

Petition to Revise the Next State Medical Facilities Plan, July 19, 2019

1. Petitioner: Mack McKeithan

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My name is Mack McKeithan and I am the owner of Fair Haven Home and a partner in Fair Haven of Forest City. We operate two combination facilities of Skilled Nursing and Assisted living.

2. A Statement of the requested adjustment, citing the provision or need determination in the Proposed State Medical Facilities Plan:

Fair Haven Home, Inc. is requesting to revise the State Medical Facilities Plan to strengthen and enrich home health services of Rutherford County. There are eight companies offering certified home health in Rutherford County, but only two companies actually have offices in the county. One of these companies was originally owned by our local hospital. The hospital has been sold and the home health agency has partnered with a large national company. The other company with an office here currently services about 10% (200) of the Home Health market in the county. Over the course of a year Fair Haven discharges about 130 residents from skilled nursing back into the community with home health. Our experience has shown the need for a better home health system which could save money in the long run.

Residents discharged from Fair Haven's skilled nursing facilities to home health agencies are being readmitted to the hospital at a higher rate than residents living in the two Fair Haven facilities. Current home health 30 day hospital readmission rates range from 18.7%-33.9%. Fair Haven's readmission rate stands at 16.5%. The average readmission rate for skilled facilities is 22.3%. We attribute this lower rate to a system of quick personal attention. This statistic points to the need to provide more individualized medical and therapy home care. This has the potential to save thousands of dollars in health care costs in the state.

Since 1964, Fair Haven has offered quality long-term care to citizens of Rutherford County and has established itself as a trusted name in long-term care services. These services include independent living, assisted living, and skilled nursing care in two locations. Of the five skilled nursing facilities in Rutherford County, both Fair Haven facilities are the only ones to maintain a five star rating.

CMS holds skilled nursing providers accountable for the outcomes of their residents for 30 days following their discharge to home. They are also implementing a new standard of Person Centered Care.

The only way to truly address this responsibility is by directly influencing the continuum of care. Granting licensure to Fair Haven for operation as a certified home health provider will achieve a stronger continuum of service quality and patient care. An article in the June 2019 issue of Provider magazine titled, "Distinct Barriers Exist for Rural Patients in Obtaining Services," by Patrick Connole refers to a study reported in JAMDA (Journal of American Medical Directors Association) which identifies the following:

Of the number of factors these stakeholders identified as barriers were limited availability of long term supports and service (LTSS) providers, lack of adequate transportation, telecommunication barriers, threats to business viability, and challenges to care giving workforce recruitment and retention.

Fair Haven currently provides around 30% (130 skilled beds and 62 assisted living beds) of the long term care services available in Rutherford County. We also have a retirement community of 37 individually owned homes. The issues of transportation and telecommunication barriers are very real. With over 200 employees in the County, Fair Haven has contact with a significant percentage of our citizens which helps with the telecommunication challenge. Fair Haven uses an App for our therapy residents to keep up with progress and inform families in real time. This has proven very successful. We would continue this in the home health setting. Because Fair Haven has been in business since 1964, we have established ourselves as a viable business with a stable workforce.

This article also identifies "that rural patients rely more on informal care giving supports, either due to cultural preferences or efforts to compensate for lack of available HCBS." Fair Haven's attachment to the community helps alleviate the cultural preference issue. We are well trusted and respected and our community knows Fair Haven protects the rights and interests of our residents.

I will now turn this presentation over to Mr. Brian Hutchison, Administrator of Fair Haven of Forest City.

3. Reasons for the proposed adjustment:

a. Statement of the adverse effects on the population of the affected area that are likely to ensue if the adjustment is not made:

Should this petition not be approved, county residents will continue to receive the currently accepted home health services. As stated previously, Fair Haven's hospital readmission rates are less than any of the home health companies. Fair Haven has built a trust level in our area and we feel we can achieve a lower readmission rate than the current companies. Fair Haven readmission rate is 6% less than the average North Carolina nursing home. If one looks at the larger rural geographic area of Polk and Cleveland Counties, there are a total of 13 skilled facilities and only the two Fair Haven facilities are rated 5 star.

With the expected rise in the need for home health services, it seems logical to seek local ownership and involvement of a company with close ties and relationships to the county. Rutherford County has a total population of approximately 66,500 people. Many families have ties to the county which go back for

generations. Family relationships are strong, with support and trust in local businesses being highly valued. Fair Haven has achieved a trusting relationship and has family relationships which go back generations. Strangers coming into homes are not always a valued commodity, but a company that is trusted would have better success on entering and treating resistant clients. This has the potential to lead to better outcomes. Residents in this county are looking for more personal attention and we offer the interest, knowledge and commitment to provide the best care for our population.

b. Statement of alternatives to the proposed adjustment that were considered and found not feasible.

Outpatient therapy was the best alternative considered, resulting in limited success. Rutherford County currently does offer a transportation system, but it is not comprehensive. According to a representative from the Rutherford County Transit, out-patient visits are not considered a doctor's visit and they do not make this type of transit.

4. Evidence that health service development permitted by the proposed adjustment would not result in unnecessary duplication of health resources in the area.

No other local company can provide a seamless transition from skilled care to home health. Fair Haven prides itself as an organization maintaining a personal relationship with discharged residents, thus offering a unique experience as a service provider. Being locally owned and operated without bottom-dollar motivations, this business model differs from the current providers. It transitions home health services to stronger person-centered care like that of skilled nursing, better enabling the identification of specific health needs of each patient and their most ideal plan of care.

5. Evidence that the requested adjustment is consistent with the three Basic Principles governing the development of the North Carolina State Medical Facilities Plan: Safety and Quality, Access and Value.

Safety and Quality. Fair Haven has set high quality standards in long term care for over 55 years. Of the five skilled nursing facilities in Rutherford County, the Fair Haven sites are the only 5 star facilities. Because the company is smaller, locally owned, and invested in the community, issues of safety and quality are addressed quickly which continues the established reputation of providing the highest quality services. Fair Haven would also be available to see the patient on the same day of discharge from both locations so valuable time and money are not wasted. We will be able to set up the proper equipment and have the RN assessment done quickly.

Access. Rutherford County is not an affluent county. The median household income is \$38,573 and the poverty rate is 19.6% The majority (69%) of Fair Haven's current residents receive some kind of financial assistance. There is no discrimination because of one's finances as criteria for receiving services. Services are provided whenever there is a need. The home health sector would be no different, as all residents will have access to Fair Haven's home health services.

Value. By having access to physicians and ancillary medical professionals in the skilled nursing setting, Fair Haven offers the best healthcare service when compared with current home health providers. This is especially true when following a resident after discharge in the home health setting. Records do not

need to be duplicated which aids in preventing disjointed medical histories. Even if a client is discharged directly from the hospital, Fair Haven would be better equipped to access the appropriate level of care and suggest changes if needed. Fair Haven has been in existence since 1964 to serve the health care needs of the residents of Rutherford County, and we feel we are in the most ideal position to provide quality person-centered home health services as part of our overall mission.

Thank you for your time and we hope you will seriously consider giving Fair Haven the opportunity to bring top quality and efficient home health care to the citizens of Rutherford County like we have in the skilled nursing setting.

Case Study 1:

Admit: 03/22/19

Discharged: 04/30/19

I was discharged to my home with home health services for continued therapy. My goal is to return to Fair Haven for outpatient therapy because I wasn't satisfied with the home health therapy. They only had me raise my legs up and down a time or two. They did NOT do the same therapy I received in the facility. It wasn't near as challenging and I did not feel I progressed any further. My hope is to get back to where I was before my fall. I need more intense therapy to recover completely. My MD is forwarding an order for therapy to the facility.

Case Study 2:

Admit: 06/04/19

Discharged: 07/04/19

Therapy was good at the facility, but after my mom returned home a male nurse came out and took vitals for her and that was it. Later that day my mom was sick. I took her vitals, and everything was extremely low. I called the nurse and he said yes, they were low when I took them, but I thought it was because she was cold. Mom ended up in the hospital. I'm sure that nurse didn't know what he was doing.

Case Study 3:

Admit: 03/01/18

Discharged: 04/17/18

Home health came out when mom was discharged on a Friday and then they said they would be back on Monday. No one called or showed up. We called the facility and they called them to check on it for us. The home health agency called and said they would be out the next day, but never told us a time. They had documented they had had four visits with us during these days, but that wasn't accurate.