

Exhibit 6
Licensure and Other Certifications



MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. H1507 Registration No. 28921

Issued to: SEASONS HOSPICE & PALLIATIVE CARE OF MARYLAND, INC.
6934 AVIATION BOULEVARD, SUITE N
GLEN BURNIE, MD 21061

Type of Facility or Community Program:
HOSPICE

Date Issued: 12/01/2012

COUNTIES: ANNE ARUNDEL, BALTIMORE, CARROLL, CECIL, HARFORD, HOWARD
PRINCE GEORGE'S COUNTY & BALTIMORE CITY

Number of Residents or Clients: N/A

Number of Beds: 14

Other: N/A

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, COMAR Title 19 Section 401. Annotated Code of Maryland and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Expiration Date: 12/01/2015


Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Seasons Hospice & Palliative Care of Maryland, Inc.

Glen Burnie, MD

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Home Care Accreditation Program

March 12, 2011

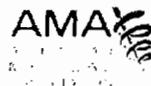
Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #: 414412
Print/Reprint Date: 05/18/11

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

HEALTH INSURANCE BENEFIT AGREEMENT
(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended, and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between
THE SECRETARY OF HEALTH AND HUMAN SERVICES

and
Seasons Hospice and Palliative Care of Maryland, Inc.
Doing business as (D/B/A) **1) Seasons VNA Hospice, Inc.**
2) Northern Chesapeake Hospice

In order to receive payment under title XVIII of the Social Security Act Seasons Hospice and Palliative Care of Maryland, Inc.

D/B/A 1) Seasons VNA Hospital, Inc. 2) Northern Chesapeake Hospice as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name: Todd Andrew Stern Title: Director, Vice President & Secretary

Date: _____

ACCEPTED FOR THE PROVIDER OF SERVICES BY:

NAME (signature): _____

TITLE: Director, Vice President and Secretary

DATE: 10/16/2003

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME (signature): _____

TITLE: _____

DATE: _____

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature): _____

TITLE: _____

DATE: NOV 21 2003

According to the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0632. The time required to complete this information response is estimated to average 3 minutes per response including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for reducing this form, please write to OMB, Paperwork Reduction Project (0938-0632), Washington, DC 20503.



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Voice - (215) 861-4441, (800) 368-1019
TDD - (215) 861-4440, (800) 537-7697
FAX - (215) 861-4431
<http://www.hhs.gov/ost/>

Office for Civil Rights, Region III
150 N. Independence Mall West
Public Ledger Building, Suite 372
Philadelphia, PA 19106-9111

APR 17 2004

Marcia Norman, RN, BS, CHPN, President
Acting Executive Director
Seasons VNA Hospice
7008 Security Boulevard - Suite 300
Baltimore, Maryland 21244

Our Reference Number: 19297

Dear Ms. Norman:

Thank you for providing the Title VI, Section 504, and Age Discrimination Act compliance information required for Medicare certification.

Based on a review of the information, we are notifying the Centers for Medicare and Medicaid Services (CMS) that your facility is now in compliance with the above regulations and has been granted a full civil rights clearance.

Under the Freedom of Information Act, it may be necessary that we release this letter and other information about this case upon request by the public. In the event OCR receives such a request, we will make every effort to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Thank you for your cooperation. If you have questions or require any technical assistance, please contact Helen Matthews of my staff by e-mail at Helen.Matthews@hhs.gov or by telephone at (215) 861-4438.

Sincerely,

Paul F. Cushing
Regional Manager

cc: CMS

Provider Tie-In Notice
(Addition, Deletion or Correction to the Intermediary List of Providers)

Action: Initial Certification Change of Ownership
 Denial of Payments Removal of Denial of Payments
 Termination Other (See Remarks)

Date: February 9, 2004

CHOWCFF
12/11/03

I. Identifying Information (Complete in all cases)

A. Provider Number 21-1507 A
B. Name of Provider Seasons VNA Hospice, Inc.
C. Address (Street, City, State, Zip Code)
7008 Security Boulevard, Suite 300
Baltimore, Maryland 21244
D. Effective Date of Certification --

PCP
STAR
OIP
Amy

RECEIVED
FEB 10 2004
MEDICARE COORDINATORS

E. Name of Administrator / Contact Person and Telephone Number
- Catherine Ann Smith, Executive Director / (410) 594-9100
F. Number of Beds Certified (where applicable) --

45-0501457
12/31

Baltimore County
Freestanding

II. New Provider Certifications and Changes of Ownership

A. Fiscal Year Ending Date December 31
B. Authorized Intermediary Cabara GBA
C. Intermediary Number 00011

RECEIVED
FEB 10 2004
PROVIDER AUDIT &
REIMBURSEMENT

Where Provider Certification Required Because of a Change in Ownership - Complete the Following:

D. Effective Date of Change of Ownership December 1, 2003
E. Name and Provider Number Prior to Change of Ownership (Note 'Unchanged' if No Change)
- Prior Name: VNA Hospice of Maryland, LLC
F. Certification Date of Prior Owner --
G. Intermediary for Previous Owner (Note 'Unchanged' if No Change) - Unchanged -
H. Effective Date of Intermediary Change (where IB and IG differ) --

Witnessed 2/11/04 - DUC

III. Change of Intermediary

- A. Outgoing Intermediary
- B. Outgoing Intermediary Number
- C. Providers Fiscal Year Ending Date
- D. Incoming Intermediary
- E. Incoming Intermediary Number
- F. Effective Date for Change in Intermediary

IV. Terminations

- A. (Check one) Voluntary [] Involuntary []
- B. Effective Date
- C. Servicing Intermediary

V. Denial of Payments for New Medicare Admissions (Sanctions)

- A. Date Denial of Payments for New Medicare Admissions Goes Into Effect
- B. Date Denial of Payments for New Medicare Admissions is Terminated or Cancelled
(Note: If B is earlier than A, the DPNA never took effect)

VI. Remarks

- Effective December 1, 2003 -

Acquisition of VNA Hospice of Maryland, LLC by Seasons Hospice and Palliative Care of Maryland, Inc., now d/b/a Seasons VNA Hospice, Inc.
 (Note: There is a second location at 229 East Main Street, Elkton MD 21921. This location is d/b/a Northern Chesapeake Hospice).

The Medicare fiscal intermediary remains Cahaba GBA (FI# 00011).

Authorizing Official:

Daniel J. Feld
DSC/CMS REGION III

CC:

(Form CMS-3007)

RECEIVED
 FEB 10 2004
 PROVIDER AUDIT & REIMBURSEMENT

Exhibit 7
Quality Improvement Plan



QAPI Framework 2013

Area	Domain	Quality Indicators	Benchmark/Goal	Method of Measurement
Palliative Outcomes	Patient Comfort	% of patients with pain >SIT on admission whose pain is ≤ SIT within 48 hours of admission. (CMS Structural measure & Joint Commission)	Goal: > 90%	Data gathered from HW profiles; reported monthly on the QI dashboard.
		% of patients who died with their pain ≤ SIT (CMS Structural measure & Joint Commission)	Goal: > 90%	Data gathered from the visit notes; reported monthly on the QI dashboard.
		Qualifying Patients reporting pain under control within 48 hours of admission-%yes (CMS Comfortable Dying Measure)	Goal: >60%	Data gathered from HW profiles; reported monthly on the QI dashboard
	Infection Control	Number of infections per 1000 patient care days. (CMS Structural measure & Joint Commission)	Goal < 5 patient days	Data gathered from nursing documentation; reported monthly on the QI dashboard.
		Hand washing compliance (Joint Commission)	Goal: 95%	Data reported monthly on the TD/CD Audit/Visit report.
	Staff Influenza Vaccination Program	% Staff receiving Vaccine-Q3 and Q4 (Joint Commission)	Goal: 5% increase year over year to >90% by 2020	Manual count or report from HR Dashboard
	Patient Safety	Number of patient falls per 1000 patient care days. (CMS Structural measure & Joint Commission)	Goal < 5 patient days	Data gathered from nursing documentation; reported monthly on the QI dashboard.



QAPI Framework 2013

Page 2

Area	Domain	Quality Indicators	Benchmark/Goal	Method of Measurement
Palliative Outcomes	Patient/Family Preferences	Hospice Care Inconsistent with end-of-life wishes. (% No) (CMS Structural Measure)	Goal:> 90%	Data gathered from the FEHC, reported monthly by DEYTA (A4)
	Grief/Bereavement Emotional Support	Help dealing with feelings of anxiety or sadness (% Right Amount) (CMS Structural Measure)	Goal: > 85%	Data gathered from the FEHC, reported monthly by DEYTA (B10)
Processes of Care	Patient/Family Experience/rating of care and/or services	Overall care patient received while under care of hospice (% Excellent) (CMS Structural measure)	Goal > 65 %	Data gathered from the FEHC, reported monthly by DEYTA (G1)
Hospice Services	Communication	Hospice Team clearly explained the plan of care to the family. (% Yes) (CMS Structural Measure)	Goal > 90%	Data gathered from the FEHC, reported monthly by DEYTA (G2a)
	General Inpatient Care (IPU)	IP Hospice Team: willingness to listen to family's cares and concerns (% Excellent)	Goal > 60%	Data gathered from the FEHC, reported monthly by DEYTA
	Pediatric Care	TBD		
Operations	Compliance	Compliance % with chosen National PIP-2013 <ul style="list-style-type: none"> - Medication Reconciliation and/or - Patient Care Plan Updating (Business Indicator)	Report PIP Progress and % improvement to 100% month over month	Follow Process-Report progress Using Chart Audits report % compliance improvement month over month



Quality Assessment & Performance Improvement Plan 2013 *Maryland*

Program Objectives

The objectives of the Quality Assessment and Performance Improvement Plan include the following:

1. To provide a strategy for the systematic hospice-wide implementation of quality assessment and performance improvement activities;
2. To ensure that the organization is providing appropriate, high-value, effective and efficient services in accordance with our mission and vision; and,
3. To provide a mechanism for the identification and prioritization of opportunities for improvement in care and operations.

Our Mission: *Honoring Life – Offering Hope*

Our Vision is to:

- ♥ Recognize that individuals and families are the true experts in their own care;
- ♥ Support our staff so they can put our patients and families first;
- ♥ Find creative solutions which add quality to life;
- ♥ Strive for excellence beyond accepted standards; and,
- ♥ Increase the community's awareness of hospice as part of the continuum of care.

The Governing Body is committed to ensuring that our hospice program provides care and services of the highest quality and safety and that it continually strives to improve its performance.

Program Organization

The Governing Body is responsible for ensuring that the QAPI program reflects the complexity of this organization and the services provided; that it involves all hospices services (including those services furnished under contract or arrangement); that it focuses on indicators related to improved palliative outcomes; and that it takes actions to demonstrate improvement in hospice performance. The Governing Body approves the frequency and detail of the data collection.

The Executive Director is responsible for ensuring that the QAPI plan is implemented and for appointing a QAPI Leader.

The Director of Education and Quality (or Executive Director) is responsible for coordinating and facilitating all quality improvement activities.

The Leadership Team prioritizes the identified improvement opportunities, sets priorities for data collection; determines the frequency of data collection; and participates in improvement activities.

Directors and supervisors are responsible for participating in the QAPI Committee or on PIPs when assigned and for identifying opportunities for improvement through their daily interactions with staff, patients, families and referral sources.

Staff submits and reviews data, identifies strengths and weaknesses; contributes ideas for PIPS, and participates in PIPs when assigned.

Administrative staff performs data entry, contributes ideas for PIPs, and participates in PIPs when assigned.

The QAPI Committee is responsible for evaluating QAPI activities based on the analysis of collected data and for making recommendations for action or further study and consists of the following members:

Julie Sullivan, RN, LCSW-C , Director of Education/Quality, Chair
Dean Forman, Executive Director
Harold Bob, MD, Medical Director
Hal Freidman, Sr. DBD
Jeanine Tyler, DBD
Deb Imbach, RN, Clinical Director
Julie Kinsinger, RN, Clinical Director
Marshall Scott, Director of Business Operations
Jean McHale, LCSW-C, Director of Supportive Care

The QAPI Committee will meet at least quarterly and minutes of each meeting will be maintained. A report of the QAPI activities will be presented to the Governing Body at least quarterly for review.

Program Scope

Seasons Hospice will measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable us to assess processes of care, hospice services, and operations.

Program Activities

The performance improvement activities will focus on high risk, high volume, or problem prone areas and will consider incidence, prevalence, and severity of problems in those areas that affect palliative outcomes, patient safety, and quality of care.

High risk: Pain management, safety (falls and infections), effective grieving.

High volume: Pain management, safety (falls and infections), self-determination, effective grieving, communication, general inpatient care, family satisfaction.

Problem prone: Communication, pain management.

QAPI Framework

The following aspects of performance will be measured, analyzed and tracked in order to monitor the effectiveness and safety of services and quality of care and to identify opportunities for improvement.

A. Palliative Outcomes

- 1) Patient Comfort
 - a) Patients with pain > SIT on admission whose pain is \leq SIT within 48 hours of admission
 - b) Patients who died with their pain \leq SIT
 - c) Qualifying patients reporting pain under control within 48 hours of admission

- 2) Infection Control
 - a) Number of infections per 1000 patient care days
 - b) Hand washing compliance - goals will be set for improving compliance with hand hygiene guidelines.
 - c) Improving % of influenza vaccinations received by employees – goals will be set for improving % year over year

- 3) Safety
 - a) Number of patient falls per 1000 patient care days.
 - c) Activation of the Emergency Operations Plan
 - d) Quarterly Office Safety Inspections
 - e) Evaluation of Fire Drills in the office and IPU units

- 4) Effective Grieving
 - a) Help dealing with feelings of anxiety or sadness (FEHC)
 - b) Bereavement Satisfaction Surveys (FEBS) will be mailed fourteen months after the patients' death. Deyta LLC will provide a monthly report which will include benchmarking with other Seasons Hospice sites. The reports will be analyzed and presented at the QAPI Committee meetings.
 1. Return rate and trend
 2. Areas scoring significantly lower than Seasons or National

B. Processes of Care

- 1) Adverse Events will be measured, analyzed and tracked in order to identify opportunities for improvement, trends and response to trends.
 - a) Patient Safety Issues
 - b) Medication Issues
 - c) DME Issues
 - d) cALL Center Issues
 - e) Complaints
 - f) Facility Issues
- 2) Family Evaluation of Hospice Care (FEHC)
 - a) Overall care patient received while under care of hospice
 - b) Hospice care inconsistent with end of life wishes
 - c) Areas scoring significantly lower than Seasons or nationally
 - d) Response rate and trend
 - e) Live discharges: response rate and trend, areas scoring significantly lower than non-live discharges
- 3) Sentinel Events
 - a) Sentinel Event Occurrences
 1. A root cause analysis that focuses on process and system factors;
 2. Risk-reduction strategies; and,
 3. An action plan that includes measuring the effectiveness of process and system improvements to reduce risk.
 - b) Sentinel Event Alerts

C. Hospice Services

- 1) Ethics - Seasons Hospice is committed to effectively resolving ethical dilemmas related to care, treatment, services, or family dynamics that may occur involving our hospice patients.
 - a) Ethical issues related to patient/family care will be discussed at IDG meetings.
 - b) Unresolved issues may be referred to the Ethics Committee for guidance.
 - c) The National Ethics Committee is available for consultation regarding ethical issues.
 - d) The Ethics Committee will consist of at least the following members although additional members may be included depending upon the topic of the discussion and may include hospice managers, clinical staff, legal counsel, administrative staff, volunteers, community representatives and/or physicians:

Dean Forman, Executive Director
Julie Sullivan, RN, LCSW-C, Director of Education/Quality – Compliance Officer
Deb Imbach, RN, Clinical Director
Julie Kinsinger, RN, Clinical Director
Marshall Scott, Director of Operations
Harold Bob, MD, Medical Director
Jean McHale, LCSW-C, Director of Supportive Care

- e) A summary of the discussion and recommendations will be presented at the QAPI Committee meeting.

- 2) Communication:
 - a) Hospice team clearly explained the plan of care to the family (FEHC)
- 3) General Inpatient Level of Care
 - a) IP Hospice Team: willingness to listen to family's cares and concerns (FEHC)

D. Hospice Operations

- 1) Additional Development Requests and Appeals
 - a) Number of ADRs, RDs, RCs and ALJs
 - b) Results
 - c) Lessons learned
- 2) Team Director Audits/Visits
 - a) Chart Audits
 - b) Supervisory Field Visits
 - c) Facility Audits
 - d) Facility Visits
 - e) IDG Meetings
- 3) A Physician Advisory meeting will be held at least annually in order to identify opportunities for improvement regarding our admission process and the quality of care provided by Seasons Hospice. A summary of the feedback will be presented at the QAPI Committee meetings.
- 4) Employee Satisfaction Surveys - An employee satisfaction survey will be conducted at least annually to give staff the opportunity to rate their satisfaction with working at Seasons Hospice and with the quality of care that we provide. These surveys will be anonymous and will be administered by Deyta LLC. The aggregated results will be analyzed by Leadership and presented at the QAPI Committee meetings.
- 5) Surveys
 - a) State survey follow-up
 - b) Joint Commission survey follow-up
 - c) Mock survey follow-up
- 6) Joint Commission
 - a) Status of the Periodic Performance Review
 - b) Survey preparation
 - c) Seasons Hospice has identified the following performance measures to monitor for ORYX:
 1. Percent of patients who had pain on admission but was at an acceptable level within 48 hours;
 2. Patient infections;
 3. Patient falls;

Performance Improvement Projects

Seasons Hospice will conduct Performance Improvement Projects (PIPs) based on the needs of our population and internal organizational needs and which reflect the scope, complexity and past performance of our services and operations. Seasons Hospice will document current PIPs, the reasons for conducting these projects and the measurable progress achieved on each of them.

The Leadership has prioritized the PIPs and selected the following PIPS to be conducted during 2013:

1. Hospice Aide Handoff
2. Improved IDG Process
3. Family Communication by Clinical Staff

Seasons Hospice has adopted the FOCUS-PDCA approach to measuring and improving quality. This approach will be used to address performance improvement opportunities.

FIND A PROBLEM TO IMPROVE

- Identify the quality improvement opportunity

ORGANIZE A TEAM

- Include all “experts”

CLARIFY THE PROBLEM

- Gather data to verify the problem
- Understand the problem

UNDERSTAND THE POSSIBLE CAUSES

- Analyze/Stratify data
- Use data to answer questions

SELECT IMPROVEMENTS

- Develop options
- Choose best solution

PLAN

- Decide how the solution will be tested
- Decide how data will be collected to determine what effect the action has

DO

- Perform the test by implementing the action on a small scale (pilot test)

CCHECK

- Analyze the effect of the action being tested
- If the desired outcome is achieved, proceed to ACT
- If the desired outcome is not achieve, return to SELECT IMPROVEMENTS

ACT

- Fully implement the action
- Change the necessary policies, procedures or protocols
- Educate the staff

The Quality Assessment and Performance Improvement Plan will be reviewed at the end of each calendar year to ensure effectiveness and make the appropriate revisions.

Exhibit 8
Social Worker Resource Book

**Seasons Hospice & Palliative Care
Social Work Resource Binder**

Table of Contents

Home Health & Wound Care.....	1
Transportation Services.....	2
Funeral Homes.....	3-8
Contracted Respite Facilities.....	9-13
Local Hospitals.....	13
Organ & Body Donation.....	14
Cremation Services.....	14
Spiritual Care	15-18
Local Grief Counseling.....	18
Community Bereavement Groups.....	19-21
Grief Support Websites.....	22
Important Documents & Misc. Resources.....	23-24

Home Health & Wound Care

BrightStar Lifecare.....	443-275-2796
<i>No minimum hours, rates start at \$20/hr.</i>	
Companion Home Care, Towson.....	410-583-0447
<i>No minimum hours, rates start at \$20/hr.</i>	
Compassionate Healthcare Nursing Services.....	410-719-0672
<i>4 hr. minimum, \$18/hr. nego.</i>	
Elizabeth Cooney Home Health.....	410-323-1700
<i>No minimum, rates start at \$19/hr.</i>	
Home Instead.....	410-349-2320
<i>2 hr. minimum, rates start at \$18.75/hr. or \$19.75/hr. depending on county</i>	
Home Phlebotomy & Nursing Service.....	410-626-7008
In-Home Health Care.....	410-360-8727
Mary Downey & Assoc.....	410-437-0630
Regent Healthcare.....	410-872-0310
<i>4 hr. minimum, rates are \$20-23/ hr.</i>	
Response Link Senior Care.....	410-571-2744
<i>3 hr. minimum, rates are \$20-23/hr.</i>	
Right at Home.....	301-255-0066
<i>4 hr/day minimum, rates start at \$20.95/ hr. + 10% on weekends</i>	
Stay at Home Senior Care.....	410-290-7690
<i>3 hr. minimum, rates at \$20, discounts for 12 or 24 hr. care</i>	
Visiting Angels.....	410-549-8002
<i>No minimum, rates from \$18-21/hr., licensed to do medication admin.</i>	
Warman/ We Care.....	301-428-2940
<i>2 hr. minimum, rates from \$19.25/hr (> 5hrs) - \$28 (2 hrs.)</i>	
We Care Senior Care.....	410-602-3993
<i>4 hr. minimum, rates start at \$17/hr.</i>	

Anne Arundel County Department of Aging
 Home Health Referral Service.....410-222-4464
Call for a list of self-employed care providers in your area. Fee is negotiated between the home care provider & family. Some will provide 24 hour care.

**This list is general, non-inclusive and subject to change.*

Transportation Services

Angel Flight.....	877-264-3570
Butler Medical Transport.....	410-602-4007
East Coast Ambulance.....	410-663-2012
Freestate Ambulance.....	410-609-2156
Hart to Heart*	410-836-2556
LifeStar	410-720-6060
Procure	410-823-0030
Transcare*.....	410-242-2279

*Seasons contracted provider

Funeral Homes

Altenburg	410-547-1222
6009 Harford Rd Baltimore, MD 21214	
Ambrose	410-242-2211
1328 Sulpher Spring Rd Halethorpe, MD 21227	
Bailey	410-669-7585
1348 North Calhoun St Baltimore, MD 21217	
Betts	410-522-0552
11129 N Caroline St Baltimore, MD 21213	
Bradley Ashton	410-284-2600
2134 Willow Spring Road #A Dundalk, MD 21222	
Brown Community	410-728-8422
1206 W North Ave Baltimore, MD 21217	
Burgee-Heuss	410-889-3735
3631 Falls Rd Baltimore, MD 21211	
Calvin B. Scruggs	410-837-4926
1412 E. Preston St Baltimore, MD 21213	
Chapman-Harris	410-578-3822
5240 Reisterstown Rd Baltimore, MD 21215	
Charles S. Zeiler & Sons, Inc.	410-276-3588
6224 Eastern Ave Baltimore, MD 21224	
Charlton	410-342-7201
2007 Eastern Ave Baltimore, MD 21231	
Chavious Samuels III	410-444-0414
5307 Chatalpha Road Baltimore, MD 21214	
Connelly	410-285-2900
7110 Sollers Point Rd Baltimore, MD 21222	
300 Mace Ave	410-687-7100
Essex, MD 21221	

Funeral Homes

Dabrowski-Chojnacki	410-633-6630
1005 Dundalk Ave Baltimore, MD 21224	
David J. Weber	410-624-7432
5311 Edmondson Ave Baltimore, MD 21229	
410 S. Chester St.....	410-276-6600
Baltimore, MD 21231	
Derrick C. Jones	410-524-1900
4611 Park Heights Ave Baltimore, MD 21215	
Dippel	410-655-8400
6415 Belair Rd Baltimore, MD 21206	
Douglas	410-669-1738
1707 McCulloh St Baltimore, MD 21217	
Duda-Ruck	410-288-4664
7922 Wise Ave Baltimore, MD 21222	
Dyett	410-664-6800
4600 Liberty Heights Ave Baltimore, MD 21207	
Eckhardt	410-356-7676
11605 Reisterstown Rd Owings Mills, MD 21117	
Eline	410-833-1414
11824 Reisterstown Rd Reisterstown, MD 21136	
Elizabeth L. Phillips	410-523-4918
1727 N. Monroe St Baltimore, MD 21136	
Estep Brothers	410-728-2800
1300 Eutaw St Baltimore, MD 21217	
Evans	410-343-3000
16924 York Rd Monkton, MD 21111	
Evans Funeral Chapel	410-665-9444
8800 Harford Rd Parkville, MD 21234	

Funeral Homes

Gary L. Kaufman	410-796-8024
7250 Washington Blvd Elkridge, MD 2107	
119 South Stricker St.....	410-233-8980
Baltimore, MD 21227	
Gary P. March	410-945-1100
270 Fredhilton Pass Baltimore, MD 21229	
George J. Gonce	410-327-1442
1901 Eastern Ave Baltimore, MD 21231	
700 S. Conkling St	410-789-1800
Baltimore, MD 21224	
4001 Ritchie Hwy.....	410-789-1800
Baltimore, MD 21225	
Greene	410-433-7500
4905 York Rd Baltimore, MD 21212	
Gregory J. Gonce	410-255-2650
169 Rivera Drive Pasadena, MD 21122	
Haight	410-795-1400
6416 Sykesville Road Sikesville, MD 21784	
Harley Miller	410-444-4433
7527 Harford Road Baltimore, MD 21234	
Hines-Rinaldi	301-622-2290
11800 New Hampshire Ave Silver Spring, MD 20904	
Hoffman-Skarda	410-342-7733
2829 Hudson St Baltimore, MD 21224	
Howell	301-604-0101
10220 Guilford Rd Jessup, MD 20794	
4600 Liberty Heights Ave.....	410-664-6800
Baltimore, MD 21207	
3331 Brehms Ln.....	410-485-3500
Baltimore, MD 21213	
Hubbard	410-242-3300
4107 Wilkens Ave Baltimore, MD 21229	

Funeral Homes

James A. Morton & Sons	410-728-1100
1701 Laurens Street Baltimore, MD 21217	
311 Main St.....	410-282-5440
Baltimore, MD 21222	
Joseph L. Russ	410-675-1112
2334 Jefferson St Baltimore, MD 21205	
2222 W. North Ave.....	410-523-3361
Baltimore, MD 21216	
Kevin A. Parker	410-945-4665
3512 Frederick Ave Baltimore, MD	
Lassahn	410-665-2000
7401 Belair Rd Baltimore, MD 21236	
Lemmons	410-252-6000
10 West Padonia Rd Timonium, MD 21093	
Life Beyond	410-276-2145
1000 Fell Street Baltimore, MD 21231	
Lilly & Zeiler	410-327-1442
1901 Eastern Ave Baltimore, MD 21231	
700 S. Conkling St.....	410-342-1222
Baltimore, MD 21224	
Locks	410-685-7555
1304 N. Central Ave Baltimore, MD 21202	
Loudon Park	410-644-1900
3620 Wilkens Ave Baltimore, MD 21229	
March	410-727-3300
1101 E. North Ave Baltimore, MD 21202	
4300 Wabash Ave.....	410-542-2400
Baltimore, MD 21215	

Funeral Homes

McCully-Polyniak	410-255-2381
3204 Mountain Road Pasadena, MD 21122	
130 E. Fort Ave.....	410-752-2546
Baltimore, MD 21230	
237 E. Patapsco Ave.....	410-355-1185
Baltimore, MD 21225	
Miller Metro Chapel	410-327-2777
1639 North Broadway St Baltimore, MD 21213	
Mitchel-Wiedefeld Home	410-377-8300
6500 York Rd Baltimore, MD 21212	
Moran-Ashton	410-276-3982
3000 East Baltimore St Baltimore, MD 21224	
Noce & Sons	410-539-3205
322 South High St Baltimore, Md 21202	
Nutter	410-728-6655
2501 Gwynns Falls Pkwy Baltimore, MD 21216	
Patterson	410-642-2555
1493 Clayton St Perryville, MD 21903	
Redd	410-523-1600
1721 Monroe St Baltimore, MD 21217	
Reese	410-263-3833
821 West St Annapolis, MD 21401	
Ruck	410-823-1700
1050 York Rd Towson, MD 21204	
Schimunek	410-256-3600
9705 Belair Rd Nottingham, MD 21236	
Singleton's	410-766-7070
1 2 nd Ave, SW Glen Burnie, MD 21061	
Skarda	410-342-7733
2829 Hudson St Baltimore, MD 21224	

Funeral Homes

Slack	410-465-4400
3871 Old Columbia Pike Ellicott City, Md 21043	
Smith & Williams	410-534-2400
2818 East Baltimore St Baltimore, MD 21224	
Sol Levinson	410-653-8900
8900 Reisterstown Rd Pikesville, MD 21208	
Stallings	410-360-1770
3111 Mountain Rd Pasadena, MD 21122	
Sterling-Ashton-Schwab-Witzke	410-747-5324
14 Bloomsbury Ave Catonsville, MD 21228	
Sevens	410-752-7739
1501 East Fort Ave Baltimore, MD 21230	
Vaughn Greene	410-433-7500
4905 York Rd Baltimore, MD 21212	
8728 Liberty Rd.....	410-655-0015
Randallstown, MD 21133	
5151 Baltimore National Pike.....	410-233-2400
Baltimore, MD 21229	
4101 Edmondson Ave.....	410-945-2700
Baltimore, MD 21229	
Wallace Funeral Service	410-566-8315
3405 West Franklin St Baltimore, MD 21229	
Witzke's	410-465-2848
4112 Old Columbia Pike Ellicott City, MD 21043	
Wylie	410-462-4070
638 North Gilmore St Baltimore, MD 21217	
9200 Liberty Rd.....	410-655-9200
Randallstown, MD 21133	
Zannino	410-327-4220
263 S Conkling St Baltimore, MD 21224	

Additional Resource: www.efuneral.com free service that enables families in need of funeral services to quickly find & compare local funeral providers; allows families to compare funeral homes based on location, price, service options & service quality.

Contracted Respite Care Facilities

Anne Arundel County

Baywoods of Annapolis	7101 Bay Front Dr., Annapolis, MD 21403	410-268-9222
Ginger Cove	4000 River Crescent Dr., Annapolis, MD 21401	410-266-7300
Crofton Convalescent Center	2131 Davidsonville Rd., Crofton, MD 21114	410-721-1000
Fairfield Nursing Center	1454 Fairfield Loop Rd., Crownsville, MD 21032	410-923-6820
Genesis - Severna Park Nursing Center	24 Truckhouse Rd., Severna Park, MD 21146	410-544-4220
Genesis - Spa Creek Nursing Center	35 Milkshake Ln., Annapolis, MD 21403	410-269-5100
Genesis Hammonds Lane Center	613 Hammonds Lane, Brooklyn Park, MD 21225	410-636-3400
Glen Burnie Health & Rehab Center	7355 Furnace Branch Rd., Glen Burnie, MD 21061	410-766-3460
Heritage Harbor Health Center	2700 South Haven Rd., Annapolis, MD 21401	410-897-1300
Marley Neck Health & Rehab Center	7575 E. Howard Rd., Glen Burnie, MD 21060	410-768-8200
North Arundel Health & Rehab Center	313 Hospital Dr., Glen Burnie, MD 21061	410-761-1222
South River Health & Rehab Center	144 Washington Rd., Edgewater, MD 21037	410-269-6211

East Baltimore City

FutureCare Northpoint	1046 Old Northpoint Rd., Baltimore, MD 21224	410-282-0100
Genesis Franklin Woods Center	9200 Franklin Square Dr., Baltimore, MD 21237	410-391-2600
Genesis Heritage Center	7232 German Hill Rd., Dundalk, MD 21222	410-282-6310
Harborside Harford Gardens	4700 Harford Rd., Baltimore, MD 21214	410-254-3300
Ivy Hall Geriatric and Rehab Center	1300 Windlass Dr., Baltimore, MD 21220	410-687-1383
ManorCare - Rossville	6600 Ridge Rd., Baltimore, MD 21237	410-574-4950
Riverview Rehab & Health Center	1 Eastern Boulevard, Essex, MD 21221	410-574-1400

Contracted Respite Care Facilities

West Baltimore City

Keswick Multi-Care Center	700 West 40th St., Baltimore, MD 21211	410-662-4218
Alice Manor Nursing Home	2095 Rockrose Ave., Baltimore, MD 21211	410-889-9700
Arlington West Nursing & Rehab	3939 Penhurst Ave., Baltimore, MD 21215	410-664-9535
Blue Point Nursing & Rehab Center	2525 W. Belvedere Ave., Baltimore, MD 21215	410-367-9100
Fayette Health & Rehab Center	1217 West Fayette St., Baltimore, MD 21223	410-727-3947
FutureCare Canton	1300 S. Ellwood Ave., Baltimore, MD 21224	410-342-6644
FutureCare Charles Village	2327 North Charles St., Baltimore, MD 21218	410-889-8500
FutureCare Homewood	2700 N. Charles St., Baltimore, MD 21218	410-554-6300
FutureCare Lochearn	4800 Seton Dr., Baltimore, MD 21215	410-358-3410
FutureCare Sandtown	1000 North Gilmore St., Baltimore, MD 21217	410-669-2750
ManorCare - Roland Park	4669 Falls Rd., Baltimore, MD 21209	410-662-8606
Northwest Health & Rehab Center	4601 Pall Mall Rd., Baltimore, MD 21215	410-664-5551
Ravenwood Nursing & Rehab Center	501 W. Franklin St., Baltimore, MD 21201	410-837-4990
Levindale Hebrew Geriatric Center	2434 W. Belvedere Ave., Baltimore, MD 21215	410-601-2400

Contracted Respite Care Facilities

Baltimore County- Catonsville

Forrest Haven Nursing & Convalescent	701 Edmondson Ave, Catonsville, MD 21228	410-747-7425
Frederick Villa Nursing Center	711 Academy Rd., Catonsville, MD 21228	410-788-3300
FutureCare Irvington	22 S. Athol Street, Baltimore, MD 21229	410-947-3052
Genesis Caton Manor	3330 Wilkens Avenue, Baltimore, MD 21229	410-525-1544
Genesis Catonsville Commons	16 Fusting Ave., Catonsville, MD 21228	410-747-1800
ManorCare - Woodbridge Valley	1525 N. Rolling Rd., Catonsville, MD 21228	410-402-1200
Milford Manor Nursing & Rehab Center	4204 Old Milford Mill Rd., Pikesville, MD 21208	410-486-1500
Ridgeway Manor Nursing & Rehab	5743 Edmondson Ave., Catonsville, MD 21228	410-747-5250
Rock Glen Nursing & Rehab Center	10 N. Rock Glen Rd., Baltimore, MD 21229	410-646-2100
Summit Park Health & Rehab Center	1502 Frederick Rd., Catonsville, MD 21228	410-747- 3287

Baltimore County- Pikesville

Augsburg Lutheran Home & Village	6811 Campfield Rd., Baltimore, MD 21207	410-486-4573
North Oaks	725 Mount Wilson Lane, Pikesville, MD 21208	410-486-9090
Chapel Hill Nursing Center	4511 Robosson Rd., Randallstown, MD 21133	410-922-2443
Courtland Gardens Nursing & Rehab Center	7920 Scotts Level Rd., Baltimore, MD 21208	410-521-3600
Envoy of Pikesville	7 Sudbrook Lane, Pikesville, MD 21208	410-486-8771
FutureCare Cherrywood	12020 Reisterstown Rd., Reisterstown, MD 21136	410-833-3801
FutureCare Old Court	5412 Old Court Rd., Randallstown, MD 21133	410-922-3200
Genesis Randallstown Center	9109 Liberty Rd., Randallstown, MD 21133	410-655-7373

Contracted Respite Care Facilities

Carroll County

Copper Ridge	710 Obrecht Rd., Sykesville, MD 21784	410-795-8808
Carroll Lutheran Village	200 St. Luke Circle, Westminster, MD 21158	410-848-0225
Golden Living Centers- Westminster	1234 Washington Rd, Westminster MD	410-848-0700

Cecil County

Calvert Manor Healthcare Center	1881 Telegraph Rd., Rising Sun, MD 21911	410-658-6555
Laurelwood Care Center at Elkton	100 Laurel Dr., Elkton, MD 21921	410-398-8800

Howard County

Vantage House	5400 Vantage Point Rd., Columbia, MD 21044	410-964-5454
Ellicott City Health & Rehab	3000 North Ridge Rd., Ellicott City, MD 21043	410-461-7577
Lorien Columbia	6334 Cedar Lane, Columbia, MD 21044	410-531-5300

Central & Southern Prince George's County

Clinton Nursing & Rehabilitation	9211 Stuart Ln., Clinton, MD 20735	301-868-3600
Forestville Health & Rehab Center	7420 Marlboro Pike, District Heights, MD 20747	301-736-0240
Fort Washington Health & Rehab Center	12021 Livingston Rd., Fort Washington, MD 20744	301-292-0300
FutureCare Pineview	9106 Pineview Ln., Clinton, MD 20735	301-856-2930
Genesis Magnolia Center	8200 Good Luck Rd., Lanham, MD 20706	301-552-2000
Larkin Chase Nursing & Rehab Center	15005 Health Center Dr., Bowie, MD 20716	301-805-6070
St. Thomas More Medical Complex	4922 LaSalle Rd., Hyattsville, MD 20782	301-864-2333
Villa Rosa Nursing Home	3800 Lottsford Rd., Mitchellville, MD 20721	301-459-4700

Contracted Respite Care Facilities

Northern Prince George's County

Cherry Lane Nursing Center	9001 Cherry Ln., Laurel, MD 20708	301-498-8558
Patuxent River Health & Rehab Center	14200 Laurel Park Dr., Laurel, MD 20707	301-953-7980

Note: It is best to consult Marshall Scott at 410-350-5681 **before arranging respite care.*

Local Hospitals

Northwest Hospital.....	410-521-2200
University of Maryland Medical Center.....	410-328-6100
Union Memorial	410-398-4000
Sinai.....	410-601-9000
St. Agnes.....	410-368-6000
Christiana.....	302-733-1000
Franklin Square	443-777-7000
Harford Memorial	410-642-2231
Upper Chesapeake	410-877-3700
Greater Baltimore Medical Center.....	443-849-2000
Harbor Hospital.....	410-350-3200
St. Joseph's Medical Center.....	410-337-1201
Carroll Hospital Center.....	410-848-3000
Bon Secours Baltimore.....	410-362-3000
Maryland General Hospital.....	410-225-8000
Good Samaritan.....	410-532-8000
Johns Hopkins Hospital.....	410-955-5000

Organ & Whole Body Donation

Anatomical Gift Registry.....	1-800-300-5433
<i>Whole body donation, family can receive partial cremated remains free of charge</i>	
BioGift.....	866-670-1799
<i>Whole body donation, family can receive partial cremated remains free of charge. Requirements: no chemo or radiation w/in 60 days of death, jaundice or infectious diseases. Weight must be appropriate based for height.</i>	
Institute for the Advancement of Medicine.....	1-800-486-4426
<i>Whole body donation for research & education. Not for transplant, no age requirements. Does not need to be pre-registered. Family can receive partial cremated remains free charge. No infectious disease or bone mets.</i>	
Living Legacy.....	410-242-7000
<i>Organ & tissue donation, family can receive partial cremated remains free of charge. Patient must be alive/on vent for organ donation, cancer patients eligible for eye donation only.</i>	
Maryland State Anatomy Board.....	410-547-1222
<i>Whole body donation, family can receive partial remains if patient was pre-registered.</i>	
Science Care.....	1-800-417-3747
<i>Whole body donation for medical education & research, family can receive cremated remains free of charge, pre-registration not required.</i>	
Tissue Banks International.....	1-800-756-4824
<i>Network of medical eye and tissue banks for transplantation.</i>	
Uniformed Services University of Health Science.....	301-295-3334
<i>Can accept a body up to 72hrs. after death.</i>	

Cremation Services

Cremation and Funeral Alternatives.....	410-321-1005
8717 Green Pastures Dr Baltimore, MD 21286	
Cremation Society.....	410-788-1800
299 Frederick Rd Baltimore, MD 21228	
Maryland Cremation Services.....	410-960-7525
6008 Harford Rd Baltimore, MD 21214	
Simplicity Cremation.....	410-777-5295
7090 Ridge Rd Hanover, MD 21076	

Spiritual Care

Anne Arundel County

St. Mary's Parish.....410-990-4100

St. Andrew By the Bay..... 410-974-1994

Cecil County

Immaculate Conception (Call center after-hours).....410-398-1100

Harford County

St. Margaret (Emergency Line).....410-879-2875

Baltimore County

Baptist

Pastor David Erickson.....410-285-4674

Pastor Christopher Gudmundson.....410-282 4256

Buddhist

Kelsang Chogden.....410-627-1640

Lawrence Miller.....202-362-3189(h)/ 202-841-2678(c)

Kelsang Gyaltzen.....410-746-2177

Catholic

Fr. McGovern at Holy Family Church.....410-922-3800

NWH on M&F only

After hours emergency..... 410-521-3883

Dave Ludwikoski.....410-282-3092/ 419-304-7289

Pastor William Franken.....410-284-6600

Our Lady Queen of Peace.....410-686-3085

Episcopal

Pastor Jansen String.....410-284-6242

Evangelical Christian

Pastor Jack Greg.....410-288-5136

Jehovah's Witness

Mike Shepherd410-925-9762

Joshua Hathaway.....443-803-7944

Jewish

Lifefridge Rabbi on-call.....410-232-PRAY

It works like a normal pager, when it beeps enter in the call back number.

Spiritual Care

Baltimore County Cont.

Lutheran

Lauren Muratore.....443-310-0830

Pastor William Hayman.....410-284-6840

Methodist

Rev. Daniel Kutrick.....410-633-8799/410-284-4818

Pastor. Dred Scott.....410-285-4466

Muslim

Masjid Al Haqq410-728-1363

Jim Thomas at Islamic Society of Baltimore.....410-747-4869

Imam Hassan Amin.....410-448-3371/410-767-7723

Imam Safi Khan.....301-982-9848

Islamic Society of Baltimore.....410-747-4869

Baltimore City

Baptist

Edward Graves.....410-675-8309

Rev. Theresa Mercer.....410-362-3758

Baptist

All Serve Harbor Hospital Only!

Rev. Patricia Gaither.....410-644-9291/ 443-803-0833 (c)

Rev. Pierre Gaither Sr.....410-644-9291/ 410-419-6154 (c)

Rev. Tiffany Thomas.....443-857-7478

Catholic

Sr. Catherine Cress410-752-8531

Fr. Rob DiMattei Jr.....410-355-5740

Fr. Patrick Carrion.....410-752-0205

Fr. Augustine Inwang.....410-984-5621

Available M, W, Sat. & Sun. at Harbor Hospital Only

Fr. Robert Wojetek.....410-342-4336

Rev. Joseph Bocheneck.....410-563-1717

Rev. Robert Sisk.....410-675-8260

Rev. Luigi Esposito & Rev. Herbert Thomas.....410-675-7790

Christian (Non-denominational):

Rev. Juanita McDonald.....443-790-3773

Pastor Rose Morgan.....443-388-0189

Spanish Christian Church410-675-7256

Spiritual Care

Baltimore City Cont.

Episcopal

Rev. Annette Chappell.....410-727-7695

Fr. Walter F. Burgess.....443-756-7280 (c)/ 410-727-1748 (h)

Available T, R & F at Harbor Hospital Only

Evangelical

Pastor Vijay Malhar..... 516-547-1100

Rev. Cathy Oatman 410-276-0393

Rev. Thomas Scheller..... 410-483-3700

Jehovah's Witness

Sean Barton410-370-1979 (c)

James Rodgers.....410-354-0465

Kenneth Stitz.....410-636-3666/ 410-935-2815 (c)

Jewish:

Rabbi Jon Konheim.....410-523-2446 (o)/ 443-415-6582 (c)

Do not call on Saturdays

Methodist:

Rev. Susan Spears.....410-542-9207 (h)/410-435-1550 (o)

Rev. Stephen E. Smith.....410-776-3706 (h)/ 410-355-8740 (o)

Rev. Gail Button.....410-636-1757 (h)/ 410-913-7571 (c)

Salem United Methodist Church410-276-8460

Non-denominational Christian:

Rev. Juanita McDonald.....443-790-3773

Pastor Rose Morgan.....443-388-0189

Spanish Christian Church410-675-7256

Pentecostal:

Elder Matilda Parks.....410-355-7339

Elder Becky Grant.....410-350-7255

Presbyterian:

Elder James McCree Jr.....410-355-8177

Elder Beverly Holman.....410-768-2341 (h)/ 410-375-2940 (c)

Pastor Paul Warren.....410-276-6207

Lutheran

Pastor B.F. Booher.....410-675-2753

Luther Memorial Lutheran Church.....410-633-8967

Rev. James Sharp.....410-732-3125

Rev. Mark Parker.....410-675-5616

Spiritual Care

Additional Spiritual Assistance:

Volunteer Deacon Don Pahl.....410-979-6548

Shiva Connect.....1-800-797-0605

Iglesia Cristiana Canaan Pastor Inocencui Claudio410-633-4238

Archdiocese of Baltimore Website: www.archbalt.org

Can be used to locate Catholic priests in the Baltimore area

Local Grief Counseling

The Counseling Center at Stella Maris.....410-252-4500 x7291

2300 Dulaney Valley Road Lutherville-Timonium, MD 21093

The Counseling Center offers short-term individual grief support counseling as well as family counseling for anyone experiencing difficulty grieving the loss of a family member or someone special. They offer 50 minute counseling sessions for the reduced rate of \$60 per session.

The Pro Bono Counseling Project.....410-825-1001

110 West Road, Suite 202, Baltimore, MD 21204

The Pro Bono Counseling Project (PBCP) is a non-profit organization that was formed in 1991 to provide free mental health care to individuals, families and couples who cannot receive care from any other source.

Catoctin Counseling Center.....301-416-7979

309 E Patrick St Frederick, MD 21701

Catoctin Counseling Centers offers an array of services dealing with many issues including grief and depression. Offers individual, couples, family and group counseling at their four office locations.

Main Street Community Mental Health Center410-526-7882

Address: 37 Main Street Reisterstown, MD 21136

Services include counseling for adults and elders; depression, anxiety or fears, loss or grief, etc.

Within Your Grasp410-871-2188

1093 Long Valley Road Westminster, MD 21158

Services include counseling for all ages, cancer, chronic illness in children & adults, survival issues, grief, bereavement, sibling program, relationships, couple, family, individual.

Community Bereavement Groups

For Adults

The Counseling Center at Stella Maris.....410-252-4500 x7291
2300 Dulaney Valley Rd
Timonium, MD 21093

Gilchrist Hospice Care's Bereavement Support Groups.....443-849-8251

11311 McCormick Rd, Suite 350

Hunt Valley, MD 21031

5537 Twin Knolls Rd, Suite 434.....443-539-4086

Columbia, MD 21045

555 W. Towsontown Blvd.....443-849-8251

Towson, MD 21204

100 East Pennsylvania Ave.....443-849-8251

Bel Air, MD

For Children and Young Adults

Camp Erin; Baltimore410-435-0500

Contact: Annette March-Grier, Roberta's House

NorthBay Adventure Camp

11 Horseshoe Point Lane

North East, MD 21901

www.moyerfoundation.org/programs/CampErin.aspx

Camp Erin is a bereavement camp for children and teens,

ages 6-17, who have experienced the death of someone close to them.

Me Too! And Just Teens Camp410-252-4500

2300 Dulaney Valley Road

Timonium, MD 21093

Support groups and day camps offered for bereaved children and teens.

Carroll Hospice's Camp T.R.

Contact: Kathy Bare.....410-871-7231

Camp Hashawha Environmental Center

Westminster, MD 21157

A grief camp for children ages 7-15

Children's National Medical Center.....202-476-4500

111 Michigan Avenue Northwest

Washington, DC 20010

Community Bereavement Groups

Medical Center Hosted Groups

Franklin Square Hospital Center	443-777-7900
9000 Franklin Square Drive Baltimore, MD 21237	
Howard County General Hospital	410-740-7890
5755 Cedar Lane Columbia, MD 21044	
Shady Grove Adventist Hospital	301-279-6000
9901 Medical Center Drive Rockville, MD 20850	
St. Mary's Hospital	301-475-6019
25500 Point Lookout Road Leonardtown, Maryland 20650	
Washington Adventist Hospital	301-891-7600
7600 Carroll Avenue Takoma Park, MD 20912	
Atlantic General Hospital	410-641-1100
9733 Healthway Drive Berlin, MD 21811	
JH Bayview Medical Center	410-550-0100
4940 Eastern Avenue Baltimore, MD 21224	
Doctors Community Hospital	301-552-8118
8118 Good Luck Road Lanham, MD 20706	
Georgetown University Hospital	202-444-2000
3800 Reservoir Road Northwest Washington, DC 20007	
Holy Cross Hospital	301-754-8800
1500 Forest Glen Road Silver Spring, MD 20910	

Community Bereavement Groups

Medical Center Hosted Groups

Laurel Regional Hospital	301-617-8636
7300 Van Dusen Road Laurel, MD 20707	
Northwest Hospital Center	410-521-2200
5401 Old Court Rd Randallstown, MD 21133	
Peninsula Regional Medical Ctr	410-546-6400
100 East Carroll Street Salisbury, MD 21801	
Sibley Memorial Hospital	202-537-4000
5255 Loughboro Road Northwest Washington, DC 20016	
St. Agnes Hospital	410-368-6000
900 S. Caton Ave Baltimore, MD 21229	
Upper Chesapeake Medical Center	800-515-0044
500 Upper Chesapeake Drive Bel Air, MD 21014	
Western Maryland Health System	301-759-9355 / 800-224-8688
12500 Willowbrook Road Cumberland, MD 21502	

Grief Support Websites

Crisis, Grief and Healing

<http://www.webhealing.com>

Webhealing.com, the first interactive grief website on the internet, offers discussion boards, articles, book suggestions, and advice for men and women working through every aspect of grief.

Grief and Loss

<http://www.aarp.org/relationships/grief-loss/>

The American Association of Retired Persons (AARP) website contains a Grief & Loss section with grief-related articles and information.

GriefNet

<http://griefnet.org/>

With nearly 50 internet support groups plus a wide range of online resources, GriefNet provides support for those dealing with all types of loss. Their companion site, kidsaid.com, helps children and their parents deal with grief and loss in an appropriate and safe environment.

Important Documents & Miscellaneous Resources

MOLST Form:

www.marylandmolst.gov

Advanced Directive Form:

www.oag.state.md.us/Healthpol/AdvanceDirectives.htm

My Hidden Legacy: enables patients to create a lasting, profound and unexpected gift that only patients, their strongest confidant and My Hidden Legacy (MHL) will know about. Patients can arrange for any gift, large or small to be delivered to their loved ones after their death. MHL facilitates the request, will make the arrangements and deliver gifts at the chosen time. Can provide services worldwide. www.myhiddenlegacy.com

Maryland Legal Aid Bureau: Provides a full range of civil legal services to financially qualified Marylanders and people over 60. Have 13 offices statewide. Can offer direct pro-bono legal assistance or link patients to other legal resources. www.mdlab.org

Private Senior Attorney Erica I. LeMon.....410-235-2220
Willing to make home visits throughout the state of Maryland to serve hospice patients. Offers a sliding scale and gives a discount to patients residing in Baltimore City or County. Erica@randallsonnier.com

Signature DME.....410-453-6600

Personal Companion Alert.....410-318-8863
Contact company with patient's name, address and phone number and company will schedule installation with the family. Notify Marshall, team director and team assistant for billing purposes.

Meals on Wheels..... 410-996-5295

Language Line.....800-847-9426

Lock Box.....888-458-2746

www.lockmed.com

Maryland Department of Aging.....410-767-1100

Ombudsman Program.....410-767-2161

Helps residents in long term care facilities maintain their legal rights, control over their own lives, and personal dignity.

Local Department of Social Services:

Baltimore City.....	443-378-4600
Baltimore County.....	410-853-2000
Harford County.....	410-836-4700
Prince Georges County.....	301-909-7025
Cecil County	410-996-0100
Howard County.....	410-872-8700
Anne Arundel.....	410-269-4500

Exhibit 9
Examples of Program Announcements

"Umbrella of Caring"



C.A.A.R.E. 

Caregivers Assistance Association for
Resource and Education

Registration

Cecil County Caregivers Conference

October 17, 2013
8:30a.m.-2:30 p.m.

Topics:

Virtual Dementia Experience
Medication Safety
"This is your Brain"
Elder Law
Stroke Prevention & Tips

Door Prizes!!

Enjoy guest speakers, local community vendors,
question and answer sessions and lunch.

Register today!

Registration Information

Registration is Easy!!

By Phone:

Contact Amy Ingerson 410-392-0539

By Mail:

Complete the bottom portion of this registration
form and mail with payment to:

Amy Ingerson
152 Railroad Ave
Elkton, MD 21921

Registration Fee is \$10
Registration is FREE for Family Caregivers
Light Breakfast and Hot lunch is provided

Name: _____

Address: _____

Phone: _____

How Did you Hear About the Event?

Circle Payment Method:

Cash Check FREE Caregiver

Make Checks Payable to C.A.A.R.E. 

Cecil County Caregiver's Conference for 2013
October 17, 2013

"Umbrella of Caring"

Agenda

- Registration 8:30 am - 9:15 am
- Welcome 9:15 am – 9:30 am
- Elder Law presented by Mike Levin, Esquire 9:30 am – 10:15 am
- The Virtual Dementia Experience with Kay Sullivan, Arden Courts, 10:15 AM – 11:15 am (breakout classroom)
- Medication Safety presented Harry Fink, Elkton Friendly Rx 10-11am (main room)
- Break for exhibits 11:15 am - 11:30 am
- "The Virtual Dementia Experience" with Kay Sullivan, Arden Courts - Second Session 11:30 – 12:30 pm (breakout classroom)
- Stroke Prevention and Safety presented Barbara Truitt 11:30 – 12:15 PM (main room)
- Lunch 12:30 pm – 1:15pm
- Regroup and Door Prizes 1:15pm – 1:30 PM
- This is your Brain presented by Dr. Harold Bob, Seasons Hospice and Palliative Care of Maryland 1:30 pm- 2:30 pm
- Closing remarks and evaluations

BALTIMORE CITY HEALTH DEPARTMENT, MORGAN STATE UNIVERSITY SCHOOL OF SOCIAL WORK,
AARP AND THE COMMISSION ON AGING PRESENT

A Day of Learning to Help Others

Free Religious Leaders Forum

WEDNESDAY, NOVEMBER 6, 2013

8:30 am - 3:30 pm

Morgan State University

Student Center Ballroom • 1700 E. Coldspring Lane • Baltimore, MD 21251

Master of Ceremonies: Reverend Lee Michaels *Heaven600.com*
THE GOOD NEWS STATION

HELPING FAMILIES AT LIFE'S END

Keynote Speakers: Dr. Karen Cousins-Brown Understanding Hospice
Weptanomah Carter Davis (Daughter of the late Dr. Harold Carter of New Shiloh Baptist Church)

Pastor J.L. Carter Ark Church

AARP Presents – Joanne Grossi & Additional Panel Members Discussing
President Obama's Healthcare Initiative, The Affordable Care Act (ACA)



Breakfast Provided by



Lunch Provided by



- LEARN HOW TO HELP YOU & YOUR CONGREGATION UNDERSTAND THE BENEFITS OF HOSPICE SERVICES
- LEARN HOW TO TEACH YOUR CONGREGATION WHY AND HOW TO SIGN UP FOR THE AFFORDABLE CARE ACT

1. You will learn to help your congregation regarding: Hospice Awareness

The culture in the United States has historically been devoted to curing illnesses at all costs, and death is often looked at as "failure," no matter the age or condition of the person being treated. Many other cultures readily accept death as part of the life cycle. As a culture, we are making progress in this direction, but death still tends to be a word people avoid. It's up to you to inform a loved one that he or she would be more comfortable under hospice care.

Understand that hospice is simply care that helps a dying person live his or her last months as pain free as possible, and when possible, in a way that is meaningful to them. You and a hospice chaplain or other support person can explain to the ill person what hospice service provides. Hospice is not a "death sentence." A person's health can sometimes improve under hospice care. In that case, they go off the program.

Living with a serious illness can be challenging in so many ways. After the concepts of hospice and palliative care are understood, families can concentrate on supporting their loved ones all the way through to the end.

2. You will learn to help your congregation regarding: Signing up for the Affordable Care Act

Surveys have shown that many Americans do not understand the Affordable Care Act, or think they won't be able to afford insurance. State officials estimate that one-third of uninsured Marylanders will gain coverage under President Obama's health initiative in its first year. Those living on less than 138 percent of the federally established poverty level—about \$32,500 for a family of four—will gain coverage through an expansion of Medicaid.

"Outreach is not only important but critical to our success," said Carolyn A. Quattrochi, Executive Director of the Governor's Office of Health Care Reform. "There are lots of people that still don't fully understand what will happen Oct. 1 and what they need to do to take advantage."

The success of the health care initiative and reform depends on enrolling large numbers of the nation's uninsured—there are an estimated 50 million across the country and 750,000 in Maryland. The federal law, which goes into full effect in January, aims to spread the cost of health care while working on ways to deliver it more efficiently.



Mayor Stephanie Rawlings-Blake



Oxiris Barbot, M.D.,
Commissioner of Health



Baltimore City Health Department,
Morgan State University School of Social Work,
AARP and the Commission on Aging
Present

A Day of Learning to Help Others



WEDNESDAY, NOVEMBER 6, 2013

8:30 AM — 3:30 PM

MORGAN STATE UNIVERSITY
STUDENT CENTER BALLROOM
1700 E. COLDSRING LANE
BALTIMORE, MD 21251

Master of Ceremonies:

Reverend Lee Michaels  THE GOOD NEWS STATION



Helping Families at Life's End

Keynote Speakers Include:

Weptanomah Carter Davis

(daughter of the late Dr. Harold Carter of New Shiloh Baptist Church)

Dr. Karen Cousins-Brown - Understanding Hospice

Pastor J.L. Carter of Ark Church

AARP Presents - Joanne Grossi & Additional Panel Members Discussing

President Obama's Healthcare Initiative,

The Affordable Care Act (ACA)

How to Help Families Register & Obtain Healthcare Before 2014



Breakfast provided by 

Lunch provided by  Real Possibilities

REGISTER AT: [HTTP://WWW.DAYOFLEARNING.EVENTBRITE.COM](http://www.dayoflearning.eventbrite.com)

CONTACT G.I. JOHNSON FOR ADDITIONAL INFORMATION AT (443) 680-5851

Religious Leaders Forum



Mayor Stephanie Rawlings-Blake

Oxiris Barbot, M.D., Commissioner of Health



Exhibit 10
CON Formset Table 1

Table 1	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years		
	2011	2012		2013	2014	2015
Calendar Year	2011	2012	2013	2014	2015	2016
1. Admissions						
a. Hospital excluding GIP Units	131	362	264	272	280	288
b. Nursing Homes	23	23	14	14	14	14
c. General Inpatient Hospice						
Northwest Hospital Unit	546	478	462	476	490	505
Sinai Hospital Unit	-	-	-	142	266	266
MedStar Franklin Square Unit	-	-	-	-	243	266
GIP Total						
d. Other (Specify)						
e. TOTAL ADMISSIONS	700	863	740	904	1,293	1,339
2. Patient Days						
a. Hospitals	601	2,083	1,384	1,425	1,468	1,512
b. Nursing Homes	443	400	223	230	237	244
c. General Inpatient Hospice						
Northwest Hospital Unit	4,244	4,046	4,050	4,050	4,050	4,050
Sinai Hospital Unit	-	-	-	1,476	3,285	3,285
Medstar Franklin Square Unit	-	-	-	-	3,285	3,285
GIP Total						
d. Other (Specify)						
e. TOTAL PATIENT DAYS	5,288	6,529	5,657	7,181	12,325	12,376

Table 1 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years		
	Calendar Year	2011		2012	2013	2014
3. Average Length of Stay						
a. Hospitals	4	5	5	5	5	5
b. Nursing Homes	4	5	4	5	5	5
c. General Inpatient Hospice						
Northwest Hospital Unit	6	6	6	6	6	6
Sinai Hospital Unit	0	0	0	6	6	6
MedStar Franklin Square Unit	0	0	0	0	6	6
GIP Total						
d. Other (Specify)						
e. TOTAL ADMISSIONS	5	6	6	6	6	6
4. Occupancy Percentage (General Inpatient Hospice Beds only)						
General Inpatient Units						
Northwest Hospital Unit	79%	79%	79%	79%	79%	79%
Sinai Hospital Unit						
Medstar Franklin Square Unit						
GIP Total						
5. Number of Beds (General Inpatient Hospice Beds only)						
Northwest Hospital Unit	14	14	14	14	14	14
Sinai Hospital Unit						
Medstar Franklin Square Unit						
GIP Total						

Table 1 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years		
	<u>2011</u>	<u>2012</u>		<u>2013</u>	<u>2014</u>	<u>2015</u>
6. General Hospice Programs						
a. RN visits	43,425	46,561	42,038	43,299	44,598	45,936
b. C.N.A visits	43,402	43,072	45,123	46,477	47,871	49,307
c. Social Work visits	8,141	8,610	7,148	7,362	7,583	7,811
d. Physician visits	1,990	1,866	1,955	2,014	2,074	2,136
e. Chaplain visits	5,288	5,257	5,221	5,378	5,539	5,705
f. Other staff visits	7,634	7,162	10,178	10,483	10,798	11,122
7. Total Patients Served						
Anne Arundel	187	174	208	215	221	228
Baltimore County	369	1,239	1,279	1,317	1,357	1,397
Baltimore City	1,373	582	655	674	695	715
Carroll	46	50	75	77	80	82
Cecil	294	319	293	302	311	321
Harford	163	192	155	160	165	170
Howard	88	85	92	95	98	101
Prince George's Co.	104	57	95	98	101	104
Total Patients Served	2,624	2,698	2,853	2,939	3,027	3,118

Exhibit 11
CON Formset Table 2

Table 2	Two Most Actual Ended Recent Years		Current Year	Projected Years (ending with first full year at full utilization)			
	20__	20__	20__ Projected	20__	2014	2015	2016
CY or FY (Circle)	20__	20__	20__	20__	2014	2015	2016
1. Admissions							
a. ICF-MR							
b. RTC-Residents							
Day Students							
c. ICF-C/D							
d. Other (Inpt. Hospice)					521	531	541
e. TOTAL							
2. Patient Days							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Inpt. Hospice)					3,095	3,155	3,214
e. TOTAL							

Table 2 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)			
	CY or FY (Circle)	20__	20__	20__	2014	2015	2016
3. Average Length of Stay							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Inpt. Hospice)					5.9	5.9	5.9
e. TOTAL							
4. Occupancy Percentage*							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Inpt. Hospice)					70.7%	72.0%	73.4%
e. TOTAL							
5. Number of Licensed Beds*							
a. ICF-MR							
b. RTC-Residents							
c. ICF-C/D							
d. Other (Inpt. Hospice)					12	12	12
e. TOTAL							
6. Home Health Agencies							
a. SN Visits							
b. Home Health Aide							
c. Other Staff							
d.							
e. TOTAL							

Table 2 Cont.	Two Most Actual Ended Recent Years		Current Year	Projected Years (ending with first full year at full utilization)			
			Projected				
CY or FY (Circle)	20__	20__	20__	20__	20__	20__	20__
7. Hospice Programs							
a. SN visits							
b. Social work visits							
c. Other staff visits							
d.							
e. Total patients svcd.							
8. Ambulatory Surgical Facilities							
a. Number of operating rooms (ORs)							
• Total Procedures in ORs							
• Total Cases in ORs							
• Total Surgical Minutes in ORs**							
b. Number of Procedure Rooms (PRs)							
• Total Procedures in PRs							
• Total Cases in PRs							
• Total Minutes in PRs**							

*Number of beds and occupancy percentage should be reported on the basis of licensed beds.

**Do not include turnover time.

Exhibit 12
Projected Expenses
By Seasons IPU
2014-2016
(See Question 33)

Unit		Year			
		<u>2014</u>	<u>2015</u>	<u>2016</u>	
Northwest Hospital	General Inpatient Revenue	2,329,164	2,329,164	2,329,164	
	Charity Revenue	(11,640)	(11,640)	(11,640)	
		<u>Net Revenue</u>	<u>2,317,524</u>	<u>2,317,524</u>	<u>2,317,524</u>
	Labor - Direct	769,968	769,968	769,968	
	Labor - Indirect	130,236	130,236	130,236	
		<u>Labor</u>	<u>900,204</u>	<u>900,204</u>	<u>900,204</u>
	Pharmacy	65,700	65,700	65,700	
	Other Direct	246,372	246,372	246,372	
	Other Operating Expense	23,292	23,292	23,292	
	Facilities	187,248	187,248	187,248	
		<u>Contribution Margin</u>	<u>894,708</u>	<u>894,708</u>	<u>894,708</u>
	Sinai Hospital	General Inpatient Revenue	1,143,016	2,329,164	2,329,164
		Charity Revenue	(5,714)	(11,640)	(11,640)
		<u>Net Revenue</u>	<u>1,137,302</u>	<u>2,317,524</u>	<u>2,317,524</u>
Labor - Direct		418,872	769,968	769,968	
Labor - Indirect		75,971	130,236	130,236	
		<u>Labor</u>	<u>494,843</u>	<u>900,204</u>	<u>900,204</u>
Pharmacy		32,242	65,700	65,700	
Other Direct		128,968	262,800	262,800	
Other Operating Expense		11,430	23,292	23,292	
Facilities		175,000	300,000	300,000	
		<u>Contribution Margin</u>	<u>294,819</u>	<u>765,528</u>	<u>765,528</u>
Franklin Square		General Inpatient Revenue	-		

Hospital		2,329,164	2,329,164
	Charity Revenue	- (11,640)	(11,640)
	Net Revenue	- 2,317,524	2,317,524
	Labor - Direct	769,968	769,968
	Labor - Indirect	130,236	130,236
	Labor	- 900,204	900,204
	Pharmacy	65,700	65,700
	Other Direct	262,800	262,800
	Other Operating Expense	23,292	23,292
	Facilities	300,000	300,000
	Contribution Margin	- 765,528	765,528
Grand Total		1,189,527	2,425,764

Exhibit 13
Advance for Nurses Article

advance FOR WWW.ADVANCEWEB.COM/NURSES
FEBRUARY 8, 2010 • VOL. 12 • NO. 3

INNOVATIONS

CAMP NURSING
Beyond Bug Bites

ADVANCE
Extra!
Med/Surg

SERVING RNs IN AREAS OF MARYLAND,
WASHINGTON DC & VIRGINIA

Two Worlds Unite

Inpatient Hospice
at Northwest Hospital

 JOIN ADVANCE BOOK CLUB AT WWW.ADVANCEWEB.COM/NURSES

Two Worlds Unite

Hospice and hospitals often exist as two separate silos. What happens when the two meet under the same roof?

BY AINSLEY MALONEY DI DUCA

Over the years, hospice and hospitals have come to exist as something like two separate nations, each with its own culture and values. Hospitals save lives, hospices ease the pain of death. Hospitals find



PETS, PRAYERS, SUPPORT. With the opening of Seasons Hospice and Palliative Care of Maryland at Northwest Hospital, Randallstown, MD, acute and hospice care blend seamlessly. The hospice unit, right in the hospital, allows patients to be transferred easily from hospital to hospice. Although it's a hospice unit, life is celebrated in many ways. Social worker Jane CoFisher, MSW, and chaplain Keith Strong, role-play a typical day with a patient.

cures, hospices comfort. Hospitals seek quantity of life; hospices seek quality at the end of life.

So what happens when a hospital adds a hospice unit and these two worlds combine? Northwest Hospital, part of LifeBridge Health, discovered this in February 2008 when, in partnership with Seasons Hospice and Palliative Care of Maryland, it became the first hospital in the state to open a fully dedicated hospice unit.

Here, Seasons staff and an outside expert from the hospice field explore the various ways a strong hospital/hospice relationship can benefit everyone — from the hospital and hospice, to the patient and his family, and even the community, in this case, in and around Randallstown, MD.

When Hospice Isn't 'Home'

To most people, hospice is synonymous with the word "home." It is thought of as an alternative to hospitals; as a way for patients to die peacefully in the comfort of home.

But at times this is not always best for everyone. Sometimes, a patient's symptoms become so acute he needs more aggressive pain management than can be provided at home.

For him, inpatient hospice is the only way to find comfort and pain relief near the end of life.

All hospice companies must offer access to inpatient services under the Medicare Hospice Conditions of Participation. To do this, some hospices might lease beds at a nearby hospital and transport acute patients there. However this isn't always ideal.

"Patients and families were starting to say, 'I needed inpatient hospice care but I really didn't want to be in a hospital.' Or, 'I really wanted a place that was more home-like,'" explained Judi Lund Person, MPH, vice president of regulatory affairs and state leadership, National Hospice and Palliative Care Organization.

So some hospices, such as Seasons, decided that if more than 300 at-home hospice patients ever needed inpatient care, it would do more than lease a few beds: It would partner with a hospital to build an entire hospice unit — and one that is completely different from the hospital in look, feel and mindset.

Home-Like Atmosphere

When visitors open the frosted-glass doors to Northwest Hospital's 14-bed inpatient hospice unit, they are transported out of a hospital into a warm, home-like atmosphere, explained Michele Parisi, BSN, RN, team director of the unit.

The unit, run by Seasons Hospice staff, offers

all-private rooms with flat panel TVs and walls decorated in soft yellows and warm greens. It offers a shared family room, kitchen and eating area for family and friends, who are welcome 24/7.

Herein lays the first benefit an on-site hospice unit offers a hospital: It's the perfect solution for patients who need inpatient care, but would rather spend their final months in a place that looks and feels like home. "The air is different on this unit," Parisi said. "When people come here, they instantly feel a sense of calm."

The Right Expertise

In addition to the right atmosphere, Seasons Hospice also offers the right expertise to Northwest patients who are near the end of life.

"People do well what they do often," said Gary E. Applebaum, MD, executive director of Seasons Hospice. "Hospitals do a great job of taking care of acute patients, in making them healthy and getting them home. Hospitals do not do as well when the goal is comfort rather than cure. Tending to a patient's symptoms is what we do well. We are enormously aggressive about providing high-technology care to make the patient as comfortable as possible."

Easing a patient's pain is more than physical, however. It also requires emotional, psychosocial

and spiritual support, said Jane Fisher, social worker. Seasons offers a variety of services a patient would rarely see in an acute care setting. This includes a therapy dog who snuggles with and calms patients, board-certified music therapists who use instruments and song to provide comfort and relieve stress, a chaplain who visits daily to help with all things spiritual, and volunteers who sit with patients and listen to their stories.

This raises an interesting question. If hospitals have separate units for each niche — a unit for surgery (an OR), a unit for traumas and acute illness (an emergency department), and a unit for births (labor/delivery) — why doesn't every hospital have a unit that specializes in end of life, and managing the physical and emotional pain that comes with it?

Northwest Hospital can now say it does, and by having this hospice unit, has "added a needed dimension of care to our hospital that completes the life cycle in a compassionate, caring way," said Candace Hamner, vice president for care management at Northwest.

Support for Grieving Families

Seasons Hospice helps not only Northwest Hospital's patients, but their families, by providing them with the right support to make tough end-of-life decisions.

Imagine a young woman on a busy ICU whose mother just suffered a catastrophic stroke. Her mother is on a ventilator, brain dead. The daughter now has to make the very difficult decision about how and when to let her mother go. But as the noise and busyness of the ICU flows around her, her brain feels scattered; her emotions in chaos.

At Northwest Hospital, this woman can instead be moved — with her mother still on the ventilator — from the busy ICU to the calm, quiet environment of Seasons, where staff can provide as much time and support as the daughter needs.

"I've seen many families in the process of making a hospice decision. And when they step onto our unit, that's often when they make the decision, because the environment is so warm," Fisher said.

The capacity to be there for families at the "transition point" when they decide to move loved ones from hospital to hospice, is unique to being attached to a hospital.

"In outpatient hospice, the family has already made that decision [to accept hospice care] and have come to terms with the fact their loved one isn't going to recover," said Applebaum. "Our staff



helps family through very high-stress situations: maybe their loved one has gone into renal failure and decides he doesn't want dialysis. We have the resources to help them through this crisis."

Meeting Community Needs

Looking at Seasons and Northwest from an outsider's perspective, Diane Meier, MD, said the hospice's location alone within the hospital "legitimizes palliative care" and leads to an increased number of appropriate hospice referrals.

"Hospitals and hospices are used to working in very different cultural and professional silos; that's been one of the big problems," said Meier, director of the Center to Advance Palliative Care. "Physicians train in acute care settings, and only really know about acute care. Some have never even seen a hospice patient. They don't know what hospice is or how to refer people to it. Right now more than 30 percent of hospice referrals live less than a week, because they're referred so late.

"Having a unit like this in the midst of an acute care hospital changes the culture," she added. Physicians hear and learn more about hospice; it's in the front of their minds when faced with a patient who can benefit from it.

A hospital, whose physicians are making more appropriate hospice referrals, frees up acute care beds for patients who have a hope of recovery — a dual benefit to the hospital and community.

"If 10 of your 12 ICU beds are filled with people who are not going to leave the hospital alive, your hospital can't take new patients from the ED," Meier said. "That is why you see EDs stacked to the rafters and surgeries that don't take place because the ICU is full. Having a hospice unit on-site opens up acute care beds — and the hospital is now matching the needs of its patients and better serving the community." ■

Ainsley Maloney Di Duca is a freelance writer for *ADVANCE*.

EXCELLENCE IN CARE: Staff at Seasons Hospice and Palliative Care of Maryland hospice unit at Northwest Hospital, Randallstown, MD, believe in all that hospice care has to offer, including pain management, dignity at the end of life, family support and music therapy. **Above:** Music therapist Terel Jackson, NMT, MT-BC (left), and Bode Alabi, RN (center), demonstrate how music therapy fits into hospice care. **Center photo below:** Ike Onachuna, RN, checks a patient's vital signs. **Bottom photo:** Hospice staff include (seated from left), Jane C. Fisher, MSW, Antonio E. Gayle, chaplain, and Sherry Davis, CNA, (standing from left) Alanna Ardito, MT-BC, LCAT, music therapist, Jackson, Alabi, Royce E. Jones, chaplain, and Onachuna.



Exhibit 14
Unaudited Financial Statements

**Seasons Hospice and Palliative Care of
Maryland, Inc.**

**Financial Statements and
Supplementary Information**

December 31, 2011

Seasons Hospice and Palliative Care of Maryland, Inc.
December 31, 2011

Table of Contents	Page
Independent Accountant's Review Report	1
Balance Sheet	2-3
Statement of Operations	4
Statement of Cash Flows.....	5
Notes to Financial Statements.....	6-13
Supplementary Information	
Schedule of Cost of Services Provided.....	14
Schedule of Selling, General and Administrative Expenses.....	15



**To the Board of Directors
Seasons Hospice and Palliative Care of Maryland, Inc.**

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Seasons Hospice and Palliative Care of Maryland, Inc. as of December 31, 2011, and the related statements of operations and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The information included in the accompanying supplementary schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but has been compiled from information that is the representation of management. We have not audited or reviewed the supplementary information, and accordingly, we do not express an opinion or provide any assurance on such supplementary information.

Frost, Rittenberg & Rothblatt, P.C.

May 29, 2012

Financial Statements

Seasons Hospice and Palliative Care of Maryland, Inc.

Balance Sheet

December 31, 2011

ASSETS

Current Assets

Accounts receivable - net of allowance for doubtful accounts of \$150,769	\$	4,765,297
Prepaid insurance		74,176
Prepaid expenses		84,358
Employee advances		169
Due from other		333
Due from related parties		1,286,410
Total Current Assets		6,210,743

Property and Equipment

Computer equipment		201,912
Computer software		39,024
Equipment		193,901
Furniture and fixtures		367,164
Leasehold improvements		615,053
Total Cost		1,417,054
Less: accumulated depreciation		(724,187)
Property and Equipment, Net		692,867

Other Assets

Security deposits		34,675
Goodwill		922,084
Total Other Assets		956,759

TOTAL ASSETS

\$ 7,860,369

See independent accountant's review report and accompanying notes.

Seasons Hospice and Palliative Care of Maryland, Inc.

Balance Sheet

December 31, 2011

LIABILITIES AND STOCKHOLDERS' EQUITY

Current Liabilities	
Cash overdraft	\$ 22,508
Accounts payable	635,626
Accrued Liabilities	
Wages	400,977
Other payroll related	28,459
Insurance	50,567
Expenses	1,016,475
Paid time off	249,891
Other accrued liabilities	3,988
Deferred rent - current portion	9,832
Lease payable - current portion	16,639
Total Current Liabilities	2,434,962
Long-Term Liabilities	
Deferred rent	125,853
Lease payable	20,734
Total Long-Term Liabilities	146,587
TOTAL LIABILITIES	2,581,549
STOCKHOLDERS' EQUITY	
Common stock - no par value	
1,000 shares authorized, issued and outstanding	1,000,000
Retained earnings - January 1, 2011 - as restated	3,406,729
Net income	2,197,691
Less: Distributions	(1,325,600)
Retained earnings - December 31, 2011	4,278,820
TOTAL STOCKHOLDERS' EQUITY	5,278,820
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	\$ 7,860,369

See independent accountant's review report and accompanying notes.

Seasons Hospice and Palliative Care of Maryland, Inc.
Statement of Operations
For the Year Ended December 31, 2011

	Amount	%
Service Revenue		
Routine care	\$ 19,029,699	81.8
Inpatient care	3,741,386	16.1
Continuous care	10,802	-
Physician visits	493,377	2.1
Respite care	58,082	0.2
Less: Billing adjustments	(52,957)	(0.2)
Total Service Revenue	23,280,389	100.0
Operating Expenses		
Cost of services provided	10,605,266	45.5
Selling, general and administrative	10,365,195	44.4
Depreciation	117,782	0.5
Total Operating Expenses	21,088,243	90.4
INCOME FROM OPERATIONS	2,192,146	9.6
Other Income (Expense)		
Interest income	5,545	-
Total Other Income (Expense)	5,545	-
NET INCOME	\$ 2,197,691	9.6

See independent accountant's review report and accompanying notes.

Seasons Hospice and Palliative Care of Maryland, Inc.
Statement of Cash Flows
For the Year Ended December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES	
Net Income	\$ 2,197,691
Adjustments To Reconcile Net Income To Net Cash Provided By Operating Activities	
Depreciation	117,782
Bad debts	170,498
Deferred rent expense	10,845
(Increase) Decrease in Assets	
Accounts receivable	538,644
Other assets	61,374
Increase (Decrease) in Liabilities	
Accounts payable	346,507
Accrued liabilities and other liabilities	(171,431)
Total Adjustments	<u>1,074,219</u>
Net Cash Provided By Operating Activities	<u>3,271,910</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of property and equipment	(64,694)
Increase in due from related parties - net	(109,987)
Net Cash Used In Investing Activities	<u>(174,681)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Increase in cash overdraft	22,508
Payments on lease payable	(16,968)
Payments on distributions	(1,325,600)
Decrease in line of credit - net	(1,777,169)
Net Cash Used In Financing Activities	<u>(3,097,229)</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	-
Cash and cash equivalents - December 31, 2010	<u>-</u>
CASH AND CASH EQUIVALENTS - DECEMBER 31, 2011	<u><u>\$ -</u></u>

See independent accountant's review report and accompanying notes.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (1) Summary of Significant Accounting Policies

A. Nature of Business

Seasons Hospice and Palliative Care of Maryland, Inc. (the "Company") is a corporation formed January, 2003 that provides hospice and palliative care services in Maryland.

The Company provides services that focus on a patient's relief of symptoms in order to promote comfort and improve a patient's quality of life. The Company provides medical care for the patient, psychosocial and spiritual care for the patient and families, bereavement counseling and support for family members, and other related services.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

C. Cash and Cash Equivalents

Cash equivalents are highly liquid investments with a maturity of three months or less when purchased. Included in cash overdraft are checks issued in excess of cash in the amount of \$22,508 as of December 31, 2011.

D. Concentration of Credit Risk

The Company maintains its cash in accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (1) Summary of Significant Accounting Policies - Continued

E. Property and Equipment

Property and equipment, which are stated at cost, are depreciated using the straight-line method over the estimated useful lives of the related assets for financial reporting purposes, as follows:

	<u>Years</u>
Computer equipment	3-10
Computer software	2-3
Equipment	5-10
Furniture and fixtures	5-10
Leasehold improvements	13

Depreciation is computed using an accelerated method for income tax purposes. Depreciation for the year ended December 31, 2011 is \$117,782.

The Company reviews the recoverability of long-lived assets when circumstances dictate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair value. There were no impairment indicators during the year ended December 31, 2011.

Repairs and maintenance are expensed as incurred.

F. Goodwill

The Company reviews the recoverability of intangible assets with an indefinite life annually by assessing qualitative factors to determine whether it is more likely than not that the fair value is less than carrying value. If the Company determines that it is more likely than not that the fair value is less than carrying value, the Company calculates fair value. The Company establishes fair value for the purposes of impairment testing by using a market approach. The market approach employs multiples for comparable transactions in the hospice industry. Estimates of fair value are established by using a multiple of adjusted revenues and adjusted EBITDA. The Company records impairment when the carrying value exceeds fair market value. There were no impairment charges for the year ended December 31, 2011.

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (1) Summary of Significant Accounting Policies - Continued

G. Income Taxes

The stockholders, under the provisions of the Internal Revenue Code, have elected to be treated as an S Corporation and therefore, the Company is not liable for federal income taxes. Instead, the stockholders are individually liable for federal income taxes on their respective share of the taxable income. The tax returns of the Company are filed on the cash basis of accounting. The Company is not liable for state of Maryland income taxes. Instead, the Company is liable to pay a pass-through tax on behalf of its non-resident stockholders. These payments are treated as distributions on the balance sheet and totaled \$325,600 for the year ended December 31, 2011.

The Company accounts for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as interest/other expense. The Company is no longer subject to examination by tax authorities for federal, state or local income taxes for periods before 2008.

H. Marketing Costs

Marketing costs are expensed as incurred and totaled \$152,629 for the year ended December 31, 2011.

I. Charity Care

The Company provides charity care when the patient does not have the ability to pay for services rendered. Because the Company does not pursue collection efforts, charity care is not reported as revenue.

Charity care, based on established charges, totaled \$111,475 for the year ended December 31, 2011.

J. Subsequent Events

The Company evaluated all significant events or transactions that occurred through May 29, 2012, the date that the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events, except as described in Note (4).

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (2) Revenue Recognition

Revenues and related accounts receivable are recognized in the month the services are rendered. Revenues are adjusted for projected contractual adjustments and reported at their estimated net realizable amounts. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor and the Company for private pay patients. The amounts paid by third-party payors are subject to post payment medical review and may be audited retroactively.

A majority of the Company's clients are supported by Medicare. On an annual basis, Medicare applies two calculations which may result in an adjustment to the amount of Medicare payments for services rendered. One calculation is based on the proportion of inpatient days to total days. The second calculation is based on a "Medicare Cap" calculated by the intermediary based on the number of new admissions to the program. As of December 31, 2011, the Company does not expect to owe Medicare based on the two limitations.

Estimates are made to provide for uncollectible amounts billed. The Company calculates the allowance based on the aging and status code of the receivables by payor type. As of December 31, 2011, the Company has recorded an allowance for doubtful accounts of \$150,769.

Note (3) Nursing Home Costs

Several of the Company's patients are eligible for Medicaid coverage and reside in nursing homes. In cases when the nursing home resident elects the hospice benefit, the Company receives 95% of what a nursing home would have received for room and board services under the Medicaid long-term care benefit. The Company is then required to remit payment to the nursing homes. These payments are 100% of the nursing home's Medicaid rate. Therefore, the Company acts as a pass-through agency. The amount due from the Medicaid program is shown as an Accounts Receivable and the liability due to the respective nursing home is shown in Accounts Payable and Accrued Expenses on the Balance Sheet. Nursing Home Room and Board Expense is listed in Cost of Services Provided on the Statement of Operations.

Nursing Home Room and Board Revenue	\$ 5,929,020
Nursing Home Room and Board Expense	<u>(6,418,802)</u>
Nursing Home Room and Board Expense	<u>\$ (489,782)</u>

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (4) Line of Credit

The Company, along with 14 related Companies, (collectively the "Group") has a \$12 million line of credit with Bank Financial. During the year, the Group transferred all individual balances to the balance sheet of Seasons Healthcare Management, Inc., a related party. As of December 31, 2011, the interest rate on the line of credit was 4.50%, and the Group had approximately \$7.7 million outstanding on the line of credit, which is recorded on the balance sheet of Seasons Healthcare Management, Inc. In addition, the line of credit is secured by substantially all of the combined assets of the Group, and is guaranteed by a stockholder to the extent of \$2,000,000. The guarantee increases to the total amount of the borrowings based on conditions. The Group guarantees two equipment term loans and an equipment line of credit in the amount of \$1,659,742 that is recorded on the balance sheet of Seasons Hospice Management, Inc.

Borrowings on the line of credit are limited to eligible receivables as defined by the agreement. As of December 31, 2011 the Group had an estimated availability of \$12 million, subject to certain financial statement covenants. At December 31, 2011, the Group was not in compliance with the financial covenants. No default was declared since the loans with Bank Financial were refinanced with another bank during the first quarter of 2012.

Subsequent to year end, the Group executed a \$15 million secured line of credit with The PrivateBank and Trust Company ("PrivateBank"). Under the new line of credit, the Group is able to borrow up to \$15 million with a variable interest rate of LIBOR plus 300 basis points with an interest rate floor of 500 basis points. Borrowings are limited to eligible receivables as defined by the agreement. The term of the line of credit is one year and expires on February 11, 2013. Additionally, the Group executed a \$15 million term loan with PrivateBank. The term of the loan is five years and expires on February 12, 2017 with a variable interest rate of LIBOR plus 350 basis points with an interest rate floor of 600 basis points. The loan is amortizing and requires the Group to pay monthly principal payments of \$250,000 plus interest. The loans are secured by substantially all of the combined assets of the Group.

Note (5) Lease Commitments

The Company leases space under the following operating leases:

The Company operates an inpatient hospice unit at Northwest Hospital Center, Inc. The Company entered into a lease agreement and a service agreement with the hospital. The lease commenced on February 1, 2008 and expires on January 31, 2020. As of December 31, 2011, monthly rent is \$17,800 and increases by the Medicare reimbursement rate for the Baltimore metropolitan area, estimated at 3%.

The service agreement for the inpatient hospice unit sets forth the services to be provided by the hospital for a hospice patient such as supplies, linens, dietary, and housekeeping. The Company pays the hospital a daily fee per patient.

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (5) Lease Commitments - Continued

The Company entered in to a 5-year operating lease for a location in Havre de Grace, Maryland, expiring October 31, 2016. The lease commenced on November 4, 2011. As of December 31, 2011, monthly base rent is \$7,000, and increases by 3% annually, plus an additional rent comprised of common area expenses.

The Company terminated the lease at the Elkton, Maryland office location effective December 31, 2011. The assets of this office were transferred to the office located at Havre de Grace, Maryland.

The Company leases the Glen Burnie, Maryland office location under the terms of an operating lease. Effective October 1, 2011, the Company entered into a 1st amendment which included an expansion of 1,139 square feet. As of December 31, 2011, monthly rent due under the lease is \$19,939. The term of the lease includes 3% annual rent increases and expires September 30, 2016. In addition, the Company pays additional rent comprised of common area expenses.

The Company records rent using the straight-line method over the life of the lease, in accordance with accounting principles generally accepted in the United States of America. As a result, the Company has recorded deferred rent of \$135,685 as of December 31, 2011.

The future minimum rental payments due under the leases are approximately as follows:

2012	\$	545,000
2013		561,000
2014		578,000
2015		595,000
2016		528,000
Thereafter		809,000
Total	\$	<u>3,616,000</u>

The table includes future rent payments for the Northwest Hospital, which is subject to variable rent increases. The future payments for the Northwest Hospital location were calculated assuming a 3% annual increase to base rent.

Rent expense for the year ended December 31, 2011 was \$562,960.

In addition, the Company leases equipment under operating leases averaging \$5,900 per month.

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (6) Lease Payable

The Company is the lessee of equipment under a capital lease expiring in 2014. The asset and liability under the capital lease is recorded at the present value of the minimum lease payments. The asset is depreciated over its estimated useful life. Depreciation of the asset under the capital lease is included in depreciation expense for 2011.

The following is a summary of property held under the capital lease:

Equipment	\$ 78,302
Less: Accumulated Depreciation	(21,533)
Net Equipment	<u>\$ 56,769</u>

Depreciation expense was \$7,830 for the year ended December 31, 2011.

Minimum future lease payments under the capital lease as of December 31, 2011, are as follows:

2012	\$ 18,455
2013	18,455
2014	3,076
Total Minimum Lease Payments	<u>39,986</u>
Less: Amount Representing Interest	(2,613)
Total	<u>37,373</u>
Less: Current Portion of Lease Payable	(16,639)
Total Long-Term Portion of Lease Payable	<u>\$ 20,734</u>

The interest rate on the capital lease is approximately 6.09% and is imputed based on the lessor's implicit rate of return.

Note (7) Employee Benefit Plan

The Company sponsors a 401(k) retirement plan which covers substantially all full-time employees. The Plan allows participants to set aside salary up to statutory limits. The Company provides a matching contribution based upon a prescribed formula. For the year ended December 31, 2011, the matching contribution was \$7,125.

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Notes to Financial Statements
December 31, 2011

Note (8) Contingencies

In the ordinary course of business, the Company is party to litigation. In management's opinion, this will not have a material effect on the Company's financial condition.

Note (9) Due from Related Parties

The Company has various loans with related parties. The loans are noninterest-bearing and receivable on demand. The balance as of December 31, 2011 is \$1,286,410.

Note (10) Related Party Transactions

During 2011, the Company incurred \$2,592,997 of Home Office Expense for various operating and administrative expenses with Seasons Healthcare Management, Inc., a related party.

In addition, during 2011, the Company incurred \$168,617 in triage expense related to a triage call center operated by Seasons Hospice & Palliative Care of Michigan, Inc., a related party.

Note (11) Retained Earnings Restatement

An adjustment has been made to beginning retained earnings as indicated on the Balance Sheet to adjust deferred rent in the amount of \$31,217 at December 31, 2010.

Retained earnings – January 1, 2011 – as previously stated	\$	3,437,946
Adjustment – deferred rent		(31,217)
Retained earnings – January 1, 2011 – as restated	\$	3,406,729

See independent accountant's review report.

Supplementary Information

Seasons Hospice and Palliative Care of Maryland, Inc.
Schedule of Cost of Services Provided
For the Year Ended December 31, 2011

	Amount	%
Medical equipment	\$ 764,812	3.3
Wages and contract services	7,464,636	32.1
Open access	4,067	-
Pharmacy	945,785	4.1
Nursing home room and board	489,782	2.1
Inpatient care	440,779	1.9
Respite care	54,993	0.2
Bereavement	5,120	-
Books and training materials	972	-
Patient transportation	39,843	0.2
Translation services	2,236	-
Volunteer	3,710	-
Supportive care related	2,097	-
Music related supplies	289	-
Therapy related expense	6,129	-
Security escorts	1,431	-
Dementia related	2,268	-
Other patient related expenses	229,031	1.0
Medical supplies	119,994	0.5
Tube feeding	14,875	0.1
Laboratory	1,094	-
X-rays	1,425	-
Uniforms	9,898	-
Total Cost of Services Provided	\$ 10,605,266	45.5

See independent accountant's review report.

Seasons Hospice and Palliative Care of Maryland, Inc.
Schedule of Selling, General and Administrative Expenses
For the Year Ended December 31, 2011

	Amount	%
Marketing expenses	\$ 152,629	0.7
Employee benefits	1,979,127	8.5
Conferences and training	18,775	0.1
Employee relation	33,927	0.1
Facility related expense (including rent)	727,221	3.1
IT and telecom	334,644	1.4
Wages - indirect	1,218,215	5.2
Wages - operating	2,472,013	10.6
Printing	62,459	0.3
Recruiting	62,416	0.3
Home office expense	2,592,997	11.1
Travel	51,303	0.2
Triage call center allocation	168,617	0.7
Outside services	264,410	1.1
Membership/certification fees	26,230	0.1
Surveys expense	12,371	0.1
Bad debt expense	170,498	0.7
Bank fees	2,526	-
Donations	13,415	0.1
Late fees	310	-
Other operating expense	1,092	-
Total Selling, General and Administrative	\$ 10,365,195	44.4

See independent accountant's review report.

Seasons Hospice Maryland
Balance Sheet
December 31, 2012

<u>ASSETS</u>	<u>Maryland</u>
Current Assets	
Accounts receivable - net of allowance for doubtful accounts of \$1,904,710	\$ 6,941,388
Prepaid insurance	4,688
Prepaid expenses	8,125
Employee advances	-
Due from foundation	579
Due from members	-
Due from stockholders	-
Notes receivable - current portion	-
Other receivables	-
Due from related parties	-
State corporate tax deposit	-
Deferred corporate tax asset	-
Total Current Assets	6,954,780
Property and Equipment	
Computer equipment	91,761
Computer software	-
Equipment	200,473
Furniture and fixtures	390,134
Leasehold improvements	615,430
Total Cost	1,297,798
Less: accumulated depreciation	(640,143)
Property and Equipment, Net	657,655
Other Assets	
Security deposits	34,675
Construction in process	-
Goodwill	922,084
Operating license	-
Notes receivable	-
Deferred financing cost - net of financing cost amortization \$50,698	-
Option deposit	-
Total Other Assets	956,759
TOTAL ASSETS	\$ 8,569,194
Current Liabilities	
Accounts payable	\$ 648,721
Accrued liabilities	
Wages	470,493
Other payroll related	35,993
Insurance	24,580
Expenses	1,666,427
Medicare cap contractual adjustments	-
Paid time off	274,273
State corporate tax	-
Deferred corporate taxes	-
Deferred rent - current portion	20,529
Leases payable - current portion	17,681
Phantom rights obligation - current portion	-
Note payable - current portion	-
Line of credit	-
Other liabilities	-
Due to stockholders	-
Due to related parties	43,486
Total Current Liabilities	3,202,183
Long-Term Liabilities	
Deferred rent	108,942
Leases payable	3,052
Phantom rights obligation	-
Note payable	-
Total Long-Term Liabilities	111,994
TOTAL LIABILITIES	3,314,177
EQUITY	
Common stock	1,000,000
Additional paid-in capital	-
Member contributions - January 1, 2012	-
Member contributions	-
Member contributions - December 31, 2012	-
Retained earnings or member equity - January 1, 2012	4,278,821
Net income (loss)	1,848,596
Less: distributions	(1,872,400)
Retained earnings or member equity - December 31, 2012	4,255,017
Total Equity	5,255,017
TOTAL LIABILITIES AND EQUITY	\$ 8,569,194

Seasons Hospice Maryland
Income Statement
For the Year Ended December 31, 2012

	<u>Maryland</u>
Service Revenue	
Routine care	\$ 19,820,177
Inpatient care	4,552,840
Continuous care	28,751
Physician visits	512,476
Respite care	99,085
Other service revenue	-
Less: billing adjustments	<u>(37,324)</u>
Total Service Revenue	24,976,005
Home office income	-
Operating Expenses	
Cost of services provided	11,912,000
Selling, general and administrative	11,089,073
Depreciation	<u>126,160</u>
Total Operating Expenses	23,127,233
INCOME (LOSS) FROM OPERATIONS	1,848,772
Other Income (Expense)	
Interest income	1,640
Interest expense	(1,816)
Other income (expense)	-
Total Other Income (Expense)	<u>(176)</u>
Net Income (Loss) Before State Corporate Tax	1,848,596
State corporate tax expense (benefit)	<u>-</u>
NET INCOME (LOSS)	<u>\$ 1,848,596</u>

Exhibit 15
CON Formset Table 3

Fiscal Year	Two Most Recent Actual Years		Current Year Projected	Projected Years (ending with first year at full utilization)		
	2011	2012	2013	2014	2015	2016
1. Revenue						
a. Inpatient Services	\$3,799,468	\$4,652,087	\$4,509,203	\$5,893,816	\$9,266,005	\$9,554,208
b. Outpatient Services	\$19,151,977	\$19,985,631	\$22,145,973	\$24,648,252	\$25,386,576	\$26,124,888
c. Gross Patient Services Revenues	\$22,951,444	\$24,637,717	\$26,655,176	\$30,542,068	\$34,652,581	\$35,679,096
d. Allowance for Bad debt	\$0	\$0	\$0	\$0	\$0	\$0
e. Contractual Allowance	-\$52,957	-\$39,091	-\$7,994	-\$40,828	-\$43,174	-\$44,436
f. Charity Care	-\$111,475	-\$135,097	-\$105,094	-\$152,498	-\$173,032	-\$178,152
g. Net Patient Services Revenue	\$22,787,012	\$24,463,530	\$26,542,088	\$30,348,742	\$34,436,375	\$35,456,508
h. Other Operating Revenues (Physician Visits)	\$493,377	\$512,476	\$575,354	\$0	\$0	\$0
i. Net Operating Revenues	\$23,280,389	\$24,976,006	\$27,117,443	\$30,348,742	\$34,436,375	\$35,456,508

Fiscal Year	Two Most Recent Actual Years		Current Year Projected	Projected Years (ending with first year at full utilization)		
	2011	2012	2013	2014	2015	2016
2. Expenses						
a. Salaries, Wages, And Professional Fees, (including fringe benefits)	\$12,696,650	\$13,115,663	\$14,618,846	\$15,829,706	\$17,809,084	\$18,089,375
b. Contractual Services	\$0	\$0	\$0	\$0	\$0	\$0
c. Interest on Current Debt	-\$5,544	\$176	\$165	\$0	\$0	\$0
d. Interest on Project Debt	\$0	\$0	\$0	\$0	\$0	\$0
e. Current Depreciation	\$117,782	\$126,160	\$200,124	\$153,195	\$153,195	\$153,195
f. Project Depreciation	\$0	\$0	\$0	\$0	\$0	\$0
g. Current Amortization	\$0	\$0	\$0	\$0	\$0	\$0
h. Project Amortization	\$0	\$0	\$0	\$0	\$0	\$0
i. Other Expenses (Specify)						
j. Direct Clinical	\$1,861,952	\$1,948,658	\$2,169,759	\$2,606,801	\$2,715,871	\$2,856,771
k. Other Direct	\$293,124	\$370,009	\$431,101	\$465,806	\$842,449	\$869,544
l. Mileage	\$437,339	\$446,896	\$523,362	\$581,639	\$615,114	\$633,096

Exhibit 16
CON Formset Table 4

Table 4	Two Most Actual Ended Recent Years		Current	Projected Years		
			Year Projected	(ending with first full year at full utilization)		
CY or FY (Circle)	20__	20__	20__	2014	2015	2016
1. Revenue						
a. Inpatient services				2,108,387	2,149,295	\$2,189,493.26
b. Outpatient services						
c. Gross Patient Service Revenue				2,108,387	2,149,295	2,189,493
d. Allowance for Bad Debt				31,626	32,239	32,842
e. Contractual Allowance				42,168	42,986	43,790
f. Charity Care				31,626	32,239	32,842
g. Net Patient Services Revenue				2,002,967	2,041,830	2,080,019
h. Other Operating Revenues (Specify)						
i. Net Operating Revenue				2,002,967	2,041,830	2,080,019

Table 4 Cont.	Two Most Actual Ended Recent Years		Current Year Projected	Projected Years (ending with first full year at full utilization)		
	20__	20__	20__	2014	2015	2016
Expenses						
a. Salaries, Wages, and Professional Fees, (including fringe benefits)				1,234,870	1,234,870	1,234,870
b. Contractual Services				201,175	205,075	208,910
c. Interest on Current Debt						
d. Interest on Project Debt						
e. Current Depreciation						
f. Project Depreciation				0	0	0
g. Current Amortization						
h. Project Amortization						
i. Supplies				61,900	63,100	64,280
j. Other Expenses (Rent & Admin Overhead)				400,000	400,000	400,000
k. Total Operating Expenses				1,897,945	1,903,045	1,908,060
3. Income						
a. Income from Operation				105,022	138,785	171,959
b. Non- Operating Income						

c. Subtotal				105,022	138,785	171,959
d. Income Taxes						
e. Net Income (Loss)				105,022	138,785	171,959

Exhibit 17
Table 5
Seasons of Maryland

Position Title	Current Operations - 2013 (All Services and Facilities)				Seasons Hospice at Sinai Hospital (2016)			Other Expected Changes In Operations thru 2016			All Seasons Hospice of MD Operations (2016)	
	No. FTEs	Average Salary	Employee/Contractual	TOTAL COST	Change in FTEs (+/-)	Employee/Contractual	Change in Costs in Current Dollars	Change in FTEs (+/-)	Employee/Contractual	Change in Costs in Current Dollars	No. FTEs	TOTAL COST in Current Dollars
Administration (By position)												
Administrative Assistants	3	\$36,549		\$109,646				1		\$36,549	4	\$146,195
Admission Coordinators	4	\$43,094		\$172,374				1		\$43,094	5	\$215,468
Dir of Business Operations	1	\$94,104		\$94,104				0		\$0	1	\$94,104
Director of Volunteers	3	\$54,799		\$164,398				0		\$0	3	\$164,398
Director of Admissions	1	\$88,440		\$88,440				0		\$0	1	\$88,440
Director of Business Development	3	\$138,149		\$414,448				0		\$0	3	\$414,448
Director of Clinical Operations	1	\$130,650		\$130,650				0		\$0	1	\$130,650
Director of Clinical Services	2	\$94,470		\$188,940				0		\$0	2	\$188,940
Director of Education and Staff Dev.	1	\$99,798		\$99,798				0		\$0	1	\$99,798
Director of Human Resources	1	\$95,475		\$95,475				0		\$0	1	\$95,475
Director of Quality	1	\$90,450		\$90,450				0		\$0	1	\$90,450
Director of Supportive Care	1	\$71,757		\$71,757				0		\$0	1	\$71,757
Executive Director	1	\$175,875		\$175,875				0		\$0	1	\$175,875
Hospice Care Consultants	22	\$74,463		\$1,638,190				2		\$74,463	24	\$1,787,116
HR Generalist/Coordinator	1	\$40,200		\$40,200				0		\$0	1	\$40,200
IPU Director	1	\$91,455		\$91,455	1		\$91,455.00	2		\$91,455	4	\$365,820
Medical Director (s)	1	\$180,900		\$238,788				0		\$0	1.32	\$238,788
Staff Development Specialist	2	\$71,715		\$107,573				0		\$0	1.5	\$107,573
Team Directors	6	\$78,730		\$472,380				0		\$0	6	\$472,380
Weekend Team Directors	2	\$71,939		\$143,878				0		\$0	2	\$143,878
Direct Care (By position)												
Nurses	50	\$68,843		\$3,442,125	9		\$639,546.83	13		\$68,843	73	\$4,996,589
C.N.A.'s	35	\$29,366		\$1,027,804	3		\$77,232.10	6		\$29,366	43.26	\$1,270,365
Chaplains	6	\$51,235		\$307,410				0		\$0	6	\$307,410
Music Therapists	4	\$49,997		\$199,987				1		\$49,997	5	\$249,983

Social Workers	11	\$58,918		\$648,098	1		\$29,459.00	2		\$58,918	13	\$765,934
Support (By position)												
Team Assistants	6	\$40,428		\$242,570	1		\$40,428.34	1		\$40,428	8	\$323,427
Team Physicians	1	\$180,900		\$217,080				0		\$0	1.2	\$217,080
Continuous Care Coordinator	3	\$56,462		\$169,387				0		\$0	3	\$169,387
Team Assistant Coordinator	1	\$44,592		\$44,592				0		\$0	1	\$44,592
C.N.A. Coordinators	4	\$41,106		\$164,425				0		\$0	4	\$164,425
Cost of Benefits (1)		Total Current Cost of Benefits		\$2,736,896	Total Cost of Benefits		\$174,148			Total Cost of Benefits in 2016		\$3,364,072
Cost of Replacement Staff (2)		Current Cost Replacement Staff		\$72,068	Cost of Replacement Staff		\$65,018			Cost of Replacement Staff		\$195,054
TOTAL Cost of Salaries, Wages, and Benefits incl Contract Employees		Current Cost (3)		\$ 13,901,262	Total 2016 Cost at Seasons Hospice at Sinai in Current Dollars(4)		\$1,117,287		TOTAL Other Staff Cost Incr.		TOTAL COST(5)	\$17,200,072

Exhibit 18
Letters of Support

October 21, 2013



To Whom It May Concern:

I am writing in support of the opening of the Seasons Hospice in-patient unit to be located at Sinai Hospital. FutureCare Health and Management, the company for which I work, has used Seasons Hospice in our facilities and thus have firsthand knowledge of the work that they do in support of terminal patients and the family members who share in the dying process. Seasons Hospice provides compassionate care in a clinically multi-faceted and difficult area, so as to bring grace in the end days of life.

FutureCare and its associated facilities not only have familiarity with Seasons Hospice, but also with the operations of Sinai Hospital, as many of our nursing homes are in the service catchment area of this renowned organization. We know that the patients who enter Sinai receive first class care in a setting that is compassionate, caring and wrapped up in advanced technology to meet the demands of the frail patient. We have a tremendous working relationship with Sinai and the LifeBridge Health System, and recognize their commitment to working collaboratively with other health care providers for the benefit of the community.

Even though our organization provides palliative care to the community in areas we serve, FutureCare recognizes that some cases are of a nature where a hospital based hospice environment might be the most appropriate setting. Other times, referral to a sub-acute or placement to a free standing hospice or home setting may be desirable. The point is that each patient will present with different need and there should be options and choice in the marketplace to meet these needs.

I hope that the Maryland Health Care Commission will give favorable recommendation for the establishment of the 12 bed unit of Seasons Hospice at the Sinai Hospital campus. I am sure that it will serve the community well.

Sincerely,

A handwritten signature in cursive script that reads "Leslie D. Goldschmidt".

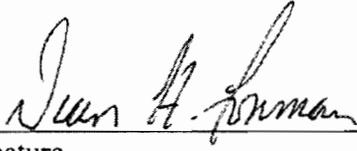
Leslie D. Goldschmidt, NHA, MHA

Vice President, Operations

FutureCare Health & Management

Exhibit 19
Affirmations

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

Handwritten signature of Juan A. Roman in cursive script.

Signature

11-7-13

Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

A handwritten signature in black ink, appearing to be "K. Schmitt", written over a horizontal line.

Signature

11-7-2013

Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.

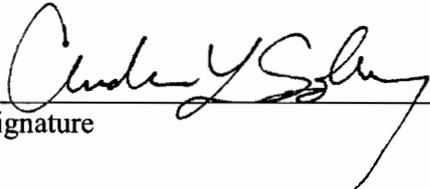
Jay AW 100

Signature

11/7/13

Date

I hereby declare and affirm under the penalties of perjury that the facts stated in this Completeness and Additional Information response are true and correct to the best of my knowledge, information, and belief.


Signature

11/6/13
Date