

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: LORIEN HARFORD III, LLC
 Date of Submission: 2/6/2015

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.

<u>Table Number</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	Bed and Room Inventory	All Comprehensive Care facility applicants must complete Table A regardless of the project type and scope.
Table B	Construction Characteristics	All applicants proposing new construction or renovation must complete Table B.
Table C	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table C.
Table D	Project Budget	All applicants, regardless of project type or scope, must complete Table D.
Table E	Statistical Projections - Entire Facility	Existing facility applicants must complete Table E. All applicants who complete this table must also complete Table G.
Table F	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table F. All applicants who complete this table must also complete Table H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table E.
Table H	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table F must complete Table H. The projected revenues and expenses in Table H should be consistent with the volume projections in Table F.
Table I	Workforce	All applicants, regardless of project type or scope, must complete Table I.
Table J	Bedside Care Staffing	All applicants, regardless of project type or scope, must complete Table J.

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT BEFORE AND AFTER PROJECT

INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project.

Applicants should add columns and recalculate formulas to address any rooms with 3 and 4 bed capacity. See additional instruction in the column to the right of the table.

Before the Project						After Project Completion						
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Physical Bed Capacity	Service Location (Floor/Wing)	Based on Physical Capacity			Physical Bed Capacity	
		Room Count			Total Rooms			Room Count				Total Rooms
		Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms		
COMPREHENSIVE CARE						COMPREHENSIVE CARE						
	0			0	0	1st Floor	0	15	15	30		
	0			0	0	2nd Floor	30	5	35	40		
				0	0				0	0		
				0	0				0	0		
				0	0				0	0		
SUBTOTAL Comprehensive Care	0	0	0	0	0	SUBTOTAL	30	20	50	70		
ASSISTED LIVING						ASSISTED LIVING						
					0							
					0							
TOTAL ASSISTED LIVING	0	0	0	0	0	TOTAL ASSISTED LIVING	0	0	0	0		
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>			0	0		
TOTAL OTHER						TOTAL OTHER						
FACILITY TOTAL	0	0	0	0	0	FACILITY TOTAL	30	20	50	70		

TABLE B. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-CCF space (e.g., assisted living, adult day care center, etc.), complete an additional Table A for each such space.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories	2.5	

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Ground Floor	10,000	
First Floor	16,162	
Second Floor	16,162	
Third Floor		
Fourth Floor		
Total Square Footage	42,324	0
Average Square Feet	14,108	
Perimeter in Linear Feet	Linear Feet	
Ground Floor	360	
First Floor	791	
Second Floor	791	
Third Floor		
Fourth Floor		
Total Linear Feet	1,942	0
Average Linear Feet	777	
Wall Height (floor to eaves)	Feet	
Ground Floor	12	
First Floor	12	
Second Floor	10	
Third Floor		
Fourth Floor		
Average Wall Height	11.33	
OTHER COMPONENTS		
Elevators	List Number	
Passenger	2	
Freight	Shares Passenger	
Sprinklers	Square Feet Covered	
Wet System	42,324	
Dry System		
Other		
Type of HVAC System for proposed project	Gas & Electric	
Type of Exterior Walls for proposed project	Brick & Sliding	

TABLE C. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION: If project includes non-CCF space (e.g., assisted living, adult day care center, etc.), complete an additional Table B for each such space.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$225,000	
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs	\$225,000	\$0
Site Demolition Costs	\$10,000	
Storm Drains	\$200,000	
Rough Grading	\$200,000	
Hillside Foundation	\$180,000	
Paving		
Exterior Signs	\$30,000	
Landscaping	\$20,000	
Walls		
Yard Lighting		
Other <i>(Specify/add rows if needed)</i>		
Subtotal On-Site excluded from Marshall Valuation Costs	\$640,000	
OFFSITE COSTS		
Roads	\$80,000	
Utilities	\$140,000	
Jurisdictional Hook-up Fees	\$210,000	
Other <i>(Specify/add rows if needed)</i>		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$430,000	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,070,000	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$1,295,000	\$0

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table C. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

TABLE D. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). See additional instruction in the column to the right of the table.

NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.a as a use of funds and on line B.8 as a source of funds

	CCF Nursing Home	Cost of Other Service	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. Land Purchased/Donated	\$1,260,000		\$1,260,000
b. New Construction			
(1) Building	\$5,940,000		\$5,940,000
(2) Fixed Equipment			\$0
(3) Site and Infrastructure	\$1,295,000		\$1,295,000
(4) Architect/Engineering Fees	\$400,000		\$400,000
(5) Permits (Building, Utilities, Etc.)	\$150,000		\$150,000
SUBTOTAL New Construction	\$7,785,000	\$0	\$7,785,000
c. Renovations			
(1) Building			\$0
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees			\$0
(4) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL Renovations	\$0	\$0	\$0
d. Other Capital Costs			
(1) Movable Equipment	\$1,080,000		\$1,080,000
(2) Contingency Allowance	\$250,000		\$250,000
(3) Gross interest during construction period	\$182,813		\$182,813
(4) Other (Specify/add rows if needed)			
SUBTOTAL Other Capital Costs	\$1,512,813	\$0	\$1,512,813
TOTAL CURRENT CAPITAL COSTS	\$10,557,813	\$0	\$10,557,813
e. Inflation Allowance	\$797,563		\$797,563
TOTAL CAPITAL COSTS	\$11,355,376	\$0	\$11,355,376
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$75,000		\$75,000
b. Bond Discount			\$0
c. Legal Fees	\$20,000		\$20,000
d. Non-Legal Consultant Fees			\$0
e. Liquidation of Existing Debt			\$0
f. Debt Service Reserve Fund			\$0
g. Other (Specify/add rows if needed) CON	\$15,000		\$15,000
SUBTOTAL	\$110,000	\$0	\$110,000
3. Working Capital Startup Costs	\$750,000		\$750,000
TOTAL USES OF FUNDS	\$12,215,376	\$0	\$12,215,376
B. Sources of Funds			
1. Cash	\$3,195,376		\$3,195,376
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage	\$7,500,000		\$7,500,000
6. Working Capital Loans	\$750,000		\$750,000
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other - FF&E Loan	\$770,000		\$770,000
TOTAL SOURCES OF FUNDS	\$12,215,376	\$0	\$12,215,376
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0
Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.			

TABLE H. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table F and with the Workforce costs identified in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income. See additional instructions in the column to right of the table.

All \$ Amounts in Thousands	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY- Calendar	20X1	20X2	20X3				
1. REVENUE							
a. Inpatient Services	\$ 5,282	\$ 8,781	\$ 8,781				
b. Outpatient Services							
Gross Patient Service Revenues	\$ 5,282	\$ 8,781	\$ 8,781	\$ -	\$ -	\$ -	\$ -
c. Allowance For Bad Debt	\$ 53	\$ 132	\$ 132				
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	\$ 5,229	\$ 8,649	\$ 8,649	\$ -	\$ -	\$ -	\$ -
f. Other Operating Revenues (Specify)	\$ 29	\$ 47	\$ 47				
NET OPERATING REVENUE	\$ 5,258	\$ 8,696	\$ 8,696	\$ -	\$ -	\$ -	\$ -
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 3,014	\$ 3,945	\$ 3,945				
b. Contractual Services	\$ 950	\$ 1,556	\$ 1,556				
c. Interest on Current Debt							
d. Interest on Project Debt	\$ 314	\$ 311	\$ 301				
e. Current Depreciation							
f. Project Depreciation	\$ 322	\$ 322	\$ 322				
g. Current Amortization	\$ 22	\$ 22	\$ 22				
h. Project Amortization							
i. Supplies	\$ 493	\$ 821	\$ 821				
j. Other Expenses (Specify)	\$ 817	\$ 1,269	\$ 1,269				
TOTAL OPERATING EXPENSES	\$ 5,932	\$ 8,246	\$ 8,236	\$ -	\$ -	\$ -	\$ -

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All \$ Amounts in Thousands	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY- Calendar	20X1	20X2	20X3				
3. INCOME							
a. Income From Operation	\$ (674)	\$ 450	\$ 460	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income							
SUBTOTAL	\$ (674)	\$ 450	\$ 460	\$ -	\$ -	\$ -	\$ -
c. Income Taxes							
NET INCOME (LOSS)	\$ (674)	\$ 450	\$ 460	\$ -	\$ -	\$ -	\$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	47.27%	47.38%	47.38%				
2) Medicaid	34.48%	34.32%	34.32%				
3) Blue Cross							
4) Commercial Insurance	3.32%	3.33%	3.33%				
5) Self-pay	11.61%	11.64%	11.64%				
6) Other- Medicare Part B	3.32%	3.33%	3.33%				
TOTAL	100.00%	100.00%	100.00%	0.0%	0.0%	0.0%	0.0%
b. Percent of Inpatient Days							
1) Medicare	34.61%	34.61%	34.61%				
2) Medicaid	50.00%	50.00%	50.00%				
3) Blue Cross							
4) Commercial Insurance	3.08%	3.08%	3.08%				
5) Self-pay	12.31%	12.31%	12.31%				
6) Other							
TOTAL	100.00%	100.00%	100.00%	0.0%	0.0%	0.0%	0.0%

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All \$ Amounts in Thousands	Projected Years (ending five years after completion) Add columns of needed.					
Indicate CY or FY- Calendar	20X1	20X2	20X3			

TABLE H: SUPPLEMENTAL INFORMATION

REVENUE RECONCILIATION- INPATIENT SERVICES						
1. a. Inpatient Services	\$ 5,282	\$ 8,781	\$ 8,781			
Medicare- Days	4928	8213	8213			
Medicare- Avg Rate PPD	\$ 506.71	\$ 506.71	\$ 506.71			
Medicare Revenue	<u>\$ 2,497,067</u>	<u>\$ 4,161,609</u>	<u>\$ 4,161,609</u>			
Medicaid- Days	7118	11863	11863			
Medicaid- Avg Rate PPD	\$ 255.86	\$ 254.01	\$ 254.01			
Medicaid Revenue	<u>\$ 1,821,211</u>	<u>\$ 3,013,321</u>	<u>\$ 3,013,321</u>			
Commercial Insurance Days	438	730	730			
Commercial Insurance- Avg Rate PPD	\$ 400.00	\$ 400.00	\$ 400.00			
Commercial Insurance Revenue	<u>\$ 175,200</u>	<u>\$ 292,000</u>	<u>\$ 292,000</u>			
Self Pay- Comp Care Days	1752	2920	2920			
Self Pay- Average Rate	\$ 350.00	\$ 350.00	\$ 350.00			
Self Pay Revenue	<u>\$ 613,200</u>	<u>\$ 1,022,000</u>	<u>\$ 1,022,000</u>			
Self Pay- ALU Days						
Self Pay- Average Rate						
Self Pay Revenue	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>			
Medicare Part B- Est Revenue	<u>\$ 175,200</u>	<u>\$ 292,000</u>	<u>\$ 292,000</u>			
TOTAL Inpatient Revenue	<u><u>\$ 5,281,878</u></u>	<u><u>\$ 8,780,930</u></u>	<u><u>\$ 8,780,930</u></u>			
	14236	23726	23726			

TABLE H. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

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All \$ Amounts in Thousands	Projected Years (ending five years after completion) Add columns of needed.			
Indicate CY or FY- Calendar	20X1	20X2	20X3	
2. j. Other Expenses (Specify/add rows if needed)	\$ 817	\$ 1,269	\$ 1,269	
Cable TV	11	18	18	
Repairs & Maintenance	7	12	12	
Utilities	96	120	120	
Sewer & Water	16	24	24	
Help Wanted Advertising	7	12	12	
Promotional Advertising	11	18	18	
Minor Equipment	5	18	18	
Data Processing	29	48	48	
Insurance	59	59	59	
Legal Fees	12	12	12	
Accounting	18	18	18	
Management Fees	198	360	360	
Licenses & Permits	17	28	28	
Telephone & Postage	9	14	14	
Dues & Subscriptions	12	20	20	
Meetings & Seminars	1	2	2	
Auto, gas & diesel	4	8	8	
Bank Fees	6	9	9	
Contributions				
Personal Property Taxes		15	15	
Real Estate Taxes	66	66	66	
Medicaid QA/Provider Taxes	220	366	366	
Equipment Rental	13	22	22	
Sales Tax				
Other/Rounding				
	\$ 817	\$ 1,269	\$ 1,269	

TABLE I. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables G and H. See additional instruction in the column to the right of the table.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table H, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Administrator			\$ -	1.00	\$ 120,016	\$120,016			\$0	1.00	120,016
Business Office Manager			-	1.00	55,016	\$55,016			\$0	1.00	55,016
Payroll/HR Staff			-	1.00	49,920	\$49,920				1.00	49,920
Quality Assurance			-	0.50	58,240	\$29,120				0.50	29,120
Receptionists			-	2.80	24,960	\$69,888				2.80	69,888
Admissions Director			-	1.00	52,000	\$52,000				1.00	52,000
			-			\$0			\$0	-	
Total Administration	-	\$ -	-	7.30	\$ 375,960	\$375,960			\$0	7.30	\$375,960
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Director of Nursing			-	1.00	97,406	\$97,406			\$0	1.00	97,406
Unit Managers			-	1.40	62,400	\$87,360			\$0	1.40	87,360
Evening/Night Supervisors- RN or LPN			-	2.80	58,240	\$163,072			\$0	2.80	163,072
Registered Nurses/Licensed Practical Nurses			-	12.60	58,240	\$733,824			\$0	12.60	733,824
Certified Medicine Aides			-	5.60	40,560	\$227,136			\$0	5.60	227,136
Certified GNA's			-	23.63	27,040	\$638,820			\$0	23.63	638,820
MDS Coordinator			-	1.00	72,800	\$72,800			\$0	1.00	72,800
Unit Secretaries			-	2.00	33,280	\$66,560			\$0	2.00	66,560
Central Supply Clerk			-	0.50	34,320	\$17,160			\$0	0.50	17,160
Total Direct Care	-	\$ -	-	50.53	\$ 2,104,138	\$2,104,138			\$0	50.53	\$2,104,138
<i>Support Staff (List general categories, add rows if needed)</i>											
Social Services Director			-	1.00	52,000	52,000			\$0	1.00	52,000
Activities Director			-	1.00	43,680	43,680			\$0	1.00	43,680
Activities Assistant			-	1.40	24,960	34,944			\$0	1.40	34,944
Dietary Manager			-	1.00	49,920	49,920			\$0	1.00	49,920
Cooks			-	2.80	28,080	78,624			\$0	2.80	78,624
Dietary Aides			-	6.73	20,176	135,800			\$0	6.73	135,800
Housekeeping Manager			-	1.00	41,600	41,600			\$0	1.00	41,600
Housekeepers- SNF			-	3.28	20,176	66,203			\$0	3.28	66,203
Floor Technicians			-	0.50	24,960	12,480			\$0	0.50	12,480
Laundry			-	2.63	20,176	52,962			\$0	2.63	52,962
Campus Maintenance Director			-	1.00	40,789	40,789			\$0	1.00	40,789
Medical Records			-	0.50	34,320	17,160			\$0	0.50	17,160
Total Support	-	\$ -	-	22.84	\$ 626,161	\$626,161			\$0	22.84	\$626,161
REGULAR EMPLOYEES TOTAL	-	\$ -	-	80.66	\$ 3,106,260	\$3,106,260			\$0	80.66	\$3,106,260
2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Employee Benefits Administration						3,559				-	3,559
Medical Records						3,559				-	3,559
Employee Background Checks- Contracted						5,931				-	5,931
									\$0	-	-
Total Administration	-	\$ -	-	-	-	13,049			\$0	-	13,049
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Physical Therapists				6.00		\$567,373				6.0	567,373
Occupational Therapists				5.00		\$490,839				5.0	490,839
Speech Pathologists				3.00		\$215,443				3.0	215,443
Pharmacy Consultant						\$4,745				0.0	4,745
IV Therapy						\$5,931					
Medical Director				0.25		\$42,000				0.3	42,000
Laboratory Services				0.75		\$47,381				0.8	47,381
Radiology				0.50		\$36,759				0.5	36,759
Consolidated Billing Related Items						\$5,931					5,931
Ambulance Services						\$7,118					7,118

TABLE J. Scheduled Staff for Typical Work Week

INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12

1st Floor- 30 Beds	Weekday Hours Per Day				Weekend Hours Per Day				
Staff Category	Day	Evening	Night	Total	Day	Evening	Night	Total	
Registered Nurses	8.0	8.0	8.0	24.0	8.0	8.0	8.0	24.0	
L. P. N. s				-				-	
Unit Mgr/Super- RN	2.0	2.0	2.0	6.0	2.0	2.0	2.0	6.0	
C. N. A.s	30.0	22.5	15.0	67.5	30.0	22.5	15.0	67.5	
Medicine Aides	8.0	8.0		16.0	8.0	8.0		16.0	
Total	48.0	40.5	25.0	113.5	48.0	40.5	25.0	113.5	
Licensed Beds at Project Completion				30	Licensed Beds at Project Completion				30
Hours of Bedside Care per Licensed Bed Per Day				3.78	Hours of Bedside Care per Licensed Bed Per Day				3.78
Ward Clerks (bedside care time calculated at 50%)	4.0			4.0	4.0			4.0	
Total Including 50% of Ward Clerks Time	52.0	40.5	25.0	117.5	52.0	40.5	25.0	117.5	
Total Hours of Bedside Care per Licensed Bed Per Day				3.92	Total Hours of Bedside Care per Licensed Bed Per Day				3.92

2nd Floor- 40 Beds	Weekday Hours Per Day				Weekend Hours Per Day				
Staff Category	Day	Evening	Night	Total	Day	Evening	Night	Total	
Registered Nurses	8.0	8.0	8.0	24.0	8.0	8.0	8.0	24.0	
L. P. N. s	8.0	8.0	8.0	24.0	8.0	8.0	8.0	24.0	
Unit Mgr/Super- RN	6.0	6.0	6.0	18.0	6.0	6.0	6.0	18.0	
C. N. A.s	30.0	22.5	15.0	67.5	30.0	22.5	15.0	67.5	
Medicine Aides	8.0	8.0	-	16.0	8.0	8.0	-	16.0	
Total	60.0	52.5	37.0	149.5	60.0	52.5	37.0	149.5	
Licensed Beds at Project Completion				40	Licensed Beds at Project				40
Hours of Bedside Care per Licensed Bed Per Day				3.74	Hours of Bedside Care per				3.74
Ward Clerks (bedside care time calculated at 50%)	4.0			4.0	4.0			4.0	
Total Including 50% of Ward Clerks Time	64.0	52.5	37.0	153.5	64.0	52.5	37.0	153.5	
Total Hours of Bedside Care per Licensed Bed Per				3.84	Total Hours of Bedside Care				3.84

Combined Unit/Facility Totals							
Total Including 50% of Ward Clerks Time				271.00			271.00
Licensed Beds at Project Completion				70			70
Total Hours of Bedside Care per Licensed Bed Per				3.87			3.87