

**Comment on LifeCare Hospitals of North Carolina's
Petition for a Special Need Adjustment for Nursing Care Beds in Nash County
in 2016 State Medical Facilities Plan**

COMMENTER

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COMMENT

LifeCare Hospitals of North Carolina (LifeCare) appreciates the opportunity to respond to a comment submitted on its petition for an adjusted need determination for 40 additional nursing care beds in Nash County in the *2016 State Medical Facilities Plan*. Specifically, Autumn Corporation (Autumn), which operates 60 nursing care beds in Nash County, submitted comments in support of LifeCare's petition, but with two conditions. LifeCare appreciates the support from Autumn and has considered these requests in the comments below.

Autumn's first recommended condition is that the "[a]dditional 40 beds be restricted to patients who have the medical conditions described in the petition to justify the *SMFP* adjustment." As noted in its petition, LifeCare does not want to duplicate existing services or compete with the existing nursing facilities in the area. Thus, LifeCare believes that Autumn's proposed condition is reasonable; however, without two modifications, discussed below, it could lead to undesirable unintended consequences. These two modifications are as follows:

The additional 40 beds would be restricted to patients who have the medical conditions described in the petition *upon admission to the nursing facility or patients who are otherwise not accepted for admission by any Nash County nursing facility.*

The rationale for these modifications is described below.

First, LifeCare proposes that Autumn's condition be changed to specify patients who have the medical conditions described in the petition *upon admission to the nursing facility*. LifeCare believes this language is needed to ensure continuity of care. Specifically, without this language, the condition could be interpreted to require

LifeCare to discharge a nursing care patient immediately after one of the listed conditions has subsided, but while additional days of care are required in a nursing facility. For example, a ventilator-dependent patient may be admitted to the nursing facility and weaned from the ventilator during their stay; however, the patient may still require additional days of therapy before being ready to be discharged home. Rather than discharging the patient to another nursing facility for their remaining needed days of therapy, LifeCare believes that it should be able to provide those days of care to ensure continuity of care, and it does not believe that it is the intent of Autumn's comment to change that. However, to ensure that LifeCare will not be forced to discharge a patient in such a situation, the language of the need determination should clarify that the nursing home should be able to continue to care for the patient once the listed condition subsides. Please note that it is not LifeCare's intention to provide care for long term patients that do not meet one of the listed conditions.

Second, the listed conditions in LifeCare's petition include the conditions for which it has experienced difficulties placing patients. However, it is likely that other conditions may arise that are beyond the scope of care of most nursing facilities. To prevent patients with these conditions from receiving care, LifeCare believes that a prudent step would be to include language allowing the proposed beds to admit patients with other conditions, as long as the patient is refused admission from another nursing facility in the county. This would also allow LifeCare to admit a patient in instances where other Nash County facilities are full and do not have capacity available for the patient. In such a situation, admitting a patient to an available bed in the patient's county is a more effective alternative than requiring the patient to go to a facility in another county. Further, given the second condition discussed below, allowing these admissions would not negatively impact the ability of the existing nursing facilities in the county to generate a need for additional beds.

Autumn's second condition is that the "[a]dditional 40 beds will not be inventoried in Nash County." Given the unique patient population that will receive care in these beds, and the broad patient origin of these patients, LifeCare agrees with Autumn's request. LifeCare would also note that if the proposed 40 beds are excluded from the *SMFP* inventory, the utilization of those beds should also be excluded from the methodology used to determine need.

Thank you for your consideration.