

**Law Offices of JAMES A. FORSYTH**  
11604 Garrison Forest Road, Owings Mills, Maryland 21117  
Tel (443) 928 - 7936 e-mail: jaforsyth@comcast.net

September 8, 2016

Ms. Angela Clark, MPA  
Health Policy Analyst Advanced  
Certificate of Need  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

By email & 1<sup>st</sup> Class U.S. Mail

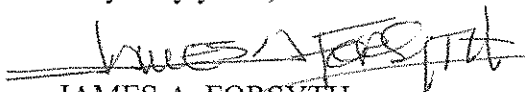
Re: Lorien Nursing & Rehabilitation Center – Elkridge; Matter No. 16-13-2379

Dear Ms. Clark:

As you know, I represent the applicant in the above entitled matter. As directed by your August 30, 2016 letter, I attach my client's responses to your completeness questions and your request for additional information, along with applicable Affirmations. I am also emailing electronic versions of these responses in both Word and PDF formats to Ruby Potter of the Health Facilities Coordination Office.

Please advise whether any additional information is required. Thank you for your kind assistance.

Very truly yours,



JAMES A. FORSYTH

Attorney for Lorien Nursing & Rehab. Center – Elkridge

JAF/met

cc: Ruby Potter, MHCC  
Louis G. Grimmel, CEO, Lorien Health Systems  
Maura Rossman, Howard County Health Officer

**LORIEN NURSING & REHABILITATION CENTER – ELKRIDGE  
(MATTER NO. 16 – 13 – 2379)  
RESPONSES TO COMPLETENESS QUESTIONS**

**PROJECT DESCRIPTION**

1. *This project includes 6,661 SF of unassigned space on the ground/first floor. Will this space be temporarily shelled or will it be finished as an open area?*

**Response:** The 6,661 SF of unassigned space will be finished as temporary interior shell space and used as storage.

2. *The floor plans submitted do not include the current SF of the private and double rooms. Please provide SF of those rooms.*

**Response:** As shown on the drawings, all existing patient rooms are either Single occupancy or Double occupancy. Except as noted below, they are sized as follows: Typical Single occupancy patient rooms are approximately 227 sf. Typical Double occupancy patient rooms are also approximately 227 sf. However, several existing patient rooms are sized differently, as follows: *First Floor* - The four Single occupancy rooms on the right hand side of the drawing near the Nurse Station (## 113, 114, 115, 116) are 203 sf; and the two Double occupancy rooms adjacent to them (## 111, and 112) are 269 sf. *Second Floor* – The Single occupancy room on the far right end of the floor (# 226) is 178 sf; and the Single occupancy rooms at the far left of the drawing (## 201, 203, 204) are 232 sf.

**CONSISTENCY WITH GENERAL REVIEW CRITERIA 10.24.01.08G(3)(A)**

**Community Based Services**

3. *Please provide examples of the information on alternative community based services in Howard County that Elkridge currently provides to all prospective residents and their families.*

**Response:** Please see new APX 8 attached as pp. 133 et seq. to the Application.

**Nonelderly Residents**

4. *The applicant submitted general policies regarding Staff Development In-Service Training which did not include training in the psychosocial problems facing nonelderly disabled resides. Please provide the training materials in compliance with this standard.*

**Response:** The policy regarding staff in-service training in the psychosocial needs of the non-elderly disabled residents was inadvertently omitted from APX 2 of this application. A copy of Lorien's policy is included on the following page numbered as page 103 (a) which may be inserted as the last page of the Application's APX 2.

[see following page]

# Training in Psychosocial Problems Facing the Non-elderly Disabled Resident

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## Procedure

To assure that the Lorien Staff is sensitive and competent to care for the non-elderly Disabled resident, Lorien Elkridge will provide staff training that will include – but is not limited to:

1. Mental health stressors in newly diagnosed non-elderly disabled
2. Helping residents cope with physical disability
3. Recognizing depression
4. Barriers to successful rehabilitation
5. Assisting the resident in living with a new body image
6. Behavior management
7. Socialization skills
8. Referring residents for family counseling
9. Strategies for coping with sexual dysfunction

Staff shall receive training commensurate with their job function and how it relates to this Resident group.

## Facility and Unit Design

5. *What are the respective projected average length of stay (ALOS) for the long and short term care patients?*

**Response:** The average length of stay (“ALOS”) is projected to be 25 days for short term patients and 225 days for long term patients, resulting in a combined ALOS of 57 days.

## COMAR 10.24.08.05(B) Bed Need

6. *The applicant needs to address subpart (a) of this standard since this project is an expansion of beds.*

**Response:** Subpart (1)(a) of COMAR 10.24.08.05B(1)(a) Bed Need, provides in pertinent part:

“An applicant for a facility involving new construction or expansion of beds or services, **using beds currently in the Commission’s inventory**, must address in detail the need for the beds ...” (*emphasis supplied*)

Lorien did not expressly address Subpart (a) of this standard because (1) it is not applicable by its own express terms; and because (2) both Staff and the Commission itself have previously confirmed that Subpart (1)(a) is not applicable to an expansion of beds utilizing beds not currently in the Commission’s inventory. In this case, the Applicant is applying for 25 beds from the SHP’s **newly projected bed need**. These beds are not in the Commission’s current bed inventory because they have never been placed in service or approved and are not, therefore, counted as part of the current inventory. Accordingly, by its own terms, Subpart (1)(a) is not applicable.

Second, both Staff and the Commission itself have already determined that subpart (1)(a) is not applicable to a bed expansion of an existing facility using beds from the bed need projection. . *See*, for example the recent Commission Decision “In the Matter of Lorien Howard, Inc. Docket No. 15-13-2365”, September 17, 2015, involving the addition of 28 of the SHP’s newly projected beds to Lorien Encore’s existing facility where the Commission stated at pages 10 - 11:

“The applicant’s proposed project involves new construction and expansion of beds, but does not utilize beds currently in the Commission’s inventory. Accordingly, this standard does not apply to this review.”

Accordingly, subpart(1)(a) is not applicable to this review and was therefore not addressed in the CON Application. Lorien believes the Commission's action is logical because the factors mentioned by the standard's language are used by the SHP Ned need methodology when Staff is projecting bed need. Moreover, the Commission recognizes that these considerations are also examined in connection with the Need analysis under the COMAR CON Review Criterion at 10.24.01.08G(3)(b) *Need*. Indeed, in the recent Lorien Howard decision cited above, the Commission pointed out that:

“Need is addressed later in this report (see *infra* p. 15) under the heading:  
OTHER CERTIFICATE OF NEED REVIEW CRITERIA.”

(*See* Decision, p. 11, referencing COMAR 10.24.01.08G(3)(b) *Need*)

It is precisely for the reason of being consistent with the Commission's prior decision that the Applicant here (Lorien Elkridge) stated the following:

“The factors addressed by the standard are matters which have already been addressed by the State Health Plan in its development of the Bed Need Projection showing the need for an additional 105 beds. Moreover, Need for the project is discussed further in this Application's response to Criterion 10.24.01.08G(3)(b), Need, *infra*. Accordingly, the proposed project is consistent with this standard.”

(*See* Lorien Elkridge's Application for Certificate of Need, p. 44)

Finally, the applicant was advised at the Pre-Application Conference that Staff wants applicants to avoid being unduly repetitious and to avoid re-stating the substance of responses made elsewhere in the Application. Therefore, in the event the Commission's 2015 decision in Lorien Howard is not adhered to by Staff, Lorien Elkridge incorporates by reference its response to the Need criterion at COMAR 10.24.01.08G(3)(b) at pp. 48 – 50 of the Application.

**COMAR 10.24.01.08G(3)(D) – Viability of the Proposal**

7. *Looking at Table F, please explain the following:*

a. *Please explain the applicant's net income loss of \$250,000 (sic) in 2014.*

**Response:** The applicant's Year 2014 net loss of \$251,000 was attributable to several factors, including a low Medicaid per diem rate which was subsequently increased in year 2015

as a result of the implementation of the new Medicaid reimbursement system; and higher than expected / budgeted labor costs which were improved in year 2015. Also, it should be noted that a significant portion of the year 2014 net loss relates to a non-cash item (depreciation) in the amount of \$601,000. So the applicant generated positive income before deducting depreciation of \$350,000 in year 2014. The applicant believes that actual results for Year 2015 and projected results for Year 2016 are a more appropriate reflection of the applicant's historic financial performance.

*b. Please explain the subtraction of inpatient services revenues of \$35,000 in 2014 and \$30,000 in 2015 shown in the excel table cells for the entire facility.*

**Response:** The \$35,000 (2014) and \$30,000 (2015) reflected on Line 1.f of Table F represent additional revenue (not subtraction of revenue) related to Cable TV/Telephone Revenue and Barber/Beauty Revenue. See below for details of Line 1.f for all years presented in the application, as follows:

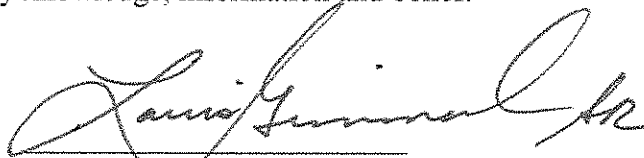
<u>Sch.- Other Income</u>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>20X1</b>	<b>20X2</b>	<b>20X3</b>
Cable TV & Telephone	27,000	22,000	26,000	30,000	32,000	32,000
Barber & Beauty	8,000	8,000	8,000	10,000	10,000	10,000
<b>Total</b>	<b>35,000</b>	<b>30,000</b>	<b>34,000</b>	<b>40,000</b>	<b>42,000</b>	<b>42,000</b>

[END]

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts 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: September 8, 2016

A handwritten signature in black ink, appearing to read "Louis G. Grimmel, Sr.", written over a horizontal line.

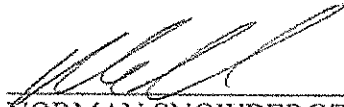
Name: Louis G. Grimmel, Sr.  
Title: CEO, Lorien Health Systems



**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.

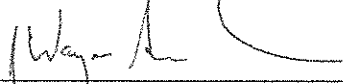
Date: September 7, 2016

  
\_\_\_\_\_  
NORMAN SNOWBERGER  
CFO 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: September 8, 2016



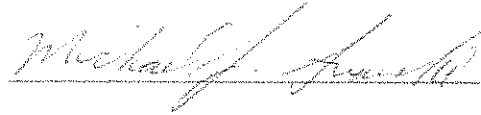
Name: Wayne Brannock

Title: Chief Operating Officer

AFFIRMATION RE RESPONSES TO COMPLETENESS QUESTIONS 5 & 7  
LORIEN – ELKRIDGE (Matter No. 16-13-2379)

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

Date: September 1, 2016

A handwritten signature in cursive script, appearing to read "Michael J. Snarski", is written over a horizontal line.

Name: Michael J. Snarski  
Title: CPA

**APX. 8**



Name: \_\_\_\_\_ Room #: \_\_\_\_\_ Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attending Physician: Dr. Syed Abbas Phone Number: (410) 579-2626

Primary Diagnosis/Reason for Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ Transportation: \_\_\_\_\_

Discharge to: ( ) Home: ( ) Alone ( ) With Family ( ) Assisted Living ( ) Skilled Nursing Facility

Address: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**The Staff at Lorien Elkridge Continues to Care About YOU!**

Once you have discharged from our facility, the staff at **Lorien Elkridge** wants you to know that we're still here for you.

Some reasons you may continue to need us include:

- ❖ General feelings of uneasiness or not being comfortable
- ❖ Questions or concerns about your medications
- ❖ Home health services not coming
- ❖ Equipment not being delivered

Additionally, if you are not doing well, please consider returning to our facility for continued care. Under Medicare guidelines, you can return to Lorien Elkridge within 30 days of discharging from the facility without a hospital stay and continue to utilize available Medicare coverage. Private insurance may also be eligible to return with authorization.

**The main number to the facility is (410) 579-2626.  
Please call our facility anytime.**

Some key people you may need to contact are below.

- John Mangione, Jr., Administrator.....ext. 505
- Lisa Lindeman, Director of Nursing.....ext. 506
- Amanda Holtzner, Admissions Director.....ext. 507
- Brenda Hook, Business Office Manager.....ext. 525
- Connie Lee, Director of Rehabilitation.....ext. 526
- Michelle Herb, 1<sup>st</sup> floor Nursing Supervisor.....ext. 533
- Attending Physician--Dr. Syed Abbas





Other Services

<p><b>Rehab Services:</b> ADL Functional Abilities/Home Management</p>	<p>Resident/Caregiver Education</p>
<p><b>Mobility</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Required For:            /Ambulation/Transfers/</p>	<p><u>Wound/Surgical/Ostomy/ Cast Care:</u>  <input type="checkbox"/> NA <input type="checkbox"/> Independent  <input type="checkbox"/> Needs Assistance: _____</p>
<p><b>Self Care:</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Needed:            Bathing,/Dressing/ Toileting: _____</p>	<p><u>Respiratory O2 / Nebulizers/CPAP</u>  <input type="checkbox"/> NA <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Required For: _____</p>
<p><b>Safety Awareness/Decision Making</b>  <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Required For:  <input type="checkbox"/> Housekeeping/Meal Preparation _____</p>	<p><u>Medications &amp; Administration</u>  <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Required For: _____</p>
<p><input type="checkbox"/> Money Management/Shopping</p>	<p><input type="checkbox"/> Diabetes Mgmt.  <input type="checkbox"/> Fingersticks / Insulin Administration</p>
<p><b>Orthopedic mgmt.</b> <input type="checkbox"/> NA  <input type="checkbox"/> Independent  <input type="checkbox"/> Assistance Required For:  <input type="checkbox"/> Cast <input type="checkbox"/> Splint <input type="checkbox"/> Brace            Type/ Application Instructions _____</p>	<p><input type="checkbox"/> Assistance Required For: _____</p>
<p><input type="checkbox"/> Other Concerns : _____            _____            _____            _____</p>	<p><b>Dietary Recommendations</b>  <input type="checkbox"/> None <input type="checkbox"/> Dietary Modifications: _____  <input type="checkbox"/> Modified Liquid Consistency  <input type="checkbox"/> None <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding  <input type="checkbox"/> Modified Texture <input type="checkbox"/> None <input type="checkbox"/> Soft <input type="checkbox"/> Chopped  <input type="checkbox"/> Ground <input type="checkbox"/> Puree  <input type="checkbox"/> Supplements: Type: _____            Frequency _____</p>

**Home Health & Equipment Provider Information**

( ) Community Home Health of Maryland  
Patricia Miller, RN  
410-356-1600

( ) Johns Hopkins Home Care Group  
Barbara Burgeson, RN  
410-288-8000

Home Care Services referred by Social Services (410-579-2626):

- ( ) Physical Therapy      ( ) Occupational Therapy      ( ) Speech Therapy
- ( ) Skilled Nursing Services      ( ) Home Health Aide Evaluation
- ( ) Social Worker for Community Support/Services

Company to provide services: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**Medical Supply company: Americoast-MidAtlantic: 800-946-9943**

**Durable Home Medical Equipment:** (Patient or Family reported they owned or told discharge planner they needed the following, Social Services referred):

*Delivery of equipment to occur within 48 hours before discharge.*

- Rolling Walker (Owned/Ordered)       Hospital Bed (Owned/Ordered)
- Bedside Commode (Owned/Ordered)       Home Oxygen/Nebulizer (Owned/Ordered)
- Wheelchair (Owned/Ordered)       Other: \_\_\_\_\_ (Owned/Ordered)

Additional Referrals Made: \_\_\_\_\_

**FOLLOW UP APPOINTMENTS: Follow up with your Primary Care Physician within 7-14 days.**

Physician's Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_  
Telephone #: \_\_\_\_\_ Reason for Appointment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ @ \_\_\_\_  
Telephone #: \_\_\_\_\_ Reason for Appointment: \_\_\_\_\_

**Staff Involved in Your Discharge Plan:**

- Name: Dr. Syed Abbas Dept: Physician/ NP
- Name: Brenda Hook Dept: Social Services
- Name: Lisa Lindeman, DON Dept: Nursing
- Name: Connie Lee, Therapy Manager Dept: Rehab Services
- Name: Michelle Herb, 1<sup>st</sup> Floor Nursing Supervisor Dept: Nursing

I have been given the aforementioned discharge instructions. I have been given the opportunity to ask questions and receive answers to my questions. I understand that after my discharge I should direct questions to my primary care physician.

Instructions Given By: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient/ Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Additional Community Resources Available

**Assisted Living Facilities**

**Harmony Hall**  
6336 Cedar Lane-Columbia  
(410) 531-6000

**Encore at Turf Valley**  
11150 Resort Road-Ellicott City  
(410) 461-7070

**Sunrise Brighton Gardens**  
7110 Minstrel Way-Columbia  
410-884-0773

**Brightview of Catonsville**  
912 South Rolling Road-Catonsville  
410-788-5001

**Adult Medical Day Programs**

**Winter Growth**  
5466 Ruth Keaton Drive-Columbia  
410-964-9616

**Rainbow of Howard County**  
7277 Eden Brook Drive-Columbia  
410-381-9293

**The Arc's Day Program**  
11735 Homewood Road-Elliott City  
410-730-0638

**Private Agencies**

Griswald Homecare  
410-988-5094

Right at Home  
410-461-2055

Regent HealthCare  
410-872-0310

Howard County General Hospital Anticoagulation Clinic.....443-718-3102  
Meals on Wheels of Central Maryland.....410-558-0827  
Fall monitoring services..... Phillips Lifeline-1-800-543-3546  
Home Modification.....Freedom Mobility-1-888-414-6553  
Veterans Assistance Programs..... 1-800-827-1000.  
Medicare..... 1-800-633-4227  
Howard County Equipment Loan Closet.....410-740-1643

*Thank you for choosing Lorien Elkridge*

