





# Mountain View Health and Rehabilitation

## Long-Term Care Facility Resident Discharges

### Results in Brief

#### Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) initiated this audit in response to a recent news article, complaint data, and a report from the U.S. Department of Health and Human Services OIG highlighting issues with nursing facility-initiated resident discharges in which a facility, without due cause or proper notice, evicts a resident often into unsafe environments and with little support.

#### Summary of Review

The audit objective was to determine whether Mountain View Health and Rehabilitation (Mountain View) complied with applicable requirements when initiating discharges.

The audit scope covered resident discharges for the period from January 1, 2021, through August 31, 2023.

#### Management Response

OIG Audit presented a preliminary report to Mountain View on June 28, 2024. Mountain View agreed with the audit recommendations and indicated corrective actions were implemented in July 2024.

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#### Key Results

Mountain View did not always document or retain the required records related to discharging residents. Without the required documentation, auditors could not always determine whether Mountain View protected residents' rights and well-being when it discharged them. Specifically:

- Mountain View's discharge notices did not (a) inform residents of their right to appeal, (b) provide ombudsman contact information, or (c) provide the information required for individuals with mental illness or intellectual and developmental disabilities.
- Mountain View could not always support the reason for discharging residents. Before a nursing facility discharges a resident, regardless of whether the resident or the facility initiates the discharge, it must record the reasons for the discharge in the resident's clinical record. The reason for 31 of the 75 discharges tested (41 percent) was not supported. Specifically, 15 facility-initiated discharges and 16 resident-initiated discharges lacked documentation.
- Mountain View asserted that none of the tested facility-initiated discharges were for financial reasons; however, it could not provide documentation made by a physician to show the basis for discharging 10 of the 36 (28 percent) of those residents. When the facility discharges a resident for reasons other than non-payment or facility closure, the facility must maintain documentation prepared by a physician showing the basis for the discharge.

#### Recommendations

Mountain View should:

- Ensure its discharge process includes providing appeal and advocacy information to residents.
- Maintain documentation for what warranted the determination to discharge in the residents' clinical records.
- When it initiates a discharge for reasons other than non-payment or facility closure, ensure an appropriate physician documents the basis of the discharge.

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# Audit Overview

## Overall Conclusion

Mountain View Health and Rehabilitation (Mountain View) did not always provide all the information required or retain records that it communicated the required information when discharging residents.

## Key Audit Results

Mountain View did not always document or retain the required records related to discharging residents.

Specifically, Mountain View:

- Did not include information about the residents' appeal rights or advocacy resources in its discharge notices.
- Could not always support the reason for discharging residents.
- Did not always ensure a physician documented the facility's determination to discharge for health or safety reasons, including the resident improving, deteriorating, or putting others at risk.

Without the required documentation, auditors could not always determine whether Mountain View protected residents' rights and well-being when discharging them.

OIG Audit offered recommendations to Mountain View, which, if implemented, will improve compliance with applicable requirements. OIG Audit communicated other, less significant issues to Mountain View in a separate written communication.

### Objective

The audit objective was to determine whether Mountain View Health and Rehabilitation complied with applicable requirements when initiating discharges.

### Scope

The audit scope covered resident discharges for the period from January 1, 2021, through August 31, 2023.

The “Detailed Audit Results” section of this report presents additional information about the audit results and is considered written education in accordance with Texas Administrative Code.<sup>1</sup> In addition, other audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,<sup>2</sup> including administrative penalties.<sup>3</sup>

OIG Audit presented preliminary audit results, issues, and recommendations to Mountain View in a draft report dated June 28, 2024. Mountain View agreed with the audit recommendations and indicated corrective actions were implemented in July 2024. Mountain View’s management responses are included in the report following each recommendation.

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspection Division (OIG Audit) thanks management and staff at Mountain View and its management company, Creative Solutions in Healthcare, for their cooperation and assistance during this audit.

## Key Program Data

Nursing facilities provide institutional care to individuals whose medical condition regularly requires the skills of licensed nurses. The nursing facility must provide for the needs of each resident, including room and board, social services, over-the-counter medications, medical supplies and equipment, and personal needs items.<sup>4</sup> A nursing facility must obtain an operating license through the Texas Health and Human Services Commission (HHSC) Long-term Care Regulation. The Texas Administrative Code provides the rules for licensing and operating nursing facilities in Texas, regardless of the resident’s payor.

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<sup>1</sup> 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

<sup>2</sup> 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

<sup>3</sup> Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

<sup>4</sup> Nursing Facilities webpage, <https://www.hhs.texas.gov/providers/long-term-care-providers/nursing-facilities-nf>, (accessed May 13, 2024).

## Nursing Facility Discharges

Either the resident<sup>5</sup> or the facility may initiate a resident's discharge from a nursing facility. Residents may discharge to transfer to another facility, to the hospital, or to a location of the resident's choosing. Unless a facility is closing, it may only decide to discharge a resident if it cannot meet the resident's needs, the resident no longer needs services, the resident poses a health or safety risk, or the resident has not made arrangements for payment.<sup>6</sup>

## Auditing Standards

### Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

### Mountain View Health and Rehabilitation

- Total Licensed Capacity: 187
- Medicare Only Beds: 14
- Medicaid/Medicare Beds: 173

During the audit scope, which covered the period from January 1, 2021, through August 31, 2023, Mountain View had 795 resident stays: 468 short-term and 327 long-term.

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<sup>5</sup> For the purposes of this report, when discussing matters concerning decision making and providing information OIG Audit uses "resident" to mean the resident or their representative. A resident representative is someone either chosen by the resident or legally empowered to make decisions on the resident's behalf.

<sup>6</sup> 26 Tex. Admin. Code §§ 554.502 (b)(1) through (b)(7) (Jan. 15, 2021).







































## Appendix G: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

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- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- Matt Chaplin, Chief of Operations
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