

**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.*

Response: 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.*

Response: 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.*

Response: 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.*

Response: 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:

- East Wing Extension – 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.
 - Dining Room Conversion – 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.
 - New Northeast Wing – 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.
 - North Wing Extension – 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.*

Response: 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.

Response: *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.

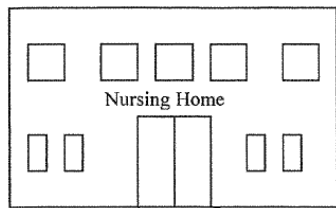
Regarding the \$200,000 in Renovation costs, this amount has been budgeted to cover the costs of renovations to the existing Dining Room which is being changed to accommodate the two new Semi Private Double Occupancy Resident Rooms; and to re-do the areas demolished where the new wings are attached to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

Response: 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.

If you want to go home,
there may be a way!



I wish I could get the
help I need in my own
home...



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 Government	
Maryland Department of Disabilities	800-637-4113
Department of Health and Mental Hygiene (Ask about the Living at Home Waiver)	877-463-3464 or 410-767-7479
Maryland Department on Aging (Ask about the Waiver for Older Adults)	800-AGE-DIAL (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 Resources	
<p>Legal Aid Bureau Nursing Home Program 1-800-367-7563 www.mdlab.org</p> <p>The Nursing Home Program provides legal assistance to financially eligible nursing home residents anywhere in Maryland.</p>	<p>Maryland Disability Law Center (MDLC) 1-800-233-7205, TDD: 410-727-6387 www.mdicbalto.org</p> <p>MDLC is a non-profit legal service established by federal and state law to advocate for the rights of persons with disabilities in Maryland.</p>

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?*

Response: 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.*

Response: 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.

Assisted Living Foundation Program

Studio - \$128 daily

One Bedroom - \$158 daily

One Bedroom Garden - \$165 daily

Double Occupancy - \$100 daily

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.*

Response: 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”?*

Response: Encore stated its opinion that only 5 Private Single Occupancy Rooms is insufficient 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?*

Response: 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.

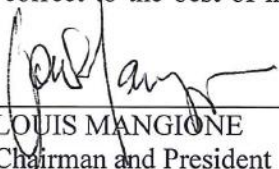
Response: The name “Mangione Family Enterprises” is not a legal entity. It is not a corporation, limited liability company, limited partnership, or business association. It therefore has no legal relationship with Lorien – Howard, Inc. It is simply an informal collective term used to refer to the various 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

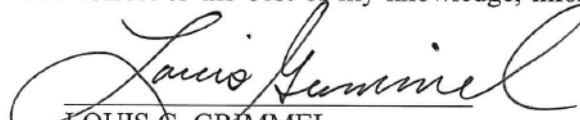


LOUIS MANGIONE
Chairman and President
Lorien - Howard, Inc.
dba Encore at Turf Valley

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




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.

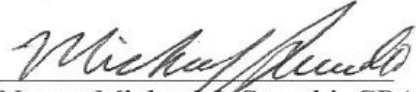
Date: Effective May 8, 2015


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



Name: Michael J. Snarski, CPA

Title: Member

Snarski Consulting, LLC

5608 Saint Albans Way

Baltimore, Maryland 21212

OCCUPANCY AND RATE DATA

PART I - INPATIENT DAYS BY CLASS OF LICENSE

MONTH	1	2	3	4	5	6	7
	COMPREHENSIVE CARE				NON-COMPREHENSIVE CARE		TOTAL OF FACILITY
	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY) ASST LIVING	
1. 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
4. APRIL	214	787		745		2,143	3,889
5. MAY	294	779		688		2,234	3,995
6. JUNE	308	746		537		2,299	3,890
7. JULY	246	769		775		2,467	4,257
8. AUGUST	214	801		609		2,449	4,073
9. SEPTEMBER	189	747		638		2,319	3,893
10. OCTOBER	154	775		882		2,346	4,157
11. NOVEMBER	176	701		892		2,319	4,088
12. DECEMBER	206	834		771		2,397	4,208
12a.							
12b.							
13. TOTALS	2,844	9,258		8,677		26,752	47,531

14. Total Comprehensive Care Days
 (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4)

20,779

PART II - BED CAPACITY

15. Licensed beds at beginning of period	63		97	160
16. Licensed beds at end of period	63		97	160
17. Date(s) of change in number of certified beds, if applicable (month/day)				
18. Beds Days available during the period	22,995		35,405	58,400

PART III - PERCENT OCCUPANCY

19. Total from Line 13 or 14, Part I divided by Line 18, Part II	90.36%		75.56%	81.39%
--	--------	--	--------	--------

PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD

20. Private pay patients	\$320.00			
21. Medicare patients				
22. Medicaid patients				
23. Other (Specify)				
24.				

OCCUPANCY AND RATE DATA

PART I - INPATIENT DAYS BY CLASS OF LICENSE

MONTH	COMPREHENSIVE CARE				NON-COMPREHENSIVE CARE		TOTAL OF FACILITY
	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY) ASST LIVING	
		1	2	3	4	5	
1. JANUARY	228	808		836		2,473	4,345
2. FEBRUARY	295	743		645		2,251	3,934
3. MARCH	335	821		600		2,511	4,267
4. APRIL	285	893		582		2,389	4,149
5. MAY	308	903		638		2,465	4,314
6. JUNE	307	823		655		2,257	4,042
7. JULY	211	1,017		668		2,217	4,113
8. AUGUST	226	964		672		2,298	4,160
9. SEPTEMBER	248	921		529		2,230	3,928
10. OCTOBER	231	995		646		2,327	4,199
11. NOVEMBER	204	986		593		2,211	3,994
12. DECEMBER	228	1,051		570		2,254	4,103
12a.							
12b.							
13. TOTALS	3,106	10,925		7,634		27,883	49,548

14. Total Comprehensive Care Days
 (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4)

21,665

PART II - BED CAPACITY

15. Licensed beds at beginning of period	63		97	160
16. Licensed beds at end of period	63		97	160
17. Date(s) of change in number of certified beds, if applicable (month/day)				
18. Beds Days available during the period	22,995		35,405	58,400

PART III - PERCENT OCCUPANCY

19. Total from Line 13 or 14, Part I divided by Line 18, Part II

94.22% 78.75% 84.84%

PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD

20. Private pay patients	\$350.00			
21. Medicare patients				
22. Medicaid patients				
23. Other (Specify)				
24.				

OCCUPANCY AND RATE DATA

PART I - INPATIENT DAYS BY CLASS OF LICENSE

MONTH	1	2	3	4	5	6	7
	COMPREHENSIVE CARE				NON-COMPREHENSIVE CARE		TOTAL OF FACILITY
	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY)	
1. JANUARY	303	876		708			1,887
2. FEBRUARY	272	820		656			1,748
3. MARCH	305	887		697			1,889
4. APRIL	342	892		532			1,766
5. MAY	301	913		663			1,877
6. JUNE	239	913		620			1,772
7. JULY	288	988		600			1,876
8. AUGUST	280	1,129		626			2,035
9. SEPTEMBER	289	1,121		456			1,866
10. OCTOBER	364	1,077		526			1,967
11. NOVEMBER	316	880		627			1,823
12. DECEMBER	418	929		548			1,895
12a.							
12b.							
13. TOTALS	3,717	11,425		7,259			22,401

14. Total Comprehensive Care Days
 (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4)

22,401

PART II - BED CAPACITY

15. Licensed beds at beginning of period
 16. Licensed beds at end of period
 17. Date(s) of change in number of certified beds, if applicable (month/day)
 18. Beds Days available during the period

64			64
70			70
7/10/2014			
24,410			24,410

PART III - PERCENT OCCUPANCY

19. Total from Line 13 or 14, Part I divided by Line 18, Part II

91.77%

PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD

20. Private pay patients
 21. Medicare patients
 22. Medicaid patients
 23. Other (Specify)
 24.

\$310.00			

Provider No. 134007700
 Period Ending 6/30/2014

OCCUPANCY AND RATE DATA

PART I - INPATIENT DAYS BY CLASS OF LICENSE

		1	2	3	4	5	6	7
		COMPREHENSIVE CARE				NON-COMPREHENSIVE CARE		TOTAL OF FACILITY
MONTH		PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY)	
1.	JULY	451	4,289	152	754			5,646
2.	AUGUST	420	4,186	133	1,003			5,742
3.	SEPTEMBER	442	3,971	89	1,058			5,560
4.	OCTOBER	368	4,366	117	1,065			5,916
5.	NOVEMBER	448	4,354	77	1,086			5,965
6.	DECEMBER	402	4,482	50	1,055			5,989
7.	JANUARY	546	4,320	42	1,278			6,186
8.	FEBRUARY	474	3,878	94	1,185			5,631
9.	MARCH	377	4,391	72	984			5,824
10.	APRIL	371	4,250	67	1,040			5,728
11.	MAY	474	4,729	83	801			6,087
12.	JUNE	453	4,709	65	723			5,950
12a.								
12b.								
13.	TOTALS	5,226	51,925	1,041	12,032			70,224

14. Total Comprehensive Care Days
 (Add Line 13, Col. 1, Col. 2, Col. 3 & Col. 4)

	70,224
--	--------

PART II - BED CAPACITY

15. Licensed beds at beginning of period								
		209						209
16. Licensed beds at end of period		209						209
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						
21. Medicare patients							
22. Medicaid patients							
23. Other (Specify)							
24.							

OCCUPANCY AND RATE DATA

PART I - INPATIENT DAYS BY CLASS OF LICENSE

MONTH	COMPREHENSIVE CARE				NON-COMPREHENSIVE CARE		TOTAL OF FACILITY
	PRIVATE	MARYLAND MEDICAL ASSISTANCE	MEDICAID HOSPICE	OTHER GOVT.	DOMICILIARY	(SPECIFY)	
	1. JULY	366	2,861	128	880		
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. MAY	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 Comprehensive Care Days
 (Add Line 13, Col. 1, Col. 2, Col. 3, & Col 4)

55,649

PART II - BED CAPACITY

15. Licensed beds at beginning of period	160			160
16. Licensed beds at end of period	182			182
17. Date(s) of change in number of certified beds, if applicable (month/day)	7/1/13, 10/1/13, 1/1/14, 4/1/14			
18. Beds Days available during the period	62,032			62,032

PART III - PERCENT OCCUPANCY

19. Total from Line 13 or 14, Part I divided by Line 18, Part II

89.71%			89.71%
--------	--	--	--------

PART IV - DAILY MINIMUM SEMI-PRIVATE RATES AS OF LAST DAY OF REPORTING PERIOD

20. Private pay patients	\$281.52			
21. Medicare patients	\$281.52			
22. Medicaid patients	\$281.52			
23. Other (Specify)	\$281.52			
24. 0				