

Marion P. Cunningham, age 99, fell in her bathroom at Callista Court (an assisted living facility) in the early morning hours of December 27, 2013. She was in extreme pain, was transported by ambulance to Winona Health Hospital in Winona, Minnesota and admitted and classified as “observational status.” Ms. Cunningham was not discharged until December 30, 2013 remaining in the hospital for three plus days which included three midnight stays.

Resulting from the fall, Ms. Cunningham had a laceration over her right eye, heavy bruising over the right side of her face and severe right shoulder pain. Following diagnostic procedures, she was diagnosed as having a fracture of the proximal head of the right humerus (broken shoulder), soft tissue damage to the right side of her face and a laceration over her right eye.

The laceration required stitches, a sling was applied to the fractured arm/shoulder and pain medication was provided. In addition, Ms. Cunningham received intravenous fluid and a urinary indwelling catheter for the duration of time spent at the hospital. She was housed in a private room on a floor unit with patients who had an “admission status” and her care was indistinguishable from that of patients with “admission status.”

Secondary to profound pain and inability to bear weight on her right arm, Ms. Cunningham had a significant change in her mobility status. She was no longer able to use her walker due to loss of her right hand/arm usage. She required maximum assistance from staff for turning in bed, transfers to wheelchair and all activities of daily living such as bathing, eating, and dressing.

Ms. Cunningham is a very frail woman with other health problems. In December 2012 she developed shingles on the right side of her face and head resulting in ongoing pain due to herpetic neuropathy. She has poor vision with macular degeneration, is hearing impaired and her dementia was exacerbated by the trauma, pain and pain medications.

She received the same services of “admissions status” due to many complex issues: severity of the trauma, her cognitive status, her complete immobility including moving herself in bed and her advanced age. Because of her advanced age, her case lacked medical predictability in that she had to be monitored closely for complications post trauma and for her response to new medications especially with regard to pain management.

At the time of hospital discharge, Ms. Cunningham needed, in addition to the order for Physical and Occupational therapy, skilled nursing care. A total picture of her co-morbidity needed to be taken into consideration for the care required necessary for her to return to pre-accident health status.

**At discharge, “observation status” during her three day hospitalization did not qualify Ms. Cunningham for Medicare coverage of the needed post-acute care in a skilled nursing facility. This is a denial of an entitled Medicare benefit.**