

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

In re:  
  
GLOBAL WOUND CARE MEDICAL GROUP, a  
Professional Corporation,<sup>1</sup>  
  
Debtor and Debtor in Possession.

Chapter 11  
  
Case No. 24-34908 (CML)  
  
Related Docket Nos. 46 and 105

**SUBMISSION OF SECOND REPORT OF SUZANNE RICHARDS AS PATIENT CARE  
OMBUDSMAN OF THE DEBTOR**

1. Suzanne Richards, the Patient Care Ombudsman (the “PCO”) in the above-referenced case [Docket No. 46], hereby files the *Second Report of Suzanne Richards as Patient Care Ombudsman of the Debtor* (the “Report”), attached as **Exhibit “A.”**

2. The PCO provided the Report to the Debtor’s counsel to file, and the Debtor files such Report as a courtesy to the PCO. The Report was prepared solely by the PCO and represents the findings and conclusions solely of the PCO.

Dated: March 3, 2025

Respectfully submitted,  
  
**DENTONS US LLP**  
  
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<sup>1</sup> The last four digits of the Debtor’s tax identification number in the jurisdiction in which it operates is 3572.



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*Counsel to the Debtor and Debtor-in-  
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**CERTIFICATE OF SERVICE**

This is to certify that I have on March 3, 2025, I caused a copy of the foregoing document to be served by the Electronic Case Filing System for the United States Bankruptcy Court for the Southern District of Texas.

/s/ Casey W. Doherty Jr.\_\_\_\_\_

**Exhibit A**

(Second Report of Suzanne Richards as Patient Care Ombudsman of The Debtors)

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**

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

**1. INTRODUCTION AND EXECUTIVE SUMMARY**

1. This is the Second 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. 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 extent 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.

3. Executive Summary

- a. A theme of dedication to the company was communicated by all staff interviewed. All staff were positive and are hopeful for a positive outcome to the bankruptcy.
- 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.
- d. There has been a mild decrease in volume which could be seasonal or due to the bankruptcy. Staff express a positive outlook that volume will increase. Volume is obtained in two ways for the organization, either through home visits from home health or hospice referrals or from skilled nursing facility rounding.
- e. There appears to be a robust onboarding and training program throughout the organization. Onboarding program lasts 4-6 weeks and one-on-one “check ins” with the clinician to determine if additional training is necessary. Case conferences are held monthly to learn through case studies. There is an onsite training center in Houston, Texas for in-person demonstrations. Global utilizes application called SLACK for the clinicians to communicate with the medical directors for direct feedback.
- f. Chart reviews are done monthly by the medical director to ensure quality care.
- g. There is an increased awareness in the need for policies for HIPAA and Compliance and an experienced Compliance and Privacy Officer has been hired to revamp the policies of the organization.
- h. The debtor maintains two warehouses in the state of Nevada and the state of Tennessee. A tour of the Nevada warehouse was conducted on 2/7/25. A review of documents and tour demonstrated a well-run delivery system for supplies for clients.
- i. 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 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 combination of leadership interviews, virtual and in person employee interviews, tour of Nevada distribution center, staffing analysis, policy review and quality report reviews. During this reporting period, the PCO interviewed ten of the Debtors leadership and clinical staff. The PCO believes this grouping of oversight tools was sufficient to assess quality of care delivered during this period.

- c. January 21, 2025  
Online Interview with the Chief Financial Officer.

January 22, 2025  
Online Interview with the Regional Vice President of Clinical Services.  
Online Interview with the Senior Medical Records Manager  
Online Interview with the Compliance and Privacy Officer  
Online Interview with the Clinical Scheduling Manager

January 23, 2025  
Online Interview with the Chief Operations Officer

January 24, 2025  
Online Interview with the Executive Vice President, Operations

January 30, 2025  
Online Interview with a Nurse Practitioner  
Online Interview with a Medical Director

January 31, 2025  
Online Interview with the Training and Education of Supervisor

February 7, 2025  
Onsite tour of the Nevada Distribution Warehouse at 6180 N Hollywood Blvd, Suite 102, Las Vegas, Nevada 89115. Tour and interview with three distribution technicians, the Executive Vice President of Operations and Senior Vice President of Supply Chain Management.

- d. 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 Customer Care Department has not reported any increase or spikes in complaints.

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

Decrease in volume but expect volume to increase. California market continues to grow.

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 Nevada distribution center appeared to be well run and to have adequate level of staff and supplies. The debtor recently engaged an FDA consultant in August 2024 to ensure proper storage of biologicals. Concern that the biologicals are only monitored for temperature control while staff is on site four times daily was expressed by the PCO. Temperatures maintained are 59-86 degrees Fahrenheit and 30-60% humidity. Currently installing a system called Sonicue which will monitor temperature and humidity automatically and will call staff when critical temperatures are present, which was recommended by the FDA consultant. Most biologicals have a three-to-six-year expiration date. No expired biologicals found. All serial numbers are tracked with the use of a bar code system. Can deliver items needed within 48 hours if needed. Waste is reported to be less than 1%. Computer system RITA predicts product needs to limit waste. Excellent process to ensure correct supplies and biologicals are sent to the appropriate client, utilizing a bar-coding system. Nevada and other site in Tennessee can cross ship if one distribution center is out of supplies or has other issue to ensure all clients receive supplies as needed.

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. Onsite tour of a sampling of skilled nursing facilities currently providing services and interviews with key staff for the next 60-days.
- c. Review quality reports and operational reports, and other filings in the case for potential red flags.
- d. Monitor status conferences with attendance periodically as needed or requested by parties.
- e. Written report to court submitted at the end of 60-day period.

- f. 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 provide care in the manner consistent with that prior to the current proceeding. Staffing levels and competency have remained consistent. The Debtors appear to strive to meet the needs of their clients.
- g. The PCO strongly encourages the Debtors to remain vigilant with regards to patient care.
- h. 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 Second 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: February 28, 2025

Submitted by:



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