoy reading it and find it an interesting and valuable resource.

To bring this newsletter to you, we enlisted the talents of Pendulum, LLC. We are truly excited to be partnering with Pendulum, a recognized leader in the risk management services field. Our relationship with Pendulum is consistent with our “best in class” philosophy towards choosing service providers.

The newsletter introduction is the first of many new “value-adds” being introduced by Rockhill Healthcare. In the coming weeks, we will add a risk management portal that will supply valuable content to risk managers, administrators, caregivers, and our partner brokers. We are very excited to diversify our product offering to go beyond an issued policy.

We remain focused on our grassroots calling, which is to provide competitive terms, strong coverage, and excellent claim and underwriting service to our valued clients. As we progress through 2015, Rockhill will be undergoing a number of positive changes. We intend to improve upon our coverages and pricing in many jurisdictions throughout the country. We have already made strides in that regard by reducing our minimum premiums in all states.

Rockhill Healthcare’s management team will be attending the PLUS Medical Malpractice Symposium in Atlanta at the end of April 2015. If you will be attending PLUS please let us know. We would like to set up an appointment to see you and discuss these exciting changes.

Please also accept this as an invitation to our broker event during PLUS that will be held at High Velocity (Media Room), which is located inside the Marriott Marquis, on Tuesday, April 29 from 4 p.m. to 7 p.m. Please stop on by for a little southern hospitality, care of Rockhill Healthcare. It’s just a little way for us to say thanks.

Again, we hope that you enjoy the newsletter and we hope to see you at PLUS in Atlanta.

Regards,
Dave Stoner
Vice President Healthcare
Rockhill Underwriting Management

Potentially Compensable Events

Colorado man who eloped from ALF died of hypothermia

Hypothermia was determined to be the cause of death in the case of a 69-year-old man who eloped from an assisted living facility (ALF) in Longmont, Fox21 reported.
Firefighters were called in the early hours of March 3 after James Wacker was found outside a Longmont home, according to the article. Wacker had walked away from the Applewood Living Center and, according to his sister, probably he wandered for “two to three hours” before he was found, the article states.
Wacker’s sister told the Longmont newspaper that her brother “was banging on a window before he lay down on the ground,” the article states.
Wacker died on March 6 at a hospice facility in Louisville. Applewood staff declined to comment on the incident.
Source: Fox21

Litigation

$4.5 million wrongful death suit filed against Virginia nursing home

The family of a man who died soon after returning to a Virginia nursing home from the hospital has filed a $4.5 million wrongful death suit against the facility, PilotOnline.com reported.
Stanley Rae, 92, fell and broke his hip in March 2013 during his stay at Autumn Care of Chesapeake, according to the article. Shortly after returning to Autumn Care following surgery, Rae died.

Source: Fox21
The family’s attorney claims Rae was a fall risk and that the facility did not take “adequate precautions” to ensure he did not fall, the article states. The suit, which was filed against the facility and eight of its employees, claims that Rae would have been “discharged the next day” had he not fallen, and that his health “deteriorated rapidly” after he returned to Autumn Care.

Source: Margaret Matray, PilotOnline.com

**Studies & Reports**

**Researchers find no advantage to inpatient rehab over at-home therapy**

According to a recent study, researchers found “little difference” in two-year outcomes for patients who were sent to a nursing home or a standard inpatient rehabilitation center as opposed to receiving at-home therapy, McKnight’s reported.

Researchers said they were encouraged by the findings, as most patients prefer home treatment, the article states, adding that the average difference in cost for in-home and inpatient rehab is roughly $4,000.

During the four-year study, 2,400 knee surgeries were examined, 90 percent of which were knee replacements.

The study determined that those who received in-home treatment recovered at the same rate as those in inpatient programs, and no differences in pain and mobility were noted at either six months or two years post-surgery, according to the article.

Source: John Hall, McKnight’s

**Disaster Preparedness**

**Fire at Minn. senior living complex leaves one dead, two injured**

An early-morning fire at a Woodbury, Minn. senior living complex killed a 77-year-old man and injured two other residents, the Star Tribune reported.

The fire at Woodbury Villa started at approximately 4:15 a.m. and forced 71 residents to be evacuated to a nearby building at the complex.

Woodbury Villa is a 75-unit apartment building that offers assisted living services. The article states that the building is equipped with smoke alarms, but a sprinkler system is not in place, adding that since the structure is considered to be an apartment building, annual health and safety inspections by the state are not conducted.

Helen Miller, 93, told the Star Tribune that as far as she could see, “there wasn’t any panic (from the residents). Most of us are quite elderly and have been through a lot.”

The cause of the fire has yet to be determined, according to the article.

Source: Nicole Norfleet and Kevin Duschere, Star Tribune

**Data Integrity**

**Class-action suit filed against Primera due to ‘massive’ data breach**

A class-action suit filed in Seattle claims Primera Blue Cross “failed to adequately protect its customers' personal information and notify them of a … data breach in a timely manner,” Modern Healthcare reported.

The suit is one of “at least five” filed because of the May 2014 cyberattack that compromised the records of 11 million Primera customers, according to the article. The breach occurred mere weeks after federal auditors warned the company that its systems were vulnerable, the suit claims—adding that Primera “then exposed customers to even greater risk by waiting six weeks to publicly reveal the breach.”

In a statement, the company said the suit was not unexpected, but beyond that, it could not comment on pending litigation. The company previously pledged to “provide customers with two years of free credit monitoring and identity theft-protection services, including identity theft insurance,” the article states.

Source: Lisa Schencker, Modern Healthcare

**Medicare & Medicaid**

**Maine nursing home to pay feds $1.2 million in Medicare settlement**

A Bangor nursing home has agreed to pay $1.2 million to the federal government to settle allegations the facility permitted a vendor to inflate Medicare claims for rehabilitation therapy, according to a U.S. Department of Justice press release.

“This settlement is the latest in a series of resolutions involving Medicare billing for rehabilitation therapy at skilled nursing facilities. We will continue our work to ensure that the provision of care in skilled nursing facilities is based on patients’ clinical needs and not tied to the financial targets of the companies providing their care,” U.S. attorney Carmen Ortiz said in the release.

The government alleged Ross Manor “failed to take sufficient steps” to prevent a vendor, RehabCare, “from engaging in a pattern and practice of providing high levels of therapy that were not reasonable or necessary during so-called ‘assessment reference periods,’” according to the release.
According to the press release, Ross Manor “was providing less therapy to those same patients outside the assessment reference periods” (when the facility was not required to report to Medicare the amount of therapy its Medicare patients were receiving), but it was still billing at the highest reimbursement level for its Medicare patients’ care.

Source: U.S. Department of Justice

Regulatory News

Florida nursing home fined in wake of resident death

The State of Florida has fined a Naples nursing home $15,000 for an incident that resulted in a resident’s death, NBC-2 reported.

In August 2014, Robert Bernard, 90, was left outside the Aristocrat Nursing Home for three hours in 90-degree heat. He became dehydrated and suffered a heart attack before dying eight days later, according to the article.

The facility was previously fined $85,000 by the federal government, the article notes, adding that a January 2015 federal inspection identified issues with resident care, including an incident that resulted in a resident being “rushed to the emergency room” due to an infection related to a urinary catheter.”

Source: Michael Colaianni, NBC-2

‘Three-Strikes’ bill passes Texas Senate

A bill that would permit Texas to “more easily” close nursing homes that have repeat violations has passed the state’s Senate, KVUE reported.

If passed, SB304 would allow the Texas Department of Aging and Disability Services to close nursing homes “cited three times for the worst offenses during a two-year span,” the article states.

Ron Payne, chair of the Texas Healthcare Association, believes that the law could “unintentionally close good nursing homes,” according to the article. Payne testified before a Senate committee that the mandatory closing of a facility “based on a third strike” is the aspect of the bill that most troubles him.

SB304 now moves to the nine-member House Human Services Committee, which will determine if the bill will get a vote on the House floor, according to the article.

Source: Andy Pierrotti, KVUE

Policies & Procedures

Having a comprehensive, consistently applied record-retention policy is critical

A comprehensive, consistently applied record-retention policy is key for healthcare organizations—not only in the area of regulatory compliance but in deciding what documents to keep, according to an article in the National Law Review.

In the article, attorney Kenneth L. Burgess describes how such a policy is also vital from a defensibility standpoint, including “maintaining control of records during litigation, improving responsiveness and efficiency in complying with discovery demands, and avoiding the disclosure of unnecessary or obsolete records.”

Burgess also writes that a strong policy will help an organization “avoid liability for any inadvertent destruction of evidence when litigation or a government investigation is pending or reasonably foreseeable.” He also states that organizations “will want to make sure that (their) record-retention policy includes procedural steps for preserving relevant evidence and instructing employees not to delete or destroy relevant records, as when a ‘Litigation Hold’ is placed on records that are the subject of an investigation or lawsuit.”

In the article, Burgess includes a chart describing how long certain types of documents should be retained. For example, he writes that HIPAA-related records should be kept for “six years from the date most recently in effect for HIPAA-mandated records, such as policies or procedures, notices of privacy practices, consents, authorizations, and accountings of PHI disclosures.”

Source: Kenneth L. Burgess, National Law Review

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