



MARYLAND HEALTH CARE COMMISSION

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MEMORANDUM

TO: Commissioners

FROM: Kevin R. McDonald
Chief, Certificate of Need

DATE: October 14, 2016

SUBJECT: Northampton Manor Nursing and Rehabilitation Center, LLC
Docket No. 16-10-2377

Enclosed is the staff report and recommendation for a Certificate of Need (“CON”) application filed by Northampton Manor Nursing and Rehabilitation Center, LLC, (“Northampton”), to construct a building addition to house 66 additional CCF beds and to renovate two of the four existing nursing units at the facility.

The estimated cost of the project is \$10,195,736, which includes an estimated \$7,626,009 for new construction, \$662,600 for renovations, \$1,521,510 for other capital costs, an inflation allowance of \$249,304, and financing and other cash requirements of \$136,314. There are no land acquisition or working capital costs associated with the project. The applicant expects to fund this project with \$2,932,998 in cash, and a \$7,262,738 mortgage loan.

Commission staff analyzed the proposed project’s compliance with the applicable State Health Plan criteria and standards and the other applicable CON review criteria at COMAR 10.24.01.08 and recommends that the project be APPROVED with the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

**IN THE MATTER OF
NORTHAMPTON MANOR**

NURSING AND

REHABILITATION CENTER, LLC

DOCKET NO. 16-10-2377

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**BEFORE THE
MARYLAND HEALTH
CARE COMMISSION**

Staff Report and Recommendation

October 20, 2016

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I. INTRODUCTION

A. The Applicant

Northampton Manor Nursing and Rehabilitation Center, LLC (“Northampton”) is a 196-bed comprehensive care facility (“CCF”), or nursing home, located on an eleven-acre site at 200 East 16th Street in Frederick (Frederick County). It was acquired by MAHC Holdings, LLC (“MAHC”) in December 2015 as part of a four-facility acquisition in western Maryland. [Docket Item (DI) #15, Att. A]. MAHC is a holding company that reports that it owns and operates a total of 21 skilled nursing facilities comprising over 3,600 beds in Maryland and Pennsylvania. (DI#2, p.19). Table I-1, below, lists the facilities by locale, county, and number of licensed CCF beds.

Table I-1: MAHC Facilities in Maryland and Pennsylvania

Maryland Facility Name	Location	County	CCF Beds
Allegany Health Nursing & Rehabilitation	Cumberland	Allegany	143
Berlin Nursing & Rehabilitation	Berlin	Worcester	145
Chapel Hill Nursing & Rehabilitation	Randallstown	Baltimore	63
Devlin Manor Nursing & Rehabilitation	Cumberland	Allegany	124
Fairfield Nursing & Rehabilitation	Crownsville	Anne Arundel	92
Forest Haven Nursing & Rehabilitation	Catonsville	Baltimore	167
Julia Manor Nursing & Rehabilitation	Hagerstown	Washington	131
Moran Manor Nursing & Rehabilitation	Westernport	Allegany	120
Northampton Manor Nursing & Rehabilitation	Frederick	Frederick	196
Oakland Nursing & Rehabilitation	Oakland	Garrett	100
Restore Health Rehabilitation	White Plains	Charles	67
Villa Rosa Nursing & Rehabilitation	Mitchellville	Prince George's	107
Maryland Total			1,455

Pennsylvania Facility Name	Location	County	CCF Beds
Care Pavilion Nursing & Rehabilitation	Philadelphia	Philadelphia	396
Cliveden Nursing & Rehabilitation	Philadelphia	Philadelphia	180
Falling Spring Nursing & Rehabilitation	Chambersburg	Franklin	187
Maplewood Nursing & Rehabilitation	Philadelphia	Philadelphia	180
Milton Nursing & Rehabilitation	Milton	Northumberland	138
Parkhouse Nursing & Rehabilitation - Riverview Adult Day Program	Royersford	Montgomery	467
Tucker House Nursing & Rehabilitation	Philadelphia	Philadelphia	180
Watsontown Nursing & Rehabilitation	Watsontown	Northumberland	115
York Nursing & Rehabilitation - Inpatient Dialysis Unit	Philadelphia	Philadelphia	240
Pennsylvania Total			2,083
MAHC Total			3,538

Source: - DI #2, Exhibit G

The owners of MAHC are Scott Rifkin (64.8%), Scott Potter (18%), Howard Friner (7.2%), and Alaris USA, Inc. (10%). (DI#2, Att. A). MAHC owns the following related entities: (1) Northampton Manor Nursing and Rehabilitation Center, LLC (“Northampton”), the applicant and operator of the nursing home; (2) Northampton Manor Realty, LLC, the owner of the real assets of the facility that is the subject of this review; and (3) Mid-Atlantic Health Care, LLC, a related management company used by MAHC to manage the financial, accounting, tax, human resource, and legal functions of the facilities owned by MAHC.

Northampton is the entity that operates the facility and is the legal owner of the rights to the licensed beds. (DI #2, p.4, DI #10, p.1). The physical property, including the grounds, building and improvements, are owned by Northampton Manor Realty, LLC, which leases the building to Northampton. Northampton employs the facility’s staff and provides the residents’ care, contracting with residents and suppliers/vendors and billing for services. Mid-Atlantic Health Care, LLC provides management services. (DI #2, pp.4- 6, 9, and Att. A).

B. The Project

Northampton proposes a building addition to house 66 additional CCF beds and to renovate two of the four existing nursing units at the facility. This project is estimated to cost \$10,195,736. The 66-bed addition consists of 40,357 gross square feet (“SF”) of new building space on two levels. Each floor will hold 33 new private rooms, each with its own bath and shower, and separate climate controls. Upon completion, the Northampton facility will operate 262 beds housed in a building of 116,552 gross SF.

Northampton plans to operate the new wing as a uniquely branded servicer line, Restore Health at Northampton (“Restore Health”). Restore Health plans to offer a higher level of skilled nursing care for patients with short-term, rehabilitative needs. Restore Health describes its business objective as partnering with acute care hospitals and physicians to create an integrated treatment protocol and bundled pricing that fits with the Maryland Demonstration Model (the hospital payment model initiated in 2014 under a new Medicare “waiver”) and the goals of the Health Services Cost Review Commission and the Affordable Care Act, specifically aimed at reducing unnecessary hospital readmissions. (DI#2, pp.11, 15, 31).

This Restore Health model is in use at Restore Health Rehabilitation in White Plains and is included in an MAHC CCF project proposed for development in Baltimore. The applicant describes its Restore Health care design as its response to changes in the health care industry, specifically incentives for the provision of care in less costly settings, when appropriate.

The Restore Health addition at Northampton will have its own first-floor entrance, and one new elevator serving the new wing. The first floor will include a 1,927 square foot rehabilitation gym and 1,410 square foot dining/multipurpose room. The existing kitchen will be enlarged in order to support the additional residents. As described by the applicant, Restore Health is intended to support short-stay patients, including rehabilitation and bariatric patients, in a hotel-like environment that is equipped to provide higher levels of care than would otherwise be provided in an acute care setting.

Each floor of the new wing will include 33 new private rooms, each with its own bathroom, shower, and climate control. This will bring the total number of private rooms at Northampton to 68. Eight rooms (four per floor) are designed to accommodate bariatric patients. The rooms range in size from 262 to 339 square feet. Northampton states that its goal is to provide a hotel-like environment using a “neighborhood model” to “increase interaction among residents and increase patient satisfaction.” Northampton will continue to use a central kitchen to prepare food, but will incorporate “café style” dining on the living unit. This system is in use within the facility’s east wing, and also at the Restore Health facility in White Plains. It allows residents to select their own meals cafeteria-style, and eat either in the central dining room or in the privacy of their own rooms. (DI#2, p.32). Office, ancillary, and support space will be available on each level, including staff offices, conference rooms, treatment areas, waiting rooms, lounge areas, and utility space.

Following completion of the new construction, Northampton plans to renovate the adjoining two nursing units to the north of the new wing to “enhance the resident experience.” The renovation is essentially cosmetic, and does not involve construction activity in the existing nursing units. Updates will include new flooring, paint, ceiling repairs, refinishing doors, new millwork at the nurses’ station, new window coverings, new furnishings, lighting upgrades, and new TVs and brackets. The previous owners of the facility renovated the east wings of the facility in 2009 and 2010. (DI#2, p.15 and DI#10, p.2).

The estimated cost of the project is \$10,195,736, which includes an estimated \$7,626,009 for new construction, \$662,600 for renovations, \$1,521,510 for other capital costs, an inflation allowance of \$249,304, and financing and other cash requirements of \$136,314. There are no land acquisition or working capital costs associated with the project. The applicant expects to fund this project with \$2,932,998 in cash, and a \$7,262,738 mortgage loan.

C. Staff Recommendation

Staff concludes that the proposed project complies with the applicable criteria and standards in COMAR 10.24.08, State Health Plan for Facilities and Services: Nursing Home Services, as well as the other review criteria at COMAR 10.24.01.08G(3) and recommends **APPROVAL** of the applicant’s request for a Certificate of Need (“CON”) with the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).
2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

As summarized below, staff’s review of the application indicates that:

- Using the forecast methodology of the State Health Plan, Frederick County has been projected, to have a current need for an additional 66 CCF beds. The proposal is consistent with this projection;
- The population of Frederick County is projected to grow 30.3% by 2030, with the 65+ population growing over four times faster;
- The applicant has demonstrated that the proposed project is viable, particularly given the fact that an additional 196 CCF beds are located at the facility. The applicant is an experienced nursing home operator with a successful track record in nursing home operation;
- The project will have a positive impact on the facility and the quality of the CCF bed supply available in Frederick County, substantively expanding the number of private CCF rooms in the market and renovating existing facilities. It is not expected to have a significant negative impact on existing providers in the jurisdiction. The availability of CCF beds in Frederick County will increase, consistent with the State Health Plan, and the project, as outlined, will not diminish accessibility to nursing home services in Frederick County for any class of patient; and
- The project may possibly have a positive impact on the combined costs of caring for Medicare patients who require care in both the hospital and post-acute settings, i.e.: this would be the case if hospital readmissions following discharge from the hospital are reduced as a result of the project; and/or, if patients obtain high quality and efficient rehabilitative therapy in the new program that is less costly than a lengthier stay in the hospital.

II. PROCEDURAL HISTORY

Record of the Review

The procedural history of this project is included as Appendix 1.

Local Government Review and Comment

No comments were received from the Frederick County Health Department.

Interested Parties

There are no interested parties in the review.

III. PROJECT CONSISTENCY WITH REVIEW CRITERIA AND STANDARDS

A. STATE HEALTH PLAN

COMAR 10.24.01.08G(3)(a) State Health Plan. An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The applicable section of the State Health Plan for this review is COMAR 10.24.08, the State Health Plan for Facilities and Services: Nursing Home Services (“Nursing Home Chapter”). The specific standards to be addressed include: COMAR 10.24.08.05A, the general standards for review of all nursing home projects; Section .05B , the nursing home standards for new construction or expansion of beds or services; and Section .05C, the nursing home standards for renovations of facilities.

COMAR 10.24.08.05 Nursing Home Standards

A. General Standards. The Commission will use the following standards for review of all nursing home projects.

(1) Bed Need. The bed need in effect when the Commission receives a letter of intent for the application will be the need projection applicable to the review.

A letter of intent for this project was received by MHCC on March 4, 2016. The bed need in effect, published in the *Maryland Register* on April 29, 2016 (Appendix 2), projected a need for 66 additional CCF beds in Frederick County for a target year of 2016.

Table III-1: CCF Bed Need Projection, Frederick County, 2016

Frederick County CCF Bed Need				
Total Bed Inventory	Gross Bed Need Projection	Unadjusted Net Bed Need	Community-based Services Adjustment	2016 Net Bed Need
1,080	1,235	155	89	66

Source: Gross and Net 2016 Updated Bed Need Projection for Comprehensive Care Facility Beds (Corrected and Updated Bed Inventory) (2016)

The proposed addition of 66 CCF beds at Northampton is consistent with the bed need forecast currently in effect for Frederick County.

(2) Medical Assistance Participation.

(a) Except for short-stay hospital-based skilled nursing facilities required to meet .06B of this Chapter, the Commission may approve a Certificate of Need for a nursing home only for an applicant that participates, or proposes to participate, in the Medical Assistance Program, and only if the applicant documents a written Memorandum of Understanding with Medicaid to maintain the proportion of Medicaid patient days required by .05A 2(b) of this Chapter.

- (b) **Each applicant shall agree to serve a proportion of Medicaid patient days that is at least equal to the proportion of Medicaid patient days in all other nursing homes in the jurisdiction or region, whichever is lower, calculated as the weighted mean minus 15.5%, based on the most recent Maryland Long Term Care survey data and Medicaid Cost Reports available to the Commission, as shown in the *Supplement to COMAR 10.24.08: Statistical Data Tables*, or in subsequent updates published in the *Maryland Register*.**
- (c) **An applicant shall agree to continue to admit Medicaid residents to maintain its required level of participation when attained and have a written policy to this effect.**
- (d) **Prior to licensure, an applicant shall execute a written Memorandum of Understanding with the Medicaid Assistance Program of the Department of Health and Mental Hygiene to:**
 - (i) **Achieve or maintain the level of participation required by .05A2(b) of this Chapter; and**
 - (ii) **Admit residents whose primary source of payment on admission is Medicaid.**
 - (iii) **An applicant may show evidence why this rule should not apply.**

Northampton does not have an MOU with the Medical Assistance Program committing to a minimum level of Medicaid participation. The facility predates the establishment of this requirement and this CON application is the first presented by the facility since this requirement was established. The applicant states that it currently participates with Medicaid and will execute an MOU with the Department of Health and Mental Hygiene's Medical Assistance Program that meets the requirements of this standard. (DI# 2, p.28).

The applicant pointed out that the required Medical Assistance Participation Rate for Frederick County is 37.8% and for the Western Maryland region it is 46.8%, according to the "Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction," published in the *Maryland Register* on February 5, 2016. As shown in Table III-2 below, 63.5% of Northampton's patient days in 2014 were Medicaid days.

Table III-2: Medicaid Participation Rates, Frederick County CCFs, 2014

Facility	Medicaid Days	Total CCF Days	Medicaid as % of Total
Buckingham's Choice, Inc.	1,237	14,505	8.53%
Citizens Care and Rehabilitation Center of Frederick	31,839	57,449	55.42%
Genesis College View Center	27,402	37,356	73.35%
Genesis Glade Valley Center	18,809	43,197	43.54%
Golden LivingCenter Frederick	30,590	41,142	74.35%
Homewood at Crumland Farms	12,420	42,021	29.56%
Northampton Manor Health Care Center	39,930	62,839	63.54%
St. Joseph Ministries	13,370	34,126	39.18%
Vindobona Nursing and Rehabilitation Center	10,566	16,543	63.87%
Frederick County	186,163	349,178	53.31%

Source: MHCC Public Use Data Set, August 28, 2016.

In its application, Northampton reported that its percentage of Medicaid patient days for CY 2014 and CY 2015 averaged 64.5%, and projected that Medicaid would account for 66.2% of total patient days in CY 2016. Citing a general decrease in the proportion of Medicaid patient days in Frederick County (from 56.1% in 2010 to 53.3% in 2014), as well as the increasing “role that post-acute facilities are ... playing in rehabilitation,” the applicant projects that the percentage of its Medicaid patient days will decline slightly, to about 61% once the project is complete and patient populations have stabilized. (DI #2 pp.26-27). The applicant states that it will continue to meet the requirements of the standard. (DI #2, p.27).

All but one of Mid-Atlantic’s Maryland nursing homes has met the requirements for the provision of services to patients who are insured by the Maryland Medical Assistance Program (“Medicaid”). The facility that did not meet the required Medicaid participation rate fairly recently was granted a Certificate of Need by the Commission. On April 19, 2012, Mid-Atlantic Waldorf LLC (Docket No. 11-08-2325) received CON approval to establish a 67-bed nursing home in White Plains, Maryland that is currently known as Restore Health Rehabilitation Center (“Restore Health-Charles County”). The facility signed an MOU with Medicaid in accordance with a condition placed on the CON. Restore Health-Charles County opened on February 10, 2015. In the MOU, Restore Health-Charles County agreed to provide at least 44.4% of its patient days to Medicaid recipients. Medicaid cost reports for the facility’s fiscal year that ended on December 31, 2015 show that Medicaid patients at Restore Health-Charles County accounted for 2.9% of the facility’s patient days in the nine and one-half months it was open in 2015. Information provided by the applicant on October 13, 2016 shows that, from January-September, 2016, 18% of Restore Health-Charles County’s patient days were provided to Medicaid residents. (DI #20).

Staff concludes that the applicant’s performance since acquiring Northampton and its stated intention complies with this standard. Staff recommends that the Certificate of Need for this project, if approved, contain the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to

maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

(3) Community-Based Services. An applicant shall demonstrate commitment to providing community-based services and to minimizing the length of stay as appropriate for each resident by:

- (a) Providing information to every prospective resident about the existence of alternative community-based services, including, but not limited to, Medicaid home and community-based waiver programs and other initiatives to promote care in the most appropriate settings.**

Northampton states that it provides information to all prospective residents about the existence of alternative community-based services, including but not limited to Medicaid home and community-based waiver programs, home care, medical day care, assisted living and other initiatives to promote care in the most appropriate settings. (DI#2, p.28).

Examples of materials that the applicant offers to residents were included in the application, including a generic listing produced by the Maryland Department of Health and Mental Hygiene of state agencies, advocacy and legal contacts.

(b) Initiating discharge planning on admission; and

The applicant states that it initiates discharge planning upon admission as part of its care plan development process, and stresses MAHC's track record of discharging residents to the community safely, citing a hospital readmission rate of 14% across all MAHC facilities.

- (c) Permitting access to the facility for all "Olmstead" efforts approved by the Department of Health and Mental Hygiene and the Department of Disabilities to provide education and outreach for residents and their families regarding home and community-based alternatives.**

The applicant states that it "will permit access to all residents for the Olmstead efforts approved by the Department of Health and Mental Hygiene to provide education and outreach for residents and their families." (DI #2, p.29).

The applicant complies with all aspects of this standard.

(4) Nonelderly Residents. An applicant shall address the needs of its nonelderly (<65 year old) residents by:

- (a) Training in the psychosocial problems facing nonelderly disabled residents; and**

Northampton states that it currently serves non-elderly disabled residents and that all employees are required to receive annual training on age-specific care. It also states that it attempts to place non-elderly residents close to one another and provide staff with appropriate training. (DI#2, p. 29).

- (b) Initiating discharge planning immediately following admission with the goal of limiting each nonelderly resident's stay to 90 days or less, whenever feasible, and voluntary transfer to a more appropriate setting.**

The applicant states that it begins development of discharge plans immediately following admission to try to keep stays under 90 days, and it holds care planning meetings twice a day to stay on top of changes in patients' conditions. (DI#2, p.29).

The Applicant's current practices meet this standard.

- (5) Appropriate Living Environment. An applicant shall provide to each resident an appropriate living environment, including, but not limited to:**

- (a) In a new construction project:**

- (i) Develop rooms with no more than two beds for each patient room;**
- (ii) Provide individual temperature controls for each patient room; and**
- (iii) Assure that no more than two residents share a toilet.**

As illustrated in Table III-3 below, there are currently just two private beds available. The project will add 66 private rooms, increasing the percentage of private rooms from 1% to 41%. Eight of the new rooms will be designed for bariatric patients; the facility currently has none. Each room will have its own climate control and a private bathroom and shower. The existing semi-private rooms will remain semi-private, including those on the units that are to be renovated. These rooms have individual climate controls, but do not offer private bathrooms.

Table III-3: Proposed Northampton Manor Bed Configuration

Unit	Floor	Current				Post-Project			
		Licensed Beds	Private	Semi-Private	Total Rooms	Licensed Beds	Private	Semi-Private	Total Rooms
Unit 1	1	59	1	29	30	59	1	29	30
Unit 2	2	59	1	29	30	59	1	29	30
Unit 3	1	38	0	19	19	38	0	19	19
Unit 4	2	40	0	20	20	40	0	20	20
Unit 5	1	--	--	--	--	33	33	0	33
Unit 6	2	--	--	--	--	33	33	0	33
Total	--	196	2	97	99	262	68	97	165

Source: DI#2, Table A, p.63

(b) In a renovation project:

- (i) Reduce the number of patient rooms with more than two residents per room;**
- (ii) Provide individual temperature controls in renovated rooms; and**
- (iii) Reduce the number of patient rooms where more than two residents share a toilet.**

(c) An applicant may show evidence as to why this standard should not be applied to the applicant.

As previously discussed, the renovation portion of this project is more accurately described as a cosmetic refurbishment than as a renovation. No major construction will be undertaken, but the areas will be brought more in line with the “fits and finishes” in the new addition. The rooms in the wing to be refurbished have individual climate controls, but do not offer private bathrooms, and this project will not change that, due to budget limitations.

Overall, the percentage of private rooms will greatly increase in the facility, and the overall environment will be upgraded. Northampton states that it is striving for a “‘hotel-like’ experience that will enhance the overall resident experience... includ[ing] café-style dining where residents have more choice over what and how much food they eat.” (DI#2, p.11).

Although this project will not reduce the number of patient rooms where more than two residents share a toilet, staff recommends that the Commission find the project in compliance with this standard. While this project will involve a second phase of renovation, it is primarily an expansion project that will create new room accommodations consistent with this standard. The project, as a whole, will greatly increase the proportion of the facility’s patients and residents who will have a private room with a private bathroom.

(6) Public Water. Unless otherwise approved by the Commission and the Office of Health Care Quality in accordance with COMAR 10.07.02.26, an applicant for a nursing home shall demonstrate that its facility is, or will be, served by a public water system.

The facility is within the Frederick City limits and currently served by public water and sewer systems. Accordingly, the applicant meets this standard.

- (7) Facility and Unit Design. An applicant must identify the special care needs of the resident population it serves or intends to serve and demonstrate that its proposed facility and unit design features will best meet the needs of that population. This includes, but is not limited to:**
- (a) Identification of the types of residents it proposes to serve and their diagnostic groups;**
 - (b) Citation from the long term care literature, if available, on what types of design features have been shown to best serve those types of residents;**
 - (c) An applicant may show evidence as to how its proposed model, which is not otherwise documented in the literature, will best serve the needs of the proposed resident population.**

As mentioned previously, the addition to Northampton will create new space in which the facility plans to implement MAHC's Restore Health model. According to the applicant, the unit

is oriented toward increasing both the capacity for treating an increased number of short stay patients as well as more typical comprehensive care residents. [The Restore Health addition] will have a strong emphasis on rehabilitation and creating a restorative environment unlike any other in Frederick; its design will create a hotel-like look and feel, as opposed to a typical, more institutional, nursing home environment (DI#2, p.31).

The Restore Health addition will have a dedicated entrance, and will include a rehabilitation gym and multipurpose dining room. An additional elevator will be added as part of the new construction. Each floor of the new wing will have 33 private rooms, ranging in size from 262 to 339SF to provide ample space for the residents and necessary equipment. Each room has a private bathroom and shower. Each floor also will contain four rooms designed for bariatric patients; currently the facility has no rooms designed for bariatric residents. The applicant touts the advantages of private rooms, supported by references in numerous articles as being beneficial to the resident both physically and psychologically.

The smallest Restore Health rooms will include 2.5 times the minimum 100 SF space required in COMAR 10.07.02.28. The applicant states that the "[l]arger room sizes enable the facility to serve specific patient populations. For example, bariatric patients require larger beds." Northampton will use Invacare BAR750 beds with dimensions of 4 feet by 7.3 feet. The standard Invacare Carroll CS Series CS7 bed is 3 feet by 6.7 feet. Thus, the footprint of a bariatric bed alone therefore requires approximately nine to ten square feet of additional floor space. Such rooms designated also require larger bathrooms and space for additional equipment. (DI#2, p.32). The

bariatric rooms will also have wider, double doors. These rooms may also be used by other patients, such as ventilator and dialysis patients who require additional equipment in the room.

The Restore Health addition will incorporate a “neighborhood model,” which uses design features to create a more home-like setting and promotes interaction among residents. Each floor of the new wing will be considered a neighborhood, with a multipurpose space that will be used for the café style dining concept. The model is currently in use in the east wing at Northampton.

In its application, Northampton provides a list of specific design features related to resident safety, summarized below:

- Proximity of staff to residents: The nursing station on each floor is located centrally to all rooms so that all resident rooms are visible. The activity and dining area is also located near the nursing station for observation purposes;
- Standardization: Rooms will have common equipment for staff familiarity;
- Automation and technology: RNH will have wireless capability, enabling the use of PointClickCare, an electronic medical record system, which interfaces with the Real Time Medical Systems (RTMS). RTMS is a “data mining tool” used to aid in identifying resident care needs in a timely manner;
- Noise reduction: Materials used in the construction and renovation will be designed to reduce noise to create a safer, more restful and enjoyable environment;
- Resident involvement in care:
 - RNH will promote Resident and family involvement in care whenever possible;
 - The separate entrance and close parking will be convenient for visitors;
 - Care planning meetings will include resident and/or family participation; and
 - A resident council will solicit feedback from the residents.
- Precarious events: Staff will be trained to react quickly and appropriately to life safety events;
- WanderGuard monitoring: Northampton will be equipped throughout with a system to prevent residents who wander from leaving the building undetected, and
- Dialysis: MAHC is considering the inclusion of dialysis and/or a ventilator unit. A final decision will be based on discussions with acute care providers and the need for the service. (DI#2, pp.31-33).

The project complies with this standard.

- (8) Disclosure. An applicant shall disclose whether any of its principals have ever pled guilty to, or been convicted of, a criminal offense in any way connected with the ownership, development, or management of a health care facility.**

The applicant affirms that none of Northampton's principals has ever pled guilty to or been convicted of a criminal offense in any way connected with the ownership, development, or management of a health care facility (DI#2, p.34). The applicant has complied with the disclosure requirements of his standard.

- (9) Collaborative Relationships. An applicant shall demonstrate that it has established collaborative relationships with other types of long term care providers to assure that each resident has access to the entire long term care continuum.**

Northampton is an existing CCF and has provided names of providers with whom it has collaborated, including seven home health agencies and five assisted living facilities to which it has discharged patients, as well as two hospice providers with whom it has contracts,. (DI#2, pp.34-35)

Northampton has provided a substantial list of other types of long term care providers to help it assure that each resident has access to the entire long term care continuum. Staff recommends that the Commission find the applicant to have met this standard.

B. New Construction or Expansion of Beds or Services. The Commission will review proposals involving new construction or expansion of comprehensive care facility beds, including replacement of an existing facility or existing beds, if new outside walls are proposed, using the following standards in addition to .05A(1)-(9):

- (1) Bed Need.**

- (a) An applicant for a facility involving new construction or expansion of beds or services, using beds currently in the Commission's inventory, must address in detail the need for the beds to be developed in the proposed project by submitting data including, but not limited to: demographic changes in the target population; utilization trends for the past five years; and demonstrated unmet needs of the target population.**

The applicant's proposed project involves expansion of beds and services at an existing facility, but does not utilize beds currently in the Commission's inventory to expand. Accordingly, this standard does not apply to this review.

- (b) For a relocation of existing comprehensive care facility beds, an applicant must demonstrate need for the beds at the new site, including, but not limited to: demonstrated unmet needs; utilization trends for**

the past five years; and how access to, and/or quality of, needed services will be improved.

The project does not involve relocation of CCF beds.

(2) Facility Occupancy.

(a) The Commission may approve a nursing home for expansion only if all of its beds are licensed and available for use, and it has been operating at 90 percent or higher, average occupancy for the most recent consecutive 24 months.

(b) An applicant may show evidence why this rule should not apply.

Over the two year period from January 2014 through December 2015, a period during which MAHC did not operate Northampton, the facility had an average bed occupancy rate of 88.2%. The Applicant has argued that the facility occupancy rule should not apply to this review and has offered several reasons in support of its argument.

First, the applicant calculated that an additional 2,544 patient days, or an average of 3.5 additional residents per day, would be enough to reach 90%. Northampton stated that – at its average length of stay of 103 days -- just 25 more admissions would have meant meeting the standard.¹ Alternatively, if the facility's average length of stay had been 106 days (the Frederick County average was 123 days), it would have exceeded the 90% occupancy threshold.

Second, Northampton stated that a 30-day admissions moratorium, from February 21 through March 21, 2015, due to an influenza outbreak, is estimated to have reduced the number of patient days that the facility would have otherwise experienced in this time period by approximately 800 days.

Third, Northampton believes it is at a competitive disadvantage compared with other CCFs in Frederick County due to a lack of private rooms and private bathrooms, and believes that the proposed project would eliminate that disadvantage. If the project is approved, 41% of Northampton's beds would be private with private bathrooms. The applicant reports that this is a proportion that exceeds that of four of the other eight CCFs in the county, and is roughly comparable with the proportion of two others. (DI#2, p.40, which cites MHCC Public Use Data Set.).

The facility's recent occupancy rate experience was very close to the threshold requirement of this standard. It does have a room configuration that arguably puts it at a competitive disadvantage. The project will meet an identified need for more beds in the jurisdiction and will also improve the room configuration and refurbish part of the existing facility. For these reasons,

¹ Northampton had 125,699 patient days over the 24 months, versus 142,492 available bed days. An additional 2,544 patient days, or an average of 3.5 additional residents per day, would be enough to reach 90%.

staff recommends that, under these circumstances, the Commission find that the facility occupancy rule should not apply to this review.

(c) Jurisdictional Occupancy.

(a) The Commission may approve a CON application for a new nursing home only if the average jurisdictional occupancy for all nursing homes in that jurisdiction equals or exceeds a 90 percent occupancy level for at least the most recent 12 month period, as shown in the Medicaid Cost Reports for the latest fiscal year, or the latest Maryland Long Term Care Survey, if no Medicaid Cost Report is filed. Each December, the Commission will issue a report on nursing home occupancy.

(b) An applicant may show evidence why this rule should not apply.

Establishment of a new nursing home is not being proposed. Therefore, this standard is not applicable in this review.

Staff notes, however, that the average jurisdictional occupancy rate for all nursing home beds in Frederick County in 2014 was 90.1% (“Average Annual Bed Occupancy Rate for Licensed Nursing Home Beds by Jurisdiction and Region,” published in the *Maryland Register* on February 5, 2016). Preliminary data for 2015 shows jurisdictional occupancy to be very close to 90%.

**Table III-4: Comprehensive Care Facilities in Frederick County
Bed Use in FY 2015 (Preliminary Data)**

Facility	Location	Licensed Beds	Patient Days	Average Annual Occupancy Rate
Ballenger Creek Center	Frederick	119	34,406	79.2%
Buckingham's Choice	Adamstown	42	13,578	88.6%
Citizens Care & Rehabilitation Center	Frederick	170	58,941	95.0%
Glade Valley Center	Walkersville	124	42,652	94.2%
Golden Living Center	Frederick	120	39,287	89.7%
Homewood at Crumland Farms	Frederick	120	41,894	95.6%
Northampton Manor Nursing & Rehabilitation Center	Frederick	196	63,357	88.6%
St. Joseph Ministries [1]	Emmitsburg	106	34,244	88.5%
Vindobona Nursing & Rehabilitation Center	Braddock Heights	65	17,685	74.5%
TOTAL		1,062	346,044	89.3%

[1] 23 of this CCF's beds are dedicated to the exclusive use of members of Catholic religious orders.
Source: FY 2015 Medicaid Cost Reports and the FY 2015 MHCC Long-Term Care Survey
Occupancy rate calculation is based on full availability of bed capacity throughout the fiscal year.

(4) Medical Assistance Program Participation.

- (a) An applicant for a new nursing home must agree in writing to serve a proportion of Medicaid residents consistent with .05A 2(b) of this Chapter.**
- (b) An applicant for new comprehensive care facility beds has three years during which to achieve the applicable proportions of Medicaid participation from the time the facility is licensed, and must show a good faith effort and reasonable progress toward achieving this goal in years one and two of its operation.**

As previously discussed regarding a similar provision in the General Standard, COMAR 10.24.08.05A(2)(*supra*, pp5-8), Northampton exceeded the required Medicaid participation rate for the latest period for which MHCC has data. Northampton expects its rate to decline slightly (from 64.8% of patient days in 2015 to 61% to 62% in 2022), which is still well above the standard's requirement, and almost 10% higher than the county-wide average.

- (c) An application for nursing home expansion must demonstrate either that it has a current Memorandum of Understanding (MOU) with the Medical Assistance Program or that it will sign an MOU as a condition of its Certificate of Need.**
- (d) An applicant for nursing home expansion or replacement of an existing facility must modify its MOU upon expansion or replacement of its facility to encompass all of the nursing home beds in the expanded facility, and to include a Medicaid percentage that reflects the most recent Medicaid participation rate.**

In response to Paragraphs (c) and (d) of the regulation, the applicant states that Northampton does not currently have an MOU with the Medical Assistance Program, but that "it will sign an MOU that reflects the most recent Medicaid participation rate and submit it to the MHCC as part of its request for First Use Review." (DI#2, p.41).

- (e) An applicant may show evidence as to why this standard should not be applied to the applicant.**

As noted, this existing facility does not have an MOU governing minimum Medicaid participation but will comply with the SHP requirement to have such an agreement in place prior to putting the assets created through this proposed capital project into operation. See discussion at pages 5-8, *supra*.

While the applicant has demonstrated that its historical Medicaid participation rate exceeded the threshold in Frederick County, and states that it will comply with this standard, staff recommends that the Certificate of Need for this project, if approved, contain the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).
2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

(5) Quality. An applicant for expansion of an existing facility must demonstrate that it has no outstanding Level G or higher deficiencies, and that it maintains a demonstrated program of quality assurance.

The applicant stated that Northampton completed its last survey in March 2016 and had no Level G or higher deficiencies. (DI#2, p.42). A copy of the survey was included in the application as Exhibit K. Northampton is currently implementing MAHC's corporate Quality Assurance and Performance Improvement program. A copy of an overview of the program was included with the applicant's responses to completeness questions in its June 9, 2016 submission. (DI #10, p.5).

Although the standard only requires an applicant to demonstrate that it has no outstanding Level G or higher deficiencies, staff is providing a broader assessment of the facility's quality profile for Commission consideration. Northampton achieved an overall rating of three stars (average) on Medicare's Nursing Home Compare site.²

Table III-5 below includes a selection of measures that MHCC staff considers to be among the most important quality measures extracted from surveys conducted by CMS and OHCQ and listed in MHCC's *Consumer Guide to Long Term Care*, showing how the applicant's performance compared to statewide averages. Generally, Northampton compared favorably to the statewide average on the CMS quality indicators, but lagged slightly on the Resident/Family Satisfaction Survey Results.

² A complete review is available at <https://www.medicare.gov/nursinghomecompare/profile.html#profTab=0&ID=215217&loc=FREDERICK%2C%20MD&lat=39.4142688&lng=-77.4105409&name=NORTHAMPTON%20MANOR%20NURSING%20AND%20REHABILITATION%20CENTE&Distn=1.7>

Table III-5: Northampton Quality and Satisfaction Indicators

Quality Measure	MD Average	Northampton Manor
FALL		
Long-stay residents that did not fall and sustain a major injury	97%	99%
PAIN		
Long-stay residents who do not report moderate to severe pain.	95%	96%
Short stay residents who did not have moderate to severe pain.	86%	93%
PRESSURE ULCERS		
High risk long stay residents without pressure sores.	93%	97%
Short stay residents that did not develop new pressure ulcers or with pressure ulcers that stayed the same or got better.	99%	100%
VACCINATIONS		
Long stay residents assessed and given influenza vaccination during the flu season.	95%	100%
Short stay residents assessed and given influenza vaccination during the flu season.	83%	89%
Nursing home staff receiving influenza vaccination during flu season (2015-2016).	88%	86%
RESTRAINTS		
Percent of long-stay residents who were not physically restrained.	99%	96%
DEFICIENCIES		
Number of Health deficiencies cited in the most recent annual OHCQ health inspection (2015).	10.4	1
RESIDENT/FAMILY SATISFACTION SURVEY RESULTS		
The rating of overall care provided in the nursing home – long term residents. (1 being worst care and 10 the best care.)	8.1	7.6
The rating of overall care received from the nursing home staff, overall – short stay residents. (1 being worst care and 10 the best care.)	7.8	7.1
Percentage of long term residents/family who responded "Yes" to "Would you recommend the Nursing Home?"	86%	79%
Percentage of short stay residents/family who responded "Yes" to "Would you recommend the Nursing Home to others?"	79%	78%

Source: Maryland Health Care Commission Consumer Guide to Long Term Care

Additionally, because some of the results in these surveys were from a period when Northampton was not operated by Mid-Atlantic, MHCC staff expanded this table to compare other MAHC facilities in Maryland to the state averages (see Appendix 3). It should also be noted, however, that some of those facilities are also recent MAHC acquisitions.

Staff recommends that the Commission find that the applicant has met this standard.

- (6) Location. An applicant for the relocation of a facility shall quantitatively demonstrate how the new site will allow the applicant to better serve residents than its present location.**

Because the applicant does not seek to relocate an existing facility to a new location, this standard does not apply.

C. Renovation of Facility. The Commission will review projects involving renovation of comprehensive care facilities using the following standards in addition to .05A(1)-(9).

- (1) Bed Status. The number of beds authorized to the facility is the current number of beds shown in the Commission's inventory as authorized to the facility, provided:**
- (a) That the right to operate the facility, or the beds authorized to the facility, remains in good standing; and**
 - (b) That the facility provides documentation that it has no outstanding Level G or higher deficiency reported by the Office of Health Care Quality.**

Northampton is licensed to operate 196 beds. (DI#2, Exhibit Q). The applicant has no outstanding Level G or higher deficiency reported by the Office of Health Care Quality, and included, with its CON application, a copy of the report on its latest survey. (DI#2, Exhibit K). The applicant has met this standard.

- (2) Medical Assistance Program Participation. An applicant for a Certificate of Need for renovation of an existing facility:**
- (a) Shall participate in the Medicaid Program;**
 - (b) May show evidence as to why its level of participation should be lower than that required in .05A2(b) of this Chapter because the facility has programs that focus on discharging residents**
 - (c) Shall present a plan that details how the facility will increase its level of participation if its current and proposed levels of participation are below those required in .05A2(b) of this Chapter; and**
 - (d) Shall agree to accept residents who are Medicaid-eligible upon admission.**

Please see previous discussion, at COMAR 10.24.08.05, Nursing Home Standards, p.5.

- (3) Physical Plant. An applicant must demonstrate how the renovation of the facility will improve the quality of care for residents in the renovated facility, and, if applicable will eliminate or reduce life safety code waivers from the Office of Health Care Quality and the State Fire Marshall's Office.**

The applicant states that it does not have any life safety code waivers, but notes that the renovation part of the project will improve the quality of life for residents in those wings. The

applicant reports that the “café-style” dining concept has received strong reviews from residents because it promotes more of a home-like setting and allows residents to have greater choice than the current, more institutional-like, tray service. (DI#2, p.43). Also, as previously noted, the renovations are designed to mesh with the design and furnishings of the proposed adjacent Restore Health expansion project, bringing these areas up-to-date visually and aesthetically.

Staff concludes that the project is consistent with this standard.

OTHER CERTIFICATE OF NEED REVIEW CRITERIA

The project’s compliance with the five remaining general review criteria in the regulations governing Certificate of Need is outlined below:

B. NEED

COMAR 10.24.01.08G(3)(b) Need.

The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

There is an applicable need analysis in the SHP. As previously noted, the SHP identifies a need for 66 additional CCF beds in Frederick County. If this CON application is approved, the projected bed need will be met.

C. AVAILABILITY OF MORE COST-EFFECTIVE ALTERNATIVES

COMAR 10.24.01.08G(3)(c) Availability of More Cost-Effective Alternatives.

The Commission shall compare the cost effectiveness of the proposed project with the cost effectiveness of providing the service through alternative existing facilities, or through an alternative facility that has submitted a competitive application as part of a comparative review.

There are no other applications that were filed to address the need projected for 2016 in Frederick County.

Regarding the specific project proposed, the applicant stated that MAHC considered further renovation of the facility, expanding on that begun by the prior owners (approximately half of the facility was renovated approximately six years ago) and entirely replacing the facility. Significant renovation would be very difficult without the expansion of the facility as a first phase, given the facility’s patient census and the negative impact of taking a large number of beds out of service during such renovation. Replacing the facility entirely was deemed too costly. (DI #2, p.48).

A review of the cost analysis performed by the applicant using the Marshall Valuation Service (“MVS”) shows that the projected cost is within 2.1% of the applicable MVS benchmark

cost. The estimated costs were \$185.68 per SF and the MVS benchmark is \$189.66. See Appendix 4 for a more detailed explanation of MVS analysis and staff's MVS review of the applicant's construction cost analysis.

Given the need projected by MHCC for an additional 66 nursing home beds in Frederick County, the lack of alternative applications, and the reasonable cost estimate for the proposed construction, staff concludes that the proposed project is a cost effective alternative for meeting the objectives of adding bed supply in the region and improving the physical facilities of this large nursing home.

D. VIABILITY OF THE PROPOSAL

COMAR 10.24.01.08G(3)(d) Viability of the Proposal.

The Commission shall consider the availability of financial and nonfinancial resources, including community support, necessary to implement the project within the time frames set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Availability of Resources Necessary to Implement the Project

The total estimated cost of the construction and renovation project is \$10,195,736, including \$7,626,009 for new construction, \$662,600 for renovations, \$1,521,510 for other capital costs, an inflation allowance of \$249,304, and \$136,314 for financing and other cash requirements. The applicant expects to fund this project with \$2,932,998 in cash, and a \$7,262,738 mortgage loan.

MAHC stated that it has relationships with several banks and is confident it can obtain the debt financing identified as a source of project funding. (DI#2, pp. 55-56). The application included a letter from Leonard Sacks, CPA with Hertzbach Certified Public Accountants (Exhibit R), which states that Hertzbach has provided accounting and auditing services to MAHC for more than ten years. The firm's review of MAHC's financial position indicates that the company has the ability to provide the \$2.9 million in equity proposed as a source of funds and the financial strength and reputation to obtain the \$7.3 million in debt financing.

With respect to track record in project development, the applicant noted that MAHC has been involved in financing nine acquisitions or construction projects, involving 17 facilities over the last five years. MAHC provided documentation concerning this development track record (DI#10, p. 9).

Table III-6 below outlines the costs and sources of funds for the proposed project.

Table III-6: Project Budget Estimate – Uses and Sources of Funds

A. Uses of Funds	
New Construction	
Land Purchase	-
Building	\$4,113,696
Fixed Equipment	2,090,077
Site Preparation	757,736
Architect/Engineering Fees	539,500
Permits	125,000
Subtotal – New Construction	\$7,626,009
Renovations	
Building	\$662,600
Other Capital Costs	
Movable Equipment	\$981,000
Contingencies	250,000
Interest	290,510
Subtotal - Other Capital Costs	\$1,521,510
TOTAL CAPITAL COSTS	\$10,059,423
Financing and other Cash Requirements	
Loan Fees	\$36,314
Legal Fees	80,000
Consultant Fees	20,000
Subtotal – Non Current Capital Costs	\$136,314
Total Uses of Funds	\$10,195,736
B. Sources of Funds	
Cash	\$2,932,998
Mortgage	7,262,738
Total, Sources of Funds	\$10,195,736

Source: (DI #2, Table C, p.65)

Availability of Resources Necessary to Sustain the Project**(a) Finances**

Tables III-7 and III-8 summarize the applicant's performance projections for the project.

Table III-7 Key Utilization and Operating Statistics Northampton Manor*For the New Service and the Entire Facility, for the first three years of operation - 2018 through 2020*

	New Service (The Project)			Entire Facility		
	Yr 1	Yr 2	Yr3	Yr 1	Yr 2	Yr 3
Licensed Beds	66	66	66	262	262	262
Admissions	43	305	353	738	995	1,079
Patient Days	2,359	18,104	21,960	69,588	85,333	89,373
Occupancy Rate	9.8%	75.2%	90.9%	72.8%	89.2%	93.5%
Payor Mix (% of Revenue)						
Medicare	59.9	55.3	53.5	34.6	38.8	39.0
Medicaid	30.3	33.8	35.2	50.8	47.5	47.3
Payor Mix (% of Patient Days)						
Medicare	44.8	40.1	38.3	21.4	24.8	25.0
Medicaid	45.3	49.1	50.6	64.5	61.8	61.6
Commercial Insurance	3.1	3.3	3.4	4.3	4.2	4.2
Self-Pay	6.0	6.6	6.7	8.6	8.2	8.2
Hospice	0.8	0.9	0.9	1.1	1.1	1.1
Revenues, Expenses, and Profits						
Gross Revenue per Patient Day	\$357.15	\$347.19	\$343.33	\$307.17	\$314.28	\$314.73
Net Revenue per Patient Day	\$351.87	\$342.06	\$338.26	\$302.63	\$309.63	\$310.08
Expense per Patient Day	\$824.54	\$325.25	\$288.43	\$304.52	\$294.54	\$286.21
Income per Patient. Day	(\$472.66)	\$16.82	\$49.83	(\$1.64)	\$15.30	\$24.07

Source: DI #2, Tables D, E, and F pp.66 – 69

Table III-8: Revenue and Expense Statement Northampton Manor *for the years 2018 through 2020*

	Year 1	Year 2	Year 3
Revenue			
Gross Patient Revenue	\$21,375,243	\$26,818,336	\$28,128,506
Bad Debt /Contractual Allowance	316,159	396,599	415,961
Net Patient Services Revenue	21,059,084	26,421,737	27,712,545
Other Operating Revenue	18,180	18,180	18,180
Net Operating Revenue	\$21,077,264	\$26,439,917	\$27,730,725
Expenses			
Salaries & Wages (including benefits)	\$10,502,091	\$12,296,385	\$12,333,804
Contractual Services	2,105,335	2,994,480	3,163,449
Interest on Current Debt	1,286,589	1,286,589	1,286,589
Interest on Project Debt	146,449	290,510	291,305
Current Depreciation	474,492	474,492	474,492
Project Depreciation	125,542	251,083	251,083
Current Amortization	740,861	740,861	740,861
Supplies	1,511,713	2,233,756	2,410,332
Management Fee (5% of NPR)	1,052,954	1,321,087	1,385,627
Other	3,245,109	3,245,109	3,242,338
Total Operating Expenses	\$21,191,135	\$25,134,352	\$25,579,880
Income			
Income from Operations	(\$113,871)	\$1,305,565	\$2,150,845
Net Income	(\$113,871)	\$1,305,565	\$2,150,845

Source: DI #2, pp.68

In order to test the facility's financial sensitivity to fluctuations in payor mix, staff requested that the applicant create a financial projection utilizing its existing payor mix in place of that projected in the application. Although that assumption projected a larger loss in the first year after project completion, and smaller net income in subsequent years, the facility was projected to be profitable in the second year and beyond.

(b) Staffing

Table III-9 below shows the total number of salaried and contractual employees that will staff the 262 CCF bed facility at Northampton during the fifth year following completion of the project. As a result of the expansion and changes to its operational model, Northampton expects to hire a total of 67.7 additional full time employees ("FTEs") over current staffing by the end of the fifth year following completion of the project, at an additional annual cost of \$3,150,762 in salaries and \$370,753 in benefits.

**Table III-9: Northampton Manor Staffing Projections
Fifth Year after Project Implementation**

Position	# FTEs	Projected Salary Expense
Administration		
Administration	14.1	\$751,938
Direct Care	182.1	\$7,852,281
Support	61.3	1,840,557
Total FTEs	257.5	\$10,444,777
Employee Benefits*		\$1,859,545
Total Salaries & Benefits		\$12,304,322

*17.8% of Salary Expense

Source: DI #2, pp.72

Table III-10 below indicates that the applicant will have a direct care staffing schedule that will deliver an overall average ratio of 3.34 nursing hours per bed per day of care across the facility during the weekdays, weekends and holidays. These staffing ratios are approximately 67% above the minimum of two hours per bed per day required by COMAR 10.07.02.12.

**Table III-10: Nurse Staffing Hours by Shift, Northampton Manor
(at 262 CCF Beds)**

Staff Category	All Days		
	Day	Evening	Night
RN	69	52	43
LPN	69	52	43
CNAs	208	173	139
Ward Clerk	26*		
Total Hours	372	277	225
Total Hours			874
Total Number of Beds			262
Hours Per Bed Per Day			3.34

(Source: DI # 2, p.73)

Summary

Northampton has demonstrated that it can obtain the financial resources necessary for project development. The projection of positive operating margins beginning with the second year of operation are based on reasonable utilization, revenue, expense, and payer mix assumptions. Staff concludes that the project is viable.

E. COMPLIANCE WITH CONDITIONS OF PREVIOUS CERTIFICATES OF NEED

COMAR 10.24.01.08G(3)(e) Compliance with Conditions of Previous Certificates of Need.

An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant, and with all commitments made that earned preferences in obtaining each previous Certificate of Need, or provide the Commission with a written notice and explanation as to why the conditions or commitments were not met.

Northampton's owner, Mid-Atlantic Health Care, LLC, has been issued a Certificate of Need to build a 67-bed CCF in Waldorf (Charles County) which also included a 90-bed assisted living component. The initial CON (Docket No. 11-08-2325) was issued September 10, 2010, but was replaced in 2012 to change the location due to issues with the seller completing certain storm water improvements for the location. That CON was modified in 2013, changing the design of the facility by delaying implementation of the assisted living component, which is an unregulated service. Mid-Atlantic completed construction of the facility on time and within the budgeted cost, meeting all conditions of the CON and has reported that it opened on February 10, 2015.

F. IMPACT ON EXISTING PROVIDERS AND THE HEALTH CARE DELIVERY SYSTEM

COMAR 10.24.01.08G(3)(f) Impact on Existing Providers and the Health Care Delivery System. An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the health planning region, including the impact on geographic and demographic access to services, on occupancy, on costs and charges of other providers, and on costs to the health care delivery system.

The applicant maintains that there should be no impact on existing facilities, because:

- The calculation resulting in a projected need for an additional 66 beds in Frederick County by 2016 uses a target county-wide occupancy rate of 90%. Thus there should be enough volume of patient days to accommodate the addition of these beds without affecting existing facilities, which have operated at approximately a 90% occupancy rate over the last five years;
- With the 8.2% population growth projected by the Maryland Department of Planning for Frederick County between 2015 and 2020 and, in particular, the 27.5% projected growth in the 65 and older age cohort, it is reasonable to project that the additional population will generate additional demand for comprehensive care days; and
- Hospitals are increasingly collaborating with comprehensive care facilities to provide post-acute care, as hospitals attempt to discharge patients sooner and try to reduce readmissions and avoidable hospital admissions.

At the same time the applicant states that the additional 66 beds will increase access to nursing home services, and that the project should not have an impact on the payor mix of existing facilities given the growth in the Medicare age cohort. (DI #2, p.56).

Further, Northampton states that its program and facility design are geared toward lowering the overall costs to the health care delivery system. It substantiates that claim with a study commissioned by the Maryland Hospital Association³ which showed that MAHC's Maryland skilled nursing facilities average a 14% readmission rate 30 days after discharge, compared to a rate of 21.3% for all Maryland-based skilled nursing facilities (and an average readmission rate of 17.9% in Frederick County).

Staff concludes that, to the extent that the SHP is a reasonable predictor of changes in the demand for CCF beds, the proposed project should not have an undue negative impact on existing providers as a result of the 6.1% increase in the jurisdiction's CCF bed inventory. The project will improve the physical facilities of Northampton, a positive impact for residents and future patients seeking nursing home care. If the business plan proposed by the applicant is successful, the project would also have a positive impact on overall health system costs.

³ The Maryland Hospital Association's Skilled Nursing Facility Partnership Development Guide.

Staff concludes that the project is consistent with the impact criterion.

IV. SUMMARY AND STAFF RECOMMENDATION

Staff has analyzed the proposed project's compliance with the applicable State Health Plan standards in COMAR 10.24.08 and with the other review criteria found in COMAR 10.24.01.08G(3). Based on this analysis, Staff recommends that the project be **APPROVED**, with the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).
2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

IN THE MATTER OF	*	BEFORE THE
	*	
NORTHAMPTON MANOR	*	MARYLAND HEALTH
	*	
NURSING AND	*	CARE COMMISSION
	*	
REHABILITATION CENTER, LLC	*	
	*	
DOCKET NO. 16-10-2377	*	

FINAL ORDER

Based on Commission Staff's analysis in its Report and Recommendation on this project, it is this 20th day of October, 2016, **ORDERED** that:

The application for Certificate of Need submitted by Northampton Manor Nursing and Rehabilitation Center, LLC to build a two-story addition with 66 comprehensive care facility beds, and renovate two existing nursing units at the facility operating at 200 East 16th Street in Frederick (Frederick County) at a total project cost of \$10,195,736, be and hereby is **APPROVED**, subject to the following conditions:

1. At the time of first use review, Northampton Manor Nursing and Rehabilitation Center, LLC shall provide the Commission with an executed Memorandum of Understanding with the Maryland Medical Assistance Program committing to maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).
2. Northampton Manor Nursing and Rehabilitation Center, LLC shall meet and maintain the minimum proportion of Medicaid patient days required by Nursing Home Standard COMAR 10.24.08.05A(2).

MARYLAND HEALTH CARE COMMISSION

APPENDICES

APPENDIX 1

RECORD OF THE REVIEW

Docket Item #	Description	Date
1	MHCC staff acknowledges receipt of Letter of Intent.	3/9/16
2	Mid-Atlantic files Certificate of Need Application.	5/6/16
3	MHCC staff acknowledges receipt of application for completeness review.	5/6/16
4	MHCC staff sends request to publish notice of receipt of application to Frederick Post.	5/6/16
5	MHCC staff sends request to publish notice of receipt of application to Maryland Register.	5/6/16
6	Notice of receipt of application is published in the Frederick News Post.	5/14/16
7	MHCC receives letter of support from Senator Young.	5/24/16
8	MHCC sends request for completeness and additional information.	5/26/16
9	E-mail exchange between Peter Parvis, Esq. and Joel Riklin of MHCC staff clarifying aspects of completeness questions	6/3/16
10	Applicant response to completeness and additional information letter.	6/9/16
11	Notice to applicant that application will be docketed, along with a request for additional information.	6/24/16
12	MHCC staff sends request to the Maryland Register to publish notice of the formal start of the review.	6/24/16
13	MHCC staff sends request to the Frederick Post to publish notice of the formal start of the review.	6/27/16
14	Request for comments sent to Local Health Department.	6/27/16
15	Additional information requested in the docketing letter received from Peter Parvis.	6/30/16
16	Notice of formal start of review as published in the Frederick News.	7/12/16
17	E-mail requesting additional information from the applicant.	10/5/16
18	Response of applicant to request for additional information.	10/11/16
19	E-mail requesting additional information from the applicant.	10/13/16
20	Response of applicant to request for additional information.	10/13/16

APPENDIX 2

BED NEED PROJECTIONS

MARYLAND HEALTH CARE COMMISSION GROSS AND NET 2016 UPDATED BED NEED PROJECTION FOR COMPREHENSIVE CARE FACILITY BEDS (CORRECTED UPDATED BED INVENTORY)

In accordance with COMAR 10.24.08.07, the Maryland Health Care Commission (MHCC) publishes the following notice of jurisdictional gross and net bed need for comprehensive care facility (CCF or nursing home) beds. These projections correct and update the projections published in the *Maryland Register* on April 1, 2016. These jurisdictional gross and net bed need projections will apply in the review of Certificate of Need applications acted on by MHCC after the date of their publication. Updated projections published in the *Maryland Register* supersede any published in either the *Maryland Register* or any plan approved by MHCC. Published projections of bed need remain in effect until MHCC publishes updated CCF bed need projections. Projections of net bed need can change during the interim between bed need projection updates as a result of changes in the number of nursing home beds counted in the inventory, in accordance with the rules at COMAR 10.24.08.07F, or changes to correct errors in the data or computation.

Jurisdiction	Bed Inventory as of January 31, 2016					2016 Projected Bed Need			
	Licensed Beds	CON Approved Beds	Waiver Beds	Temporarily Delicensed Beds	Total Bed Inventory	Gross Bed Need Projection	Unadjusted Net Bed Need	Community-Based Services Adjustment	2016 Net Bed Need
WESTERN MARYLAND									
Allegany	900	0	22	8	930	784	-146	40	0
Carroll	921	0	10	0	931	750	-181	45	0
Frederick	1,080	0	0	0	1,080	1,235	155	89	66
Garrett	316	0	0	0	316	262	-54	12	0
Washington	1,138	0	4	0	1,142	1,003	-139	54	0
MONTGOMERY COUNTY									
Montgomery	4,518	0	32	22	4,572	3,651	-921	235	0
SOUTHERN MARYLAND									
Calvert	302	0	0	0	302	325	23	28	0
Charles	489	0	0	0	489	421	-68	31	0
Prince George's	2,817	150	35	0	3,002	2,817	-185	169	0
St. Mary's	285	0	0	0	285	317	32	18	14
CENTRAL MARYLAND									
Anne Arundel	1,759	0	53	4	1,816	1,761	-55	97	0
Baltimore City	3,756	0	42	80	3,878	4,048	170	380	0
Baltimore County	5,351	0	105	40	5,496	4,585	-911	228	0
Harford	769	48	14	0	831	951	120	48	72
Howard	564	28	10	0	602	734	132	27	105
EASTERN SHORE									
Caroline	187	0	0	0	187	151	-36	5	0
Cecil	421	0	2	33	456	423	-33	24	0
Dorchester	258	23	0	0	281	226	-55	11	0
Kent	228	0	0	0	228	188	-40	19	0
Queen Anne's	120	0	0	0	120	190	70	11	59
Somerset	211	0	3	0	214	172	-42	7	0
Talbot	260	0	0	0	260	272	12	16	0
Wicomico	613	0	0	0	613	543	-70	38	0
Worcester	287	0	0	20	307	359	52	39	13

NOTE: "Net Bed Need" stated as "0" when "Unadjusted Net Bed Need" minus "Community-Based Services Adjustment" is less than zero.

[16-09-44]

APPENDIX 3
KEY QUALITY MEASURES

Key Quality Measure Performance – Mid Atlantic CCFs

Quality Measure	Maryland Average	Northampton	Fairfield	Alleghany	Chapel Hill	Berlin	Forest Haven	Oakland
Falls								
Long-stay residents that did not fall and sustain a major injury	97%	99%	94%	95%	98%	97%	99%	98%
Pain								
Long-stay residents who do not report moderate to severe pain.	95%	96%	99%	98%	93%	98%	99%	91%
Short stay residents who did not have moderate to severe pain.	86%	93%	99%	97%	95%	91%	98%	77%
Pressure ulcers								
High risk long stay residents without pressure sores.	93%	97%	90%	97%	95%	96%	97%	99%
Short stay residents that did not develop new pressure ulcers or with pressure ulcers that stayed the same or got better.	99%	100%	99%	100%	100%	99%	99%	98%
Vaccinations								
Long stay residents assessed and given influenza vaccination during the flu season.	95%	100%	93%	92%	99%	88%	100%	100%
Short stay residents assessed and given influenza vaccination during the flu season.	83%	89%	95%	86%	89%	79%	99%	91%
Nursing home staff receiving influenza vaccination during flu season (2015-2016).	87.6%	85.6%	90.3%	95.1%	86.2%	88.2%	99.5%	93.7%
Restraints								
Percent of long-stay residents who were not physically restrained.	99%	96%	98%	99%	100%	100%	98%	99%
Deficiencies								
Number of Health deficiencies cited in the most recent annual OHCQ health inspection (2015).	10.4	1	1	0	0	0	1	0
Resident/Family Satisfaction Survey Results (2014 Long Stay and Short Stay Surveys)								
The rating of overall care provided in the nursing home – long term residents. (2016) (1 being worst care and 10 the best care.)	8.1	7.6	8.8	8.8	8.7	8.7	8.0	8.7
The rating of overall care received from the nursing home staff, overall – short stay residents. (1 being worst care and 10 the best care.)	7.8	7.1	8.0	8.8	--	8.6	--	--
Percentage of long term residents/family who responded "Yes" to "Would you recommend the Nursing Home?"	86%	79%	95%	98%	95%	92%	91%	89%
Percentage of short stay residents/family who responded "Yes" to "Would you recommend the Nursing Home to others?"	79%	78%	92%	100%	--	90%	--	--

Source: Maryland Health Care Commission Consumer Guide to Long Term CareDataSource: CMS Nursing Home Compare; data collected 10/1/2014 - 06/30/2015. Downloaded 11/19/2015.

APPENDIX 4

MARSHALL VALUATION SERVICE REVIEW

The Marshall Valuation System – what it is, how it works

In order to compare the cost of a proposed construction project to that of similar projects as part of a cost-effectiveness analysis, a benchmark cost is typically developed using the Marshall Valuation Service (“MVS”). MVS cost data includes the base cost per square foot for new construction by type and quality of construction for a wide variety of building uses including nursing homes.

The base cost reported in the MVS guide are based on the actual final costs to the owner and include all material and labor costs, contractor overhead and profit, average architect and engineering fees, nominal building permit costs, and processing fees or service charges and normal interest on building funds during construction. It also includes: normal site preparation costs including grading and excavation for foundations and backfill for the structure; and utilities from the plot line to the structure figured for typical setbacks.

The MVS costs do not include costs of buying or assembling land, piling or hillside foundations (these can be priced separately), furnishings and fixtures not found in a general contract, general contingency set aside for some unknown future event such as anticipated labor and material cost increases. Also not included in the base MVS costs are site improvements such as signs, landscaping, paving, walls, and site lighting. Offsite costs such as roads, utilities, and jurisdictional hook-up fees are also excluded from the base costs.⁴

MVS allows staff to develop a benchmark cost using the relevant construction characteristics of the proposed project and the calculator section of the MVS guide.

In developing the MVS benchmark costs for a particular nursing home project the base costs are adjusted for a variety of factors using MVS adjustments such as including an add-on for sprinkler systems, the presence or absence of elevators, number of building stories, the height per story, and the shape of the building (the relationship of floor area to perimeter). The base cost is also adjusted to the latest month and the locality of the construction project.

⁴ Marshall Valuation Service Guidelines, Section 1, p. 3 (January 2014).

Applying MVS to this project

In its application for the proposed project, the Applicant classified the construction as Class C, Good quality. The following table presents staff's calculation of a benchmark cost per square foot for a comparable building in terms of class, quality, size, perimeter, and wall height using the MVS guidelines and Applicant's data as presented in the application.

MVS Construction Cost Analysis Proposed Cost for Northampton Manor Nursing & Rehabilitation Center, LLC

	Northampton
Class	Class C
Type	Good
Square Footage	40,357
Perimeter (ft)	851
Wall Height (ft) (Avg)	11.65
Stories	2.0
Average Area Per Floor	20,179
Net Base Cost	\$ 185.03
Elevator Add-on	\$ 1.97
Adjusted Base Cost	\$ 187.00
Perimeter Multiplier	0.954825679
Height Multiplier	0.991846908
Multi-story Multiplier	1
Refined Base Square Foot Cost	\$ 176.71
Sprinkler Add-on	\$ 3.43
Final Base Cost Per Square Foot	\$ 180.14
Current Cost Modifier	1.03
Local Multiplier	1.02
CC & Local Multipliers	1.05
MVS Building Cost Per Square Foot	\$ 189.66

Sources: DI #2, pp.48-49, DI #10, pp.6-7, and MHCC Staff Analysis.

The comparison of the MVS benchmark cost per square foot to the estimated costs of the proposed project are detailed in the following table.

MVS Construction Cost Analysis
Proposed Cost for Northampton Manor Nursing & Rehabilitation Center, LLC

Northampton	
Project Budget Item	Class C
New Construction	4,113,696
Normal Site Prep.	757,736
Arch./Eng. Fees	539,500
Fixed Equipment	2,090,077
Permits	125,000
<i>Subtotal</i>	<i>7,626,009</i>
Construction Int & Fin Fees	242,859
<i>Total Project Costs</i>	<i>\$ 7,868,868</i>
Total Adjustments	
Site Demolition	10,000
Storm Drains	100,000
Rough Grading	10,000
Landscaping	50,000
Paving	150,000
Lighting	15,000
Jurisdictional Hook-up Fees	0
Signs	3,000
Assoc. Arch./Eng. Fees	37,431
Assoc. Capital Interest	132
<i>Total Adjustments</i>	<i>\$ 375,563</i>
Project Costs for MVS Comparison	\$7,493,305
Square Footage	40,357
Cost Per Square Ft.	\$ 185.68
Adjusted MVS Cost/Square Foot	\$ 189.66
Over(Under)	\$ (3.98)

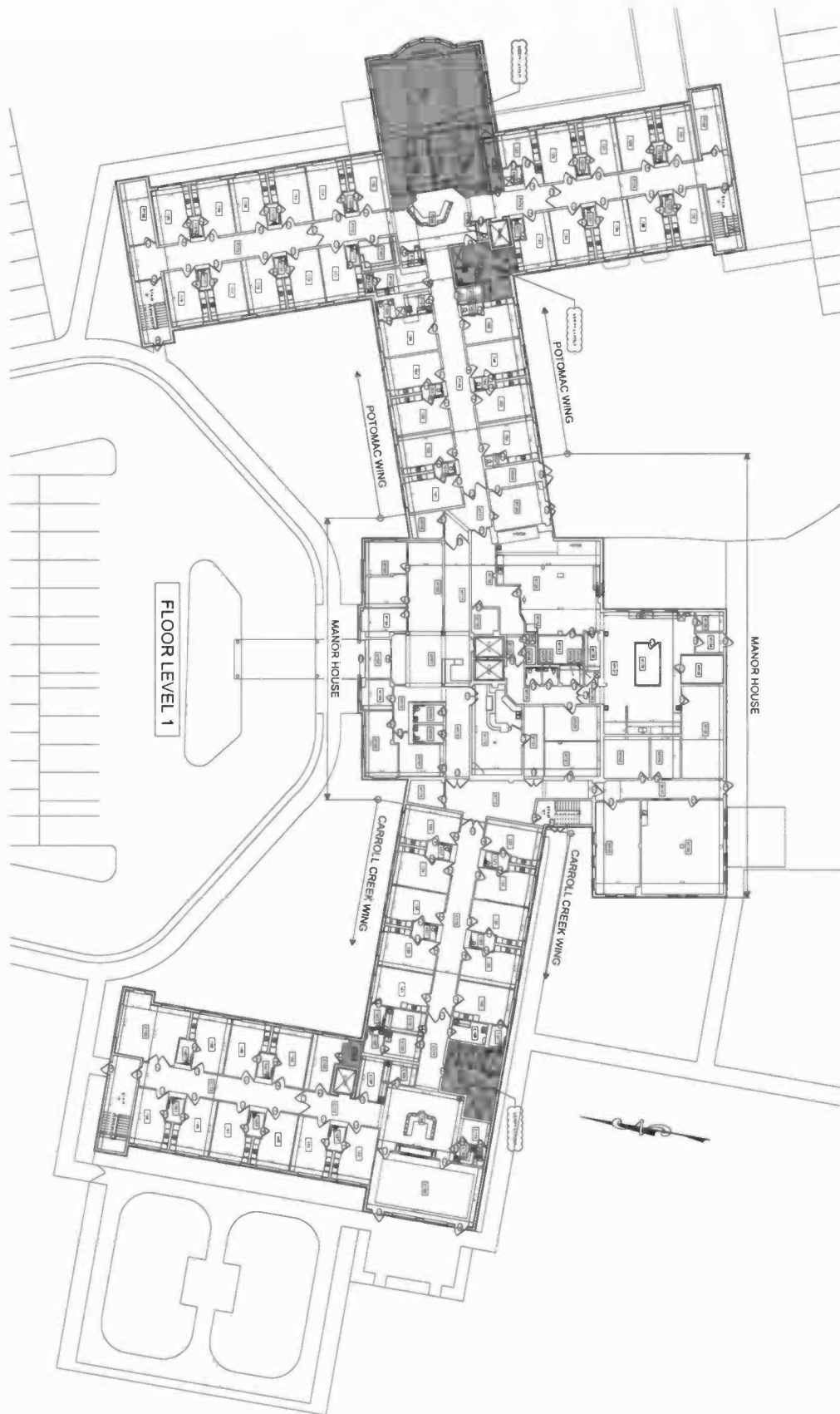
Source: DI #2, p.50 and MHCC Staff Analysis

Staff calculates the Applicant's estimated construction cost to be \$3.98 per square foot, or about 2.1%, below the Marshall Valuation Service benchmark for the proposed project.

APPENDIX 5

Floor Plans





FLOOR LEVEL 1

MANOR HOUSE

MANOR HOUSE

POTOMAC WING

POTOMAC WING

CARROLL CREEK WING

CARROLL CREEK WING

EXISTING CONDITIONS
NORTHAMPTON MANOR
 200 E. 16th STREET
 FREDERICK, MARYLAND 21701

MAGNOLIA MANAGEMENT
 INCORPORATED
Northampton Manor
 HEALTH CARE CENTER

REVISIONS

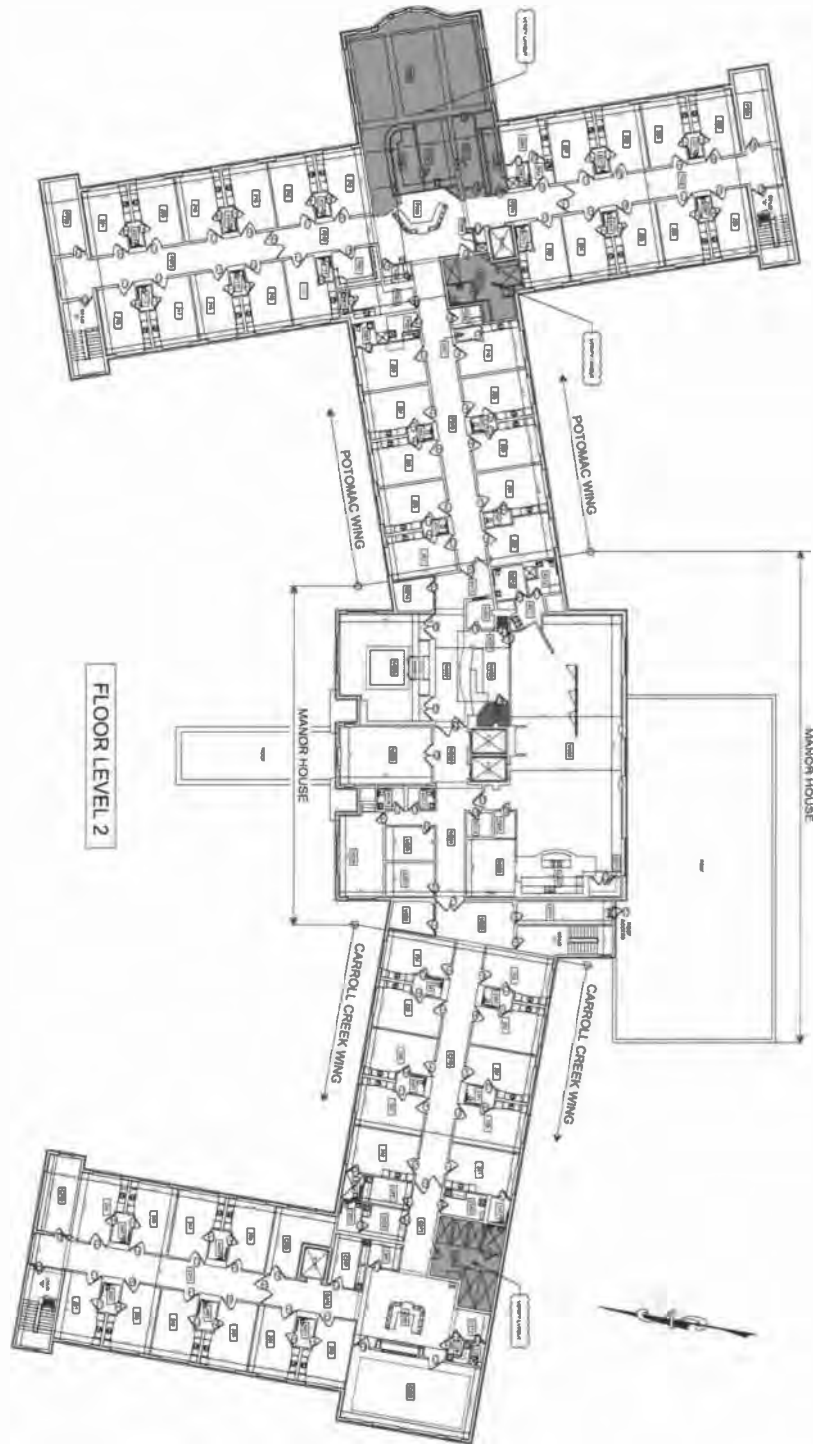
NO.	DATE	BY	REMARKS

A1.1

Scale: 1/8" = 1'-0"

Sheet 1 of 1

COO & ASSOCIATES
 ARCHITECTS



A1.2

Sheet 1 of 1

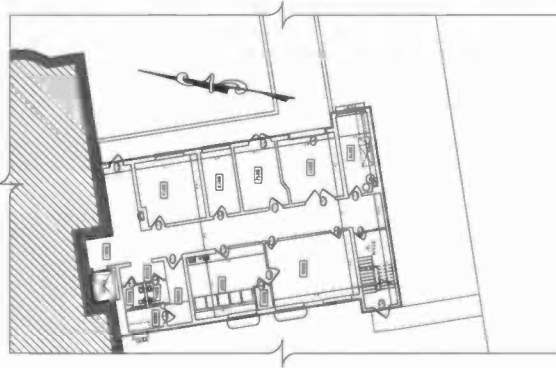
EXISTING CONDITIONS
NORTHAMPTON MANOR
 200 E. 18th STREET
 FREDERICK, MARYLAND 21701

MAGNOLIA MANAGEMENT
 INCORPORATED
Northampton Manor
 HEALTH CARE CENTER

REVISIONS

DATE	BY	REVISION





ROOM LIST: STAIRWELL	
STAIR W	LOCATION
STAIRWELL N	STAIRWELL ON SOUTH POTOMAC RIVER
STAIRWELL D	STAIRWELL ON NORTH POTOMAC RIVER
STAIRWELL E	STAIRWELL ON SOUTHWEST WATER WALK AT COLUMBIA CROSSING
STAIRWELL D	STAIRWELL ON NORTH COLUMBIA CROSSING

[illegible]

ROOM LIST: "POTOMAC WING" FLOOR LEVEL 1			
Room #	Room Name	Room #	
01	PATIENT TOLLET ROOM	11	PATIENT TOLLET ROOM
02	PATIENT TOLLET ROOM	12	PATIENT TOLLET ROOM
03	PATIENT TOLLET ROOM	13	PATIENT TOLLET ROOM
04	PATIENT ROOM 1A18	14	PATIENT TOLLET ROOM
05	PATIENT TOLLET ROOM	15	PATIENT ROOM 1A18
06	PATIENT TOLLET ROOM	16	PATIENT ROOM 1A18
07	PATIENT TOLLET ROOM	17	PATIENT TOLLET ROOM
08	PATIENT ROOM 1A18	18	PATIENT TOLLET ROOM
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591	PATIENT TOLLET ROOM	5	

ROOM LIST: "POTOMAC WING" FLOOR LEVEL 2		
ROOM #	ROOM NAME	ROOM #
201	PATIENT ROOM 418	P701
202	PATIENT TOILET ROOM	P702
203	PATIENT ROOM 419	P703
204	PATIENT ROOM 418	P704
204A	PATIENT TOILET ROOM	P705
205	PATIENT ROOM 418	P706
206	PATIENT ROOM 418	P707
207	PATIENT TOILET ROOM	P708
208	PATIENT ROOM 418	P709
209	PATIENT ROOM 418	P710
210	PATIENT ROOM 418	P711
211	PATIENT TOILET ROOM	P712
212	PATIENT ROOM 418	P713
213	PATIENT ROOM 418	P714
214	PATIENT TOILET ROOM	P715
215	PATIENT ROOM 418	P716
216	PATIENT ROOM 418	P717
217	PATIENT TOILET ROOM	P718
218	PATIENT ROOM 418	P719
219	PATIENT ROOM 418	P720
220	PATIENT ROOM 418	P721
221	PATIENT TOILET ROOM	P722
222	PATIENT ROOM 418	P723
223	PATIENT TOILET ROOM	P724
224	PATIENT ROOM 418	P725
225	PATIENT TOILET ROOM	P726
226	PATIENT ROOM 418	P727
227	PATIENT TOILET ROOM	P728
228	PATIENT ROOM 418	P729
229	PATIENT TOILET ROOM	P730
230	PATIENT ROOM 418	P731
231	PATIENT TOILET ROOM	P732
232	PATIENT ROOM 418	P733
233	PATIENT TOILET ROOM	P734
234	PATIENT ROOM 418	P735
235	PATIENT TOILET ROOM	P736
236	PATIENT ROOM 418	P737
237	PATIENT TOILET ROOM	P738
238	PATIENT ROOM 418	P739
239	PATIENT TOILET ROOM	P740
240	PATIENT ROOM 418	P741
241	PATIENT TOILET ROOM	P742
242	PATIENT ROOM 418	P743
243	PATIENT TOILET ROOM	P744
244	PATIENT ROOM 418	P745
245	PATIENT TOILET ROOM	P746
246	PATIENT ROOM 418	P747
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248	PATIENT ROOM 418	P749
249	PATIENT TOILET ROOM	P750
250	PATIENT ROOM 418	P751
251	PATIENT TOILET ROOM	P752
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253	PATIENT TOILET ROOM	P754
254	PATIENT ROOM 418	P755
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258	PATIENT ROOM 418	P759
259	PATIENT TOILET ROOM	P760
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261	PATIENT TOILET ROOM	P762
262	PATIENT ROOM 418	P763
263	PATIENT TOILET ROOM	P764
264	PATIENT ROOM 418	P765
265	PATIENT TOILET ROOM	P766
266	PATIENT ROOM 418	P767
267	PATIENT TOILET ROOM	P768
268	PATIENT ROOM 418	P769
269	PATIENT TOILET ROOM	P770
270	PATIENT ROOM 418	P771
271	PATIENT TOILET ROOM	P772
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273	PATIENT TOILET ROOM	P774
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281	PATIENT TOILET ROOM	P782
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284	PATIENT ROOM 418	P785
285	PATIENT TOILET ROOM	P786
286	PATIENT ROOM 418	P787
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288	PATIENT ROOM 418	P789
289	PATIENT TOILET ROOM	P790
290	PATIENT ROOM 418	P791
291	PATIENT TOILET ROOM	P792
292	PATIENT ROOM 418	P793
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294	PATIENT ROOM 418	P795
295	PATIENT TOILET ROOM	P796
296	PATIENT ROOM 418	P797
297	PATIENT TOILET ROOM	P798
298	PATIENT ROOM 418	P799
299	PATIENT TOILET ROOM	P800
300	PATIENT ROOM 418	P801
301	PATIENT TOILET ROOM	P802
302	PATIENT ROOM 418	P803
303	PATIENT TOILET ROOM	P804
304	PATIENT ROOM 418	P805
305	PATIENT TOILET ROOM	P806
306	PATIENT ROOM 418	P807

ROOM LIST: "MANOR HOUSE" FLOOR LEVEL 1	
ROOM #	ROOM NAME
1000	VESTIBULE
1001	LOBBY
1002	1ST FLR. REAR
1003	CONTROL ROOM
1004	REAR ENTRANCE
1005	ADMISSION OFFICE
1006	ARTICULAR
1007	ADMISSION OFFICE
1008	ADMISSION OFFICE
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ROOM LIST: "MANOR HOUSE" FLOOR LEVEL 2	
ROOM #	ROOM NAME
H000	MAIN CORRIDOR
H001	CORRIDOR
H002	LOBBY
H003	RECEPTION
H004	RECEPTION
H005	PHYSICAL THERAPY
H006	REPAIR THERAPY
H007	REPAIR THERAPY
H008	THERAPY OCCUPATION
H009	SPEECH THERAPY
H010	STORAGE
H011	BATHROOM CORRIDOR
H012	BATHROOM
H013	ELECTRICAL
H014	PHYSICAL CORRIDOR
H015	REPAIR HALLWAY
H016	REPAIR RESTROOM
H017	REPAIR RESTROOM
H018	CORRIDOR CORRIDOR
H019	REPAIR CORRIDOR
H020	REPAIR CORRIDOR
H021	CLINIC LAB
H022	CARROLL CORRIDOR
H023	CARROLL CORRIDOR
H024	STORAGE CORRIDOR
H025	STORAGE CORRIDOR
H026	STORAGE CORRIDOR
H027	JUNIOR CORRIDOR

[illegible][illegible]