LORIEN – HOWARD, INC. dba ENCORE AT TURF VALLEY (MATTER NO. 15 – 13 – 2365) RESPONSES TO COMPLETENESS QUESTIONS

1. Please clarify the discrepancy between the Total Project Cost of \$3,369,000 reported on p. 11 with the \$3,639,000 reported in Table C, p. 72.

<u>Response</u>: The entry of \$3,369,000 for Total Project Cost on page 11 is an erroneous transposition and should read '\$3,639,000' as reported on Table C at p. 72.

2. Please explain the need for and use of the 3,786 s.f. area designated as "storage accommodate new CCF beds.

<u>Response</u>: The rear of the site has a substantial slope away from the building. This slope must be compensated for by construction of a foundation to support the new extension of the existing East Wing above it. The Applicant determined that it made sense to construct this required 'foundational support' area as storage space, which is commonly in demand at facilities, rather than to simply fill the walled area with dirt. This space is *not* "shell space" intended for future patient – related use but is an ingenious solution to storage needs.

3. Regarding Appendix 1, please discuss whether the area identified as Future Expansion is included in this proposed project. Provide a description of the type of work and need for this Future Expansion, which is on the South Wing of the existing facility.

<u>Response</u>: The identified area is *not* a part of the currently proposed expansion of the Encore Nursing Facility. The area was included on the April 30, 2008 Site Plan to show an area which may potentially be the site of a future expansion of the non CON-regulated Assisted Living Facility or ancillary development. No decisions have been made regarding the current need for any future expansion or type of work it would entail.

4. Please provide the dimensions and square footage for each of the patient rooms.

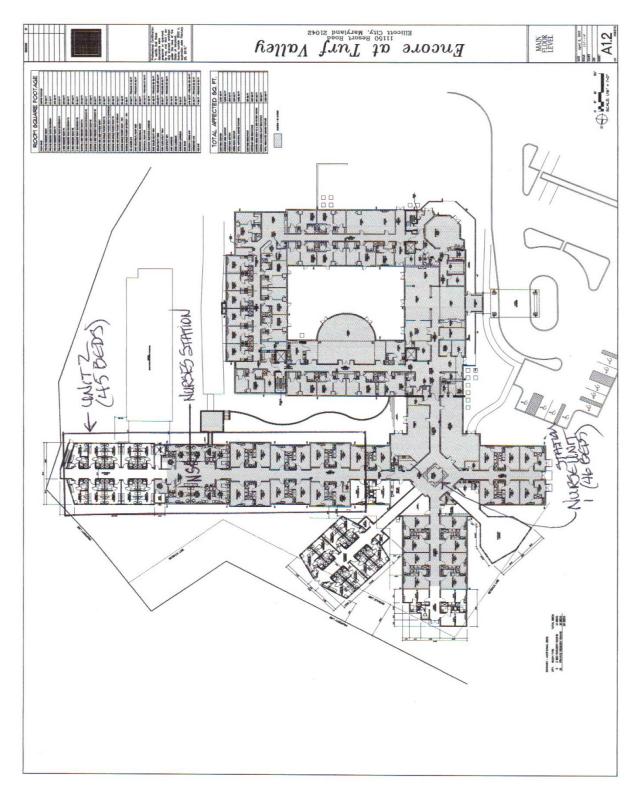
<u>Response</u>: As discussed with MHCC Staff on May 4, 2015, the patient room sizes (as well as other rooms / spaces, including resident toilet / shower rooms) are set forth in the Chart at the top right of the 42 x 30" 1/16 scale Floor Plan Drawings filed with the Application (see "Room Square Footage"). As shown, the proposed 28 bed addition which is the subject of this CON Application includes several new wings containing resident rooms. Square footage has

been precisely calculated by the Architect / Draftsman and is shown on the chart; and counsel has measured the scale drawings to arrive at approximate room dimensions as discussed with MHCC Staff, all as follows:

- <u>East Wing Extension</u> The extension includes the addition of 10 Private Patient Rooms. 2 of these new Rooms are labeled 'Private Resident Room #1' on the Floor Plan drawing, are 208 sf per the 'Room Square Footage' chart, and measure about 11 x 19 feet. The remaining 8 of these new rooms are labeled 'Private Resident Room', are 190 sf, and measure about 21 x 12 feet minus a bathroom which measures about 10 x 6 + feet.
- <u>Dining Room Conversion</u> The space on the existing East Wing, not far east of the main Nurses Station, is currently occupied by a Dining Room. That space will be renovated and converted to 2 Semi Private Rooms (see large Floor Plan Drawing, area without hatch mark shading; see also Apx. 11 attached). One of these rooms is labelled '2 Bed Resident Room # A', is 229 sf, and measures about 11 ½ x 20 feet. The other is labelled '2 Bed Resident Room # B', is 237 sf, and measures about 12 x 20 feet.
- <u>New Northeast Wing</u> The new Northeast Wing will house 4 new rooms labeled 'Private Resident Room' each at 190 sf and measuring about 21 x 12 feet minus a bathroom which measures about 10 x 6 + feet. In addition, the wing will house 4 new rooms labeled 'Private Resident Room #1', are 208 sf, and measure about 11 x 19 feet.
- <u>North Wing Extension</u> The existing North Wing will be extended to add 3 new Semi Private rooms. 2 are 237 sf and measure about 12 x 20 feet. The remaining room is 229 sf and measures about 11 ½ x 20 feet.
- 5. Do the 10 private patient room beds added to the East Wing meet licensure and certification regulations with regard to the allowable distance between a patient room and nursing station.

<u>Response</u>: Yes. All the rooms are constructed in accordance with applicable regulations. The 10 new Private Resident Rooms on the East Wing extension are part of the 45 Bed Unit 2 which is served by the second Nurses Station which is in the middle of

the 8 Bed cluster of resident rooms immediately west of the East Wing extension (see labeled Floor Plan Drawing on the next page). The Drawing also shows the "boundary" between the 45 Bed Unit 2 and Unit 1 which contains the remaining 46 Beds. The "boundary" is actually the 2 new Semi-Private rooms being created in the space currently occupied by the Dining Room (and being renovated to accommodate these 2 new Resident Rooms... one room is assigned to the 46 Bed Unit 1; and the other is assigned to the 45 Bed Unit 2, as shown.



- 6. Please provide a narrative that describes the type of work for the following:
 - a. The \$300,000 in Site and Infrastructure costs.
 - b. The \$200,000 in Renovations.

<u>Response</u>: *Regarding the \$300,000 in Site & Infrastructure costs*, the following are included:

Demolition -_\$25,000 has been included to cover the costs of breaking through the walls of the existing building to create openings where the new additions will be joined.

Storm Drains - \$35,000 has been included to cover the costs of additional storm drainage work in connection with the new additions.

Rough Grading - \$80,000 has been included to cover the costs of rough grading of the site to accommodate the new additions.

Terracing - \$40,000 has been included to cover the costs of terracing necessary as a result of the sloped site.

Landscaping - \$5,000 has been included to cover the costs of new landscaping around the new additions and to restore any existing landscaping damaged during the new construction.

Storm Water Management - \$105,000 has been included to cover the cost of storm water management system upgrades necessitated by construction of the new additions.

Parking Lot - \$10,000 has been included to cover the costs of removing existing sections of curbs and gutters to allow access for construction; and for replacing curb and gutter sections when construction is complete.

Regarding the \$200,000 in Renovation costs, this amount has been budgeted to cover the costs of renovations to the existing Dining Room which is being changed to accommodate the two new Semi Private Double Occupancy Resident Rooms; and to re-do the areas demolished where the new wings are attached to the existing building.

> 7. Please provide examples of the information on alternative community-based services in Howard County that Encore currently provides to all prospective residents and their families.

<u>Response</u>: Copies of the required DHMH-provided informational materials are distributed to all prospective residents and their families. This information is shown on the following 2 pages.

It should be noted that this documentation was found to establish Lorien Bel Air's consistency with this standard in the Commission's February 20, 2014 Decision approving that facility's 21 Bed Application (see Docket No. 13-12-2345); and should therefore establish Encore's consistency in this review.



Get long term care services in the community!

If Medical Assistance pays for any part of your nursing home care, you may be able to get care and services in your own community home instead of in a nursing home.

In the last few years, hundreds of people have moved out of nursing homes to receive services in the community. There are several programs that provide services in the community. We can help you decide which one may be right for you and help you apply. Just let us know.

If you would like to learn more about services that may help you move back to the community, ask a social worker at your nursing home, or contact one of the places listed on the back of this page.

This document is produced by the Maryland Department of Health and Mental Hygiene. By law, nursing homes must give this information to every nursing home resident who indicates a preference to return to the community.

State Governmer	nt
Maryland Department of Disabilities	800-637-4113
Department of Health and Mental Hygiene (Ask	877-463-3464 or
about the Living at Home Waiver)	410-767-7479
Maryland Department on Aging	800-AGE-DIAL
(Ask about the Waiver for Older Adults)	(1-800-243-3425)
Adult Evaluation and Review Services (AERS)	877-463-3664 or 410-767-
	6767
Developmental Disabilities Administration	Central MD 410-902-4509
	Western MD 301-791-4670
	Southern MD 301-362-5100
	Eastern Shore 410-334-6920

Advocacy	
Making Choices for Independent Living (Central MD)	410-444-1400
Independence Now (PG & Montgomery Counties)	301-227-2839
Eastern Shore Center for Independent Living	800-705-7944
Southern MD Center for L.I.F.E.	301-884-4498
Freedom Center (Frederick & Carroll Counties)	301-846-7811
Resources for Independence (Western Maryland)	800-371-1986
Cross Disability Rights Coalition (CDRC)	888-272-3449
Brain Injury Association of Maryland	800-221-6443
Statewide Independent Living Council	877-543-3344
Mental Health Association of Maryland	800-572-6426

Legal Re	esources
Legal Aid Bureau	Maryland Disability Law Center
Nursing Home Program	(MDLC)
1-800-367-7563	1-800-233-7205, TDD: 410-727-6387
www.mdlab.org	www.mdlcbalto.org
The Nursing Home Program provides legal assistance to financially eligible nursing home residents anywhere in Maryland.	MDLC is a non-profit legal service established by federal and state law to advocate for the rights of persons with disabilities in Maryland.

This document is produced by the Maryland Department of Health and Mental Hygiene. By law, nursing homes must give this information to every nursing home resident who indicates a preference to return to the community.

8. What are the respective projected ALOS for the categories of long term care patients and short-term rehab patients? Which Unit will serve short-term rehab patients, and will the other Unit serve long-term patients only?

<u>Response</u>: The ALOS for long term care patients is projected to be about 277 days; and the ALOS for short term rehabilitation patients is projected to be about 25 days.

Regarding placement of residents, many Short Term Rehabilitation residents are anticipated to be served in Private Single Occupancy rooms. However, depending on preferences and particular conditions, some LTC residents are also expected to be served in Private rooms. The expanded bed complement and mix of resident rooms will afford Encore great flexibility in meeting resident and family preferences and clinical needs of its residents, including needs for isolation rooms due to infectious disease.

9. Please provide information provided to prospective patients and families that discuss the "aging in place" model of care and the level of services currently offered at Encore at Turf Valley.

<u>Response</u>: Prospective Residents and their families are given tours of the facility and are verbally counseled on the full range of services available in both the Assisted Living and Nursing Components. This information is also discussed during treatment planning and discharge planning. The various levels of care are explained and Encore emphasizes the value of access to the various levels of services as needs change over time. Thus, individuals and families are exposed to Encore's 'aging in place' model. In addition, written materials are given out including the material describing the additional services and levels of care available in Assisted Living as residents' needs change. This information is shown on the following two pages.

Programs and Pricing for Encore Assisted Living

Community Fee: \$4,500

A one-time Community Fee of \$4,500 is payable by all new residents prior to admission. This fee covers the cost of continual improvements in safety and for maintaining common areas. Within 90 days this fee would be refundable, subject to lease restrictions, on a pro-rated basis.



Services and Amenities to include:

- · Individual private apartment with kitchenette and full bath
- · All utilities, including phone and cable
- · Individually controlled heating & air conditioning
- Three delicious meals served daily, prepared by our chef and approved by our dietitian
- Weekly housekeeping and change of bed linens
- · Daily trash removal
- Daily Scheduled transportation (Monday Friday) within a 15 mile radius of the community
- A well balanced activities and recreation schedule
- · Nurse on-site 24 hours/day
- 3 safety checks daily (occurs at mealtimes)
- · Reminders for dining and activities
- Use of washer/dryer in Resident Laundry Rooms
- Use of pendants and emergency call system to alert staff when needed

Caregiver Visits

Caregivers provide services for Assistance with Activities of Daily Living. The needs of the individual will determine the nature of the services that they receive. A Caregiver visit will be up to 10 minutes per interval.

Customized Support Services

Levels of Care

Encore designs each level of care to meet the needs of each individual resident. The needs of the individual will determine the services provided.

BRONZE

Cost: \$450 Monthly (30 day month), \$15 Daily

With the goal of achieving the highest quality of independent living for each resident, this program will bring the necessary medical and/or social support to promote safety and independence, and encourage "Aging in Place."

- 1 to 2 Caregiver visits, or up to 20 minutes of care per day.
- Intermittent wellness and safety checks.
- · 30-day minimum for all of these services.
- Two showers per week are included.

SILVER

Cost: \$750 Monthly (30 day month), \$25.00 Daily

- 3 to 5 Caregiver visits, or up to 50 minutes of care per day.
- · Intermittent wellness and safety checks.
- Two showers per week are included.

GOLD

Cost: \$1,350 Monthly (30 day month), \$45.00 Daily

Designed for those residents in need of significant assistance with Activities of Daily Living.

All the services and amenities of Monitored Independent Living Plus:

- 6 to 12 Caregiver visits, or up to 120 minutes of care per day.
- · Periodic and continuous wellness and safety checks.
- Two showers per week included.

PLATINUM

Cost: \$1,800 (30 day month), \$60.00 daily

Designed for those residents in need of Extensive assistance with Activities of Daily Living.

All the services and amenities of Monitored Independent Living Plus:

- · 13 to 18 Caregiver visits, or up to 180 minutes of care.
- · Periodic and continuous wellness and monitored safety checks.

• Residents requiring extended care and/or Hospice (based on minutes of care) and in case-by-case situations will be placed at this level.

Ex: Residents requiring a 1- or 2-person assist while transferring and use of a transfer device.

Two showers per week are included.

Programs and Pricing for Encore Assisted Living

Medication Management

A Nurse orders and directly supervises the administration of medications for residents in need of skilled observation and assessment. Residents are monitored for adverse reactions or side effects, as well as any change in physical or mental condition. Family and physician are notified immediately when changes are noted. Regular contact with the Resident's physician is maintained. Blood Pressure Services are included.

Cost: \$480 Monthly (30 Day Month), \$16.00 Daily

Insulin Care

Testing and Administration of blood sugar monitoring including finger sticks and/or insulin injections. Services are provided by a skilled nurse.

Cost: \$360 Monthly (30 Day Month), \$12.00 Daily

Wound Care

Monitoring, treatment and care for a wound, rash or skin tear.

Cost: \$360 Monthly (30 Day Month), \$12.00 Daily

Nurse Visits

Complementary nurse visits to include the following services:

- Telephone coordination with family, lab services and physician
- · Physician ordered collection of Lab Samples
- Apartment visits for fall assistance and assessment
- · Emergency visits

Escort Service

Escort Service for appointments outside of the community is available. The service is available for doctor appointments and other medically necessary appointments.

Cost: \$25.00 per hour

Physician and Therapy Services

Physician visits are available on-site. The physicians will make "house-calls" for regular wellness visits.

Physical, Occupational and Speech therapy services are available on-site. A physician's order will be required. All charges incurred will be billed through the physician's office and/or the therapy department.

Fees Vary for Pharmacy, Medical & Incontinence Supplies

Guest Meals

\$5.00 Per Guest and payable at the Reception Area.

Outside Pharmacy Cost

Preferred Pharmacy - No Charge

Non-preferred Pharmacy - \$150 monthly if Encore manages medications.

Beauty	Shop
Shampoo and Set	\$20.00
Set Only	\$15.00
Shampoo and Wet Cut	\$25.00
Shampoo / Blow dry / Cut & Curl	\$30.00
Hair Cut Male	\$15.00
Perm (includes haircut and set)	\$85.00
Color	\$55.00
Manicure	\$14.00
Wax (chin, lip, or brow *only one*)	\$ 8.00
Wax (any two of the above)	\$11.00
Relaxer (includes haircut and set)	\$85.00

New /Re-Admission Nursing Assessment

Cost - \$150.00

Short-term Stay

Supervised care for a temporary stay is available. All of the services of Monitored Independent Living and Medication Management are included. Each individual Level of Care would be added to the daily cost. Short term stay apartments will require a 7 day minimum with a 30 day maximum.

Cost: \$175.00 Daily + Customized Support Services

*All prices are subject to change. Prices are for Encore Assisted Living only.

10. Please provide a clearer, more legible copy of the Cost Report pages included as Appendix 4.

<u>Response</u>: Uniform Cost Reports are filed electronically. Print - outs are not as sharp / crisp as Staff (or the Applicant) prefers. The Applicant respectfully suggests that Staff consult the electronic version of the documents previously submitted as Apx. 4 to the Application. Those electronic .pdf files can be enlarged so that the numerical entries become larger and can be more easily read. Nevertheless, new print – outs of the relevant pages of the Uniform Cost Reports are attached as Apx. 11. Staff may find them easier to read.

11. Does Lorien have a waiting list or some other documentation to support the statement that "5 Private Single Occupancy Rooms (are) an inadequate number in view of increasing demand for Private Rooms"?

<u>Response</u>: Encore stated its opinion that only 5 Private Single Occupancy Rooms is in sufficient to meet demand for Private Rooms. The facility's admission's personnel have found that demand for private rooms is increasing and that having only 5 such rooms is indeed insufficient in meeting consumer preferences and also the facility's need for private rooms to treat residents with infectious diseases. In this regard two of the existing 5 Private Rooms share bathrooms with an adjacent Resident Room and are therefore not available to house residents requiring isolation. The facility does not maintain a formal Waiting List for Private Rooms. Instead, Encore's Staff makes a notation that a particular resident desires a Private Room and attempts to make one available when possible. However, Encore's operational experience is quite instructive as to consumer preference for Private accommodations. Encore believes the inclusion of additional Private Rooms will enhance quality of life and resident dignity for those residents who desire private rooms.

12. Based on the applicant's description of past opposition regarding constructing the facility, (pp. 53 – 56), does Lorien Howard anticipate any opposition from groups or residents who would oppose the expansion or increase in the number of CCF beds at Encore at Turf Valley?

<u>Response</u>: The opposition referenced in Staff's question was an attempt by a handful of activists generally opposed to growth in Howard County, including the development of the Turf Valley planned community. They did not oppose the original grant of Encore's CON. However, the project did become ensnared in litigation the activists initiated including a challenge to Howard County's entire land use approval process. This included approvals in connection with the entire Turf Valley development and other Howard County developments. Those appeals did not succeed. The election year brouhaha faded and the Applicant is unaware of any opposition to its project or to the Turf Valley community as a whole. The new planned community is now undergoing phased construction. In this regard, the Town Center at the crux of appeals with its

mix of shops, restaurants and the Harris Teeter Supermarket has already opened. Further, Encore's zoning is now in place. The Applicant is unaware of any opposition at all and does not reasonably foresee any future opposition to this minor expansion.

13. Please explain the relationship of the Mangione Family Enterprises identified on p. 16 with Lorien – Howard, Inc.

<u>Response</u>: The name "Mangione Family Enterprises" is not a legal entity. It is not a corporation, limited liability company, limited partnership, or business association. It therefore has no legal relationship with Lorien – Howard, Inc. It is simply an informal collective term used to refer to the various independent business entities and / or community activities in which Mangione family members are active. With specific reference to its use at p. 16 of the CON Application, "Mangione Family Enterprises" is a name on the sign at the door of a suite of offices where Louis Mangione and John Mangione, the individuals responsible for the proposed project and its implementation, maintain their offices and receive their direct business and other correspondence. This address was included at p. 16 because (1) the CON Form requested it; and (2) it is the most direct way of sending correspondence to those owners who are directly responsible for the proposed expansion project and its implementation.

[END]

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in this Application and its attachments are true and correct to the best of my knowledge, information and belief.

Date: Effective May 8, 2015

an

LOUIS MANGIONE Chairman and President Lorien - Howard, Inc. dba Encore at Turf Valley

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in this Application and its attachments are true and correct to the best of my knowledge, information and belief.

Date: Effective May 8, 2015

ano umm LOUIS G. GRIMMEL

CEO, LORIEN HEALTH SYSTEMS

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information and belief.

Date: Effective May 8, 2015

INa

Name: Wayne Brannock Title: Chief Operating Officer

AFFIRMATION RE BUDGET AND OPERATING PROJECTIONS

I hereby declare and affirm under the penalties of perjury that the facts concerning ALOS stated in this application (or completeness review responses) and its attachments are true and correct to the best of my knowledge, information and belief.

Date: Effective May 8, 2015

Michael J. Snarski, CPA

Name: Michae J. Snarski, CPA Title: Member Snarski Consulting, LLC 5608 Saint Albans Way Baltimore, Maryland 21212

Provider No. 41-8760100 Period Ending 12/31/2013

PART	I - INPATIENT DAYS	BY CLASS OF LI	CENSE					
		1	2	3	4	5	6	7
			COMPREHE	NSIVE CARE		NON-COMPRE	HENSIVE CARE	
	MONTH	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY) ASST LIVING	TOTAL OF FACILITY
ı.	JANUARY	294	791		661		2,037	3,783
2.	FEBRUARY	285	703		727		1,767	3,482
3.	MARCH	264	825		752		1,975	3,816
ι.	APRIL	214	787		745		2,143	3,889
i.	МАҮ	294	779		688		2,234	3,995
i.	JUNE	308	746		537		2,299	3,890
7.	JULY	246	769		775		2,467	4,257
3.	AUGUST	214	801		609		2,449	4,073
).	SEPTEMBER	189	747		638		2,319	3,893
10.	OCTOBER	154	775		882		2,346	4,157
1.	NOVEMBER	176	701		892		2,319	4,088
2.	DECEMBER	206	834		771		2,397	4,208
2a.								
2b.								
12b. 13.	TOTALS	2,844	9,258		8,677		26,752	47,531
13.	TOTALS Total Comprehensin (Add Line 13, Col. 1 II - BED CAPACITY	ve Care Days			8,677 20,779		26,752	47,531
13. 14. PART	Total Comprehensiv (Add Line 13, Col. 1	ve Care Days 1, Col. 2, Col. 3 & (Col. 4)				26,752	
13. 14. PART 15.	Total Comprehensiv (Add Line 13, Col. 1 II - BED CAPACITY	ve Care Days 1, Col. 2, Col. 3 & (eginning of period	Col. 4)		20,779			160
13. 14. PART 15. 16.	Total Comprehensin (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi	Col. 4)		20,779		97	160
13. 14. PART 15. 16. 17.	Total Comprehensin (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi lay)	Col. 4) I ied beds, if		20,779		97	160 160
13. 14. 14. 15. 16. 17. 18.	Total Comprehensis (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change ir applicable (month/d	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi fay) e during the perio	Col. 4) I ied beds, if		20,779 63 63		97 97	160 160
13. 14. 14. 15. 16. 17. 18. PART	Total Comprehensis (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change ir applicable (month/d Beds Days available	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi fay) e during the perio JPANCY	Col. 4) I ied beds, if d		20,779 63 63		97 97	160 160 58,400
3. 4. 2 ART 5. 6. 7. 8. 8. 9.	Total Comprehensis (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change ir applicable (month/d Beds Days available III - PERCENT OCCU Total from Line 13 of	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi fay) e during the perio JPANCY or 14, Part I divide	Col. 4) I Ied beds, if d d by Line 18,	T DAY OF REPO	20,779 63 63 22,995 90.36%		97 97 35,405	16/ 16/ 58,40/
13. 14. PART 15. 16. 17. 18. PART 19.	Total Comprehensis (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/d Beds Days available III - PERCENT OCCU Total from Line 13 of Part II	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE R	Col. 4) I Ied beds, if d d by Line 18,	T DAY OF REPO	20,779 63 63 22,995 90.36%		97 97 35,405	160 160 58,400
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 13. 14. 14. 15. 16. 17. 18. 18. 19. 20. 21. 	Total Comprehensis (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change ir applicable (month/d Beds Days available III - PERCENT OCCU Total from Line 13 of Part II IV - DAILY MINIMUM Private pay patients	ve Care Days 1, Col. 2, Col. 3 & (eginning of period nd of period n number of certifi lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE R	Col. 4) I Ied beds, if d d by Line 18,	T DAY OF REPO	20,779 63 63 22,995 90.36% RTING PERIOD		97 97 35,405	160 160 58,400
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OCCUPANCY AND RATE DATA

Provider No. 41-8760100 Period Ending 12/31/2014

OCCUPANCY AND RATE DATA

		1	2	3	4	5	6	7
			COMPREHE	NSIVE CARE		NON-COMPRE	HENSIVE CARE	
	MONTH	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY) ASST LIVING	TOTAL OF FACILITY
ı.	JANUARY	228	808		836		2,473	4,34
2.	FEBRUARY	295	743		645		2,251	3,93
3.	MARCH	335	821		600		2,511	4,26
1.	APRIL	285	893		582		2,389	4,14
5.	МАҮ	308	903		638		2,465	4,31
õ.	JUNE	307	823		655		2,257	4,04
7.	JULY	211	1,017		668		2,217	4,11
8.	AUGUST	226	964		672		2,298	4,16
9.	SEPTEMBER	248	921		529		2,230	3,92
10.	OCTOBER	231	995		646		2,327	4,19
11.	NOVEMBER	204	986		593		2,211	3,99
12.	DECEMBER	228	1,051		570		2,254	4,10
12a.								
12a. 12b. 13. 14.	TOTALS Total Comprehensi	3,106 ve Care Davs	10,925		7,634		27,883	49,54
12b. 13. 14.	TOTALS Total Comprehensi (Add Line 13, Col II - BED CAPACITY	ve Care Days			7,634		27,883	49,54
12b. 13. 14. PART	Total Comprehensi (Add Line 13, Col.	ve Care Days 1, Col. 2, Col. 3 &	Col. 4)				27,883	
12b. 13. 14. PART 15.	Total Comprehensi (Add Line 13, Col II - BED CAPACITY	ve Care Days 1, Col. 2, Col. 3 & eginning of perior	Col. 4)		21,665			49,54
12b. 13. 14.	Total Comprehensi (Add Line 13, Col. II - BED CAPACITY Licensed beds at b	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certii	Col. 4) d		21,665		97	16
12b. 13. 14. 14. 15. 16. 17.	Total Comprehensi (Add Line 13, Col. II - BED CAPACITY Licensed beds at bu Licensed beds at en Date(s) of change in	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day)	Col. 4) d fied beds, if		21,665		97	16
12b. 13. 14. 14. 15. 16. 17. 18.	Total Comprehensi (Add Line 13, Col. II - BED CAPACITY Licensed beds at be Licensed beds at en Date(s) of change in applicable (month/o	ve Care Days 1, Col. 2, Col. 3 & eginning of perior nd of period n number of certif day) e during the perio	Col. 4) d fied beds, if		21,665 63 63		97	16
12b. 13. 14. 14. 15. 16. 17. 18. PART	Total Comprehensi (Add Line 13, Col II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCU Total from Line 13 (ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif Jay) e during the period JPANCY	Col. 4) d fied beds, if		21,665 63 63 22,995		97 97 35,405	16 16 58,40
12b. 13. 14. 14. 15. 16. 17. 18. 18. PART 19.	Total Comprehensi (Add Line 13, Col II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCU	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day) e during the period JPANCY or 14, Part I divide	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPO	21,665 63 63 22,995 94.22%		97	16
12b. 13. 14. 14. 15. 16. 17. 18. 18. PART 19.	Total Comprehensi (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCL Total from Line 13 o Part II	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day) e during the period JPANCY or 14, Part I divide I SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	21,665 63 63 22,995 94.22%		97 97 35,405	16 16 58,40
12b. 13. 14. 14. 15. 16. 17. 18. 18. PART 19.	Total Comprehensi (Add Line 13, Col. 1 II - BED CAPACITY Licensed beds at be Licensed beds at en Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCU Total from Line 13 o Part II IV - DAILY MINIMUM	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day) e during the period JPANCY or 14, Part I divide I SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	21,665 63 63 22,995 94.22% ORTING PERIOD		97 97 35,405	16 16 58,40
12b. 13. 14. 14. 15. 16. 17. 18. 18. 19. PART 20.	Total Comprehensi (Add Line 13, Col II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/c Beds Days available III - PERCENT OCCU Total from Line 13 (Part II IV - DAILY MINIMUM Private pay patients	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day) e during the period JPANCY or 14, Part I divide I SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	21,665 63 63 22,995 94.22% ORTING PERIOD		97 97 35,405	16 16 58,40
12b. 13. 14. 14. 15. 16. 17. 18. 19. 20. 21.	Total Comprehensi (Add Line 13, Col II - BED CAPACITY Licensed beds at be Licensed beds at er Date(s) of change in applicable (month/c Beds Days available III - PERCENT OCCL Total from Line 13 of Part II IV - DAILY MINIMUM Private pay patients Medicare patients	ve Care Days 1, Col. 2, Col. 3 & eginning of period nd of period n number of certif day) e during the period JPANCY or 14, Part I divide I SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	21,665 63 63 22,995 94.22% ORTING PERIOD		97 97 35,405	16 16 58,40

Provider No. 42-1031000 Period Ending 12/31/2014

OCCUPANCY AND RATE DATA

		1	2	3	4	5	6	7
			COMPREHE	NSIVE CARE		NON-COMPREM	HENSIVE CARE	
	MONTH	PRIVATE	MEDICAL	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY)	TOTAL OF FACILITY
	JANUARY	303	876		708			1,88
	FEBRUARY	272	820		656			1,74
	MARCH	305	887		697			1,88
	APRIL	342	892		532			1,76
	MAY	301	913		663			1,87
	JUNE	239	913		620			1,77
	JULY	288	988		600			1,87
	AUGUST	280	1,129		626			2,03
	SEPTEMBER	289	1,121		456			1,86
0.	OCTOBER	364	1,077		526			1,96
1.	NOVEMBER	316	880		627			1,82
2.	DECEMBER	418	929		548			1,89
2a.								
2b.								
2b. 3.	TOTALS	3,717	11,425		7,259			22,40
3. 4.	TOTALS Total Comprehensi (Add Line 13, Col. F II - BED CAPACITY	ive Care Days			7,259			22,40
3. 4. ART	Total Comprehensi (Add Line 13, Col.	ive Care Days 1, Col. 2, Col. 3 &	Col. 4)					22,40
3. 4.	Total Comprehensi (Add Line 13, Col. I II - BED CAPACITY	ive Care Days 1, Col. 2, Col. 3 & reginning of period	Col. 4)		22,401			
3. 4. ART 5.	Total Comprehensi (Add Line 13, Col. I II - BED CAPACITY Licensed beds at b	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif	Col. 4) d		22,401			6
3. 4. ART 5.	Total Comprehensi (Add Line 13, Col. I I - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day)	Col. 4) d fied beds, if		22,401 64 70			6
3. 4. 5. 6. 7. 8.	Total Comprehensi (Add Line 13, Col. FII - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/	ive Care Days 1, Col. 2, Col. 3 & eginning of period nd of period in number of certif day) le during the period	Col. 4) d fied beds, if		22,401 64 70 7/10/2014			
3. 4. 5. 6. 7. 8.	Total Comprehensi (Add Line 13, Col. III - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl	ive Care Days 1, Col. 2, Col. 3 & eginning of period nd of period in number of certif day) le during the perio UPANCY	Col. 4) d fied beds, if		22,401 64 70 7/10/2014			
3. 4. ART 5. 6. 7. 8. 8. ART	Total Comprehensi (Add Line 13, Col. III - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day) le during the period UPANCY or 14, Part I divide	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPO	22,401 64 70 7/10/2014 24,410 91.77%			24,41
3. 4. ART 5. 6. 7. 8. 8. ART 9.	Total Comprehensi (Add Line 13, Col. III - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl IIII - PERCENT OCCI Total from Line 13 Part II	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day) le during the period UPANCY or 14, Part I divide M SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPO	22,401 64 70 7/10/2014 24,410 91.77%			24,41
3. 4. ART 5. 6. 7. 8. 8. ART	Total Comprehensi (Add Line 13, Col. III - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl IIII - PERCENT OCCI Total from Line 13 Part II	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day) le during the period UPANCY or 14, Part I divide M SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	22,401 64 70 7/10/2014 24,410 91.77% ORTING PERIOD			24,41
3. 4. 5. 6. 7. 8. ART 9.	Total Comprehensi (Add Line 13, Col. III - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl IIII - PERCENT OCCI Total from Line 13 Part II IV - DAILY MINIMUM Private pay patient	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day) le during the period UPANCY or 14, Part I divide M SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	22,401 64 70 7/10/2014 24,410 91.77% ORTING PERIOD			24,41
3. 4. 5. 5. 6. 7. 8. 8. ART 9. 0.	Total Comprehensi (Add Line 13, Col. (II - BED CAPACITY Licensed beds at b Licensed beds at e Date(s) of change i applicable (month/ Beds Days availabl III - PERCENT OCCI Total from Line 13 Part II TV - DAILY MINIMUM Private pay patient Medicare patients	ive Care Days 1, Col. 2, Col. 3 & reginning of period and of period in number of certif day) le during the period UPANCY or 14, Part I divide M SEMI-PRIVATE F	Col. 4) d fied beds, if od ed by Line 18,	ST DAY OF REPC	22,401 64 70 7/10/2014 24,410 91.77% ORTING PERIOD			24,41

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Provider No. 134007700 Period Ending 6/30/2014

OCCUPANCY AND RATE DATA

2. AUGUST 420 4,186 133 1,003 5,74 3. SEPTEMBER 442 3,971 89 1,068 5,66 4. OCTOBER 368 4,366 117 1,065 5,91 5. NOVEMBER 448 4,354 77 1,086 5,96 6. DECEMBER 402 4,482 50 1,055 5,95 7. JANUARY 546 4,320 42 1,278 6,16 8. FEBRUARY 474 3,878 94 1,185 5,65 9. MARCH 377 4,391 72 984 5,82 10. APRIL 371 4,250 67 1,040 5,72 11. MAY 474 4,729 83 801 6,08 12. JUNE 453 4,709 65 723 5,95 12. JUNE 453 4,09 70,22 70,22 13. TOTALS 5,226 51,925 1,041 12,032 70,22 <th>PART</th> <th>I - INPATIENT DAYS</th> <th>BY CLASS OF LI</th> <th>CENSE</th> <th></th> <th></th> <th></th> <th></th> <th></th>	PART	I - INPATIENT DAYS	BY CLASS OF LI	CENSE					
MONTH PRIVATE MEDICAD OTHER DOMICILARY (SPECIPY) PTOTAL OF PACILITY 1. VULY 431 4.283 192 74 5.8 2. AUGUST 430 4.185 133 1.000 6.77 3. SEPTEMBER 442 9.971 69 1.055 6.55 4. OCTOBER 388 4.354 77 1.065 5.55 5. NOVEMBER 442 4.324 77 1.065 5.55 5. NOVEMBER 442 4.320 42 1.278 6.118 6. PEDEWARY 474 3.878 54 1.185 6.628 7. JANUARY 446 4.320 67 1.040 6.272 10. APRIL 371 4.331 72 844 6.64 12. JANUARY 443 4.709 65 723 6.64 12. JUME 453 6.1.041			1	2	3	4	5	6	7
NONTH PRUATE MEDICAL ASSISTANCE MEDICAL GOVT. OMMER GOVT. (DEFCER) TOTAL OF FACILIY 1. VLY 441 4.285 192 754 6 2. AUGUST 440 4.185 133 1,005 5.77 3. SEPTEMBER 442 3.971 68 1,065 6 5.54 4. OCTOBER 38 4.356 117 1,065 6 5.54 6. NOVEMBER 448 4.354 77 1,065 6 5.54 6. DECEMBER 442 4.353 177 1,065 6 5.54 7. JANUARY 564 4.323 42 1,155 6.54 5.54 8. MARCH 277 4.201 72 9.84 6.54 5.54 9. JANUARY 444 4.723 6.5 7.72 6.54 5.54 10. JARCH 277 4.201 1.04 <t< td=""><td></td><td></td><td></td><td></td><td>NSIVE CARE</td><td></td><td>NON-COMPREN</td><td>HENSIVE CARE</td><td></td></t<>					NSIVE CARE		NON-COMPREN	HENSIVE CARE	
2. AUGUST 420 4.165 133 1,003 5.77 3. SEPTEMBER 442 3.971 89 1,068 5.55 4. OCTOBER 358 4.366 117 1,068 5.55 5. NOVEMBER 444 4.364 77 1,068 5.55 6. DECEMBER 402 4.442 60 1,068 5.55 7. JANUARY 546 4.320 42 1,278 6.11 8. PERUARY 474 3,878 54 1,188 5.63 10. APRIL 377 4,301 72 58 601 6.63 12. JUNE 453 4,709 65 723 5.54 13. TOTALS 5,226 51,928 1,041 12,032 70,224 PARTI II - SED CAPACITY 15. Licensed beds at beginning of period 209 20 20 16. Licensed beds at beginning of period		MONTH	PRIVATE	MEDICAL			DOMICILIARY	(SPECIFY)	
3. SEPTEMBER 442 3.911 69 1,059 5.555 4. OCTOBER 355 4,365 117 1,055 5.317 5. NOVENBER 442 4,364 77 1,065 5.557 6. OCTOBER 402 4,482 50 1,065 5.557 7. JANUARY 546 4,320 42 1,278 6.116 8. FEBRUARY 474 3,873 94 1,185 5.552 9. MARCH 377 4,291 72 984 6.825 10. APRIL 371 4,290 67 1,040 5.72 11. MAY 474 4,723 53 501 6.04 12. JUNE 453 4,709 65 723 5.84 12. JUNE 453 1,041 12.002 70.22 13. TOTALS 5.226 61.925 1,041 12.002 70.	1.	JULY	451	4,289	152	754			5,646
4. OCTOBER 385 4.385 117 1.085 5.51 8. NOVEMBER 445 4.324 77 1.086 5.53 9. DECEMBER 402 4.482 60 1.085 5.33 7. JANUARY 546 4.320 42 1.278 6.11 8. FEBRUARY 474 3.878 94 1.185 5.532 9. MARCH 377 4.391 72 984 5.825 10. APRIL 371 4.260 67 1.040 5.723 11. MAY 474 4.729 63 801 6.02 12. JUNE 443 4.700 65 723 5.325 12. JUNE 443 4.700 65 723 5.94 12. JUNE 453 1.041 12.032 70.22 13. TOTALS 5.226 51.925 1.041 12.032 70.22	2.	AUGUST	420	4,186	133	1,003			5,742
S. NOVEMBER 448 4,354 77 1,066 5,356 S. DECEMBER 402 4,482 50 1,085 6,358 7. JANUARY 546 4,220 42 1,273 6,116 8. PEBRUARY 474 3,572 34 1,115 5,532 9. MARCH 377 4,331 72 984 6,628 10. APRIL 371 4,269 67 1,040 6,72 11. MAY 474 4,779 65 723 6,59 12. JUNE 453 4,709 65 723 6,20 12. JUNE 5,226 51,825 1,041 12,032 7	3.	SEPTEMBER	442	3,971	89	1,058			5,560
6. DECEMBER 402 4,422 50 1,055 5,355 7. JANUARY 546 4,320 42 1,278 6,116 8. FEBRUARY 474 3,878 94 1,185 5,635 9. MARCH 377 4,391 72 984 5,632 10. APRIL 371 4,250 67 1,040 8,77 11. MAY 474 4,772 93 801 6,668 12. JUNE 453 4,709 65 723 5,95 12. JUNE 5,226 51,925 1,041 12,032 70,224	4.	OCTOBER	368	4,366	117	1,065			5,916
7. JANUARY 546 4,320 42 1,278 6,18 8. FEBRUARY 474 3,878 94 1,185 5,633 9. MARCH 377 4,391 72 984 5,833 10. APRIL 371 4,260 67 1,040 5,72 11. MAY 474 4,729 83 801 6,06 12. JUNE 453 4,709 65 723 5,95 12.0 JUNE 12,032 70,22 70,22 70,22 14. Total S 5,228 51,925 1,041 12,032 70,22 15. Licensed beds at heginning of period 209 205 205 205	5.	NOVEMBER	448	4,354	77	1,086			5,965
8. FEBRUARY 474 3,878 94 1,185 5,653 9. MARCH 377 4,391 72 984 6,823 10. APRIL 371 4,280 67 1,040 6,723 11. MAY 474 4,729 83 801 6,06 12. JUNE 453 4,709 65 723 5,957 12a. 5,957 12b. 5,957 12b. 5,957 12b. 5,957 12b. 70,224 PART II - SED CAPACITY 70,224 70,224 PART II - SED CAPACITY <	6.	DECEMBER	402	4,482	50	1,055			5,989
9. MARCH 377 4,391 72 984 5,82 10. APRIL 371 4,250 67 1,040 6,72 11. MAY 474 4,729 83 801 6,06 12. JUNE 453 4,709 65 723 5,95 12. JUNE 5,226 51,925 1,041 12,092 70,224 PART II - BED CAPACITY 15 Licensed beds at end of period 209 226 16. Licensed beds at end of period 209 76,285 76,28	7.	JANUARY	546	4,320	42	1,278			6,186
10. APRIL 371 4,250 67 1,040 5,72 11. MAY 474 4,729 83 801 6,06 12. JUNE 453 4,709 65 723 5,55 12a. 1 <t< td=""><td>8.</td><td>FEBRUARY</td><td>474</td><td>3,878</td><td>94</td><td>1,185</td><td></td><td></td><td>5,631</td></t<>	8.	FEBRUARY	474	3,878	94	1,185			5,631
11. MAY 474 4,729 93 801 6,08 12. JUNE 453 4,709 65 723 5,95 12a. 1 </td <td>9.</td> <td>MARCH</td> <td>377</td> <td>4,391</td> <td>72</td> <td>984</td> <td></td> <td></td> <td>5,824</td>	9.	MARCH	377	4,391	72	984			5,824
12. JUNE 453 4,709 65 723 5,95 12. <t< td=""><td>10.</td><td>APRIL</td><td>371</td><td>4,250</td><td>67</td><td>1,040</td><td></td><td></td><td>5,728</td></t<>	10.	APRIL	371	4,250	67	1,040			5,728
12a. 12b.	11.	МАҮ	474	4,729	83	801			6,087
12b. 13. TOTALS 5.226 51,925 1,041 12,032 70,22 14. Total Comprehensive Care Days (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4) 70,224 PART II - BED CAPACITY 70,224 15. Licensed beds at beginning of period 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 16 209 20 18. Beds Days available during the period 76,225 76,25 76,26 PART II - PERCENT OCCUPANCY 11 Part II 92,05% 92,06% 92,06% 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92,05% 92,06% 92,06% 20. Private pay patients \$268,00 \$268,00 \$268,00 \$268,00 20. Private pay patients \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,00 \$268,0	12.	JUNE	453	4,709	65	723			5,950
13. TOTALS 5.228 51.925 1.041 12.032 70.22 14. Total Comprehensive Care Days (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4) 70.224 70.224 PART II - BED CAPACITY 70.224 70.224 15. Licensed beds at beginning of period 209 22 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 10 10 18. Beds Days available during the period 76.285 76.28 PART III - PERCENT OCCUPANCY 70.214 10 10 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.05 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20 20 20. Private pay patients \$268.00 20 21. Medicare patients 20 20 20 22. Medicaid patients 20 20 20 23. Other (Specify) 20 20 20 20	12a.								
14. Total Comprehensive Care Days (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4) 70.224 PART II - BED CAPACITY 209 20 15. Licensed beds at beginning of period 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92,05% 92,05% PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 20.00 20. Private pay patients 20.00 20.00 20.00 20.00 21. Medicare patients 22.05% 22.05% 22.05% 22.05% 22. Medicaid patients 23. Other (Specify) 24. Dote (Specify) 25.00 25.00 25.00	12b.								
(Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4) 70.224 PART II - BED CAPACITY 209 20 15. Licensed beds at beginning of period 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 18. Beds Days available during the period 76.285 76.28 PART II - PERCENT OCCUPANCY 76 76.285 76.20 76.20 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.06 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20 20 20. Private pay patients \$268.00 1 21. Medicare patients 2 2 2 22. Medicaid patients 2 2 2 23. Other (Specify) 1 1 1 1	13.	TOTALS	5,226	51,925	1,041	12,032			70,224
70.224 PART II - BED CAPACITY 15. Licensed beds at beginning of period 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 209 20 18. Beds Days available during the period 76.285 76.28 PART III - PERCENT OCCUPANCY 70.224 76.285 76.28 PART III - PERCENT OCCUPANCY 92.05% 92.06 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.06 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20 20 20 20. Private pay patients \$268.00 20 20 20 21. Medicare patients 20 76.28 76.28 76.28 76.28 20.06 20 20.06 20 20.06 20.06 20.06 20.06 20.06<	14.	Total Comprehensiv	ve Care Days						
15. Licensed beds at beginning of period 209 209 16. Licensed beds at end of period 209 200 17. Date(s) of change in number of certified beds, if applicable (month/day) 209 200 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92,05% 92,06 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 200 21. Medicare patients 200 200 200 22. Medicaid patients 200 200 200 23. Other (Specify) 0 200 200		(Add Line 13, Col. 1	1, Col. 2, Col. 3 &	Col. 4)		70,224			
209 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 209 20 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 76,285 76,28 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.05 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 21. Medicare patients 21. Medicare patients 22. Medicaid patients 22. Medicaid patients 23. Other (Specify) 24. Divide and patients	PART	II - BED CAPACITY							
209 209 20 16. Licensed beds at end of period 209 20 17. Date(s) of change in number of certified beds, if applicable (month/day) 209 20 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 76,285 76,28 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.05 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 21. Medicare patients 21. Medicare patients 22. Medicaid patients 22. Medicaid patients 23. Other (Specify) 24. Divide and patients									
17. Date(s) of change in number of certified beds, if applicable (month/day) 209 209 201 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 76,285 76,285 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92,05% 92,05 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20 20 20. Private pay patients \$268.00 20 21. Medicare patients 21. Medicare patients 21. Medicaid patients 21. Medicaid patients 22. Medicaid patients 22. Medicaid patients 22. Medicaid patients 23. Other (Specify)				a		209			209
applicable (month/day) 18. Beds Days available during the period 76,285 76,285 PART III - PERCENT OCCUPANCY 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.06 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 21. Medicare patients 10 10 22. Medicaid patients 10 10 23. Other (Specify) 10 10 10				fied beds, if		209			209
PART III - PERCENT OCCUPANCY 19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% <t< td=""><td></td><td>applicable (month/d</td><td>day)</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		applicable (month/d	day)						
19. Total from Line 13 or 14, Part I divided by Line 18, Part II 92.05% 92.05 PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00 21. Medicare patients 1 22. Medicaid patients 1 23. Other (Specify) 0	18.	Beds Days available	e during the perio	d		76,285			76,285
PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00	PART	III - PERCENT OCCU	JPANCY						
PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD 20. Private pay patients \$268.00	19.		or 14, Part I divide	ed by Line 18,		92.05%			92.05%
20. Private pay patients \$268.00 \$268.00 21. Medicare patients Image: Comparison of the second of th	DADT						ļ	I	52.0378
21. Medicare patients Image: Constraint of the second se	PARI		JENNERIVATE	ATES AS OF LAS					
22. Medicaid patients 23. Other (Specify)	20.	Private pay patients	5			\$268.00			
23. Other (Specify)	21.	Medicare patients							
	22.	Medicaid patients							
24.	23.	Other (Specify)							
	24.								

Provider No. 414426100 Period Ending 6/30/2014

OCCUPANCY AND RATE DATA

	I - INPATIENT DAYS							
		1	2	3	4	5	6	7
				NSIVE CARE		NON-COMPREM	IENSIVE CARE	
	MONTH	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY)	TOTAL OF FACILITY
1.	JULY	366	2,861	128	880			4,235
2.	AUGUST	356	2,888	224	1,034			4,502
3.	SEPTEMBER	273	2,996	204	770			4,243
4.	OCTOBER	398	2,971	191	996			4,556
5.	NOVEMBER	412	3,067	120	816			4,415
6.	DECEMBER	444	3,393	140	805			4,782
7.	JANUARY	380	3,329	93	1,095			4,897
8.	FEBRUARY	362	2,850	122	1,059			4,393
9.	MARCH	548	3,016	161	1,251			4,976
10.	APRIL	496	2,972	166	1,385			5,019
11.	МАҮ	393	3,246	131	1,250			5,020
12.	JUNE	340	3,216	124	931			4,611
12a.	0							
12b.	0							
13.	TOTALS	4,768	36,805	1,804	12,272			55,649
14.	Total Comprehensi							
	(Add Line 13, Col. 1	1, COI. 2, COI. 3, 8	C014)		55,649			
PART	II - BED CAPACITY							
15.	Licensed beds at be	eginning of perio						
16.	Licensed beds at er				160			160
4 -					160 182			160
17.	Date(s) of change in applicable (month/c	n number of certi				1/14, 4/1/14		
17. 18.	Date(s) of change in	n number of certit day)	ied beds, if		182	1/14, 4/1/14		
18.	Date(s) of change in applicable (month/c	n number of certi lay) e during the peric	ied beds, if		182 7/1/13, 10/1/13, 1/	1/14, 4/1/14		182
18.	Date(s) of change in applicable (month/c Beds Days available	n number of certii Jay) e during the peric JPANCY	ïed beds, if d		182 7/1/13, 10/1/13, 1/ 62,032	1/14, 4/1/14		62,032
18. PART 19.	Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCU Total from Line 13 o	n number of certii lay) e during the perio JPANCY or 14, Part I divide	ied beds, if d d by Line 18,	ST DAY OF REPO	182 7/1/13, 10/1/13, 1/ 62,032 89.71%	1/14, 4/1/14		182
18. PART 19.	Date(s) of change in applicable (month/o Beds Days available III - PERCENT OCCU Total from Line 13 o Part II	n number of certii lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE F	ied beds, if d d by Line 18,	ST DAY OF REPO	182 7/1/13, 10/1/13, 1/ 62,032 89.71%	1/14, 4/1/14		62,032
18. PART 19. PART	Date(S) of change in applicable (month/c Beds Days available III - PERCENT OCCL Total from Line 13 c Part II IV - DAILY MINIMUM	n number of certii lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE F	ied beds, if d d by Line 18,	ST DAY OF REPO	182 7/1/13, 10/1/13, 1/ 62,032 89.71% PRTING PERIOD	1/14, 4/1/14		62,032
18. PART 19. PART 20.	Date(S) of change in applicable (month/c Beds Days available III - PERCENT OCCL Total from Line 13 o Part II IV - DAILY MINIMUM Private pay patients	n number of certii lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE F	ied beds, if d d by Line 18,	ST DAY OF REPO	182 7/1/13, 10/1/13, 1/ 62,032 89.71% PRTING PERIOD \$281.52	1/14, 4/1/14		62,032
18. PART 19. PART 20. 21.	Date(s) of change in applicable (month/c Beds Days available III - PERCENT OCCL Total from Line 13 o Part II IV - DAILY MINIMUM Private pay patients Medicare patients	n number of certii lay) e during the perio JPANCY or 14, Part I divide I SEMI-PRIVATE F	ied beds, if d d by Line 18,	ST DAY OF REPC	182 7/1/13, 10/1/13, 1/ 62,032 89.71% 0RTING PERIOD \$281.52 \$281.52	1/14, 4/1/14		62,032