Certificate
Of
Need
Application

For

Hospice
Prince George's County

Submitted by:

P-B HEALTH

Home Health Care, Inc.

October 7, 2016

Preface

We, at **P-B Health** have structured this document to be responsive and organized for easy reference. The Certificate of Need for Prince George's County documents as follows**:**

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For internal staff use:

MARYLAND HEALTH CARE COMMISSION

_____

MATTER/DOCKET NO.

_____

DATE DOCKETED

APPLICATION FOR CERTIFICATE OF NEED: HOSPICE SERVICES

PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION

1. **FACILITY**

Name of Hospice Provider : P-B Health Home Care Agency

Address:

2535 Saint Paul Street	Baltimore	21218	Baltimore
Street	City	Zip	County

Name of Owner (if differs from applicant):

2. OWNER

Name of owner: Jackie D Bailey, BSN, MBA, CEO

3. APPLICANT. *If the application has a co-applicant, provide the detail in section 3 and 4 as an attachment.*

Legal Name of Project Applicant (Licensee or Proposed Licensee):
P-B Health Home Health Care Agency, Inc

Address:

2535 Saint Paul Street	Baltimore	21218	MD	Baltimore
Street	City	Zip	State	County

Telephone: 410-235-1060

Name of Owner/Chief Executive: Jackie D. Bailey, CEO

Is this applicant one of the following? (Circle or highlight description that applies.)

Licensed and Medicare certified general hospice in Maryland
Licensed and Medicare certified hospice in another state
Licensed hospital in Maryland/ other state

Licensed nursing home in Maryland/other state
Licensed and Medicare certified home health agency in Maryland/other state
Limited license hospice in Maryland
IF NONE OF THE ABOVE, NOT ELIGIBLE TO APPLY (See COMAR 10.24.13.04A.)
DO NOT COMPLETE REMAINDER OF APPLICATION

4. LEGAL STRUCTURE OF LICENSEE

Check ☑ or fill in one category below.

A.	Governmental	☐
B.	Corporation	
	(1) Non-profit	☐
	(2) For-profit	☒
C.	Partnership	
	General	☐
	Limited	☐
	Other (Specify):	
D.	Limited Liability Company	☐
E.	Other (Specify):	

5. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED

A. Lead or primary contact:

Name and Title: Lena M Woody

Mailing Address:

2535 Saint Paul Street	Baltimore	21218	Maryland
Street	City	Zip	State

Telephone: 410-235-1060 X148

E-mail Address (required): woodyl@p-bhealth.com

Fax: 410-235-1309

B. Additional or alternate contact: Danielle Hodges

Mailing Address:

2535 Saint Paul Street	Baltimore	21218	Maryland
Street	City	Zip	State

Telephone: 410-235-1060x144

E-mail Address (required): hodgesd@p-bhealth.com

Fax: 410-235-1309

C. Additional or alternate contact: Andrew L. Solberg

Mailing Address:

5612 Thicket Lane	Columbia	21044	Maryland
Street	City	Zip	State

Telephone: 410-730-2664

E-mail Address (required): Als221@gmail.com or asolberg@earthlink.net

Fax: 410-730-6775

6. Brief Project Description (for identification only; see also item #13):

P-B Health's Response:

P-B Health Home Care Agency (P-B Health) will provide general hospice care in Prince George's County, Maryland to meet the spiritual, physical, mental, and emotional needs of the incurable patient as well as supporting his or her loved ones needs. This will be done in cooperation with community programs aimed to educate patients about the positive benefits of receiving hospice care in the home versus languishing in the hospital at the end stages of life.

7. Project Services (check applicable description):

Service	**(check if description applies)**
Establish a general hospice	X
Establish a General Inpatient Unit (GIP)	
Add beds to a GIP	

8. Current Capacity and Proposed Changes:

A) List the jurisdictions in which the applicant is currently authorized to provide general hospice services. (If services provided in other state(s), list them.)

P-B Health's Response:

(Not Applicable) P-B Health is not currently authorized to provide general hospice services in Maryland or any other state. However, P-B Health is currently providing home health care services to about 2,000 patients per year in four Maryland jurisdictions (Baltimore City and County and the counties of Anne Arundel and Howard).

B) Jurisdiction applicant is applying to be authorized in:

P-B Health's Response:

P-B Health is applying for authorization to provide hospice services in the jurisdiction of Prince George's County, Maryland.

9. Project Location and Site Control *(Applies only to applications proposing establishment or expansion of a GIP unit):*

P-B Health's Response:

(Not Applicable) P-B Health is not proposing the establishment or expansion of a GIP unit.

A. Site Size _____ acres

B. Have all necessary State and Local land use approvals, including zoning, for the project as proposed been obtained? YES_____ NO _____ (If NO, describe below the current status and timetable for receiving necessary approvals.)

_____

_____

_____

_____

_____

C. Site Control and utilities:

(1) Title held by: _____

(2) Options to purchase held by: _____

(i) Expiration Date of Option _____
(ii) Is Option Renewable? _____ If yes, Please explain

_____

_____

(iii) Cost of Option _____

(3) Land Lease held by: _____
(i) Expiration Date of Lease _____
(ii) Is Lease Renewable _____ If yes, please explain

_____

_____

(iii) Cost of Lease _____

(4) Option to lease held by: _____
(i) Expiration date of Option _____
(ii) Is Option Renewable?_____ If yes, please explain

_____

_____

(iii) Cost of Option _____

(5) If site is not controlled by ownership, lease, or option, please explain how site control will be obtained.

_____

_____

(6) Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities.

_____

_____

(INSTRUCTION: IN COMPLETING THE APPLICABLE OF ITEMS 10, 11 or 12, PLEASE CONSULT THE PERFORMANCE REQUIREMENT TARGET DATES SET FORTH IN COMMISSION REGULATIONS, COMAR 10.24.01.12)

10. For new construction or renovation projects.

P-B Health Response: (Not Applicable)

Project Implementation Target Dates

A. Obligation of Capital Expenditure _____months from approval date.
B. Beginning Construction _____months from capital obligation.
C. Pre-Licensure/First Use _____months from capital obligation.
D. Full Utilization _____months from first use.

11. **For projects <u>not</u> involving construction or renovations**

P-B Health Response: (Not Applicable)

Project Implementation Target Dates

A. Obligation or expenditure of 51% of Capital Expenditure _____month from CON approval date.
B. Pre-Licensure/First Use_____ month from capital obligation.
C. Full Utilization _____ months from first use.

12. For projects <u>not</u> involving capital expenditures12. For projects not involving capital expenditures

P-B Health's Response:

Project Implementation Target Dates

A. Obligation or expenditure of **51%** Project Budget **<u>one</u>** month from CON approval date.
B. Pre-Licensure/First Use **<u>one</u>** month from CON approval.
C. Full Utilization **<u>six</u>** months from first use.

13. PROJECT DESCRIPTION

Executive Summary of the Project: The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

(1) Brief Description of the project – what the applicant proposes to do
(2) Rationale for the project – the need and/or business case for the proposed project
(3) Cost – the total cost of implementing the proposed project

P-B Health's Response:

A Brief Description, Rationale for the proposed project, and total cost of implementing a general hospice in Prince George's County, Maryland is explained in detail on the following pages.

P-B Health's Project Description

P-B Health Home Care, Inc. is a licensed Medicare, Medicaid Certified, and Joint Commission accredited private minority owned (3.5 star rated as of 1/16) (see appendix B exhibit 27) corporation with over 22 years of home health care experience in the Baltimore City metropolitan area and surrounding Counties. P-B Health was initially started by our founder and CEO Jackie Bailey, RN, MBA in 1987 to provide home care services, which expanded to a Home Health Agency in 1994. P-B Health Services as P-B Health was called provided specialized patient care to persons with AIDS and persons with Primary and Secondary Psychiatric diagnosis. Ms. Bailey realized that the HIV positive population was one segment of the population that P-B Health could and did make a great impact on in Baltimore City as P-B Health joined forces with community activist. The community activist groups, HERO, AIDS SPECIALIST, and the Joseph Ritchey Hospice, form a triad community focus group partners who had established community outreach programs to support the African American communities as well as other minority underserved people. The second segment of the population was the poor and disabled of Baltimore City. This population is a high risk reimbursement population and was underserved by Baltimore City at that time by other agencies.

In 1994 P-B Health expanded its services to the community when it became a Medicaid and Medicare certified home health agency. P-B Health is currently providing excellent services to Baltimore City and surrounding Counties of Howard, Anne Arundel, and Baltimore by teaching and supporting our patients who have a variety of diagnosis such as Diabetes, COPD, CHF, Wound Care, HIV and Cancer.

P-B Health is now proposing to establish a general hospice in Prince George's County to both meet the State documented unmet need in Prince George's County and to help change the perception of hospice care amongst minorities. **(see appendix (a) exhibit 1)** How Does Hospice Use Vary by Race? Proportions of Hospice Patients who are African American, 2014 Prince George's County 60%.

P-B Health plans to meet the spiritual, physical, mental, and emotional needs of incurable patients as well as supporting his or her loved ones needs. P-B Health will support these needs with our hospice team under the direction of Maryland State Board Licensed and certified clinicians by providing the following services: skilled nursing, personal care and homemaker services through hospice aides, and therapeutic care services through physical therapy, occupational therapy, and speech therapy staff. P-B Health will also provide dietary, counseling, volunteer support, and bereavement services. These services will be provided in corporation with community programs aimed to educate patients on the positive benefits of receiving hospice care in the home versus languishing in the hospital at the end of life.

WHAT HOSPICE CARE MEANS TO P-B HEALTH

a. Insuring the patient is safe and comfortable in the privacy of their home.
b. Care by compassionate, and experienced medical professions and clinicians

c. Pain management control
d. Social and Spiritual intervention
e. Excellent communications between the patient and his or her family, care provider and or volunteer
f. Educating a multicultural population about the benefits of hospice care.

P-B Health's Hospice overall goals include the following:

i. To help the patient live as fully as possible, conscious and free of pain, and in comfort;
ii. To support the family as a unit of care;
iii. To keep the patient at home as long as appropriate;
iv. To educate health professionals as well as lay people, to supplement, not duplicate, existing services;
v. and to keep cost down, the concept of remaining home is the ideal Hospice approach. Our target at P-B Health is to expand our services to include hospice health care to a broader multicultural patient population in Prince George's County, Maryland. This multicultural patient population will comprise of persons with terminal illness and disease diagnosis's including individuals of lower income and disabilities.

P-B Health expects the cost to be two hundred fifty thousand dollars ($250,000) for it to implement a general hospice in Prince George's County, Maryland.

P-B Health's Response:

(Not Applicable) P-B Health is currently not involved in projects of new construction and/or renovation.

Projects involving new construction and/or renovations should include scalable schematic drawings of the facility at least a 1/16" scale. Drawings should be completely legible and include dates.

These drawings should include the following before (existing) and after (proposed), as applicable:

A. Floor plans for each floor affected with all rooms labeled by purpose or function, room sizes, number of beds, location of bath rooms, nursing stations, and any proposed space for future expansion to be constructed, but not finished at the completion of the project, labeled as "shell space".
For projects involving new construction and/or site work a Plot Plan, showing the "footprint" and location of the facility before and after the project.

B. For projects involving site work schematic drawings showing entrances, roads, parking, sidewalks and other significant site structures before and after the proposed project.

D. Exterior elevation drawings and stacking diagrams that show the location and relationship of functions for each floor affected

15. **FEATURES OF PROJECT CONSTRUCTION:**

P-B Health's Response:
(Not Applicable) P-B Health is currently not involved in project construction.

A. Please Complete **"CHART 1. PROJECT CONSTRUCTION CHARACTERISTICS and COSTS"** (next page) describing the applicable characteristics of the project, if the project involves new
construction.

B. Explain any plans for bed expansion subsequent to approval which are incorporated in the project's construction plan.
_____
_____

C. Please discuss the availability of utilities (water, electricity, sewage, etc.) for the proposed project, and the steps that will be necessary to obtain utilities._____
_____

PART II - PROJECT BUDGET: COMPLETE TABLE 1 - PROJECT BUDGET

P-B HEALTH'S RESPONSE:

SEE TABLE

PART III - CONSISTENCY WITH REVIEW CRITERIA AT COMAR 10.24.01.08G(3):

(INSTRUCTION: Each applicant must respond to all applicable criteria included in COMAR 10.24.01.08G. Each criterion is listed below.)

10.24.01.08G(3)(a). <u>The State Health Plan</u>.

Applicant must address each standard from the applicable chapter of the State Health Plan (10.24.13 .05); these standards are excerpted below. (All applicants must address standards A. through O. Applicants proposing a General Inpatient facility must also address P.)

Please provide a direct and concise response explaining the project's consistency with each standard. Some standards require specific documentation (e.g., policies, certifications) which should be included within the application. Copies of the State Health Plan are available on the Commission's web site
http://mhcc.dhmh.maryland.gov/shp/Pages/default.aspx

10.24.13 .05 Hospice Standards. The Commission shall use the following standards, as applicable, to review an application for a Certificate of Need to establish a new general hospice program, expand an existing hospice program to one or more additional jurisdictions, or to change the inpatient bed capacity operated by a general hospice.

A. **Service Area**. An applicant shall designate the jurisdiction in which it proposes to provide services.

P-B Health's Response:

P-B Health Home Care (P-B Health) is proposing to expand our home care program by obtaining a license for Prince George's County for General Hospice Care Service. P-B Health will provide hospice care to the growing population in Prince George's County where an unmet need has been established through documentation and extensive research by the Maryland Health Care Commission.

B. **Admission Criteria**. An applicant shall identify:
(1) Its admission criteria; and
(2) Proposed limits by age, disease, or caregiver.

P-B Health's Response:

According to guidelines (COMAR 10.24.13 D) established by the Maryland Health Care Commission, P-B Health Hospice will service Patients 35 years of age and older with the exclusion of a Patient with a contagious malady not manageable per the protocol requirements of 42 C.F.R. s418.60; and pediatric patients, other than in exceptional circumstances. (COMAR 10.24.13.04(D); P-B Health Hospice shall work diligently with licensed general hospices in neighboring jurisdictions to coordinate care for these patients, as appropriate.

(1) P-B Health's Hospice admission criteria as follows**:**

a. Admissions Agreement – A named responsible party who may be the patient, a close family member, or a party who has the Patient's durable Power of Attorney must sign P-B Health's Hospice Agreement

b. A completed Application – such application shall be completed in compliance with P-B Health's Hospice policies and procedures.

c. Advance Care Directives for Finances – Prior to admission, identification of a responsible party or durable Advance Care Directive for Finances is required to make decisions and to handle pertinent financial matters after admission.

d. Advance Care Directives for Health Care – Prior to admission, identification of a responsible party or an Advance Care Directive for Health Care is required to make critical medical decisions after admission for the patient if he/she is no longer competent to make such decisions.

.

e. The home setting shall be adequate and a safe environment for delivery of proper care to the patient by the hospice staff.

f. A Durable Power of Attorney for Health Care and Finances is also required if the patient has no caregiver or family member to support the patient if he/she is no longer competent to make critical medical or financial decisions.

g. A Do Not Resuscitate (DNR) order and advanced Directives are required for admission to P-B Health's Hospice.

(2) P-B Health's Hospice proposed limits by age, disease, or caregiver:

P-B Health Hospice will service Patients 35 years of age and older. admissions with the exclusion of a patient with a contagious malady not manageable per infection control program protocol and pediatric patients, other than in extreme exceptional circumstances per (COMAR 10.24.13.04D)

a. Terminal Illness – The patient must have a diagnosis of a terminal disease and a prognosis of six months or less. The patient and his/her physician must agree that the focus of care is comfort care only. The prognosis and focus on palliative care must be confirmed in writing by the primary physician.

b. Negative TB Status – The patient shall be certified by an MD to be non-contagious with pulmonary TB within 3 months of admission.

c. Continuous Care – The patient may have requirements for continuous 24 hour one-to-one supervision provided by nursing and hospice aide continuous basis only during periods of crisis while maintaining the terminally ill patient in a home setting in lieu of the hospital. Family members/caregivers/volunteers may provide this care as well.

d. P-B Health Hospice shall not offer services for pediatric patients but will

work with other licensed general hospices in contiguous jurisdictions to arrange care for these patients as they arise.

C. Minimum Services.

(1) An applicant shall provide the following services directly:
(a) Skilled nursing care;
(b) Medical social services;
(c) Counseling (including bereavement and nutrition counseling);

P-B Health's Response:

a. Skilled nursing care;

Nursing care and services shall focus on the management and pain and other symptoms relief. It will be provided under the supervision of a Licensed Registered Nurse practicing in the state of Maryland who has educational and direct experience in working with hospice patients. The RN shall at a minimum:

1. Administer the (SOC) start of care assessment of the patient.
2. Conduct an assessment of the home.
3. Conduct a dietary assessment and provide dietary counseling to meet the needs of the patient.
4. Recurrently reassess the patient's medical needs.
5. Began the plan of care and update as needed and;
6. Provide guidance, support, and education to the patient's family.
7. Provide nursing services in agreement with each patient's interdisciplinary plan of care and in the principles of quality nursing practice.
8. Supervise, teach, and evaluate other nursing personnel, including Licensed Practical Nurses and Hospice Aides.
9. Document all findings in the patient's medical records.
10. Notify the patient and family in regard to the patient's nursing needs.
11. Notify the Primary Care Physician and other team members of changes in the patient's condition and needs, including his/or her reaction to care, treatment and services.

b. Medical social services

P-B Health Hospice shall provide licensed Medical Social Workers, another intricate member of the Hospice team and they will assist in these key roles:

1. Assessing the Patient's emotional needs as it relates to their incurable disease.

2. Work as the mediator between medical disciplinarians' as it relates to the Patient's mental and social anxiety disorder that aggravates symptoms related to the mortal disease.

3. Support the Patient/family in financial and community resources.

4. Support and educate the family on the stages of death, dying and grief.

c. Counseling (including Bereavement and Nutritional Services)

P-B Health Hospice shall offer bereavement services to the caregivers/families of hospice Patients both before and after the Patient's departure in agreement with the plan of care. This service shall be supervised by trained and qualified Bereavement personnel. P-B Health shall provide this service for up to one (1) year following the departure of the families/caregiver loved one.
P-B Health is well experienced in providing Dietary counseling and shall continue to do so with and by registered dietician's who will provide the following consultations: trainings, in-services, and Patient/family care to assist hospice interdisciplinary in providing efficient ways of managing the nutritional needs of the hospice Patients.

(2) An applicant shall provide the following services, either directly or through contractual arrangements:
(a) Physician services and medical direction;
(b) Hospice aide and homemaker services;
(c) Spiritual services;
(d) On-call nursing response
(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management);
(f) Personal care;
(g) Volunteer services;
(h) Bereavement services;
(i) Pharmacy services;
(j) Laboratory, radiology, and chemotherapy services as needed for palliative care;
(k) Medical supplies and equipment; and
(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services.

P-B Health's Response:

P-B Health's Hospice shall provide the following services, either directly or through contractual arrangements:

(a) P-B Health currently has a Medical Director well established with Medicare, Medicaid, and Private Insurance interactions with various levels of the medical profession.

Medical Director along with Team Physicians (PCP)

1. Shall assume overall responsibility for the medical and clinical module of the hospice's Patient care program and make certain success and continuance quality principles of professional medical care;

2. Shall be a key participate in the development and implementation stage of the policies that correlate to the care provided by the interdisciplinary Team.

3. Approve all admissions by ensuring the terminal illness status and eligibility of each patient;

4. Ensure that all medications are utilized within accepted standards of practice

5. Ensure that a protocol of measures is established and maintained to document the disposal of controlled drugs.

6. Communicate and consult with the interdisciplinary team in regards to pain management, symptom control, concerns or conflicts, and ethical issues

7. Designate a medical director to contact in case of an absence or unavailability.

(b) Hospice aide and homemaker services shall assist the family on how to care for the Patient thru direct care as P-B Health is well experienced thru their continued commitment of over 25 years servicing Baltimore city and surrounding counties thru our home health services.

The Hospice Aide services shall:

1. Be assigned by a licensed registered nurse in the plan of care;

2. Be provided to the Patient by a Hospice Aide who is subject to on-site supervisory visits by a licensed registered nurse at least every two weeks.

3. Consist of assisting patients with personal hygiene, dressing, ambulation and/or transfers, food/fluid intake, prescribed

exercises, and self-administration of medication and other duties assigned.

4. Include timely and accurate reporting of changes of the patient's medical status. This includes documentation as well.

(c) Spiritual services shall be offered to all patients and their families upon admission and shall continue to the extent desired by the patient and their family. P-B Health policy is not to impose nor prescribe any belief or value system on our patient's. We will be supportive and respectful to the patient and his or her family as well.

The Spiritual Services shall:

1. Be appropriate as deemed with the patient and family's customs, cultural background, ethnicity, religious preferences, desires and beliefs.

2. Be provided by a qualified Interdisciplinary Group member and/or through an arrangement with clergy and/or other spiritual counselors in the community. P-B Health Hospice shall document reasonable efforts to arrange for visits of clergy and other members of spiritual and religious organizations in the community to patients/families who request such visits and will advise all patients/families of this opportunity.

3. Assist the Interdisciplinary Group in understanding the significant spiritual factors related to the incurable illness.

4. Be based on the initial and ongoing assessment of the spiritual needs of the patient and family and be consistent with the plan of care.

5. Be documentation of ongoing communication between the clergy and/or other spiritual counselors and the Interdisciplinary Group members;

6. Comprise of consultation and education to the patient/family/caregiver and the Interdisciplinary Group member.

7. Be documented in the patient's medical file.

(d) On-Call nursing response shall be a direct and contractual arrangement for P-B Health Hospice:

On- Call nursing response shall:

1. Ensure patients have access to Hospice service 24 hours per day.

2. P-B Health Hospice shall make weekend and evening staffing available

3. Clinicians are to perform visits on an as-needed basis, including weekends

4. Our on-call staff shall be available after office hours, Monday through Friday, and 24 hours a day on weekends.

(e) Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) shall be direct and contractual arrangement as P-B Health's interdisciplinary hospice team with the physicians orders and directives will help support the patient and loved ones thru respite care and procedures deemed necessary and appropriate keeping in mind the focus of palliative care and making sure the patient is most comfortable.

P-B Health Hospice shall:

1. Have a written contractual agreement with other service providers for inpatient hospice care needs.

2. Provide these services at times when the patient, caregiver, or family member needs a brief reprieve.

3. Contact skilled nursing facilities in Prince George's County that are Medicare certified

4. Offer the respite service on an as needed basis for a maximum of five days per admission.

5. Coordinate the care in accordance with the patients' plan of care established by P-B Health's interdisciplinary group, with a copy provided to the skilled facility.

6. Be responsible for the coordination of the patient's transfer into and out of the skilled nursing facility. Upon discharge P-B Health Hospice shall retain a copy of the clinical record from the respite skilled nursing facility and keep in patient's medical file.

7. Provide the patient, caregiver, and family member with pertinent information regarding effective and safe use of medications.

8. Provide education on pain management and pain as it relates and is an integral stage of hospice care.

9. Educate and explain to the patient, family member, and caregiver the correct administration of medications as ordered by the PCP or attending physician or other licensed independent practitioner or any over the counter drugs purchased.

10. Safety of storage of all medications.

(f) Personal care shall be direct thru P-B Health's Home Health Care (hospice aides and homemakers with supervision and direction from the skilled nursing case manager).

(g) Volunteer services shall be direct thru patient family, close friends, and P-B Health's Hospice volunteers as needed.

(h) Bereavement services shall be direct and contractual thru P-B Health's Hospice:

Bereavement services provide support to enable the caregiver/family members
Help in adjusting their lifestyle experiences associated with the loss of a loved one this service will shall be provided under the guidance and leadership of qualified, trained and skills developed for implementation and assessment of the plan of treatment to meet the needs of the bereaved.

P-B Health's Hospice Bereavement plan shall include the following:

1. Bereavement counseling and services to the families of hospice patients for not less than 1 year after the patient's death and with respect to the family's needs and wishes.

2. Bereavement services that coincide with a bereavement plan of care which replicates the family's needs, recognizing their religion, cultural, and social values and explaining the type of frequency of services to be provided;

3. Training and orientation to individuals providing bereavement services to ensure there is continuity of care.

4. Documentation of all bereavement services that have been provided

5. Proper assignment, supervision, and evaluation of personnel performing bereavement services;

6. Coordination with the family's clergy if they request or desire and;

7. Appropriate initiation referrals of family members to community programs when appropriate such as problems with substance abuse, mental health, or family dynamics that may interfere with them grieving.

(i) Pharmacy services;

P-B Health's Hospice shall provide through contractual arrangement to include a licensed pharmacy, the ability to compound prescribed medications when ordered and an inventory of pharmaceuticals sufficient in scope and quantities to meet the patients' needs twenty four hours a day, seven days a week and shall allow their licensed pharmacists to collaborate with the interdisciplinary group in individual medication management.

(j) Laboratory, radiology, and chemotherapy services as needed for palliative care;

P-B Health Hospice shall provide services through contractual arrangements through P-B Health Home Care existing providers for P-B Health's Hospice.

(k) Medical supplies and equipment: and;

P-B Health Hospice shall arrange direct and contractual arrangements with existing providers of P-B Health Home Care Supplies. (Medline, a Medicare certified vendor) The Durable Medical Equipment and suppliers will provide an inventory of equipment and/or supplies twenty four hours a day, seven days a week, sufficient in scope and quantities to meet the needs of the patients.

(l) Special therapies, such as physical therapy, occupational therapy, speech therapy, and dietary services shall be administered directly thru P-B Health Home Health/Hospice and contractual arrangements.

(3) An applicant shall provide bereavement services to the family for a period of at least one year following the death of the patient.

P-B Health's Response:

P-B Health Hospice shall provide bereavement services to the family for a period of 1 year following the death of the Patient with dignity and respect towards the Families spiritual and emotional need per their request.

D. **Setting**. An applicant shall specify where hospice services will be delivered: in a private home; a residential unit; an inpatient unit; or a combination of settings.

P-B Health's Response:

P-B Health seeks to become a licensed general hospice care provider delivering services to the Prince George's County community. Hospice services shall be delivered in combination settings to include, private homes, residential units such as assisted living facilities and retirement homes, and inpatient units such as skilled nursing facilities and hospitals.

E. **Volunteers**. An applicant shall have available sufficient trained care giving volunteers to meet the needs of patients and families in the hospice program.

P-B Health's Response:

Through contractual arrangements, volunteers will be sufficiently trained to meet the needs of patients and families in our hospice program. They will be used to promote the availability of care, meet the broadest range of Patient and family needs and affect the financial economy in the operation of the hospice. P-B Health Hospice will use volunteers, in specific defined roles, under the supervision of a designated hospice employee. Volunteers will be qualified to participate in the hospice program after completion of the orientation/training program.

Patient care volunteers will:

1. Be qualified and skilled to provide the approved prescribed services; Volunteers functioning in a professional capacity shall meet the standards in accordance to his or her profession.

2. Give services in agreement with the written plan of care which may include but is not limited to, providing support and companionship to the patient and family. Supporting in caregiver relief, light chores, visiting and bereavement services, and running errands and

3. Be educated on the patient's condition and treatment as indicated on the plan of care documentation.

4. Document their care on the appropriate form.

P-B Health Hospice shall:

1. Provide appropriate orientation and on-going training that is consistent with acceptable standards of hospice practice; all successful completion of these procedures will be documented.

2. Use our volunteer staff also in roles such as direct patient care volunteers or administrative volunteers.

3. Communicate with the volunteer of the patient's condition and treatment only to the extent necessary to carry out his/her function.

F. Caregivers. An applicant shall provide, in a patient's residence, appropriate instruction to, and support for, persons who are primary caretakers for a hospice patient.

P-B Health's Response:

P-B Health realizes that the number one person who needs our support along with the patient is the caregiver; we are committed to the following:

1. To educate the patient and caregivers/family member with appropriate educational materials by our OURREACH TEAM visually, verbally and in written format for easy reading instructions.

2. We will assess the appropriateness of the materials with each family on an individualized basis according to their readiness to learn of their loved ones Plan of Care.

3. Provide education on pain management and pain as it relates and is an integral Stage of hospice care.

4. Educate and explain to the patient, family member, and caregiver the correct administration of medications as ordered by the PCP or attending physician or other licensed independent practitioner or any over the counter drugs purchased.

6 Teach the caregiver the importance of Safety storage of all medications.

7 Provide the patient, caregiver and family member with pertinent information regarding effective and safe use of medications.

P-B Health Hospice Hazard, Disposal, and Waste Policy shall be the following:

1. Educate the patient, caregiver and or family member information and instructions regarding handling, identifying, and disposal of hazardous materials and waste in accordance to P-B Health's Hospice policies.
    a. The patient shall be assessed for educational needs related to identifying, handling, and disposal of hazardous waste and materials.

    b. The need for usage of puncture-resistant needle containers (sharp containers)

    c. The need for the use of bags for disposal of dressings and linens.

    d. The need for the use of gloves and protective clothing.

e. This assessment will include the appropriate actions for both Hospice interdisciplinary staff as well as the patient, caregiver, and family member while receiving hospice services.
f. Any patient who has the potential for handling and disposing of hazardous materials shall receive information pertaining to OSHA's standards on blood borne pathogens along with safety in the home for hospice patients.

g. The information shall be reviewed with the patient, caregiver, and family member to assess and educate them on how to protect themselves from harm as they take care of their loved one. Full instruction and knowledge are necessary prior to the patient and caregiver starting care which may put them at potential risk.

h. P-B Health Hospice Nurse Managers will continue to observe the patient and caregiver on different site and or subsequent visits to make sure proper protocols are being used for both the patient and the caregiver, and family member. When noted out of compliance this will result in immediate re-training.

P-B Health shall keep the following information recorded in the clinical file.

i. Trainings taught
ii. Patient, caregiver, and family members comprehension of the trainings
iii. Return demonstration in use of equipment or procedures or both
iv. Communication
v. If additional training is required

P-B Health Hospice Home Safety:

P-B Health Hospice shall provide instructions to the patient, caregiver/family member regarding safe home practices in accordance to hospice policies. They will include the following topics:

1. Electrical safety
2. Fire response
3. Environmental and mobility safety
4. Bathroom safety

P-B Health Hospice shall follow the following procedures, document and report immediately.

1. In accordance to the admissions assessment the patient's home shall be assessed for potential safety hazards.

2. Upon the results of the assessment the patient, caregiver/family

member educational needs will be identified.

3. The assessment, documentation and verbal information pertaining to the patient's surroundings will be used as a basis for additional patient instruction.

4. The following information shall be reviewed with each patient and will include the following:

    a. Electrical safety – The importance of being aware of these hazards in the home extension cords, overloaded circuits, electrical cords, outlets, light bulbs, grounding, and electrical appliances.

    b. Fire safety – The importance of these hazards in the home Smoking, smoke detectors, fire escape route, burns, electric blankets, heating pads, oxygen therapy precautions, space heaters, cooking safety, and flammable liquids.

    c. Environmental and mobility safety – The importance of these hazards in the home fall prevention techniques, wheelchair safety, walker safety, exit/hallways, use of handrails, loose carpet, stairway safety, adequate lighting, emergency disaster and medical plan.

    d. Bathroom safety – The importance of these hazards in the home Grab bars, slippery surfaces, nonskid mats, and water temperature

P-B Health Hospice Interdisciplinary staff shall monitor and continually assess the patient and caregiver/family member compliance to the home safety policies and re-train as necessary.

P-B Health Hospice shall document the teaching and understanding of safety trainings, any changes made to the environment, response to teaching which includes demonstration in use of equipment if needed and any future additional learning needs.

P-B Health Hospice Infection Control Precautions:

P-B Health Hospice shall provide instructional guidelines to patients, caregivers, and family members in infection control precautions.

1. P-B Health shall assess the patient, caregiver and family member for knowledge as it pertains to infection control. The patient, caregiver and family member shall receive information on the following standards:

    a. Hand washing
    b. Use of antiseptic cleaners
    c. Disposing sharps in puncture-resistant containers

d. Food and drink in patients care area
e. Transmission of infections
f. Personal protective equipment
g. Handling of soiled laundry
h. Emergency responses

2. The patient, caregiver, and family member shall receive written and verbal instructions and information on standard precautions.
3. These standards must be demonstrated before the patient, caregiver, and family member takes responsibility for care.
4. P-B Health shall document in the clinical file, the teaching and understanding of standard precautions as well as return demonstrations with response to teachings performed by the patient, caregiver and or family member. If needed additional learning shall be taught by the Nurse Manager when observed during subsequent visits.

G. **Impact**. An applicant shall address the impact of its proposed hospice program, or change in inpatient bed capacity, on each existing general hospice authorized to serve each jurisdiction affected by the project. This shall include projections of the project's impact on future demand for the hospice services provided by the existing general hospices authorized to serve each jurisdiction affected by the proposed project.

P-B Health's Response:

A general hospice program established in Prince George's County by P-B Health will greatly impact the growing population in Prince George's County where an unmet need has been established based on research by the Maryland Health Care Commission. P-B Health will provide general hospice care and respite inpatient hospice care to meet the spiritual, physical, mental, and emotional needs of the departing incurable patient. According to the Maryland Health Commission the net need is estimated at 662 patients in the year 2018. P-B Health anticipates serving between 50-75 patients in the first year. P-B Health Hospice realizes that this will help bridge a portion of the unmet need but will certainly not impact the current hospice programs already in existence in Prince George's County. **(see appendix (a) exhibit 2) (see appendix (a) exhibit 3)** Hospice Services by Jurisdiction & Where do Hospices Provide Care? (MHHC 2014) In Prince George's County number of hospices authorized to serve 8 and number of hospices having served at least 10 patients in 2014 seven (7).

H. **Financial Accessibility**. An applicant shall be or agree to become licensed and Medicare-certified, and agree to accept patients whose expected primary source of payment is Medicare or Medicaid.

P-B Health's Response:

P-B Health is Medicare and Medicaid certified and licensed in the State of Maryland and shall agree to extend their license to establish a general hospice in

Prince George's County, Maryland continuing to participate in both the Medicare and Medicaid programs, We are currently accepting patients under the guidelines and will continue to do so for hospice patients. **(see appendix (a) exhibit 4) & (see appendix (a) exhibit 5)**

I. Information to Providers and the General Public.

(1) General Information*.* An applicant shall document its process for informing the following entities about the program's services, service area, reimbursement policy, office location, and telephone number:

P-B Health's Response:

P-B Health Home Care is well known in the State of Maryland, with over 22 years of providing health care services to our senior population, disabled, and underserved communities. Currently, we have an Out Reach Program made up of licensed and experienced medical professionals and business staff that presents entities of P-B Health's program services, reimbursement policy, brochure's and pamphlets with office location, and phone number to medical offices, skilled nursing facilities, assistant living homes, hospitals, rehabilitation centers, city and county health departments, senior centers, church communities, and other organizations throughout the Baltimore City, Anne Arundel County, Howard County, and Baltimore County. P-B Health Home Care also advertises on the radio station, The Afro-American Newspaper and thru various other health venues throughout the State of Maryland.

(a) Each hospital, nursing home, home health agency, local health department, and assisted living provider within its proposed service area;
(b) At least five physicians who practice in its proposed service area;
(c) The Senior Information and Assistance Offices located in its proposed service area; and
(d) The general public in its proposed service area.

P-B Health Hospice shall commit to the following:

2. OUT REACH Marketing Department visit and introduce P-B Health's Hospice to the Prince George's County Community hospitals, nursing homes, home health agencies, local health department and assisted living providers through meet and greet sessions, by formal letters and educational pamphlets, and by appointments.

3. We shall document and engage in meeting five physicians in Prince George's County who are well versed in hospice in Prince Georges County.

4. Commit to visiting senior information and Assistance Offices with information about P-B Health's Hospice, our goals, our professional staff, and what we would like to do in the community and for the community.

5. The general public shall receive notification of P-B Health Hospice by newspaper advertisements, webpage, community our reach, and through church organizations

(2) Fees. An applicant shall make its fees known to prospective patients and their families before services are begun.

P-B Health's Response:

P-B Health Home Care currently makes its fees known to prospective patients and their families before services are begun and as a Hospice provider will continue to do so.

J. **Charity Care and Sliding Fee Scale**. Each applicant shall have a written policy for the provision of charity care for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay and shall provide hospice services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

(1) Determination of Eligibility for Charity Care. Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospice shall make a determination of probable eligibility.

P-B Health's Response:

P-B Health Hospice shall make every effort within two business days following a patient's request for charity care services, application for medical assistance, or both, make a determination of probable eligibility in communication verbal and in writing to the patient, caregiver and or family member or responsible party.

(2) Notice of Charity Care Policy. Public notice and information regarding the hospice's charity care policy shall be disseminated, on an annual basis, through methods designed to best reach the population in the hospice's service area, and in a format understandable by the service area population. Notices regarding the hospice's charity care policy shall be posted in the business office of the hospice and on the hospice's website, if such a site is maintained. Prior to the provision of hospice services, a hospice shall address any financial concerns of patients and patient families, and provide individual notice regarding the hospice's charity care policy to the patient and family.

P-B Health's Response:

P-B Health Hospice shall publish annual notice of the hospice's charity care policy in publications such as the local newspapers The Sentinel, and The

Prince George's Post, The Prince George's County Health Department, and Prince George's County Commission on Aging. This policy will also be in P-B Health's business office, and on its website. The Billing Manager will meet with each patient and their family at least two days in advance of providing any service, and shall provide persons notice in regards to P-B Health Hospice charity care policy to patient, caregiver/family member.

(3) Discounted Care Based on a Sliding Fee Scale and Time Payment Plan Policy. Each hospice's charity care policy shall include provisions for a sliding fee scale and time payment plans for low-income patients who do not qualify for full charity care, but are unable to bear the full cost of services.

P-B Health's Response:

P-B Health Hospice Charity Policy:

P-B Health Hospice shall provide hospice services to persons of all financial resources, including the underserved and the uninsured community. No patient shall be turned away due to financial constraints.

1. Eligibility – P-B Health Hospice understands financial hardships and each patient will be measured by the family's income compared to the Federal and State Poverty Income Guidelines.

2. Timely Communication – P-B Health Hospice will make every effort within two business days after the patient has requested charity care services and/or an application for medical assistance has been established we will communicate to the patient/caregiver/family member and/ or responsible party verbally and in written form the determination of eligibility.

3. Payment Plans – P-B Health Hospice will provide requirements for time payment plans for individuals who do not meet the criteria for charity care, but are unable to bear the full cost of services.

4. Nondiscrimination- P-B Health Hospice charity will be based only on the merits of need base. We will not take into consideration diagnosis, gender, race, age, sexual orientation, social or immigrant status, or religious association.

(4) Policy Provisions. An applicant proposing to establish a general hospice, expand hospice services to a previously unauthorized jurisdiction, or change or establish inpatient bed capacity in a previously authorized jurisdiction shall make a commitment to provide charity care in its hospice to indigent patients. The applicant shall demonstrate that:
(a) Its track record in the provision of charity care services, if any, supports the credibility of its commitment; and

P-B Health's Response:

P-B Health Home Care is required by the State to report statistics on visits, grouped by age, jurisdiction, payer type, discipline, referral source, diagnosis, sex, race, and charity care yearly. P-B Health Hospice shall continue to commit to providing charity care in its hospice to indigent patients.

(b) It has a specific plan for achieving the level of charity care to which it is committed.

P-B Health's Response: (P-B Health Hospice Sliding Scale for Financial Assistance) See Scale Below

P-B Health Sliding Scale for Financial Assistance

Federal Poverty Guideline	<100%	101% To 125%	126% To 150%	151% To 175%	176% To 200%	201% To 225%	226% To 250%	251% To 275%	276% To 300%	301% To 400%
Family Size										
1	$11,170.00	$13,963.00	$16,755.00	$19,548.00	$22,340.00	$25,133.00	$27,925.00	$30,718.00	$33,510.00	$44,680.00
2	$15,130.00	$18,913.00	$22,695.00	$26,478.00	$30,260.00	$34,043.00	$37,825.00	$41,608.00	$45,390.00	$60,520.00
3	$19,090.00	$23,863.00	$28,635.00	$33,408.00	$38,180.00	$42,953.00	$47,725.00	$52,498.00	$57,270.00	$76,360.00
4	$23,050.00	$28,813.00	$34,575.00	$40,338.00	$46,100.00	$51,863.00	$57,625.00	$63,388.00	$69,150.00	$92,200.00
5	$27,010.00	$33,763.00	$40,515.00	$47,268.00	$54,020.00	$60,773.00	$67,525.00	$74,278.00	$81,030.00	$108,040.00
6	$30,970.00	$38,713.00	$46,455.00	$54,198.00	$61,940.00	$69,683.00	$77,425.00	$85,168.00	$92,910.00	$123,880.00
7	$34,930.00	$43,663.00	$52,395.00	$61,128.00	$69,860.00	$78,593.00	$87,325.00	$96,058.00	$104,790.00	$139,720.00
8	$38,890.00	$48,613.00	$58,335.00	$68,058.00	$77,780.00	$87,503.00	$97,225.00	$106,948.00	$116,670.00	$155,560.00
P-B Health Sliding Scale for	90%	80%	75%	70%	65%	55%	50%	45%	40%	30%

K. Quality

(1) An applicant that is an existing Maryland licensed general hospice provider shall document compliance with all federal and State quality of care standards.

P-B Health's Response:

P-B Health is currently applying for a Certificate of Need in Prince George's County, Maryland, for a General Hospice. This standard is not applicable.

(2) An applicant that is not an existing Maryland licensed general hospice provider shall document compliance with federal and applicable state standards in all states in which it, or its subsidiaries or related entities, is licensed to provide hospice services or other applicable licensed health care services.

P-B Health's Response:

P- B Health has no General Hospice outside the state of Maryland and is currently Applying for a Certificate of Need for general and inpatient hospice in Prince George's County, Maryland.

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(4) An applicant that is not a current licensed hospice provider in any state shall demonstrate how it will comply with all federal and State quality of care standards.

P-B Health's Response:

P-B Health Home Care has an existing Board of Directors, Professional Advisory Committee, and Utilization and Quality Control Committee currently which is in compliance with The State quality of care standards.

P-B Health Hospice shall have a Quality Assurance and Utilization Review Program that is in compliant with COMAR 10.07.21.09 our mission is to make sure we offer hopefulness, empathetic guidance and assistance to each and every individual we encounter in the community confronting end of life stages by providing to the Patient and family in their homes and in other residential settings.

P-B Health's Hospice board shall:

1. Conduct ongoing quality assurance and utilization review; develop and implement a quality improvement program to improve and assess the quality of services being rendered by our organization.

2. Develop a performance measurement process and system that maintains implementation activity connected to accomplishing our mission.

3. Develop a course of action to convey our performance status to all pertinent parties including Patients, caregivers, our team players, Board, our medical associates, and our community.

(5) An applicant shall document the availability of a quality assurance and improvement program consistent with the requirements of COMAR 10.07.21.09.

P-B Health's Response:

P-B Health's Board of Directors shall establish accountability for the improvement of hospice performance through ongoing filed documentation from its PAC Committee. The PAC Committee receives regular reports from the Executive Director as well as additional reports regarding sentinel events and performance improvement activity as these issues may arise. All performance, quality and care indicators are reported and reviewed by the Board of Directors of P-B Health and the PAC Committee which reviews the quality assurance and improvement program quarterly and makes revisions as necessary.

(5) An applicant shall demonstrate how it will comply with federal and State hospice quality measures that have been published and adopted by the Commission.

P-B Health's Response: (Quality Assurance and Improvement)

P-B Health Hospice shall:

1. Ensure the methodical collection, review, and evaluation of information and data to include statistics and graphs of trends identified.

2. Ensure that standard reports are prepared and reviewed by the Board as well as appropriate staff personnel;

3. Comprise outcomes and results that are measurable and which may perhaps be integrated into universal changes in the program's operation.

4. Maintain accurate and complete records to demonstrate the effectiveness of its quality assurance activities.

5. Be available and ready to provide appropriate responses when the Patient's health or safety is at risk due to incidents.

6. Have proactive strategies to improve the quality of service including but not limited to identification of any problems in provision of service and corrective response and actions documented, updates or amendments of policies and procedures, implementation of changes due to new or evaluated data, and instructional interventions.

Utilization Review Program will comprise a written procedure for monitoring the allocation and utilization of the Patient and family services in order to identify and resolve any concerns relating to the allocation and utilization of services. The process shall include the following:

a. Purpose of written criteria or management protocols to direct decisions about utilization of services;
b. statistical and other means of analysis of the need for services;
c. Policies, procedures, and goals for utilization review;
d. Consistent time frames for review;
e. Confidentiality policy consistent with regulatory and legal requirements;
f. Special emphasis on overseeing the following area's are not out of compliance: Correct services being rendered including level of service, Patient's admissions (delays in admission process), and interruptions in specifications of service and specific treatment modalities.

As soon as the Utilization Review Program identify a situation that needs address, the Committee will first document corrective actions taken which shall include continued monitoring and immediate training and educational intervention, as well as revisions to our policies and procedures, and changes in the specifications of services.

P-B Health Hospice shall submit within 90 days after the close of the fiscal year a report of service it rendered during the last fiscal year. The report shall encompass the following: Types of services and number of patients provided to;

number of family/caregivers provided each type of service; and differences in the number of patients/caregiver provided service from previous year.

L. Linkages with Other Service Providers.
(1) An applicant shall identify how inpatient hospice care will be provided to patients, either directly, or through a contract with an inpatient provider that ensures continuity of patient care.

P-B Health's Response*:*

P-B Health Hospice shall provide inpatient hospice care through a contract with an inpatient provider that ensures continuity of patient care.

(2) An applicant shall agree to document, before licensure, that it has established links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care programs, the local Department of Social Services, and home delivered meal programs located within its proposed service area.

P-B Health's Response:

P-B Health Hospice shall agree to document, before licensure, that it has established Links with hospitals, nursing homes, home health agencies, assisted living providers, Adult Evaluation and Review Services (AERS), Senior Information and Assistance Programs, adult day care programs, the local Department of Social Services, and home Delivered meal programs located within the Prince George's County, Maryland area***.***

M. Respite Care. An applicant shall document its system for providing respite care for the family and other caregivers of patients.

P-B Health's Response:

P- B Health Hospice will arrange respite care if the usual caregiver (like a family member) needs a rest. The patient can obtain inpatient respite care in a Medicare, Medicaid certified skilled facility (like a hospice inpatient facility, hospital, or nursing home). The patient can stay up to 5 days each time respite care is needed. Respite care can be utilized more than once but only on an occasional basis.

P-B Health's Hospice shall be:

1. Accountable for all admission and discharge from an inpatient respite services thru our licensed skilled registered nurse (Case Manager, who will work with the patient's physician and the interdisciplinary staff to ensure the caregiver and patient's needs are met without major disturbances).

2. Criteria for respite care may be indicated by several conditions, but

not limited
They are the following:

a. Caregiver injury, which creates a need for respite care for both the caregiver as well as the Hospice Team to regroup and problem solve on behalf of the patient;

b. Caregiver/family member unable to continue to support the patient due to emotional distress, physical demands, and psychological needs and request time-off one-five days;

c. Primary Caregiver has an emergency and will not be in the home for a period of time over 1 complete but no longer than 5 days.

d. Caregiver/family member needs relief to continue to support his or her loved one.

3. Inpatient facilities plan of action;

a. P-B Health will develop its working relationships with (3) three facilities in Prince Georges County, Maryland that are Medicare/Medicaid certified skilled facilities that meet all federal, state, and local health and safety regulations. We will execute contracts with the facilities for respite care which will give our patients/caregiver a preference as to facilities.

b. P-B Health shall make certain that each facility has a disaster preparedness plan that is up to standards, sufficient staffing, and most importantly that the patient is comfortable, well groomed, accident and injury free, clean, and protected from infection.

4. Management with Inpatient facilities;

P-B Health Hospice shall facilitate the respite care transfer for each patient. This procedure will be the following: We will provide the skilled facility with a copy of the plan of care with services outlined to be provided by the inpatient facility, a copy of the medical record from the skilled nursing facility will be provided to P-B Health Hospice upon discharge of the patient, and P-B Health's Hospice interdisciplinary staff shall be available 24 hours per day 7 days a week for clinical consultation with the skilled nursing facility's staff as needed.

5. The Care of the Patient While in The Facility

P-B Health Hospice terms of care shall be in direct coordination with the patient's plan of care developed by our hospice interdisciplinary team for treatment, medications, and diet. P-B Health Hospice will provide appropriate training and education for staff in each skilled nursing facility providing twenty-four hours per day respite care to our patient's.

N. Public Education Programs. An applicant shall document its plan to provide public education programs designed to increase awareness and consciousness of the needs of dying individuals and their caregivers, to increase the provision of hospice services to minorities and the underserved, and to reduce the disparities in hospice utilization. Such a plan shall detail the appropriate methods it will use to reach and educate diverse racial, religious, and ethnic groups that have used hospice services at a lower rate than the overall population in the proposed hospice's service area.

P-B Health's Response:

P-B Health will expand their current Outreach Program to include Hospice care which will include an aggressive educational program to educate, inform, and increase awareness to the underserved incurable patients Prince George's County.

P-B Health's Manager of Outreach Programs will be in consultation with various church organizations, ministers, to form a leadership management team to address the disparities in the underserved communities in Prince Georges County for the patient and their caregiver.

P-B Health's Educational Policy:

P-B Health Hospice Outreach Program shall aggressively educate, inform, and increase awareness to the underserved incurable patients and their caregivers. P-B Health's Outreach Management Team will consult with various community organizations, churches, and ministerial staff to develop a viable outreach alliance to serve minorities, and underutilized African American communities.

Action Plan

I. Educational Hospice Seminars

i. Annually P-B Health Hospice Outreach will schedule seminars focused on caregivers and patients delivery of available programs such as support centers, nursing homes, assistant living, and the department of social services. (State offered Programs) How the Caregivers can be proactive advocates.

ii. Outreach Clergy Day – On this day we will have a variety of ministerial staff members of the community and surrounding area with emphasis on spiritual guidance, counseling, communion, and grief counseling.

iii. Legal Consultation – P-B Health Hospice Outreach Team Have informative programs on Burial, Advance Care Directives for Finances and Health Care planning; for the patient and caregiver.

II Outreach To the Communities with disparities:

I. Pledge – P-B Health is aware of the underserved communities educational needs as well as all ethnic and racial orgins. Our Board of Directors are committed and are a reflection of the multicultural diversity of the community.
The Board is committed to The National Hospice and Palliative Care Organization by providing services, staff and management that are compassionate to the multicultural and diverse needs of the underserved community.

ii. With P-B Health's unique experience as an African American minority owned business. P-B Health see's these disparities everyday which affords us the capabilities and knowledge to better serve, educate, and address the needs of this growing population.

O. Patients' Rights. An applicant shall document its ability to comply with the patients' rights requirements as defined in COMAR 10.07.21.21.

P-B Health's Response:

P-B Health currently has a Patients' Bill of Rights that complies with COMAR 10.07.21.21

The Patient's Rights and Responsibilities

YOU, OUR VALUED PAIENT HAVE THE RIGHT TO….

- Considerate and respectful care, with full recognition of your dignity and individuality including privacy in treatments and care of your personal needs.
- The most appropriate medical treatment available, regardless of your age, race, sex, religious preference, national origin, marital status or handicaps.
- Be fully informed in understandable terms, about your diagnosis, treatment and possible outcome. If medically advisable, this information will be made available to an appropriate person on your behalf.
- Be informed about all services available through P-B Health Hospice. These are: Skilled Nursing, Hospice Aide, Chemotherapy, Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Dietary Counseling, Bereavement Counseling, Medical Social Worker, Homemaker, and any medical equipment, laboratory, pharmacy, or supplies necessary for treatment and care in your home. You also have the RIGHT to be informed about charges made to you or your billing party for services received.
- To participate in the planning of your treatment. You also have the RIGHT to refuse to participate in any experimental research.
- To be transferred or discharged for medical reasons, for your welfare, or for

non- payment (except as prohibited by Titles XVIII or XIX of the Social Security ACT), for an unsafe environment, or for refusal of treatment. You will be given advance notice to ensure orderly transfer or discharge. Such actions will be documented in the clinical record.

- To present to the Agency and/or representatives of your choice, any grievances or problems; and to recommend changes in policy and services while remaining free from restraint, interference, coercion, discrimination or reprisal.
- Confidential treatment of your personal and clinical records. You may refuse to release such information to any individual outside the facility, except in the case of transfer to another health care institution or agency, or as required by law; or in the event of a third party contract.
- To know what rules and regulations apply to your conduct as a patient of this agency.

YOU, OUR VALUED PATIENT HAVE THE RESPONSIBILITY TO….

- Be informative about your past illnesses, hospitalizations, medications, and other matters relating to your health.
- Cooperate with all personnel caring for you and to ask questions if you do not understand any directions given.
- Inform the hospice agency when you know that you will not be at home on a scheduled visit day.
- Ensure the safety and well-being of any agency personnel who are visiting and/or caring for you under the terms of our agreement.
- Inform the agency if you feel that your rights have been violated in any way.

P. **Inpatient Unit**: In addition to the applicable standards in .05A through O above, the Commission will use the following standards to review an application by a licensed general hospice to establish inpatient hospice capacity or to increase the applicant's inpatient bed capacity.

P-B Health's Response:

(Not Applicable) P-B Health is currently applying for a general hospice will not be establishing an inpatient hospice unit bed capacity.

(1) Need. An applicant shall quantitatively demonstrate the specific unmet need for inpatient hospice care that it proposes to meet in its service area, including but not limited to:

(a) The number of patients to be served and where they currently reside;
(b) The source of inpatient hospice care currently used by the patients identified in subsection (1) (a); and
(c) The projected average length of stay for the hospice inpatients identified in subsection (1) (a).

P-B Health's Response:

(Not Applicable) P-B Health is currently applying for a general hospice

and question #1 (a-c) does not apply.

(2) Impact. An applicant shall quantitatively demonstrate the impact of the establishment or expansion of the inpatient hospice capacity on existing general hospices in each jurisdiction affected by the project, that provide either home-based or inpatient hospice care, and, in doing so, shall project the impact of its inpatient unit on future demand for hospice services provided by these existing general hospices.

P-B Health's Response:

(Not Applicable) P-B Health Hospice is currently applying for a general hospice and question #2 does not apply.

(3) Cost Effectiveness. An applicant shall demonstrate that:

P-B Health's Response:

(Not Applicable) P-B Health Hospice is currently applying for a general hospice and question #3 does not apply.

(a) It has evaluated other options for the provision of inpatient hospice care, including home-based hospice care, as well as contracts with existing hospices that operate inpatient facilities and other licensed facilities, including hospitals and comprehensive care facilities; and
(b) Based on the costs or the effectiveness of the available options, the applicant's proposal to establish or increase inpatient bed capacity is the most cost-effective alternative for providing care to hospice patients.

10.24.01.08G(3)(b). <u>Need</u>.

For purposes of evaluating an application under this subsection, the Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

P-B Health Response:

P-B Health Hospice has attached several exhibits to the State Health Plan which underscores an unmet need in Prince George's County, Maryland for Hospice services.

Please discuss the need of the population served or to be served by the Project.

P-B Health Response:

One area P-B Health noted was the African American community in Prince George's County; **(see appendix (a) exhibit 1)** How Does Hospice Use Vary by Race? This chart again outlines the proportions of a breakdown of the African American communities populated at age 35+ and

the percentages of Jurisdictional Use Rate. Prince George's County is classified as an urban area according to the Report to Congress: Medicare Payment, Policy March 2016. **(see appendix (a) exhibit 6)** and in 2014 population for age group 35+ was 455,805 with a Jurisdictional rate of 28% use rate compared to Baltimore County and Montgomery County, MD. P-B Health Hospice is committed to educating this population about Hospice and its effectiveness and to communicate to our underserved, seniors, and disabled about resources that can be made available to them or their loved ones. P-B Health Hospice can meet the needs of the disparities in Prince George's County as we have done and continue to do in Baltimore City.

Responses should include a quantitative analysis that, at a minimum, describes the Project's expected service area, population size, characteristics, and projected growth. For applications proposing to address the need of special population groups identified in this criterion, please specifically identify those populations that are underserved and describe how this Project will address their needs.

P-B Health Response:

This indicates the need for education about the benefits of hospice services, community empowerment, and meaningful interventions for underserved multicultural communities in Prince Georges County, Maryland. P-B Health has a proven record of making a positive change in these communities with bridging the gap and forming a community of
Health organizations, businesses in the community, and churches working together for the betterment of the patients, caregivers, family members, and the interdisciplinary team in achieving the same goal.

10.24.01.08G(3)(c). <u>Availability of More Cost-Effective Alternatives</u>.

For purposes of evaluating an application under this subsection, the Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

Please explain the characteristics of the Project which demonstrate why it is a less costly or a more effective alternative for meeting the needs identified.

P-B Health's Response:

P-B Health realizes that all hospice reimbursement rates are the same for general hospice programs. P-B Health believes that the alternative to not applying may continue to leave the Prince George's County underserved community without an agency with a proven track record of over 22 years of experience servicing and committed to multicultural and the African American Community at a risk in the near future. The difference is in effective communication, outreach to the community, church organizations, and most of all the care of the patient not the cost.

For applications proposing to demonstrate superior patient care effectiveness, please describe the characteristics of the Project that will assure the quality of care to be provided. These may include, but are not limited to: meeting accreditation standards, personnel qualifications of

caregivers, special relationships with public agencies for patient care services affected by the Project, the development of community-based services or other characteristics the Commission should take into account.

P-B Health's Response:

P-B Health Home Care has been in business for 22 years servicing diverse, multicultural and the African American community. We live by our creed "Special People, Special Places, and. Exceptional Care." P-B Health will make no exceptions. Our Out Reach Team is available to assist in our patients needs as an additional point of contact. They interact daily with and as part of the Interdisciplinary Team. We have a staff of licensed, committed, and highly qualified interdisciplinary teams which are experienced in working with hospice patients. P-B Health uses a PDA computer system which affords P-B Health's clinicians the ability to work without an abundance of paperwork, affording our interdisciplinary team the quality and time to spend with our patients, caregivers, and family members. P-B Health's office staff is comprised of dedicated, experienced, and skilled professionals who are committed and take pride in delivering customer satisfaction 100% of the time and it shows through the responses of our former patients. **(see appendix (a) exhibit 7)** Letters of Appreciation for Services from P-B Health Home Care Services)

10.24.01.08G(3)(d). Viability of the Proposal.

For purposes of evaluating an application under this subsection, the Commission shall consider the availability of financial and non-financial resources, including community support, necessary to implement the project within the time frame set forth in the Commission's performance requirements, as well as the availability of resources necessary to sustain the project.

Please include in your response:

a. Audited Financial Statements for the past two years. In the absence of audited financial statements, provide documentation of the adequacy of financial resources to fund this project signed by a Certified Public Accountant who is not directly employed by the applicant. The availability of each source of funds listed in Part II, B. Sources of Funds for Project must be documented.

P-B Health's Response:

P-B Health Home Care Agency, Inc. Has included the following: **(see appendix (b) exhibit 8)** Letter from Accounting Firm Moses Alade & Associates, CPA, an outside accounting firm that has been and continues to support P-B Health Home Care Agency, Inc. since 2010.

P-B Health Home Care Agency, Inc. also has **(see appendix (b) exhibit 9)** 2015 U.S. Corporation Income Tax Return 1120 with Schedules C,J,K,L,M1,and M2. **(see appendix (b) exhibit 10)** P-B Health Home Care Agency, Inc. Maryland Asset Report form 1120 **(see appendix (b) exhibit 11)** P-B Health Home Care Agency, Inc. Maryland Future Depreciation Report form 1120 page.

P-B Health Home Care Agency, Inc has **(see appendix (b) exhibit 12) Balance Sheet as of 12/15 and 12/14 and (see appendix (b) exhibits 13)** Profit and Loss from 1/1/15 thru 12/31/15 and 1/1/14 through 12/31/14.

Table 1 Project Budget $50,000 from Owner and $50,000 from P-B Health Home Care Agency totaling $100,000.

P-B Health Home Care Agency, Inc does comparison studies monthly and yearly on the viability of our clinician visits per patient and admissions. We are currently supporting between 2600-2740 patients in total disciplines monthly with the capacity of personnel to exceed over 3000 discipline visits monthly. Our report details our payor types, our clinicians, Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Worker, Registered Dietician, and our certified HHA number of visits; Patients census and new admissions. This information is discussed in our Administrative Meeting for three important reasons: (see appendix b exhibit 14)

1. To make certain each and every patient is receiving the best quality care possible and to establish and implement interventions when need.
2. To help maintain the personnel needed for increases in services due to contract extensions and new business.
3. To help support in giving the State of Maryland the most accurate and efficient information to be reported yearly.

b. Existing facilities shall provide an analysis of the probable impact of the Project on the costs and charges for services at your facility.

P-B Health's Response:

Not applicable at this time as P-B Health is currently proposing to establish a general Hospice certificate of need.

c. A discussion of the probable impact of the Project on the cost and charges for similar services at other facilities in the area.

d. All applicants shall provide a detailed list of proposed patient charges for affected services.

P-B Health's Response:

See Table 5 Manpower Information

10.24.01.08G(3)(e). <u>Compliance with Conditions of Previous Certificates of Need</u>*.*

To meet this subsection, an applicant shall demonstrate compliance with all conditions applied to previous Certificates of Need granted to the applicant.

List all prior Certificates of Need that have been issued to the project applicant by the Commission since 1995, and their status.

P-B Health's Response:

P-B Health Home Care Agency has not had any Certificate of Need issued by the Commission since 1995. P-B Health had several prior to 1995 and is currently applying to establish for a Certificate of Need for General hospice for Prince George's County, Maryland.

10.24.01.08G(3)(f). <u>Impact on Existing Providers</u>.

For evaluation under this subsection, an applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.

Indicate the positive impact on the health care system of the Project, and why the Project does not duplicate existing health care resources. Describe any special attributes of the project that will demonstrate why the project will have a positive impact on the existing health care system.

As part of this criterion, complete Table 5, and provide:

1. **an assessment of the sources available for recruiting additional personnel;**

   P-B Health's Response:

   P-B Health currently and shall continue to use multiple recruitment tools to select candidates for open positions. Employment opportunities are posted on P-B Health's website as well as, professional organization websites, and our job boards. We also use our employee referrals program. Interested candidates apply by first submitting their resume by email. A Team member of our Human Resources department reviews the resumes to determine eligibility and if applicable will contact the candidate for a phone screening. Our HR department interviews with the potential candidates and managers. If the interviews are successful the candidates are asked to meet with the CEO and CFO for a second interview. In this interview the candidates are given the opportunity to meet, greet, and share the history of the company and to outline what their goals are in working for P-B Health. If this interview is successful for all parties the candidate may be asked to complete a final interview or submit release documentation for a background check. If the background check is clear, an offer is made and starts date set.

2. **recruitment and retention plans for those personnel believed to be in short supply;**

   P-B Health's Response:

   Recruitment and retention plans for those personnel believed to be in short supply additional efforts of outreach are performed to continue to recruit qualified candidates. This includes advertising in additional publications, recruitment agencies, and keeping in contact with former employees.

P-B Health retains employees by providing hands on training, in services, and comprehensive orientation programs. We have a computerized software program that modifies the time in writing notes so our clinicians can spend quality time with our patients. P-B Health provides continuing education and timely feedback on all aspects of their job performance. P-B Health promotes a family environment and career development by communicating open employment opportunities to all employees.

3. (for existing facilities) a report on average vacancy rate and turnover rates for affected positions,
P-B Health's Response:

Not Applicable, as P-B Health is currently proposing to establish a Hospice program in Prince George's County. P-B Health Home Care has an excellent retention rate, as its employees on average have worked with P-B Health for 5 years or more.

PART IV - APPLICANT HISTORY, STATEMENT OF RESPONSIBILITY, AUTHORIZATION AND SIGNATURE

1. List the name and address of each owner or other person responsible for the proposed project and its implementation. If the applicant is not a natural person, provide the date the entity was formed, the business address of the entity, the identity and percentage of ownership of all persons having an ownership interest in the entity, and the identification of all entities owned or controlled by each such person.

   P-B Health's Response:

   The owner and CEO is Jackie D. Bailey, RN. BSN, MBA (100% The persons responsible for the proposed project and its implementation are Lena M. Woody, Assistant to CFO, and .Danielle Hodges, General Manager, Business address 2535 Saint Paul Street, Baltimore, Maryland 21218, 410-235-1060x148 Email addresses woodyl@p-bhealth.com hodgesd@p-bhealth.com x144. Andrew L. Solberg 5612 Thicket Lane Columbia, MD 21044 (410-730-6775) Als221@gmail.com or asolberg@earthlink.net

2. .Is the applicant or any person listed above now involved, or ever been involved, in the ownership, development, or management of another health care facility? If yes, provide a listing of each facility, including facility name, address, and dates of involvement.

   P-B Health's Response:

   Yes, the applicant listed above Jackie D. Bailey is currently the owner of P-B Health Home Care Agency, Inc. 2535 Saint Paul Street, Baltimore, MD 21218 phone number 410-235-1060 fax 410-235-1309, years incorporated from 1989 until present.

3. Has the Maryland license or certification of the applicant facility, or any of the facilities listed in response to Questions 1 and 2, above, ever been suspended or revoked, or been subject to any disciplinary action (such as a ban on admissions) in the last 5 years? If yes, provide a written explanation of the circumstances, including the date(s) of the actions and the disposition. If the applicant, owner or other person responsible for implementation of the Project was not involved with the facility at the time a suspension, revocation, or disciplinary action took place, indicate in the explanation.

   P-B Health's Response:

P-B Health Home Care Agency's Maryland license or certifications in response to Questions 1 and 2 has not been suspended or revoked or subject to any disciplinary action (such as a ban on admission) in the last 5 years.

4. Is any facility with which the applicant is involved, or has any facility with which the applicant or other person or entity listed in Questions 1 & 2, above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of, payment for, or quality of health care services (other than the licensure or certification actions described in the response to Question 3, above) which have led to an action to suspend, revoke or limit the licensure or certification at any facility. If yes, provide copies of the findings of non-compliance including, if applicable, reports of non-compliance, responses of the facility, and any final disposition reached by the applicable governmental authority.

P-B Health's Response:

No facility with which the applicant is involved, or has any facility with which the applicant or other persons or entity listed in Question 1 & 2 above, ever been found out of compliance with Maryland or Federal legal requirements for the provision of payment for, or quality of health care services which led to an action to suspend, revoke or limit the licensure or certification at any facility.

5. Has the applicant, or other person listed in response to Question 1, above, ever pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1 & 2, above? If yes, provide a written explanation of the circumstances, including the date(s) of conviction(s) or guilty plea(s).

P-B Health's Response:

The applicant's listed in response to Question 1, above have never pled guilty to or been convicted of a criminal offense connected in any way with the ownership, development or management of the applicant facility or any health care facility listed in response to Question 1&2 above.

One or more persons shall be officially authorized in writing by the applicant to sign for and act for the applicant for the project which is the subject of this application. Copies of this authorization shall be attached to the application. The undersigned is the owner(s), or authorized agent of the applicant for the proposed or existing facility.

P-B Health's Response:

P-B Health shall sign affirmation attached; (**see Appendix C exhibits 28-30**)

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.

_____
Signature of Owner or Authorized Agent of the Applicant

_____
Print name and title

Date:_____

Hospice Application: Charts and Tables Supplement

TABLE 1 - PROJECT BUDGET

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE FACILITY

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

TABLE 3: REVENUES AND EXPENSES - ENTIRE FACILITY

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

TABLE 5: MANPOWER INFORMATION

TABLE 1: PROJECT BUDGET

P-B HEALTH'S RESPONSE:

INSTRUCTIONS: All estimates for 1.a.-d., 2.a.-j., and 3 are for current costs as of the date of application submission and should include the costs for all intended construction and renovations to be undertaken. (DO NOT CHANGE THIS FORM OR ITS LINE ITEMS. IF ADDITIONAL DETAIL OR CLARIFICATION IS NEEDED, ATTACH ADDITIONAL SHEET.)

A. Use of Funds

1. Capital Costs (if applicable):

a.	New Construction **(N/A)**	$_____	
(1)	Building	_____	
(2)	Fixed Equipment (not included in construction)	_____	
(3)	Land Purchase	_____	
(4)	Site Preparation	_____	
(5)	Architect/Engineering Fees	_____	
(6)	Permits, (Building, Utilities, Etc)	_____	
SUBTOTAL			$_____
b.	Renovations **(N/A)**		
(1)	Building	$_____	
(2)	Fixed Equipment (not included in construction)	_____	
(3)	Architect/Engineering Fees	_____	
(4)	Permits, (Building, Utilities, Etc.)	_____	
SUBTOTAL			$_____
c.	Other Capital Costs **(N/A)**		
(1)	Major Movable Equipment	_____	
(2)	Minor Movable Equipment	_____	
(3)	Contingencies	_____	
(4)	Other (Specify)	_____	
TOTAL CURRENT CAPITAL COSTS (a - c)			$_____
d.	Non Current Capital Cost **(N/A)**		
(1)	Interest (Gross)	$_____	
(2)	Inflation (state all assumptions, Including time period and rate)	$_____	
TOTAL PROPOSED CAPITAL COSTS (a - d)			$_____

2. Financing Cost and Other Cash Requirements:

a.	Loan Placement Fees	$ 0
b.	Bond Discount	0

	c.	Legal Fees (CON Related)	2,500.00	
	e.	Printing **(in house)**	0	
	f.	Consultant Fees		
		CON Application Assistance	5,000.00	
		Other (Specify)	0	
	g.	Liquidation of Existing Debt	0	
	h.	Debt Service Reserve Fund	0	
	i.	Principal Amortization Reserve Fund	0	
	j.	Other (Specify)	0	
	TOTAL (a - j)		$7,500.00	
3.	Working Capital Startup Costs		$0	
	TOTAL USES OF FUNDS (1 - 3)			$7,500.00
B.	**Sources of Funds for Project:**			
1.	Cash		50,000.00	
2.	Pledges: Gross _____, less allowance for uncollectables _____ = Net		0	
3.	Gifts, bequests		0	
4.	Interest income (gross)		0	
5.	Authorized Bonds		0	
6.	Mortgage		0	
7.	Working capital loans **(From Owner)**		50,000.00	
8.	Grants or Appropriation			
	(a) Federal		0	
	(b) State		0	
	(c) Local		0	
9.	Other (Specify)		0	
TOTAL SOURCES OF FUNDS (1-9)				$ 100,00.00

Lease Costs:		
a. Land	$_____ x _____	= $ 0
b. Building	$_____ x _____	= $ 0
c. Major Movable Equipment	$_____ x _____	= $ 0
d. Minor Movable Equipment	$_____ x _____	= $ 0
e. Other (Specify) **(Software)**	$_____ x _____	= $ 30,000.00

Instructions: Complete Table 2A for the Entire General Hospice Program, including the proposed project, and **Table 2B** for the proposed project only using the space provided on the following pages. **Only existing facility applicants should complete Table 2A. All Applicants should complete Table 2B. Please indicate on the Table if the reporting period is Calendar Year (CY) or Fiscal Year (FY).**

TABLE 2A: STATISTICAL PROJECTIONS – ENTIRE Hospice Program :

P-B HEALTH'S RESPONSE: (Not Applicable)

	Two Most Current Actual Years		**Projected years – ending with first year at full utilization**			
CY or FY (circle)			20__	20__	20__	20__
Admissions						
Deaths						
Non-death discharges						
Patients served						
Patient days						
Average length of stay						
Average daily hospice census						
Visits by discipline						
Skilled nursing						
Social work						
Hospice aides						
Physicians - paid						
Physicians - volunteer						
Chaplain						
Other clinical						
Licensed beds						
Number of licensed GIP beds						
Number of licensed Hospice House beds						
Occupancy %						
GIP(inpatient unit)						
Hospice House						

TABLE 2B: STATISTICAL PROJECTIONS – PROPOSED PROJECT

P-B HEALTH'S RESPONSE:

	Projected years – ending with first year at full utilization			
CY or FY (circle)	2018__	2019__	2020__	2021__
Admissions	50	150	450	600
Deaths	40	116	391	512
Non-death discharges	4	12	40	52
Patients served	46	133	427	545
Patient days	960	2805	8190	10560
Average length of stay	19.2	18.7	18.2	17.6

Average daily hospice census	8	21	63	96
Visits by discipline				
Skilled nursing	1137	3392	9741	12423
Social work	91	268	852	1141
Hospice aides	168	502	1664	2180
Physicians - paid	0	0	0	0
Physicians - volunteer	5	8	28	43
Chaplain	79	242	746	1312
Other clinical	204	663	1972	2455
Licensed beds				
Number of licensed GIP beds	0	0	0	0
Number of licensed Hospice House beds	0	0	0	0
Occupancy %	0	0	0	0
GIP(inpatient unit)	0	0	0	0
Hospice House	0	0	0	0

TABLE 3: REVENUES AND EXPENSES - ENTIRE Hospice Program (including proposed project) **P-B HEALTH'S RESPONSE: (NOT APPLICABLE)**

(INSTRUCTIONS: ALL EXISTING FACILITY APPLICANTS MUST SUBMIT AUDITED FINANCIAL STATEMENTS**)**

	Two Most Recent Years -- Actual		**Current Year Projected**	**Projected Years (ending with first full year at full utilization)**			
CY or FY (Circle)	20___	20___	20___	20___	20___	20___	20-___
1. Revenue							
a. a. Inpatient services							
b. Hospice house services							
c. Home care services							
d. Gross Patient Service Revenue							
e. Allowance for Bad Debt							
f. Contractual Allowance							
g. Charity Care							
h. Net Patient Services Revenue							
i. Other Operating Revenues (Specify)							
j. Net Operating Revenue							
2. Expenses							
a. Salaries, Wages, and Professional Fees, (including fringe benefits)							
b. Contractual Services							
c. Interest on Current Debt							
d. Interest on Project Debt							
e. Current Depreciation							
f. Project Depreciation							
g. Current Amortization							
h. Project Amortization							
i. Supplies							
j. Other Expenses (Specify)							
k. Total Operating Expenses							

3. Income							
a. Income from Operation							
b. Non-Operating Income							
c. Subtotal							
d. Income Taxes							
e. Net Income (Loss)							

Table 3 Cont.	**Two Most Actual Ended Recent Years**		**Current Year Projected**	**Projected Years (ending with first full year at full utilization)**			
CY or FY (Circle)	20___	20___	20___	20___	20___	20___	20___
4. Patient Mix							
A. As Percent of Total Revenue							
1. Medicare							
2. Medicaid							
3. Blue Cross							
4. Other Commercial Insurance							
5. Self-Pay							
6. Other (Specify)							
7. TOTAL	100%	100%	100%	100%	100%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)							
1. Medicare							
2. Medicaid							
3. Blue Cross							
4. Other Commercial Insurance							
5. Self-Pay							
6. Other (Specify)							
7. TOTAL	100%	100%	100%	100%	100%	100%	100%

TABLE 4: REVENUES AND EXPENSES - PROPOSED PROJECT

P-B HEALTH'S RESPONSE:

(INSTRUCTIONS: Each applicant should complete this table for the proposed project only)

	Projected Years (ending with first full year at full utilization)			
CY or FY (Circle)	2018___	2019___	2020___	2021-___
1. Revenue				
a. Inpatient services **(Respite)**	25,000	75,000	225,000	300,000
b. Hospice House services	0	0	0	0
c. Home care services	235,000	855,000	2,565,000	3,420,000
d. Gross Patient Service Revenue	310,000	930,000	2,790,000	3,720,000
e. Allowance for Bad Debt	(2,350)	(7,050)	(21,150)	(28,200)
f. Contractual Allowance	(50,000)	(150,000)	(450,000)	(600,000)
g. Charity Care	(7,650)	(22,950)	(68,850)	(91,800)
h. Net Patient Services Revenue	250,000	750,000	2,250,000	3,000,000
i. Other Operating Revenues (Specify)	0	0	0	0
j. Net Operating Revenue	250,000	750,000	2,250,000	3,000,000
2. Expenses				
a. Salaries, Wages, and Professional Fees, (including fringe benefits)	200,400	540,200	1,480,000	2,020,000
b. Contractual Services	20,000	60,000	180,000	240,000
c. Interest on Current Debt	0	0	0	0
d. Interest on Project Debt	4,630	20,000	60,000	80,000
e. Current Depreciation	0	0	0	0
f. Project Depreciation	0	500	2,000	2,500
g. Current Amortization	0	0	0	0
h. Project Amortization	1,500	1,500	1,500	1,500
i. Supplies	10,000	30,000	90,000	120,000
j. Other Expenses (Specify)**rent, comm.,ins., and taxes**	22,500	45,000	90,000	135,000
k. Total Operating Expenses	259,030	697,200	1,903,500	2,599,000

3. Income				
a. Income from Operation	250,000	750,000	2,250,000	3,000,000
b. Non-Operating Income	0	0	0	0
c. Subtotal	250,000	750,000	2,250,000	3,000,000
d. Income Taxes	0	12,000	72,000	100,000
e. Net Income (Loss)	(9,030)	43,800	274,500	301,000

Table 4 Cont.	**Projected Years (ending with first full year at full utilization)**			
CY or FY (Circle)	2018___	2019___	2020___	2021
4. Patient Mix				
A. As Percent of Total Revenue				
1. Medicare	70%	73%	75%	76%
2. Medicaid	10%	10%	12%	12%
3. Blue Cross	5%	4%	4%	3%
4. Other Commercial Insurance	13%	11%	7%	7%
6. Other (Specify)	2%	2%	2%	2%
7. TOTAL	100%	100%	100%	100%
B. As Percent of Patient Days/Visits/Procedures (as applicable)				
1. Medicare	60%	62%	64%	65%
2. Medicaid	18%	18%	20%	20%
3. Blue Cross	5%	4%	4%	3%
4. Other Commercial Insurance	14%	13%	9%	9%
5. Self-Pay	3%	3%	3%	3%
6. Other (Specify)	0	0	0	0
7. TOTAL	100%	100%	100%	100%

TABLE 5. MANPOWER INFORMATION

P-B HEALTH'S RESPONSE:

INSTRUCTIONS: List by service the staffing changes (specifying additions and/or deletions and distinguishing between employee and contractual services) required by this project. FTE data shall be calculated as 2,080 paid hours per year. Indicate the factor to be used in converting paid hours to worked hours.

Position Title	Current No. FTEs	Change in FTEs (+/-)	Average Salary	Employee/ Contractual	TOTAL COST
Administration					
Administration	.2	+9.8	45,000	Employees	450,000
					Direct Care
Nursing	0	+14	60,000	Employees	840,000
Social work/services	0	+.2	50,000	Employees	100,000
Hospice aides	0	+.5	30,000	Employees	150,000
Physicians-paid	0	0	0	Contractual	0
Physicians-volunteer	0	+.1	150,000	Contractual	15,000
Chaplains	0	+1	50,000	Contractual	50,000
Bereavement staff	0	+2	45,,000	Employees	90,000
Other clinical	0	+1	120,000	Both E/C	120,000
					Support
Other support	0	+.1	94,000	Contractual	9,400
				Benefits*	195,600
				TOTAL	2,020,000

***** Indicate method of calculating benefits cost

Based on current Home Health payroll for staff as listed above using QuickBooks. Benefits represent an additional 12% added cost. (all employee's payroll taxes plus PTO and Health Benefits)

Updated June 2016.

References:

State Health Plan for Facilities and Services: Hospice Services COMAR 10.24.13
October 14, 2013 publication (effective)

Maryland Health Care Commission Website (mhcc.maryland.gov)

P-B Health Home Care Agency, Policy & Procedure's
Updated

P-B Health Home Care Quality Assurance

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APPENDIX A

ibit 1

How Does Hospice Use Vary by Race?

Allegany	3%	6%		42,059	22%
Anne Arundel	15%	15%		300,930	49%
Baltimore City	57%	65%		307,632	25%
Baltimore Co.	22%	24%		452,816	56%
Calvert	11%	14%		50,533	37%
Caroline*	6%*	14%		18,175	27%
Carroll	3%	3%		97,126	50%
Cecil	5%	6%		56,871	46%
Charles	28%	41%		81,219	29%
Dorchester	14%	25%		19,507	20%
Frederick	5%	8%		132,425	46%
Garrett	0%*	1%		18,182	23%
Harford	7%	11%		139,631	51%
Howard	12%	17%		166,017	49%
Kent	12%	15%		12,122	46%
Montgomery	14%	17%		559,018	47%
Prince George's	60%	69%		455,805	28%
Queen Anne's	7%	7%		29,804	49%
Somerset	26%	32%		13,490	25%
St. Mary's	13%	14%		56,402	47%
Talbot	7%	12%		24,666	37%
Washington	3%	8%		84,168	57%
Wicomico	14%	23%		50,915	46%
Worcester	11%	12%		33,649	40%
MARYLAND	21%	29%		3,202,462	43%

* Indicates fewer than 10 African American patients served

Hospice Services by Jurisdiction

Allegany	1	1
Anne Arundel	8	5
Baltimore County	9	8
Baltimore City	8	6
Calvert	1	1
Caroline	1	1
Carroll	4	4
Cecil	3	2
Charles	1	1
Dorchester	1	1
Frederick	3	3
Garrett	1	1
Harford	7	4
Howard	7	4
Kent	1	1
Montgomery	7	6
Prince George's	8	7
Queen Anne's	1	1
Somerset	1	1
St. Mary's	1	1
Talbot	2	1
Washington	2	1
Wicomico	1	1
Worcester	1	1

Where do Hospices Provide Care?

- 7 hospices provided services to less than 10 clients in authorized jurisdictions
- 17 instances where jurisdictions have at least one authorized provider with no substantial level of service provided
- One hospice served 2 out of 8 jurisdictions authorized; one served 2 out of 7 jurisdictions authorized

Exhibit 4

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF HEALTH CARE QUALITY

SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. **HH7134**

Issued to: **P-B Health Home Care**
2535 Saint Paul Street
Baltimore, MD 21218

Type of Facility or Community Program: **HOME HEALTH AGENCY**

Date Issued: **July 15, 2016**

SERVICE PROVIDED:

SKILLED NURSING, HOME HEALTH AIDES, PHYSICAL & OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, MEDICAL SOCIAL SERVICES AND INFUSION SERVICES

AREAS SERVED:

ANNE ARUNDEL, BALTIMORE, HOWARD COUNTIES, AND BALTIMORE

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

Expiration Date: **July 15, 2017**

Patricia Tomsko Nay, MD
Director

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

J15 - HHH Provider Enrollment
CGS Administrators, LLC
PO Box 20016
Nashville, TN 37202

May 3, 2012

Ronette Monroe
P-B Health Home Care Agency, Inc
2535 Saint Paul Street
Baltimore, MD 21218-4607

RE: Revalidation Enrollment Application (CMS-855A) for P-B Health Home Care Agency, Inc
PTAN: 21-7134

Dear Ms. Monroe:

We have processed your application to revalidate your Medicare enrollment information. Listed below is the information reflected in your Medicare enrollment record.

Provider Legal Business Name	P-B Health Home Care Agency, Inc
Provider "Doing Business As" Name	None
Provider Transaction Access Number (PTAN)	21-7134
National Provider Identifier (NPI)	1114911229
Main Practice Location Address	2535 Saint Paul Street Baltimore, MD 21218-4607
Correspondence Address	2535 Saint Paul Street Baltimore, MD 21218-4607
Special Payments Address	2535 Saint Paul Street Baltimore, MD 21218-4607
Authorized Official(s)	Matthew Bailey
Delegated Official(s)	None

Please verify the accuracy of your enrollment information. If changes are necessary or you have any questions, please contact the appropriate number below based on your provider type.

Home Health Agency: (877) 299-4500; Hospice: (866) 539-5592

To maintain an active enrollment status in the Medicare program, regulations found at 42 CFR §424.516 require that you submit updates and changes to your enrollment information in accordance with specified timeframes. Reportable changes include, but are not limited to changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as changes in electronic funds transfer information, and (6) final adverse legal actions, including felony convictions, license suspensions or revocations of a health care license, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). To apply via the Internet-based PECOS or to download the CMS-855 enrollment applications, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll.

Sincerely,

Gloria Fanlyl
J15 HHH Provider Enrollment

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

How Does Hospice Use Vary by Urban/Rural Location?

Variable	2000	2011	2012	2013	2014
All Beneficiaries	22.9%	45.2%	46.7%	47.3%	47.8%
Location:					
Urban	24.3%	46.6%	48.0%	48.5%	48.6%
Micropolitan	18.5%	41.4%	43.4%	44.3%	44.7%
Rural Adjacent to Urban	17.6%	40.2%	42.2%	42.9%	43.2%
Rural, nonadjacent to urban	15.8%	35.9%	37.7%	38.0%	38.7%

Source: Report to Congress: Medicare Payment Policy, March 2016
Note: Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Cecil, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Washington, Wicomico, Worcester are classified as urban. Dorchester and Talbot are classified as micropolitan. Caroline, Garrett, and Kent are classified as rural adjacent to urban.

May 18, 2016

To: Ms. Jackie Bailey, RN, MBA
And P-B Health Family

From: Ms. Katherine Hebron

I would like to take this opportunity to thank **Tiffany Harris, HHA** and **Elaine Parker, PTA** for providing me with the "**Best Service Anyone Could Ever Ask For**," I was in the hospital for 6 days and did not receive half the service that **P-B Health** clinicians provided.

I received **two questionnaires** in the mail and did fill them out. **SERVICE was EXCELLENT!!!**

The ladies were **Awesome**, they communicated the date and time when they would be out to provide service and when they were not able to come that day they let me know who would be there in their absence. I could not thank them enough for the **WONDERFUL** service I received. Much better than my hospital stay.

It was a **Pleasure**, having **P-B Health** nursing staff service my medical needs. **Thank you** and continue to be **blessed**.

Best,

Katherine Hebron
3800 Wean Drive
Unit A
Nottingham, MD 21236
410-933-4946

ps: she is kindly requesting a bedside commode also

November 30, 2009

Ms. Jackie D. Bailey, R.N.
Chief Executive Officer
P-B Health Home Care Agency
2535 St. Paul Street
Baltimore, MD 21218

Dear CEO Bailey:

As my family recently celebrated Thanksgiving, your Agency and its wonderful team of nurses were among our many blessing. The professionalism, exceptional care and compassion I received, while recovering from cancer surgery was **EXTRAORDINARY!**

I was welcomed into your Agency on October 3, 2009 by a delightful nurse named Ms. **Mae Benbow**. I had just been released from Mercy hospital for the third time in a month, following my initial surgery on September 1, 2009. The large incision on my stomach was badly infected and I was quite frightened. However, Nurse Benbow patiently answered my many questions and informed me that **Nurse Angela Lewis and Nurse Theresa Davis** were assigned my case. And what a blessing they were!

Nurse Lewis was my regular nurse and I looked forward to her daily visits. In addition to her outstanding nursing skills and compassion, she was very encouraging and taught me so much about health care. Nurse Lewis is a little ball of positive energy! She would enter my house with a huge smile and effortlessly run up my two flights of stairs. Although I was left in the dust, she cheered me on, as I dragged myself up the stairs. ☺ In the beginning, I dreaded our daily work-outs. But running after Nurse Lewis helped immensely in my recovery, and I soon began taking daily 30 minute walks.

Nurse Davis (*or 8,000 as I called her*) arrived once a week in a chauffer driven truck. ☺ As I opened the door, it was like she arrived on a "sleigh of sunshine", as we immediately started joking about our shared lives. In addition to her excellent nursing skills, she also shared tips on nutrition. However, most importantly, Nurse Davis provided much needed laughter amid the cloud of cancer.

Thanks to these extraordinary professionals, my wound has completely healed and on November 16th, I returned to work. I am forever grateful to them and your entire team of committed health care providers for being instrumental in my journey.

Sincerely,

Faith Edwards

cc: Barbara Fagan, State of MD Office of Health Care Quality

January 23, 2014

P-B Health Home Care Agency, Inc
2535 St. Paul Street
Baltimore, Maryland 21218

Dear Miss Colbert:

I am writing to express my extreme gratitude in your organization. I specifically want to mention Denise Howard-Bey, she has been a blessing to my father (Wallace Brown). My father's health and confidence has really improved since Denise has been caring for him. Denise is that special person who loves caring for people. She is loyal, and a faithful health care provider. I would recommend her to care for any of my loved ones. She is dedicated and very trustworthy.

Thanks P-B Health for all you do.

Blanche Brown-Fleming BBF

443-850-9317

Baltimore City Department of Social Services
1510 Guilford Avenue, P.O. Box 17259, Baltimore, Maryland 21203-7259

PB Health Care Inc.
2535 Saint Paul St.
Baltimore, MD 21218
c/o Ms. Darlene Colbert
March 5, 2014

Received
3-7-14

To Ms. Darlene Colbert,

I write this letter with the greatest of exultation in regard to the service that has been given to the clients that are under my care, here in the City of Baltimore.

The client's family of Ms. Nelline White, on February 27th, 2014 could not stop sharing their appreciation in how their mother was and is being treated and cared for by the staff. Your professionalism is visible in the calls that are made when an aide could not be present. You have provided alternative solutions to meet the needs of the client. The role that you play in service provision makes this job enjoyable.

Please continue to provide the highest level of care to the clients here in the City of Baltimore and at the same time share this letter with your staff who believe that their service goes unnoticed.

Thank you again for all that you do.

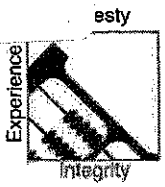
Sincerely,

Reginald Turner

Dr. Reginald Turner
Supervisor
Purchase of Services
In-Home-Aide-Services
Baltimore City, Department of Social Services
1510 Guilford Avenue, Rm. 373
Baltimore, MD 21202
443-423-4159

APPENDIX B

Exhibit 8



MOSES ALADE & Associates
CERTIFIED PUBLIC ACCOUNTANTS

September 30, 2016

Re: P-B Health Home Care Agency, Inc

To Whom It May Concern

Please be advised that our firm, Moses Alade & Associates, LLC has been providing outside accounting support to P-B Health Home Care Agency, Inc since 2010. The accounting services we provide to them include preparation of financial statements and tax returns.

If you have any further questions regarding this matter, you may contact us at the phone number listed below.

Sincerely,

Moses Alade

312 Marshall Avenue • Suite 1010 • Laurel, MD 20707
Phone: (301) 497-9973 • Fax: (240) 547-2634 • E-mail: mosesa@mosesalade.com
www.mosesalade.com

PBHEA2544 09/08/2016 5:00 PM

Form **1120** Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning , ending

▶ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2015

A Check if:
1a Consolidated return (attach Form 851)
b Life/nonlife consolidated return
2 Personal holding co. (attach Sch. PH)
3 Personal service corp. (see instructions)
4 Schedule M-3 attached

TYPE OR PRINT

Name: P-B HEALTH HOME CARE AGENCY,INC

Number, street, and room or suite no. If a P.O. box, see instructions.: 2535 SAINT PAUL STREET

City or town, state, or province, country, and ZIP or foreign postal code: BALTIMORE MD 21218

B Employer identification number: 52-1682544

C Date incorporated: 04/24/1989

D Total assets (see instructions): $ 1,777,179

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	1a 8,210,743	
	b	Returns and allowances	1b 1,854,071	
	c	Balance. Subtract line 1b from line 1a		1c 6,356,672
	2	Cost of goods sold (attach Form 1125-A)		2
	3	Gross profit. Subtract line 2 from line 1c		3 6,356,672
	4	Dividends (Schedule C, line 19)		4
	5	Interest		5 55
	6	Gross rents		6
	7	Gross royalties		7
	8	Capital gain net income (attach Schedule D (Form 1120))		8
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9
	10	Other income (see instructions—attach statement) SEE STMT 1		10 1,159
	11	**Total income.** Add lines 3 through 10 ▶		11 6,357,886
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E) ▶		12 242,430
	13	Salaries and wages (less employment credits)		13 4,020,591
	14	Repairs and maintenance		14 39,894
	15	Bad debts		15
	16	Rents		16 207,723
	17	Taxes and licenses		17 394,174
	18	Interest		18 51,104
	19	Charitable contributions SEE STMT 2		19 0
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 2,676
	21	Depletion		21
	22	Advertising		22 25,947
	23	Pension, profit-sharing, etc., plans		23
	24	Employee benefit programs		24 115,097
	25	Domestic production activities deduction (attach Form 8903)		25
	26	Other deductions (attach statement) SEE STMT 3		26 1,122,738
	27	**Total deductions.** Add lines 12 through 26 ▶		27 6,222,374
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 135,512
	29a	Net operating loss deduction (see instructions)	29a 135,512	
	b	Special deductions (Schedule C, line 20)	29b	
	c	Add lines 29a and 29b		29c 135,512
Tax, Refundable Credits, and Payments	30	**Taxable income.** Subtract line 29c from line 28 (see instructions)		30 0
	31	Total tax (Schedule J, Part I, line 11)		31 0
	32	Total payments and refundable credits (Schedule J, Part II, line 21)		32
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐		33
	34	**Amount owed.** If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34
	35	**Overpayment.** If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35
	36	Enter amount from line 35 you want: **Credited to 2016 estimated tax** ▶ **Refunded** ▶		36

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer MATTHEW BAILEY Date 9-9-16 Title CHIEF FIN OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MOSES ALADE	MOSES ALADE	09/08/16		P00215683

Firm's name ▶ MOSES ALADE, CPA — Firm's EIN ▶ 20-0339245

Firm's address ▶ 312 MARSHALL AVE STE 1010 LAUREL, MD 20707 — Phone no. 301-497-9973

For Paperwork Reduction Act Notice, see separate instructions. DAA

Form 1120 (2015)

Schedule C **Dividends and Special Deductions** (see instructions)

		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	**Total.** Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	**Total dividends.** Add lines 1 through 17. Enter here and on page 1, line 4 ▶			
20	**Total special deductions.** Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Schedule J Tax Computation and Payment (see instructions)

Part I–Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ▶ ☐				
2	Income tax. Check if a qualified personal service corporation (see instructions) ▶ ☐			2	0
3	Alternative minimum tax (attach Form 4626)			3	
4	Add lines 2 and 3			4	0
5a	Foreign tax credit (attach Form 1118)	5a			
b	Credit from Form 8834 (see instructions)	5b			
c	General business credit (attach Form 3800)	5c			
d	Credit for prior year minimum tax (attach Form 8827)	5d			
e	Bond credits from Form 8912	5e			
6	**Total credits.** Add lines 5a through 5e			6	
7	Subtract line 6 from line 4			7	
8	Personal holding company tax (attach Schedule PH (Form 1120))			8	
9a	Recapture of investment credit (attach Form 4255)	9a			
b	Recapture of low-income housing credit (attach Form 8611)	9b			
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c			
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d			
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e			
f	Other (see instructions—attach statement)	9f			
10	**Total.** Add lines 9a through 9f			10	
11	**Total tax.** Add lines 7, 8, and 10. Enter here and on page 1, line 31			11	0

Part II–Payments and Refundable Credits

12	2014 overpayment credited to 2015			12	
13	2015 estimated tax payments			13	
14	2015 refund applied for on Form 4466			14	( )
15	Combine lines 12, 13, and 14			15	
16	Tax deposited with Form 7004			16	
17	Withholding (see instructions)			17	
18	**Total payments.** Add lines 15, 16, and 17			18	
19	Refundable credits from:				
a	Form 2439	19a			
b	Form 4136	19b			
c	Form 8827, line 8c	19c			
d	Other (attach statement—see instructions)	19d			
20	**Total credits.** Add lines 19a through 19d			20	
21	**Total payments and credits.** Add lines 18 and 20. Enter here and on page 1, line 32			21	

Schedule K Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 621610		
b	Business activity ▶ HEALTH CARE		
c	Product or service ▶ HOME HEALTH CARE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Schedule K Other Information continued (see instructions)

		Yes	No
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on **Form 851,** Affiliations Schedule? For rules of constructive ownership, see instructions.		X

If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.		X

If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file **Form 5452,** Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: **(i)** Percentage owned ▶ ..... and **(ii)** Owner's country ▶ ..... **(c)** The corporation may have to file **Form 5472,** Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶		X
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ 0		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1 ▶ ☐		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ▶ ☐ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ $ 298,713		
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than $250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ $		X
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? If "Yes," complete and attach Schedule UTP.		X
15a	Did the corporation make any payments in 2015 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Forms 1099?		
16	During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million?		X

Schedule L Balance Sheets per Books	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
Assets				
1 Cash		239,383		291,965
2a Trade notes and accounts receivable	1,189,903		1,122,827	
b Less allowance for bad debts	16,257	1,173,646	16,219	1,106,608
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach stmt.)			383,785	
10a Buildings and other depreciable assets	383,785		273,884	109,901
b Less accumulated depreciation	250,494	133,291		
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt.) STMT 4		267,309		268,705
15 Total assets		1,813,629		1,777,179
Liabilities and Shareholders' Equity				
16 Accounts payable		20,781		38,725
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 5		1,370,535		1,371,661
19 Loans from shareholders		502,225		502,225
20 Mortgages, notes, bonds payable in 1 year or more		200,863		158,908
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock				100
b Common stock	100	100	100	400,803
23 Additional paid-in capital		400,803		
24 Retained earnings—Appropriated (att. stmt.)				-141,819
25 Retained earnings—Unappropriated		-128,254		-553,424
26 Adjustments to SH equity (att. stmt.) STMT 6		-553,424		
27 Less cost of treasury stock				)
28 Total liabilities and shareholders' equity		1,813,629		1,777,179

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-13,565	7 Income recorded on books this year not included on this return (itemize):		
2 Federal income tax per books		Tax-exempt interest $		
3 Excess of capital losses over capital gains				
4 Income subject to tax not recorded on books this year (itemize): STMT 7	67,075	8 Deductions on this return not charged against book income this year (itemize):		
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation $		
a Depreciation $ 20,714		b Charitable contributions $ STMT 9	16,209	16,209
b Charitable contributions $				16,209
c Travel and entertainment $ STMT 8 77,497	98,211	9 Add lines 7 and 8		135,512
6 Add lines 1 through 5	151,721	10 Income (page 1, line 28)—line 6 less line 9		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	-128,254	5 Distributions: a Cash	
2 Net income (loss) per books	-13,565	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-141,819	8 Balance at end of year (line 4 less line 7)	-141,819

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Form **1120** Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2014 or tax year beginning , ending

▶ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2014

A Check if:
1a Consolidated return (attach Form 851)
b Life/nonlife consolidated return
2 Personal holding co. (attach Sch. PH)
3 Personal service corp. (see instructions)
4 Schedule M-3 attached

TYPE OR PRINT

Name: P-B HEALTH HOME CARE AGENCY, INC

Number, street, and room or suite no. If a P.O. box, see instructions.: 2535 SAINT PAUL STREET

City or town, state, or province, country and ZIP or foreign postal code: BALTIMORE MD 21218

B Employer identification number: 52-1682544

C Date incorporated: 04/24/1989

D Total assets (see instructions): $ 1,813,629

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a	Gross receipts or sales	1a 6,930,033	
	b	Returns and allowances	1b 1,648,676	
	c	Balance. Subtract line 1b from line 1a		1c 5,281,357
	2	Cost of goods sold (attach Form 1125-A)		2
	3	Gross profit. Subtract line 2 from line 1c		3 5,281,357
	4	Dividends (Schedule C, line 19)		4
	5	Interest		5
	6	Gross rents		6
	7	Gross royalties		7
	8	Capital gain net income (attach Schedule D (Form 1120))		8
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9
	10	Other income (see instructions—attach statement)		10
	11	**Total income.** Add lines 3 through 10 ▶		11 5,281,357
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)		12
	13	Salaries and wages (less employment credits)		13 3,688,283
	14	Repairs and maintenance		14 42,144
	15	Bad debts		15
	16	Rents		16 216,070
	17	Taxes and licenses		17 190,177
	18	Interest SEE STMT 1		18 51,013
	19	Charitable contributions		19 0
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 4,459
	21	Depletion		21
	22	Advertising		22 30,856
	23	Pension, profit-sharing, etc., plans		23 3,772
	24	Employee benefit programs		24 112,832
	25	Domestic production activities deduction (attach Form 8903) SEE STMT 2		25
	26	Other deductions (attach statement) ▶		26 1,044,913
	27	**Total deductions.** Add lines 12 through 26		27 5,384,519
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 -103,162
	29a	Net operating loss deduction (see instructions)	29a	
	b	Special deductions (Schedule C, line 20)	29b	
	c	Add lines 29a and 29b		29c
	30	**Taxable income.** Subtract line 29c from line 28 (see instructions)		30 -103,162
Tax, Refundable Credits, and Payments	31	Total tax (Schedule J, Part I, line 11)		31 0
	32	Total payments and refundable credits (Schedule J, Part II, line 21) ▶ ☐		32
	33	Estimated tax penalty (see instructions). Check if Form 2220 is attached		33
	34	**Amount owed.** If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34
	35	**Overpayment.** If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35
	36	Enter amount from line 35 you want: **Credited to 2015 estimated tax** ▶	Refunded ▶	36

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer MATTHEW BAILEY Date 9/14/15 Title CHIEF FIN OFFICER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
MOSES ALADE	MOSES ALADE	09/10/15		P00215683
Firm's name ▶ MOSES ALADE, CPA			Firm's EIN ▶	20-0339245
Firm's address ▶ 312 MARSHALL AVE STE 1010 LAUREL, MD 20707			Phone no.	301-497-9973

For Paperwork Reduction Act Notice, see separate instructions.
DAA

Form 1120 (2014)

Form 1120 (2014) P-B HEALTH HOME CARE AGENCY, INC 52-1682544

Schedule C **Dividends and Special Deductions** (see instructions)

		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3	Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8	Dividends from wholly owned foreign subsidiaries		100	
9	**Total.** Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	**Total dividends.** Add lines 1 through 17. Enter here and on page 1, line 4 ▶		▶	
20	**Total special deductions.** Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b ▶			

Form **1120** (2014)

Schedule J Tax Computation and Payment (see instructions)

Part I–Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)) ▶ ☐				
2	Income tax. Check if a qualified personal service corporation (see instructions) ▶ ☐			2	0
3	Alternative minimum tax (attach Form 4626)			3	
4	Add lines 2 and 3			4	0
5a	Foreign tax credit (attach Form 1118)	5a			
b	Credit from Form 8834 (see instructions)	5b			
c	General business credit (attach Form 3800)	5c			
d	Credit for prior year minimum tax (attach Form 8827)	5d			
e	Bond credits from Form 8912	5e			
6	**Total credits.** Add lines 5a through 5e			6	
7	Subtract line 6 from line 4			7	
8	Personal holding company tax (attach Schedule PH (Form 1120))			8	
9a	Recapture of investment credit (attach Form 4255)	9a			
b	Recapture of low-income housing credit (attach Form 8611)	9b			
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c			
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d			
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e			
f	Other (see instructions—attach statement)	9f			
10	**Total.** Add lines 9a through 9f			10	
11	**Total tax.** Add lines 7, 8, and 10. Enter here and on page 1, line 31			11	0

Part II–Payments and Refundable Credits

12	2013 overpayment credited to 2014			12	
13	2014 estimated tax payments			13	
14	2014 refund applied for on Form 4466			14	( )
15	Combine lines 12, 13, and 14			15	
16	Tax deposited with Form 7004			16	
17	Withholding (see instructions)			17	
18	**Total payments.** Add lines 15, 16, and 17			18	
19	Refundable credits from:				
a	Form 2439	19a			
b	Form 4136	19b			
c	Form 8827, line 8c	19c			
d	Other (attach statement—see instructions)	19d			
20	**Total credits.** Add lines 19a through 19d			20	
21	**Total payments and credits.** Add lines 18 and 20. Enter here and on page 1, line 32			21	

Schedule K Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the:		
a	Business activity code no. ▶ 621610		
b	Business activity ▶ HEALTH CARE		
c	Product or service ▶ HOME HEALTH CARE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		X
	If "Yes," enter name and EIN of the parent corporation ▶		
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Form 1120 (2014) P-B HEALTH HOME CARE AGENCY, INC 52-1682544

Schedule K **Other Information** continued (see instructions)

		Yes	No
5 a	At the end of the tax year, did the corporation: Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote or any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below.		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) If "Yes," file **Form 5452**, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (i) Percentage owned ▶ ..... and (ii) Owner's country ▶		X
	(c) The corporation may have to file **Form 6472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶	▶	☐
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.		☐
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ 0		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1	▶	☐
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ $ 195,551		
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than $250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶$		X
14	Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? If "Yes," complete and attach Schedule UTP.		X
15a	Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Forms 1099?		
16	During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?		X
17	During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18	Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than $1 million?		X

Form 1120 (2014) P-B HEALTH HOME CARE AGENCY, INC 52-1682544

Schedule L Balance Sheets per Books	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
Assets				
1 Cash		211,631		239,383
2a Trade notes and accounts receivable	1,228,669		1,189,903	
b Less allowance for bad debts	16,219	1,212,450	16,257	1,173,646
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach stmt.)			383,785	
10a Buildings and other depreciable assets	383,785		250,494	133,291
b Less accumulated depreciation	226,861	156,924		
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt.) STMT 3		268,039		267,309
15 Total assets		1,849,044		1,813,629
Liabilities and Shareholders' Equity				
16 Accounts payable		22,005		20,781
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 4		991,521		1,370,535
19 Loans from shareholders		502,225		502,225
20 Mortgages, notes, bonds payable in 1 year or more		284,441		200,863
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock				
b Common stock	100	100	100	100
23 Additional paid-in capital		400,803		400,803
24 Retained earnings—Appropriated (att. stmt.)				
25 Retained earnings—Unappropriated		201,373		-128,254
26 Adjustments to SH equity (att. stmt.) STMT 5		-553,424		-553,424
27 Less cost of treasury stock				( )
28 Total liabilities and shareholders' equity		1,849,044		1,813,629

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-329,627	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest $	
3 Excess of capital losses over capital gains		STMT 8	
4 Income subject to tax not recorded on books this year (itemize): STMT 6	38,805	8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation $	
a Depreciation $ 19,175		b Charitable contributions $ STMT 9 22,206	22,206
b Charitable contributions $ 4,403			22,206
c Travel and entertainment $ STMT 7 186,288	209,866	9 Add lines 7 and 8	-103,162
6 Add lines 1 through 5	-80,956	10 Income (page 1, line 28)—line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	201,373	5 Distributions: a Cash	
2 Net income (loss) per books	-329,627	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-128,254	8 Balance at end of year (line 4 less line 7)	-128,254

SCHEDULE G (Form 1120)
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Certain Persons Owning the Corporation's Voting Stock

▶ Attach to Form 1120.
▶ See instructions on page 2.

OMB No. 1545-0123

Name

P-B HEALTH HOME CARE AGENCY, INC

Employer identification number (EIN)

52-1682544

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
JACKIE BAILEY	587-62-0647	USA	100.000

For Paperwork Reduction Act Notice, see the instructions for Form 1120.

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment Sequence No. 179

Name(s) shown on return
P-B HEALTH HOME CARE AGENCY, INC

Identifying number
52-1682544

Business or activity to which this form relates
REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	4,459
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property			25 yrs.		S/L	
g	25-year property			27.5 yrs.	MM	S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				39 yrs.	MM	S/L	
i	Nonresidential real property				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,459
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

Form 4562 (2014)

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						

	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
				43	17,188
43 Amortization of costs that began before your 2014 tax year				44	17,188
44 Total. Add amounts in column (f). See the instructions for where to report					

Form 4562 (2014)

DAA

Exhibit 10

PBHEA2544 P-B Health Home Care Agency,Inc
52-1682544
FYE: 12/31/2015

09/08/2016 5:00 PM

MD Asset Report
Form 1120, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
Prior MACRS:								
1	Computers	4/11/95	7,465	7,465	7,465	0	0	0
2	Computers	7/01/00	748	748	748	0	0	0
3	Computers	7/10/00	682	682	682	0	0	0
4	Computers	7/10/00	682	682	682	0	0	0
5	Computers	7/10/00	682	682	682	0	0	0
6	Computers	7/10/00	682	682	682	0	0	0
7	Computers	7/10/00	682	682	682	0	0	0
8	Hand Held Computer	7/31/04	608	608	608	0	0	0
9	Hand Held Computer	7/31/04	608	608	608	0	0	0
10	Hand Held Computer	7/31/04	608	608	608	0	0	0
11	Hand Held Computer	7/31/04	608	608	608	0	0	0
12	Hand Held Computer	7/31/04	608	608	608	0	0	0
13	Hand Held Computer	7/31/04	608	608	608	0	0	0
14	Hand Held Computer	7/31/04	608	608	608	0	0	0
15	Hand Held Computer	7/31/04	608	608	608	0	0	0
16	Hand Held Computer	7/31/04	608	608	608	0	0	0
17	Hand Held Computer	7/31/04	608	608	608	0	0	0
18	Hand Held Computer	7/31/04	608	608	608	0	0	0
19	Hand Held Computer	7/31/04	608	608	608	0	0	0
20	Security Camera	10/11/07	831	831	831	0	0	0
21	Monitor	10/16/07	577	577	577	0	0	0
22	Computer	10/16/07	756	756	756	0	0	0
23	Computer	1/10/08	2,285	2,285	2,285	0	0	0
24	Computer	3/14/08	845	845	845	0	0	0
25	Computer	3/17/08	1,690	1,690	1,690	0	0	0
26	Computer	3/31/08	1,568	1,568	1,568	0	0	0
27	Computer	4/03/08	1,086	1,086	1,086	0	0	0
28	Telephone System	8/14/00	12,332	12,332	12,332	0	0	0
29	Telephone System	8/15/00	14,303	14,303	14,303	0	0	0
30	Furniture	8/15/00	27,804	27,804	27,804	0	0	0
61	Computer	1/11/13	1,798	1,798	1,097	281	140	-141
62	Monitor	4/10/13	1,278	1,278	703	230	115	-115
63	Laptop	5/10/13	1,043	1,043	574	187	94	-93
64	Server	9/10/13	3,716	3,716	1,821	758	379	-379
65	Outlet	9/10/13	1,033	1,033	506	211	106	-105
66	Server	10/11/13	13,182	13,182	5,668	3,006	1,503	-1,503
67	Printer	10/11/13	1,842	1,842	792	420	210	-210
68	Server	11/10/13	1,138	1,138	489	260	129	-131
			108,026	108,026	94,646	5,353	2,676	-2,677
Amortization:								
31	Leasehold Improvement	12/19/00	10,545	10,545	10,545	0	0	0
32	Leasehold Improvement	3/06/01	10,675	10,675	10,570	105	105	0
33	Leasehold Improvement	6/22/01	7,815	7,815	7,815	0	0	0
34	Leasehold Improvement	6/25/01	5,200	5,200	5,200	0	0	0
35	Leasehold Improvement	6/14/02	9,638	9,638	8,995	643	643	0
36	Leasehold Improvement	10/18/02	88,301	88,301	52,169	5,887	5,887	0
37	Leasehold Improvement	1/25/08	5,526	5,526	2,210	369	369	0
38	Leasehold Improvement	2/15/08	4,333	4,333	1,733	289	289	0
40	Leasehold Improvement	2/22/08	5,526	5,526	2,210	369	369	0
41	Leasehold Improvement	3/14/08	5,526	5,526	2,210	369	369	0
42	Leasehold Improvement	3/18/08	2,000	2,000	800	133	133	0
43	Leasehold Improvement	4/11/08	2,333	2,333	933	156	156	0
44	Leasehold Improvement	4/11/08	5,526	5,526	2,210	369	369	0
45	Leasehold Improvement	5/06/08	1,404	1,404	562	93	93	0
46	Leasehold Improvement	6/05/08	2,500	2,500	1,000	167	167	0
47	Leasehold Improvement	2/15/08	4,333	4,333	1,733	289	289	0
48	Leasehold Improvement	1/13/11	8,316	8,316	2,218	554	554	0
49	Leasehold Improvement	3/17/11	1,517	1,517	388	101	101	0
50	Leasehold Improvement	4/11/11	1,517	1,517	379	101	101	0
51	Leasehold Improvement	4/11/11	1,517	1,517	379	101	101	0
52	Leasehold Improvement	5/27/11	3,000	3,000	733	200	200	0
53	Leasehold Improvement	3/14/11	1,875	1,875	479	125	125	0
54	Leasehold Improvement	4/07/11	1,200	1,200	300	80	80	0
55	Leasehold Improvement	9/23/11	2,880	2,880	640	192	192	0
56	Leasehold Improvement	9/23/11	2,723	2,723	605	182	182	0
57	Leasehold Improvement	12/20/11	3,177	3,177	653	212	212	0

PBHEA2544 P-B Health Home Care Agency,Inc 09/08/2016 5:00 PM
52-1682544
FYE: 12/31/2015

MD Asset Report
Form 1120, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
58	Leasehold Improvement	12/20/11	2,000	2,000	411	133	133	0
59	Lease hold Improvement	1/07/10	67,226	67,226	17,927	4,482	4,482	0
60	Lease hold Improvement	6/30/12	7,620	7,620	1,312	508	508	0
			275,749	275,749	137,319	16,209	16,209	0
	Grand Totals		383,775	383,775	231,965	21,562	18,885	-2,677
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		383,775	383,775	231,965	21,562	18,885	-2,677

PBHEA2544 P-B Health Home Care Agency,Inc 09/08/2016 5:00 PM
52-1682544 **MD Future Depreciation Report FYE: 12/31/16**
FYE: 12/31/2015 **Form 1120, Page 1**

Asset	Description	Date In Service	Cost	MD
Prior MACRS:				
1	Computers	4/11/95	7,465	0
2	Computers	7/01/00	748	0
3	Computers	7/10/00	682	0
4	Computers	7/10/00	682	0
5	Computers	7/10/00	682	0
6	Computers	7/10/00	682	0
7	Computers	7/10/00	682	0
8	Hand Held Computer	7/31/04	608	0
9	Hand Held Computer	7/31/04	608	0
10	Hand Held Computer	7/31/04	608	0
11	Hand Held Computer	7/31/04	608	0
12	Hand Held Computer	7/31/04	608	0
13	Hand Held Computer	7/31/04	608	0
14	Hand Held Computer	7/31/04	608	0
15	Hand Held Computer	7/31/04	608	0
16	Hand Held Computer	7/31/04	608	0
17	Hand Held Computer	7/31/04	608	0
18	Hand Held Computer	7/31/04	608	0
19	Hand Held Computer	7/31/04	608	0
20	Security Camera	10/11/07	831	0
21	Monitor	10/16/07	577	0
22	Computer	10/16/07	756	0
23	Computer	1/10/08	2,285	0
24	Computer	3/14/08	845	0
25	Computer	3/17/08	1,690	0
26	Computer	3/31/08	1,568	0
27	Computer	4/03/08	1,086	0
28	Telephone System	8/14/00	12,332	0
29	Telephone System	8/15/00	14,303	0
30	Furniture	8/15/00	27,804	0
61	Computer	1/11/13	1,798	198
62	Monitor	4/10/13	1,278	145
63	Laptop	5/10/13	1,043	119
64	Server	9/10/13	3,716	455
65	Outlet	9/10/13	1,033	126
66	Server	10/11/13	13,182	1,803
67	Printer	10/11/13	1,842	252
68	Server	11/10/13	1,138	155
			108,026	3,253
Amortization:				
31	Leasehold Improvement	12/19/00	10,545	0
32	Leasehold Improvement	3/06/01	10,675	0
33	Leasehold Improvement	6/22/01	7,815	0
34	Leasehold Improvement	6/25/01	5,200	0
35	Leasehold Improvement	6/14/02	9,638	0
36	Leasehold Improvement	10/18/02	88,301	5,887
37	Leasehold Improvement	1/25/08	5,526	368
38	Leasehold Improvement	2/15/08	4,333	289
40	Leasehold Improvement	2/22/08	5,526	368
41	Leasehold Improvement	3/14/08	5,526	368
42	Leasehold Improvement	3/18/08	2,000	134
43	Leasehold Improvement	4/11/08	2,333	155
44	Leasehold Improvement	4/11/08	5,526	368
45	Leasehold Improvement	5/06/08	1,404	94
46	Leasehold Improvement	6/05/08	2,500	166
47	Leasehold Improvement	2/15/08	4,333	289
48	Leasehold Improvement	1/13/11	8,316	555
49	Leasehold Improvement	3/17/11	1,517	101
50	Leasehold Improvement	4/11/11	1,517	101
51	Leasehold Improvement	4/11/11	1,517	101
52	Leasehold Improvement	5/27/11	3,000	200
53	Leasehold Improvement	3/14/11	1,875	125
54	Leasehold Improvement	4/07/11	1,200	80

5:58 PM
08/22/16
Accrual Basis

P-B Health Home Care Agency, Inc.
Balance Sheet
As of December 31, 2015

	Dec 31, 15
ASSETS	
Current Assets	
Checking/Savings	
10150 · Bank of America-Operating I	352.43
10225 · PNC Ledger Account	120,084.16
10250 · PNC Payroll Account	171,529.11
Total Checking/Savings	291,965.70
Accounts Receivable	
12000 · Accounts Receivable	
12030 · A/R Commercial Insurance	
12031 · Commercial - RSA	20,175.01
12030 · A/R Commercial Insurance - Other	384,847.43
Total 12030 · A/R Commercial Insurance	405,022.44
12040 · A/R Medicare (CAHABA)	622,234.32
12050 · A/R Private Duty	95,570.57
Total 12000 · Accounts Receivable	1,122,827.33
12100 · Contractual Adjust. & Bad debt	
12129 · Cont. Adjustment - Medicare	-2,755.39
12130 · Cont. Adj - Comm. Ins.	40,000.00
12131 · Bad Debt - Commercial	-48,582.00
12150 · Bad Debt - Private Duty	-4,882.24
Total 12100 · Contractual Adjust. & Bad debt	-16,219.63
12560 · Due From MCR FY97 & 98 Cost Rep	
12561 · Allowance MCR FY97 Cost Rep	-108,804.00
12560 · Due From MCR FY97 & 98 Cost Rep - Other	108,804.00
Total 12560 · Due From MCR FY97 & 98 Cost Rep	0.00
Total Accounts Receivable	1,106,607.70
Other Current Assets	
2120 · Payroll Asset	666.04
Total Other Current Assets	666.04
Total Current Assets	1,399,239.44
Fixed Assets	
15000 · Total Fixed Assets	
15004 · Computer Equipment	53,593.83
15006 · Leased Equipment	26,635.58
15007 · Furniture Under Capital Lease	27,804.00
15020 · Leasehold Improvements	275,751.77
Total 15000 · Total Fixed Assets	383,785.18
16000 · Accumulated Depreciation	
16002 · Accum Dep - Office Equipment	-40,615.44
16006 · Accum Dep - Leased Equipment	-26,635.58
16007 · Accum Dep - Leased Furniture	-27,804.00
16020 · Accum Dep - Leasehold Imprvmt	-178,829.22
Total 16000 · Accumulated Depreciation	-273,884.24
Total Fixed Assets	109,900.94

P-B Health Home Care Agency, Inc.
Balance Sheet
As of December 31, 2015

	Dec 31, 15
Other Assets	
13750 · Deferred Income Taxes - Asset	268,039.00
14500 · Certificate of Need	90,000.00
14600 · Acc. Amortization, Certificate	-90,000.00
Total Other Assets	268,039.00
TOTAL ASSETS	1,777,179.38
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20100 · Account Payable	38,719.52
Total Accounts Payable	38,719.52
Other Current Liabilities	
21000 · Paid Leave Liabilities	
21001 · Accrued Paid Time Off - HO	129,381.23
21003 · Accrued Paid Time Off - MC	8,598.38
21004 · Accrued Paid Time Off - PD	9,853.52
21000 · Paid Leave Liabilities - Other	834.17
Total 21000 · Paid Leave Liabilities	148,667.30
21300 · Payroll Withholding Liabilities	
21301 · Federal Tax Withheld	272,629.56
21302 · FICA Withheld - Employee	237,343.37
21304 · Medicare Withheld - Employee	56,996.02
21307 · FICA Payable - Employer	237,235.43
21308 · Medicare Payable - Employer	56,996.02
21309 · MD State Withholding Tax	24,253.07
21311 · PA State Tax Withholding	356.34
21315 · FUTA	1,523.56
22052 · SUTA - MD	16,030.94
Total 21300 · Payroll Withholding Liabilities	903,364.31
21450 · Accrued Payroll	126,222.74
21500 · Due to Company	1,854.35
21900 · Loan Repayment	-3,800.00
22060 · 401K Profit Sharing	
22061 · 401(k) Retirement Plan	4,607.00
22062 · 401k Matching Contributions	127.85
22064 · 401K Loan Repayment	4,839.95
Total 22060 · 401K Profit Sharing	9,574.80
22361 · Garnishments	1,658.18
22800 · Accrued Expenses	6,805.27
23850 · N/P - Current Portion	173,115.57
24102 · Colonial Optl Employee Paid Ins	3,654.80
24104 · AFLAC OPTIONAL EMPLOYEE PD	546.12
Total Other Current Liabilities	1,371,663.44
Total Current Liabilities	1,410,382.96

P-B Health Home Care Agency, Inc.

Balance Sheet

As of December 31, 2015

	Dec 31, 15
Long Term Liabilities	
25300 · Notes Payable Officers	502,225.41
25301 · Deferred Compensation - Owners	158,908.50
Total Long Term Liabilities	661,133.91
Total Liabilities	2,071,516.87
Equity	
30100 · Common Stock	100.00
30300 · Retained Earnings	-681,674.65
30400 · Paid-in Capital	400,803.00
Net Income	-13,565.84
Total Equity	-294,337.49
TOTAL LIABILITIES & EQUITY	1,777,179.38

3:11 PM
03/12/15
Accrual Basis

P-B Health Home Care Agency, Inc.
Balance Sheet
As of December 31, 2014

	Dec 31, 14
ASSETS	
Current Assets	
Checking/Savings	
10150 · Bank of America-Operating I	712.43
10225 · PNC Ledger Account	116,712.10
10250 · PNC Payroll Account	122,431.28
Total Checking/Savings	239,855.81
Accounts Receivable	
12000 · Accounts Receivable	
12030 · A/R Commercial Insurance	
12031 · Commercial - RSA	22,186.63
12030 · A/R Commercial Insurance - Other	275,073.19
Total 12030 · A/R Commercial Insurance	297,259.82
12040 · A/R Medicare (CAHABA)	755,780.43
12050 · A/R Private Duty	136,824.83
Total 12000 · Accounts Receivable	1,189,865.08
12100 · Contractual Adjust. & Bad debt	
12129 · Cont. Adjustment - Medicare	-2,755.39
12130 · Cont. Adj - Comm. Ins.	40,000.00
12131 · Bad Debt - Commercial	-48,582.00
12150 · Bad Debt - Private Duty	-4,882.24
Total 12100 · Contractual Adjust. & Bad debt	-16,219.63
12560 · Due From MCR FY97 & 98 Cost Rep	
12561 · Allowance MCR FY97 Cost Rep	-108,804.00
12560 · Due From MCR FY97 & 98 Cost Rep - Other	108,804.00
Total 12560 · Due From MCR FY97 & 98 Cost Rep	0.00
Total Accounts Receivable	1,173,645.45
Other Current Assets	
2120 · Payroll Asset	346.04
Total Other Current Assets	346.04
Total Current Assets	1,413,847.30
Fixed Assets	
15000 · Total Fixed Assets	
15004 · Computer Equipment	53,593.83
15006 · Leased Equipment	26,635.58
15007 · Furniture Under Capital Lease	27,804.00
15020 · Leasehold Improvements	275,751.77
Total 15000 · Total Fixed Assets	383,785.18
16000 · Accumulated Depreciation	
16002 · Accum Dep - Office Equipment	-35,365.32
16006 · Accum Dep - Leased Equipment	-26,635.58

P-B Health Home Care Agency, Inc.
Balance Sheet
As of December 31, 2014

	Dec 31, 14
16007 · Accum Dep - Leased Furniture	-27,804.00
16020 · Accum Dep - Leasehold Imprvmt	-160,445.82
Total 16000 · Accumulated Depreciation	-250,250.72
Total Fixed Assets	133,534.46
Other Assets	
13750 · Deferred Income Taxes - Asset	268,039.00
13800 · Fraudulent Charges	-1,075.96
14500 · Certificate of Need	90,000.00
14600 · Acc. Amortization, Certificate	-90,000.00
Total Other Assets	266,963.04
TOTAL ASSETS	1,814,344.80
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20100 · Account Payable	20,504.50
Total Accounts Payable	20,504.50
Other Current Liabilities	
21000 · Paid Leave Liabilities	
21001 · Accrued Paid Time Off - HO	103,005.49
21003 · Accrued Paid Time Off - MC	7,284.28
21004 · Accrued Paid Time Off - PD	9,389.35
21000 · Paid Leave Liabilities - Other	149.75
Total 21000 · Paid Leave Liabilities	119,828.87
21300 · Payroll Withholding Liabilities	
21301 · Federal Tax Withheld	252,774.56
21302 · FICA Withheld - Employee	224,706.57
21304 · Medicare Withheld - Employee	53,871.02
21307 · FICA Payable - Employer	224,777.52
21308 · Medicare Payable - Employer	54,635.92
21309 · MD State Withholding Tax	30,796.76
21311 · PA State Tax Withholding	63.55
21315 · FUTA	1,915.28
22052 · SUTA - MD	13,183.07
Total 21300 · Payroll Withholding Liabilities	856,724.25
21450 · Accrued Payroll	127,663.00
21500 · Due to Company	1,854.35
22060 · 401K Profit Sharing	
22061 · 401(k) Retirement Plan	6,545.33
22062 · 401k Matching Contributions	183.72
22064 · 401K Loan Repayment	3,527.73
Total 22060 · 401K Profit Sharing	10,256.78

P-B Health Home Care Agency, Inc.
Balance Sheet
As of December 31, 2014

	Dec 31, 14
22361 · Garnishments	1,433.96
22800 · Accrued Expenses	4,180.02
23850 · N/P - Current Portion	245,698.50
24102 · Colonial Opti Employee Paid Ins	1,847.37
24104 · AFLAC OPTIONAL EMPLOYEE PD	874.84
Total Other Current Liabilities	1,370,361.94
Total Current Liabilities	1,390,866.44
Long Term Liabilities	
25300 · Notes Payable Officers	502,225.41
25301 · Deferred Compensation - Owners	200,862.75
Total Long Term Liabilities	703,088.16
Total Liabilities	2,093,954.60
Equity	
30100 · Common Stock	100.00
30300 · Retained Earnings	-352,052.12
30400 · Paid-in Capital	400,803.00
Net Income	-328,460.68
Total Equity	-279,609.80
TOTAL LIABILITIES & EQUITY	1,814,344.80

Exhibit 13

5:48 PM
08/22/16
Accrual Basis

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2015

	Jan - Dec 15	
Ordinary Income/Expense		
Income		
40100 · Service Revenues		
40101 · Medicare Revenue	5,129,569.76	
40102 · Commercial Revenue		
40104 · Commercial - RSA	38,990.00	
40102 · Commercial Revenue - Other	1,961,556.10	
Total 40102 · Commercial Revenue	2,000,546.10	
40103 · Private Duty Revenue	1,013,551.66	
Total 40100 · Service Revenues	8,143,667.52	8,143,667.52 Gross Receipts Sales
40190 · Revenue Adjustment		
40192 · Private duty Allowance	-7,305.69	
40195 · Commercial Allowance	-711,323.14	
40196 · Commercial - RSA adjustments	-9,972.39	
Total 40190 · Revenue Adjustment	-728,601.22	
40193 · Medicare Gross -Debit Adjust	-1,125,469.76	-1,854,070.98 Returns & Allowances
45000 · Income - Non Service		
45008 · Misc. Income	1,214.36	
Total 45000 · Income - Non Service	1,214.36	
Total Income	6,290,810.90	
Gross Profit	6,290,810.90	
Expense		
5000 · Expense		
50001 · Salaries Wages & Other Comp.		
50100 · Clinical Salaries		
50101 · On Call - Nurses	31,419.41	
50102 · On Call - Therapist	72.00	
50103 · On Call - HHA	3,744.00	
50105 · PTO Professional (MC)	69,367.40	
50108 · PTO Occupational Therapy	160.00	
50110 · Skilled Nursing Salary	662,091.91	
50120 · Physical Therapist	328,590.00	
50121 · Physical Therapy Assistants	276,925.00	
50130 · Occupational Therapy	125,107.50	
50131 · Occupational Therapy Assistant	16,400.00	
50150 · Medical Social Work	59,040.66	
50160 · Home Health Aide	28,537.76	
50180 · Level Pay Adj- PT	12,569.56	
50190 · Level Pay Adj - RN/SN	20,716.15	
50191 · Level Pay Adj - PTA	364.78	
50194 · Level Pay Adj - MSW	3,338.71	
50100 · Clinical Salaries - Other	0.00	
Total 50100 · Clinical Salaries	1,638,444.84	
50200 · A & G Salaries - Staff		
50201 · A&G Salary -Staff	1,724,223.57	
50204 · On-Call - A & G	8,400.16	
50206 · Holiday Expense	74,045.05	
50208 · Holiday CFO	4,125.00	
50209 · Hourly Overtime	9.53	
50211 · PTO - A & G	183,763.92	
50212 · Bonus	65,525.00	
50213 · Commissions	28,938.00	
6560 · Payroll Expenses	9,023.19	
50200 · A & G Salaries - Staff - Other	-77.45	

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2015

	Jan - Dec 15
Total 50200 · A & G Salaries - Staff	2,097,975.97
50216 · 401K Employer Matching Expense	3,437.49
50300 · Private Duty Expenses	
50302 · Paid Time Off - PD	464.17
50306 · Home Health Aide	494,315.70
50307 · Skilled Nursing Salary	4,362.80
Total 50300 · Private Duty Expenses	499,142.67
50400 · Non Visit Time	
50401 · Skilled Nursing Care	17,933.73
50402 · Physical Therapy	3,807.75
50403 · Occupational Therapy	615.24
50405 · Medical Social Work	373.00
50406 · Home Health Aide	955.00
50407 · Continue Ed/Training	490.00
Total 50400 · Non Visit Time	24,174.72
50600 · Contracted Services	
50601 · Skilled Nursing	26,535.03
50602 · Physical Therapy	43,612.50
50603 · Occupational Therapy	128,680.00
50604 · Speech Therapy	18,360.00
50606 · Home Health Aide	379.50
50607 · Contracted Staff (Other)	130,788.74
50600 · Contracted Services - Other	51,929.28
Total 50600 · Contracted Services	400,285.05
50700 · Payroll Taxes and other Expenes	
50701 · Employer's Payroll Tax Expense	
50702 · FICA Expense	257,235.60
50703 · Medicare Expense	60,429.68
50704 · Federal Unemployment Tax	5,842.91
50705 · State Unemployment Tax	53,921.95
Total 50701 · Employer's Payroll Tax Expense	377,430.14
50707 · A&G Health benefit.	111,659.58
50708 · Worker's Compensation	0.00
Total 50700 · Payroll Taxes and other Expenes	489,089.72
50800 · Medical Director	27,000.00
50001 · Salaries Wages & Other Comp. - Other	3,680.00
Total 50001 · Salaries Wages & Other Comp.	5,183,230.46
51000 · Operating Expense	
51002 · Personal Prop. Tax	16,715.46
51100 · Plant Operations	
51101 · Building Security	979.64
51102 · Waste Removal	7,916.87
51103 · Janitorial Services	12,000.00
51104 · Pest Control	1,230.00
51105 · Medical Waste Disposal	73.72
51120 · Utilities	
51121 · Gas & Electric	31,648.08
51122 · Water	4,064.07
Total 51120 · Utilities	35,712.15
Total 51100 · Plant Operations	57,912.38
51200 · Lease Equip	
51201 · Copier - Lease	20,176.00
51202 · Postage Meter - Lease	1,413.00
51203 · Property Tax - Leased Equipment	3,457.63

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2015

	Jan - Dec 15
51204 · Sales Tax on leased equipment	1,210.56
Total 51200 · Lease Equip	26,257.19
51300 · Communications Expense	
51301 · Telephone	12,310.51
51303 · Answering Service/Beepers	6,978.62
51304 · DSL Line	1,644.65
51305 · Internet	68,518.09
51306 · Computer Softw. Maintenance	90,871.37
Total 51300 · Communications Expense	180,323.24
51400 · Repairs & Maintenance	
51402 · Building Repairs & Maintenance	35,383.24
51403 · Auto Repairs & Maintenance	407.68
51404 · Equipment Repairs & Maintenance	2,054.95
51405 · Telephone Repair & Maintenance	2,048.55
Total 51400 · Repairs & Maintenance	39,894.42
51500 · Office Supplies and Expenses	
51501 · Spring Water	1,523.25
51502 · General Supplies	19,280.37
51504 · Marketing Supplies	4,528.87
51505 · Postage and Delivery	5,625.84
51506 · Printing & Reproduction	10,776.44
51507 · Computer Supplies&Equipment	5,663.69
51508 · Janitorial Supplies	4,251.67
Total 51500 · Office Supplies and Expenses	51,650.13
51600 · Insurance	
51602 · Insurance - Property/Fire	3,107.00
51603 · Insurance - Prof. Liabil.	33,463.00
51604 · Worker's Comp. - A&G	83,812.00
51606 · Insurance - Officer Life	12,297.80
Total 51600 · Insurance	132,679.80
51700 · Depreciation	23,389.56
51800 · Reimbursement	
51801 · Cell Phone Reimbursement	2,879.00
51802 · Gas/ Courier reimbursemnt	205.32
51803 · Mileage \ Auto Expenses	52,892.22
51804 · Tolls & Parking	1,591.93
51805 · Travel and Lodging	659.51
Total 51800 · Reimbursement	58,227.98
51900 · Other Expense	
51901 · Billable Medical Supplies	73,241.29
51907 · Advisory Board Expenses	7,900.00
51917 · Equipment Rental	266.12
51947 · Bank Charges	2,220.49
51953 · Advertising - General	10,877.00
51956 · Company Events & Activities	9,145.49
51957 · Dues and Subscriptions	22,543.74
51958 · Outreach/Marketing	5,924.60
51959 · Employee Recuitment	6,887.38
51962 · Contributions/Gifts	7,661.46
51976 · Life Insurance	1,330.00
51977 · Continuing Ed/Reimburse	6,842.54
51978 · Annual license, f/f, permit etc	7,261.34
51979 · Miscellaneous	9,947.39
51987 · Professional Fees-Acctng	22,050.24

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2015

	Jan - Dec 15
51991 · Professional Fees-Legal	5,000.00
51993 · Professional Fees-Billing	39,147.96
59630 · Meetings - General	
59635 · Board of Directors	35,400.00
Total 59630 · Meetings - General	35,400.00
Total 51900 · Other Expense	273,647.04
51000 · Operating Expense - Other	16.72
Total 51000 · Operating Expense	860,713.92
Total 5000 · Expense	6,043,944.38
51001 · Office Rent	151,200.00
52101 · Car Lease Payment	30,000.00
52900 · Employee Auto Benefit Expense	200.00
59820 · Furniture & Fixtures Expense	286.19
60080 · Meetings - Food & Beverage	6,287.07
60090 · Conferences and Seminars	10,055.75
60100 · Freight and Sales Tax	8,014.09
60115 · Sales Tax	1,963.58
60120 · Interest Expense	51,104.14
60125 · Penalties, Fines, & Late Fees	1,321.54
Total Expense	6,304,376.74
Net Ordinary Income	-13,565.84
Other Income/Expense	
Other Expense	
99999 · Suspense Account	0.00
Total Other Expense	0.00
Net Other Income	0.00
Net Income	-13,565.84

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2014

	Jan - Dec 14
Ordinary Income/Expense	
Income	
40100 · Service Revenues	
40101 · Medicare Revenue	3,143,160.00
40102 · Commercial Revenue	
40104 · Commercial - RSA	44,173.00
40102 · Commercial Revenue - Other	1,784,328.89
Total 40102 · Commercial Revenue	1,828,501.89
40103 · Private Duty Revenue	885,992.81
Total 40100 · Service Revenues	5,857,654.70
40190 · Revenue Adjustment	
40195 · Commercial Allowance	-615,261.22
40196 · Commercial - RSA adjustments	-2,040.09
Total 40190 · Revenue Adjustment	-617,301.31
45000 · Income - Non Service	
45008 · Misc. Income	2,199.13
Total 45000 · Income - Non Service	2,199.13
Total Income	5,242,552.52
Gross Profit	5,242,552.52
Expense	
5000 · Expense	
50001 · Salaries Wages & Other Comp.	
50100 · Clinical Salaries	
50101 · On Call - Nurses	36,909.00
50102 · On Call - Therapist	240.00
50103 · On Call - HHA	1,264.00
50105 · PTO Professional (MC)	113,487.12
50110 · Skilled Nursing Salary	576,973.67
50120 · Physical Therapist	252,267.25
50121 · Physical Therapy Assistants	182,476.00
50130 · Occupational Therapy	81,946.16
50131 · Occupational Therapy Assistant	27,750.00
50150 · Medical Social Work	54,317.39
50160 · Home Health Aide	30,925.72
50170 · Level Pay Adj - OT	-33.34
50180 · Level Pay Adj- PT	1,570.85
50190 · Level Pay Adj - RN/SN	10,817.12
50191 · Level Pay Adj - PTA	2,802.88
50194 · Level Pay Adj - MSW	5,291.82
50196 · Level Pay Adj - HHA	4,069.17
50198 · Admin. Fee Adj	-131.25
50100 · Clinical Salaries - Other	230.00
Total 50100 · Clinical Salaries	1,383,173.56

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2014

	Jan - Dec 14
50200 · A & G Salaries - Staff	
50201 · A&G Salary -Staff	1,525,819.43
50204 · On-Call - A & G	8,985.84
50206 · Holiday Expense	59,227.33
50208 · Holiday CFO	3,885.00
50209 · Hourly Overtime	0.00
50211 · PTO - A & G	149,473.40
50212 · Bonus	17,890.00
6560 · Payroll Expenses	3,645.22
50200 · A & G Salaries - Staff - Other	157.80
Total 50200 · A & G Salaries - Staff	1,769,084.02
50216 · 401K Employer Matching Expense	3,772.10
50300 · Private Duty Expenses	
50302 · Paid Time Off - PD	-613.97
50306 · Home Health Aide	442,549.44
50307 · Skilled Nursing Salary	17,250.65
Total 50300 · Private Duty Expenses	459,186.12
50400 · Non Visit Time	
50401 · Skilled Nursing Care	36,428.74
50402 · Physical Therapy	2,852.58
50403 · Occupational Therapy	783.75
50405 · Medical Social Work	2,662.50
50406 · Home Health Aide	3,083.03
50407 · Continue Ed/Training	490.00
Total 50400 · Non Visit Time	46,300.60
50600 · Contracted Services	
50601 · Skilled Nursing	3,136.78
50602 · Physical Therapy	55,092.50
50603 · Occupational Therapy	116,091.25
50604 · Speech Therapy	19,410.00
50607 · Contracted Staff (Other)	159,474.35
50600 · Contracted Services - Other	68,572.25
Total 50600 · Contracted Services	421,777.13
50700 · Payroll Taxes and other Expenes	
50701 · Employer's Payroll Tax Expense	
50702 · FICA Expense	219,993.02
50703 · Medicare Expense	52,803.00
50704 · Federal Unemployment Tax	5,131.02
50705 · State Unemployment Tax	38,140.78
Total 50701 · Employer's Payroll Tax Expense	316,067.82
50707 · A&G Health benefit.	112,832.21
50708 · Worker's Compensation	0.00
Total 50700 · Payroll Taxes and other Expenes	428,900.03

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2014

	Jan - Dec 14
50800 · Medical Director	26,000.00
Total 50001 · Salaries Wages & Other Comp.	4,538,193.56
51000 · Operatiing Expense	32,392.54
51002 · Personal Prop. Tax	
51100 · Plant Operations	899.90
51101 · Building Security	6,980.58
51102 · Waste Removal	12,000.00
51103 · Janitorial Services	1,585.00
51104 · Pest Control	
51120 · Utilities	31,095.30
51121 · Gas & Electric	4,552.65
51122 · Water	35,647.95
Total 51120 · Utilities	
Total 51100 · Plant Operations	57,113.43
51200 · Lease Equip	18,624.00
51201 · Copier - Lease	1,687.00
51202 · Postage Meter - Lease	13,441.49
51203 · Property Tax - Leased Equipment	1,117.44
51204 · Sales Tax on leased equipment	34,869.93
Total 51200 · Lease Equip	
51300 · Communications Expense	12,293.05
51301 · Telephone	6,294.71
51303 · Answering Service/Beepers	6,448.56
51304 · DSL Line	63,835.07
51305 · Internet	74,662.80
51306 · Computer Softw. Maintenance	163,534.19
Total 51300 · Communications Expense	
51400 · Repairs & Maintenance	38,133.15
51402 · Building Repairs & Maintenance	1,032.65
51403 · Auto Repairs & Maintenance	130.00
51404 · Equipment Repairs & Maintenance	2,848.40
51405 · Telephone Repair & Maintenance	42,144.20
Total 51400 · Repairs & Maintenance	
51500 · Office Supplies and Expenses	1,331.29
51501 · Spring Water	18,765.24
51502 · General Supplies	60.17
51503 · Cleaning Supplies	7,746.37
51504 · Marketing Supplies	6,039.15
51505 · Postage and Delivery	12,004.87
51506 · Printing & Reproduction	9,908.50
51507 · Computer Supplies&Equipment	5,582.04
51508 · Janitorial Supplies	61,437.63
Total 51500 · Office Supplies and Expenses	

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2014

	Jan - Dec 14
51600 · Insurance	
51602 · Insurance - Property/Fire	3,310.00
51603 · Insurance - Prof. Liabil.	25,688.69
51604 · Worker's Comp. - A&G	49,395.00
51606 · Insurance - Officer Life	11,897.80
Total 51600 · Insurance	90,291.49
51700 · Depreciation	23,389.56
51800 · Reimbursement	
51801 · Cell Phone Reimbursement	3,650.00
51802 · Gas/ Courier reimbursemnt	175.02
51803 · Mileage \ Auto Expenses	40,309.62
51804 · Tolls & Parking	929.20
51805 · Travel and Lodging	560.85
51800 · Reimbursement - Other	1,811.91
Total 51800 · Reimbursement	47,436.60
51900 · Other Expense	
51901 · Billable Medical Supplies	68,807.88
51902 · Non Billiable Medical Supplies	250.36
51907 · Advisory Board Expenses	8,900.00
51915 · Amortization	-100.00
51922 · Moving Expenses	5,000.00
51947 · Bank Charges	2,779.44
51953 · Advertising - General	12,303.00
51956 · Company Events & Activities	2,437.45
51957 · Dues and Subscriptions	24,000.67
51958 · Outreach/Marketing	10,806.98
51959 · Employee Recuitment	7,056.93
51962 · Contributions/Gifts	4,402.52
51976 · Life Insurance	1,330.00
51977 · Continuing Ed/Reimburse	4,647.74
51978 · Annual license, f/f, permit etc	9,938.74
51979 · Miscellaneous	1,744.43
51987 · Professional Fees-Acctng	23,607.25
59630 · Meetings - General	
59635 · Board of Directors	35,400.00
Total 59630 · Meetings - General	35,400.00
Total 51900 · Other Expense	223,313.39
Total 51000 · Operatiing Expense	775,922.96
Total 5000 · Expense	5,314,116.52
51001 · Office Rent	151,200.00
52101 · Car Lease Payment	30,000.00
59820 · Furniture & Fixtures Expense	1,439.99
60080 · Meetings - Food & Beverage	3,122.70

P-B Health Home Care Agency, Inc.
Profit & Loss
January through December 2014

	Jan - Dec 14
60090 · Conferences and Seminars	11,755.00
60100 · Freight and Sales Tax	4,092.95
60115 · Sales Tax	1,809.38
60120 · Interest Expense	51,013.11
60125 · Penalties, Fines, & Late Fees	200.00
80000 · Self-Insured Med Reimb Plan Exp	2,263.55
Total Expense	5,571,013.20
Net Ordinary Income	-328,460.68
Other Income/Expense	
Other Expense	0.00
99999 · Suspense Account	0.00
Total Other Expense	0.00
Net Other Income	0.00
Net Income	-328,460.68

Exhibit 14

AS OF JAN. 31

Monthly Visit \ Admission Statistics Comparison

JANUARY 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	629	663	210	12	39	0	69	1622	258	6.29	105	15.45
Medicaid	34	8	0	1	1	1	5	50	7	7.14	3	16.67
Self-Pay	6	0	0	0	0	0	0	6	1	0.00	0	0.00
RSA	11	0	0	0	0	0	0	11	1	0.00	0	0.00
Commercial	160	142	49	1	6	0	12	370	86	4.30	41	9.02
2016 Totals	**840**	**813**	**259**	**14**	**46**	**1**	**86**	**2059**	**353**	**5.83**	**149**	**13.82**
Pct 2015	79.32%	116.48%	97.00%	100.00%	83.64%	33.33%	73.50%	93.04%	114.61%	81.18%	104.20%	89.29%
											Medicare LUPA's/Recerts 13/15	

JANUARY 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	659	502	202	14	43	2	96	1518	204	7.44	94	16.15
Medicaid	49	8	0	0	0	0	0	57	6	9.50	0	0.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	0	0	0	0	0	0	0	0	2	0.00	0	0.00
Commercial	351	188	65	0	12	1	21	638	96	6.65	49	13.02
2015 Totals	**1059**	**698**	**267**	**14**	**55**	**3**	**117**	**2213**	**308**	**7.19**	**143**	**15.48**
Pct 2014	109.18%	92.82%	83.18%	107.69%	117.02%	33.33%	67.63%	96.85%	106.94%	90.56%	119.17%	81.27%

JANUARY 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	598	592	236	10	35	8	129	1608	206	7.81	90	17.87
Medicaid	41	13	15	0	0	0	2	71	8	8.88	1	0.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	0	0	0	0	0	0	0	0	6	0.00	0	0.00
Commercial	331	147	70	3	12	1	42	606	68	8.91	29	20.90
2014 Totals	**970**	**752**	**321**	**13**	**47**	**9**	**173**	**2285**	**288**	**7.93**	**120**	**19.04**

Monthly Visit \ Admission Statistics Comparison

FEBRUARY 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	772	728	275	20	32	3	97	1927	250	7.71	108	17.84
Medicaid	22	7	6	0	0	0	7	42	5	8.40	2	0.00
Self-Pay	8	0	0	0	0	0	0	8	1	0.00	0	0.00
RSA	10	0	0	0	0	0	0	10	2	0.00	1	0.00
Commercial	246	202	56	2	5	1	6	518	99	5.23	47	11.02
2016 Totals	**1058**	**937**	**337**	**22**	**37**	**4**	**110**	**2505**	**357**	**7.02**	**158**	**15.85**
Pct 2015	123.89%	156.17%	147.16%	733.33%	82.22%	80.00%	110.00%	136.44%	118.21%	115.42%	150.48%	90.67%

Medicare LUPAs/Recerts. 17/19

FEBRUARY 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	507	397	151	1	31	1	78	1166	187	6.24	58	20.10
Medicaid	40	0	0	0	1	0	0	41	8	5.13	4	10.25
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	0	0	0	0	0	0	0	0	2	0.00	0	0.00
Commercial	307	203	78	2	13	4	22	629	105	5.99	43	14.63
2015 Totals	**854**	**600**	**229**	**3**	**45**	**5**	**100**	**1836**	**302**	**6.08**	**105**	**17.49**
Pct 2014	139.77%	125.52%	123.78%	50.00%	145.16%	166.67%	85.47%	128.30%	132.46%	96.86%	138.16%	92.87%

FEBRUARY 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	402	363	140	4	22	2	77	1010	161	6.27	53	19.06
Medicaid	26	0	2	0	0	0	6	34	5	6.80	2	17.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	0	0	0	0	0	0	0	0	4	0.00	0	0.00
Commercial	183	115	43	2	9	1	34	387	58	6.67	21	18.43
2014 Totals	**611**	**478**	**185**	**6**	**31**	**3**	**117**	**1431**	**228**	**6.28**	**76**	**18.83**

Monthly Visit \ Admission Statistics Comparison

MARCH 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	861	755	321	23	53	7	131	2151	267	8.06	114	18.87
Medicaid	13	7	1	0	1	0	2	24	5	4.80	3	8.00
Self-Pay	6	0	0	0	0	0	0	6	1	0.00	0	0.00
RSA	16	0	0	0	0	0	0	16	2	0.00	0	0.00
Commercial	297	289	113	5	17	1	23	745	107	6.96	48	15.52
2016 Totals	**1193**	**1051**	**435**	**28**	**71**	**8**	**156**	**2942**	**382**	**7.70**	**165**	**17.83**
Pct 2015	119.90%	126.47%	167.95%	311.11%	122.41%	800.00%	98.11%	127.25%	122.44%	103.93%	128.91%	98.71%
											Medicare LUPAs/Recerts 13/22	

MARCH 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	604	582	176	8	40	1	140	1551	192	8.08	80	19.39
Medicaid	80	4	2	0	1	0	0	87	14	6.21	5	17.40
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	8	0	0	0	0	0	0	8	2	0.00	0	0.00
Commercial	303	245	81	1	17	0	19	666	104	6.40	43	15.49
2015 Totals	**995**	**831**	**259**	**9**	**58**	**1**	**159**	**2312**	**312**	**7.41**	**128**	**18.06**
Pct 2014	104.96%	125.91%	100.00%	0.00%	116.00%	25.00%	94.64%	110.67%	110.25%	100.39%	96.24%	115.00%

MARCH 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	615	468	209	0	37	1	113	1443	183	7.89	83	17.39
Medicaid	37	0	0	0	1	0	1	39	9	4.33	4	9.75
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	13	0	0	0	0	0	0	13	5	0.00	0	0.00
Commercial	283	192	50	0	12	3	54	594	86	6.91	46	12.91
2014 Totals	**948**	**660**	**259**	**0**	**50**	**4**	**168**	**2089**	**283**	**7.38**	**133**	**15.71**

Monthly Visit \ Admission Statistics Comparison

APRIL 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	770	689	287	23	38	3	106	1916	262	3.43	115	17.49
Medicaid	10	1	0	0	0	0	0	11	4	2.00	2	4.50
Self-Pay	7	0	0	0	0	0	0	7	1	0.00	0	0.00
RSA	13	0	0	0	0	0	0	13	1	0.00	0	0.00
Commercial	248	213	76	3	14	0	13	567	111	2.61	43	13.19
2016 Totals	**1048**	**903**	**363**	**26**	**52**	**3**	**119**	**2514**	**379**	**6.63**	**160**	**15.42**
Pct 2015	31.82%	31.62%	42.18%	50.00%	36.36%	50.00%	27.68%	32.93%	75.77%	43.46%	31.61%	100.76%

Medicare LUPA's/Recerts 12/23

APRIL 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	662	678	206	7	32	1	98	1684	221	7.62	107	15.74
Medicaid	88	16	9	0	1	0	4	118	14	8.43	5	23.60
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	15	0	0	0	0	0	0	15	2	7.50	0	0.00
Commercial	247	223	60	3	11	1	10	555	89	6.24	43	12.91
2015 Totals	**1012**	**917**	**275**	**10**	**44**	**2**	**112**	**2372**	**326**	**7.28**	**155**	**15.30**
Pct 2014	94.32%	105.89%	81.85%	66.67%	74.58%	50.00%	59.26%	93.31%	99.39%	93.88%	102.65%	90.90%

APRIL 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	707	650	260	13	46	3	151	1830	214	8.55	94	19.47
Medicaid	26	0	0	0	0	0	0	26	6	4.33	2	13.00
Self-Pay	0	4	0	0	0	0	0	4	2	2.00	2	2.00
RSA	27	0	0	0	0	0	0	27	7	3.86	0	0.00
Commercial	313	212	76	2	13	1	38	655	99	6.62	53	12.36
2014 Totals	**1073**	**866**	**336**	**15**	**59**	**4**	**189**	**2542**	**328**	**7.75**	**151**	**16.83**

Monthly Visit \ Admission Statistics Comparison

MAY 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	736	759	322	19	51	1	159	2047	259	7.90	107	19.13
Medicaid	13	5	0	0	0	0	0	18	3	6.00	2	3.00
Self-Pay	8	0	0	0	0	0	0	8	1	0.00	0	0.00
RSA	8	0	0	0	0	0	0	8	1	8.00	0	1.00
Commercial	287	267	119	1	7	0	18	699	118	5.92	63	11.10
2016 Totals	**1052**	**1031**	**441**	**20**	**58**	**1**	**177**	**2780**	**382**	**7.28**	**172**	**16.16**
Pct 2015	107.90%	101.58%	146.51%	181.82%	116.00%	0.00%	156.64%	112.78%	110.09%	102.45%	110.26%	102.29%
											Medicare Lupa's/Recert. 13/17	

MAY 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	662	801	250	6	39	0	106	1864	236	7.90	103	18.10
Medicaid	64	21	9	0	0	0	1	95	14	6.79	6	15.83
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	15	0	0	0	0	0	0	15	2	7.50	0	0.00
Commercial	234	193	42	5	11	0	6	491	95	5.17	47	10.45
2015 Totals	**975**	**1015**	**301**	**11**	**50**	**0**	**113**	**2465**	**347**	**7.10**	**156**	**15.80**
Pct 2014	94.20%	136.42%	103.79%	52.38%	113.64%	0.00%	98.26%	109.56%	104.20%	105.14%	109.09%	100.43%

MAY 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	721	515	217	13	35	0	94	1595	229	6.97	100	15.95
Medicaid	39	5	7	0	0	0	0	51	7	7.29	3	17.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	21	0	0	0	0	0	0	21	6	3.50	3	0.00
Commercial	254	224	66	8	9	1	21	583	91	6.41	37	15.76
2014 Totals	**1035**	**744**	**290**	**21**	**44**	**1**	**115**	**2250**	**333**	**6.76**	**143**	**15.73**

Monthly Visit \ Admission Statistics Comparison

JUNE 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	714	741	340	9	50	2	151	2007	251	8.00	103	19.49
Medicaid	24	10	9	6	1	0	0	50	4	12.50	2	25.00
Self-Pay	6	0	0	0	0	0	0	6	1	0.00	0	0.00
RSA	19	0	0	0	0	0	0	19	1	0.00	0	0.00
Commercial	241	196	82	8	5	0	7	539	121	4.45	51	10.57
2015 Totals	**1004**	**947**	**431**	**23**	**56**	**2**	**158**	**2621**	**378**	**6.93**	**156**	**16.80**
Pct 2015	91.02%	107.98%	149.13%	191.67%	103.70%	0.00%	149.06%	111.67%	111.18%	100.45%	107.59%	103.80%
											Medicare LUPA's/Recerts 18/17	

JUNE 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	669	695	253	10	47	7	96	1777	231	7.69	96	18.51
Medicaid	67	26	7	0	0	0	4	104	12	8.67	2	52.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	12	0	0	0	0	0	0	12	2	0.00	0	0.00
Commercial	254	156	29	2	7	0	6	454	95	4.78	47	9.66
2015 Totals		**877**	**289**	**12**	**54**	**7**	**106**	**2347**	**340**	**6.90**	**145**	**16.19**
Pct 2014	118.58%	148.64%	112.89%	133.33%	117.39%	0.00%	117.78%	127.62%	121.43%	105.10%	138.10%	92.42%
											Medicare LUPA's/Recerts 14/7	

JUNE 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	549	430	200	9	32	1	84	1305	186	7.02	61	21.39
Medicaid	37	8	9	0	1	0	0	55	8	6.88	2	27.50
Self-Pay	4	2	2	0	0	0	0	8	0	0.00	1	8.00
RSA	16	0	0	0	0	0	0	16	0	0.00	0	0.00
Commercial	239	150	45	0	13	2	6	455	86	5.29	41	11.10
2014 Totals	**845**	**590**	**256**	**9**	**46**	**3**	**90**	**1839**	**280**	**6.57**	**105**	**17.51**
											Medicare LUPA's/Recerts 11/9	

Monthly Visit \ Admission Statistics Comparison

JULY 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	765	645	284	23	35	2	154	1908	251	7.60	108	17.67
Medicaid	39	12	11	3	1	0	0	66	5	13.20	3	22.00
Self-Pay	6	0	0	0	0	0	0	6	1	0.00	0	0.00
RSA	26	0	0	0	0	0	0	26	1	26.00	0	0.00
Commercial	235	172	32	4	3	1	5	452	110	4.11	40	11.30
2016 Totals	**1071**	**829**	**327**	**30**	**39**	**3**	**159**	**2458**	**368**	**6.68**	**151**	**16.28**
Pct 2015	91.54%	84.68%	120.66%	375.00%	69.64%	0.00%	122.31%	94.03%	96.34%	97.61%	79.06%	118.94%
											Medicare LUPA's/Recert. 14/18	

JULY 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	799	786	212	8	45	0	114	1964	257	7.64	133	14.77
Medicaid	49	7	4	0	0	0	5	65	10	6.50	3	21.67
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	11	0	0	0	0	0	0	11	1	11.00	0	0.00
Commercial	311	186	55	0	11	0	11	574	114	5.04	55	10.44
2015 Totals	**1170**	**979**	**271**	**8**	**56**	**0**	**130**	**2614**	**382**	**6.84**	**191**	**13.69**
Pct 2014	129.86%	145.68%	145.70%	72.73%	105.66%	0.00%	97.74%	133.44%	129.93%	102.70%	141.48%	94.31%

JULY 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	609	482	127	8	34	3	107	1370	193	7.10	90	15.22
Medicaid	50	2	0	0	1	0	0	53	8	6.63	2	26.50
Self-Pay	1	1	0	0	0	0	0	2	1	0.00	0	0.00
RSA	16	0	0	0	0	0	0	16	3	5.33	0	0.00
Commercial	225	187	59	3	18	0	26	518	89	5.82	43	12.05
2014 Totals	**901**	**672**	**186**	**11**	**53**	**3**	**133**	**1959**	**294**	**6.66**	**135**	**14.51**

Monthly Visit \ Admission Statistics Comparison

AUGUST 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	863	696	272	13	49	5	162	2060	260	7.92	107	19.25
Medicaid	39	6	7	2	1	0	0	55	6	9.17	2	20.00
Self-Pay	4	0	0	0	0	0	0	4	1	4.00	0	0.00
RSA	31	0	0	0	0	0	0	31	1	31.00	0	0.00
Commercial	224	220	88	3	5	0	8	548	113	4.85	59	9.29
2016 Totals	**1161**	**922**	**367**	**18**	**55**	**5**	**170**	**2698**	**381**	7.08	**168**	**16.06**
Pct 2015	105.35%	86.25%	112.92%	150.00%	91.67%	0.00%	138.21%	100.11%	98.45%	101.69%	112.00%	89.39%
											Medicare LUPA's/Recert's 15/7	

AUGUST 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals-Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	766	794	232	6	51	1	100	1950	263	7.41	101	19.31
Medicaid	72	17	15	0	1	1	8	114	13	8.77	4	28.50
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	8	0	0	0	0	0	0	8	1	8.00	0	0.00
Commercial	256	258	78	6	8	2	15	623	110	5.66	45	13.84
2015 Totals	**1102**	**1069**	**325**	**12**	**60**	**4**	**123**	**2695**	**387**	6.96	**150**	**17.97**
Pct 2014	116.86%	153.59%	147.73%	171.43%	139.53%	0.00%	95.35%	131.98%	122.08%	108.11%	114.50%	115.26%
											Medicare LUPA's/Recert's 9/10	

AUGUST 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals-Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	617	468	143	5	30	3	108	1374	210	6.54	87	15.79
Medicaid	44	1	2	0	0	0	2	49	10	4.9	5	9.80
Self-Pay	0	0	0	0	0	0	0	0	0	0	0	0.00
RSA	23	3	0	0	0	0	0	26	6	4.33	3	0.00
Commercial	259	224	75	2	13	1	19	593	91	6.52	36	16.47
2014 Totals	**943**	**696**	**220**	**7**	**43**	**4**	**129**	**2042**	**317**	6.44	**131**	**15.59**
											Medicare LUPA's/Recert's 6/11	

Monthly Visit \ Admission Statistics Comparison

SEPTEMBER 2016 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2016 Totals - Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	849	727	287	4	46	1	195	2109	264	7.99	101	20.88
Medicaid	36	8	2	0	0	0	0	46	6	1.00	2	23.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	26	0	0	0	0	0	0	26	1	0.00	0	0.00
Commercial	247	202	91	5	6	0	11	562	108	5.20	42	13.38
2016 Totals	**1158**	**937**	**380**	**9**	**52**	**1**	**206**	**2743**	**379**	7.24	**145**	**18.92**
Pct 2015	105.46%	89.92%	118.38%	52.94%	98.11%	50.00%	138.26%	102.12%	94.99%	107.51%	79.67%	128.18%
											Medicare LUPA's/Recert's 6/8	

SEPTEMBER 2015 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2015 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Medicare	797	791	257	11	40	5	129	2030	270	7.52	125	16.24
Medicaid	64	9	1	1	2	0	2	79	16	4.94	7	0.00
Self-Pay	0	0	0	0	0	0	0	0	0	0.00	0	0.00
RSA	13	0	0	0	0	0	0	13	1	0.00	0	0.00
Commercial	224	242	63	5	11	1	18	564	112	5.04	50	11.28
2015 Totals	**1098**	**1042**	**321**	**17**	**53**	**6**	**149**	**2686**	**399**	6.73	**182**	**14.76**
Pct 2014	113.78%	150.80%	153.59%	70.83%	94.64%	50.00%	88.17%	127.00%	132.56%	95.81%	147.97%	85.83%
											Medicare LUPA's/Recert's 13/4	

SEPTEMBER 2014 Visits and Admissions Statistics

Payor_Type	SN	PT	OT	ST	MSW	RD	HHA	2014 Totals- Disciplines	Patients	Visit/Patient	Admissions	Visit/Admit
Non-Medicare PPS	0	0	0	0	0	0	0	0	0	0	0	0.00
Medicare	627	522	152	16	47	1	138	1503	195	7.71	78	19.27
Medicaid	64	8	9	0	1	0	9	91	12	7.58	4	22.75
Self-Pay	0	0	0	0	0	0	0	0	0	0	0	0.00
RSA	24	0	0	0	0	0	0	24	5	0	0	0.00
Commercial	250	161	48	8	8	0	22	497	89	5.58	41	12.12
2014 Totals	**965**	**691**	**209**	**24**	**56**	**1**	**169**	**2115**	**301**	7.03	**123**	**17.20**
											Medicare LUPA's/Recert's 8/8	

P-B Health Hospice Admissions Policy

P-B Health's Hospice admission criteria is as follows:

a. Admissions Agreement – A named responsible party who may be the patient, a close family member, or a party who has the Patient's durable Power of Attorney must sign P-B Health's Hospice Agreement

b. A completed Application – such application shall be completed in compliance with P-B Health's Hospice policies and procedures.

c. Advance Care Directives for Finances – Prior to admission, identification of a responsible party or durable Advance Care Directive for Finances is required to make decisions and to handle pertinent financial matters after admission.

d. Advance Care Directives for Health Care – Prior to admission, identification of a responsible party or an Advance Care Directive for Health Care is required to make critical medical decisions after admission for the patient if he/she is no longer competent to make such decisions.

e. The home setting shall be adequate and a safe environment for delivery of proper care to the patient by the hospice staff.

f. A Durable Power of Attorney for Health Care and Finances is also required if the patient has no caregiver or family member to support the patient if he/she is no longer competent to make critical medical or financial decisions.

g. A Do Not Resuscitate (DNR) order and advanced Directives are required for admission to P-B Health's Hospice.

P-B Health Hospice will service Patients 35 years of age and older. admissions with the exclusion of a patient with a contagious malady not manageable per infection control program protocol and pediatric patients, other than in extreme exceptional circumstances per (COMAR 10.24.13.04D)

a. Terminal Illness – The patient must have a diagnosis of a terminal disease and a prognosis of six months or less. The patient and his/her physician must agree that the focus of care is comfort care only. The prognosis and focus on palliative care must be confirmed in writing by the primary physician.

b. Negative TB Status – The patient shall be certified by an MD to be non-contagious with pulmonary TB within 3 months of admission.

c. Continuous Care – The patient may have requirements for continuous 24 hour one-to-one supervision provided by nursing and hospice aide continuous basis only during periods of crisis while maintaining the terminally ill patient in a home setting in lieu of the hospital. Family members/caregivers/volunteers may provide this care as well.

d. P-B Health Hospice shall not offer services for pediatric patients but will work with other licensed general hospices in contiguous jurisdictions to arrange care for these patients as they arise.

P-B Health Hospice On-Call Nursing Policy and Procedures

On-Call nursing response shall be a direct and contractual arrangement for P-B Health Hospice.

On-Call nursing response shall:

1. Ensure patients have access to Hospice service 24 hours per day.
2. P-B Health Hospice shall make weekend and evening staffing available
3. Clinicians are to perform visits on an as-needed basis, including weekends
4. Our on-call staff shall be available after office hours, Monday through Friday, and 24 hours a day on weekends.

P-B Health Hospice Quality Assurance and Improvement Program Policy

P-B Health's Board of Directors shall establish accountability for the improvement of hospice performance through ongoing filed documentation from its PAC Committee. The PAC Committee receives regular reports from the Executive Director as well as additional reports regarding sentinel events and performance improvement activity as these issues may arise. All performance, quality and care indicators are reported and reviewed by the Board of Directors of P-B Health and the PAC Committee which reviews the quality assurance and improvement program quarterly and makes revisions as necessary.

P-B Health Hospice shall:

1. Ensure the methodical collection, review, and evaluation of information and data to include statistics and graphs of trends identified.

2. Ensure that standard reports are prepared and reviewed by the Board as well as appropriate staff personnel;

3. Comprise outcomes and results that are measurable and which may perhaps be integrated into universal changes in the program's operation.

4. Maintain accurate and complete records to demonstrate the effectiveness of its quality assurance activities.

5. Be available and ready to provide appropriate responses when the Patient's health or safety is at risk due to incidents.

6. Have proactive strategies to improve the quality of service including but not limited to identification of any problems in provision of service and corrective response and actions documented, updates or amendments of policies and procedures, implementation of changes due to new or evaluated data, and instructional interventions.

Utilization Review Program will comprise a written procedure for monitoring the allocation and utilization of the Patient and family services in order to identify and resolve any concerns relating to the allocation and utilization of services. The process shall include the following:

a. Purpose of written criteria or management protocols to direct decisions about utilization of services;
b. statistical and other means of analysis of the need for services;
c. Policies, procedures, and goals for utilization review;
d. Consistent time frames for review;
e. Confidentiality policy consistent with regulatory and legal requirements;
f. Special emphasis on overseeing the following area's are not out of compliance:

Correct services being rendered including level of service, Patient's admissions (delays in admission process), and interruptions in specifications of service and specific treatment modalities.

As soon as the Utilization Review Program identify a situation that needs address, the Committee will first document corrective actions taken which shall include continued monitoring and immediate training and educational intervention, as well as revisions to our policies and procedures, and changes in the specifications of services.

P-B Health Hospice shall submit within 90 days after the close of the fiscal year a report of service it rendered during the last fiscal year. The report shall encompass the following: Types of services and number of patients provided to; number of family/caregivers provided each type of service; and differences in the number of patients/caregiver provided service from previous year.

P-B Health Hospice Charity Care and Sliding Fee Scale Policy

P-B Health will provide charity care for indigent and uninsured patients to ensure access to hospice services regardless of an individual's ability to pay and shall provide hospice services on a charitable basis to qualified indigent persons consistent with this policy. The policy shall include provisions for, at a minimum, the following:

1) P-B Health Hospice shall make every effort within two business days following a patient's request for charity care services, application for medical assistance, or both, make a determination of probable eligibility in communication verbal and in writing to the patient, caregiver and or family member or responsible party.

2) P-B Health Hospice shall publish annual notice of the hospice's charity care policy in publications such as the local newspapers The Sentinel, and The Prince George's Post, The Prince George's County Health Department, and Prince George's County Commission on Aging. This policy will also be in P-B Health's business office, and on its website. The Billing Manager will meet with each patient and their family at least two days in advance of providing any service, and shall provide persons notice in regards to P-B Health Hospice charity care policy to patient, caregiver/family member.

   P-B Health Hospice Charity Policy:

   P-B Health Hospice shall provide hospice services to persons of all financial resources, including the underserved and the uninsured community. No patient shall be turned away due to financial constraints.

   1. Eligibility- P-B Health Hospice understands financial hardships and each patient will be measured by the family's income compared to the Federal and State Poverty Income Guidelines.

   2. Timely Communication- P-B Health Hospice will make every effort within two business days after the patient has requested charity care services and/or an application for medical assistance has been established we will communicate to the patient/caregiver/family member and/ or responsible party verbally and in written form the determination of eligibility.

   3. Payment Plans- P-B Health Hospice will provide requirements for time payment plans for individuals who do not meet the criteria for charity care, but are unable to bear the full cost of services.

4. Nondiscrimination- P-B Health Hospice charity will be based only on the merits of need base. We will not take into consideration diagnosis, gender, race, age, sexual orientation, social or immigrant status, or religious association.

P-B Health Hospice Sliding Scale for Financial Assistance (See Scale Below)

P-B Health Sliding Scale for Financial Assistance

Federal Poverty Guideline	<100%	101% To 125%	126% To 150%	151% To 175%	176% To 200%	201% To 225%	226% To 250%	251% To 275%	276% To 300%	301% To 400%
Family Size										
1	$11,170.00	$13,963.00	$16,755.00	$19,548.00	$22,340.00	$25,133.00	$27,925.00	$30,718.00	$33,510.00	$44,680.00
2	$15,130.00	$18,913.00	$22,695.00	$26,478.00	$30,260.00	$34,043.00	$37,825.00	$41,608.00	$45,390.00	$60,520.00
3	$19,090.00	$23,863.00	$28,635.00	$33,408.00	$38,180.00	$42,953.00	$47,725.00	$52,498.00	$57,270.00	$76,360.00
4	$23,050.00	$28,813.00	$34,575.00	$40,338.00	$46,100.00	$51,863.00	$57,625.00	$63,388.00	$69,150.00	$92,200.00
5	$27,010.00	$33,763.00	$40,515.00	$47,268.00	$54,020.00	$60,773.00	$67,525.00	$74,278.00	$81,030.00	$108,040.00
6	$30,970.00	$38,713.00	$46,455.00	$54,198.00	$61,940.00	$69,683.00	$77,425.00	$85,168.00	$92,910.00	$123,880.00
7	$34,930.00	$43,663.00	$52,395.00	$61,128.00	$69,860.00	$78,593.00	$87,325.00	$96,058.00	$104,790.00	$139,720.00
8	$38,890.00	$48,613.00	$58,335.00	$68,058.00	$77,780.00	$87,503.00	$97,225.00	$106,948.00	$116,670.00	$155,560.00
P-B Health Sliding Scale for	90%	80%	75%	70%	65%	55%	50%	45%	40%	30%

P-B Health Hospice Patients' Bill of Rights

P-B Health currently has a Patients' Bill of Rights that complies with COMAR 10.07.21.21

The Patient's Rights and Responsibilities:

YOU, OUR VALUED PAIENT HAVE THE RIGHT TO....

- Considerate and respectful care, with full recognition of your dignity and individuality including privacy in treatments and care of your personal needs.
- The most appropriate medical treatment available, regardless of your age, race, sex, religious preference, national origin, marital status or handicaps.
- Be fully informed in understandable terms, about your diagnosis, treatment and possible outcome. If medically advisable, this information will be made available to an appropriate person on your behalf.
- Be informed about all services available through P-B Health Hospice. These are: Skilled Nursing, Hospice Aide, Chemotherapy, Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Dietary Counseling, Bereavement Counseling, Medical Social Worker, Homemaker, and any medical equipment, laboratory, pharmacy, or supplies necessary for treatment and care in your home. You also have the RIGHT to be informed about charges made to you or your billing party for services received.
- To participate in the planning of your treatment. You also have the RIGHT to refuse to participate in any experimental research.
- To be transferred or discharged for medical reasons, for your welfare, or for non-payment (except as prohibited by Titles XVIII or XIX of the Social Security ACT), for an unsafe environment, or for refusal of treatment. You will be given advance notice to ensure orderly transfer or discharge. Such actions will be documented in the clinical record.
- To present to the Agency and/or representatives of your choice, any grievances or problems; and to recommend changes in policy and services while remaining free from restraint, interference, coercion, discrimination or reprisal.
- Confidential treatment of your personal and clinical records. You may refuse to release such information to any individual outside the facility, except in the case of transfer to another health care institution or agency, or as required by law; or in the event of a third party contract.
- To know what rules and regulations apply to your conduct as a patient of this agency.

YOU, OUR VALUED PATIENT HAVE THE RESPONSIBILITY TO....

- Be informative about your past illnesses, hospitalizations, medications, and other matters relating to your health.
- Cooperate with all personnel caring for you and to ask questions if you do not understand any directions given.

- Inform the hospice agency when you know that you will not be at home on a scheduled visit day.
- Ensure the safety and well-being of any agency personnel who are visiting and/or caring for you under the terms of our agreement.
- Inform the agency if you feel that your rights have been violated in any way.

P-B Health Hospice Hazard, Disposal, and Waste Policy

Educate the patient, caregiver and or family member information and instructions regarding handling, identifying, and disposal of hazardous materials and waste in accordance to P-B Health's Hospice policies.

a. The patient shall be assessed for educational needs related to identifying, handling, and disposal of hazardous waste and materials.

b. The need for usage of puncture-resistant needle containers (sharp containers)

c. The need for the use of bags for disposal of dressings and linens.

d. The need for the use of gloves and protective clothing.

e. This assessment will include the appropriate actions for both Hospice interdisciplinary staff as well as the patient, caregiver, and family member while receiving hospice services.

f. Any patient who has the potential for handling and disposing of hazardous materials shall receive information pertaining to OSHA's standards on blood borne pathogens along with safety in the home for hospice patients.

g. The information shall be reviewed with the patient, caregiver, and family member to assess and educate them on how to protect themselves from harm as they take care of their loved one. Full instruction and knowledge are necessary prior to the patient and caregiver starting care which may put them at potential risk.

h. P-B Health Hospice Nurse Managers will continue to observe the patient and caregiver on different site and or subsequent visits to make sure proper protocols are being used for both the patient and the caregiver, and family member. When noted out of compliance this will result in immediate re-training.

i. P-B Health shall keep the following information recorded in the clinical file.

    i. Trainings taught
    ii. Patient, caregiver, and family members comprehension of the trainings
    iii. Return demonstration in use of equipment or procedures or both
    iv. Communication
    v. If additional training is required

P-B Health Hospice Home Safety Policy

P-B Health Hospice shall provide instructions to the patient, caregiver/family member regarding safe home practices in accordance to hospice policies. They will include the following topics:

1. Electrical safety
2. Fire response
3. Environmental and mobility safety
4. Bathroom safety

P-B Health Hospice shall follow the following procedures, document and report immediately.

1. In accordance to the admissions assessment the patient's home shall be assessed for potential safety hazards.

2. Upon the results of the assessment the patient, caregiver/family member educational needs will be identified.

3. The assessment, documentation and verbal information pertaining to the patient's surroundings will be used as a basis for additional patient instruction.

4. The following information shall be reviewed with each patient and will include the following:

   a. Electrical safety – The importance of being aware of these hazards in the home extension cords, overloaded circuits, electrical cords, outlets, light bulbs, grounding, and electrical appliances.

   b. Fire safety – The importance of these hazards in the home Smoking, smoke detectors, fire escape route, burns, electric blankets, heating pads, oxygen therapy precautions, space heaters, cooking safety, and flammable liquids.

   c. Environmental and mobility safety – The importance of these hazards in the home fall prevention techniques, wheelchair safety, walker safety, exit/hallways, use of handrails, loose carpet, stairway safety, adequate lighting, emergency disaster and medical plan.

   d. Bathroom safety – The importance of these hazards in the home Grab bars, slippery surfaces, nonskid mats, and water temperature

P-B Health Hospice Interdisciplinary staff shall monitor and continually assess the patient and caregiver/family member compliance to the home safety policies and re-train as necessary. P-B Health Hospice shall document the teaching and understanding of safety trainings, any changes made to the environment, response to teaching which includes demonstration in use of equipment if needed and any future additional learning needs.

P-B Health Hospice Infection Control Precautions Policy

P-B Health Hospice shall provide instructional guidelines to patients, caregivers, and family members in infection control precautions.

1. P-B Health shall assess the patient, caregiver and family member for knowledge as it pertains to infection control. The patient, caregiver and family member shall receive information on the following standards:
    a. Hand washing
    b. Use of antiseptic cleaners
    c. Disposing sharps in puncture-resistant containers
    d. Food and drink in patients care area
    e. Transmission of infections
    f. Personal protective equipment
    g. Handling of soiled laundry
    h. Emergency responses
2. The patient, caregiver, and family member shall receive written and verbal instructions and information on standard precautions.
3. These standards must be demonstrated before the patient, caregiver, and family member takes responsibility for care.
4. P-B Health shall document in the clinical file, the teaching and understanding of standard precautions as well as return demonstrations with response to teachings performed by the patient, caregiver and or family member. If needed additional learning shall be taught by the Nurse Manager when observed during subsequent visits.

P-B Health Hospice Respite Care Policy

P-B Health Hospice will arrange respite care if the usual caregiver (like a family member) needs a rest. The patient can obtain inpatient respite care in a Medicare, Medicaid certified skilled facility (like a hospice inpatient facility, hospital, or nursing home). The patient can stay up to 5 days each time respite care is needed. Respite care can be utilized more than once but only on an occasional basis. 42 C.F.R s 418.108.

P-B Health's Hospice shall be:

1. Accountable for all admission and discharge from an inpatient respite services thru our licensed skilled registered nurse (Case Manager, who will work with the patient's physician and the interdisciplinary staff to ensure the caregiver and patient's needs are met without major disturbances).

2. Criteria for respite care may be indicated by several conditions, but not limited to the following:

    a. Caregiver injury, which creates a need for respite care for both the caregiver as well as the Hospice Team to regroup and problem solve on behalf of the patient;

    b. Caregiver/family member unable to continue to support the patient due to emotional distress, physical demands, and psychological needs and request time-off one-five days;

    c. Primary Caregiver has an emergency and will not be in the home for a period of time over 1 complete but no longer than 5 days.

    d. Caregiver/family member needs relief to continue to support his or her loved one.

3. Inpatient facilities plan of action;

    a. P-B Health will develop its working relationships with (3) three facilities in Prince Georges County, Maryland that are Medicare/Medicaid certified skilled facilities that meet all federal, state, and local health and safety regulations. We will execute contracts with the facilities for respite care which will give our patients/caregiver a preference as to facilities.

b. P-B Health shall make certain that each facility has a disaster preparedness plan that is up to standards, sufficient staffing, and most importantly that the patient is comfortable, well groomed, accident and injury free, clean, and protected from infection.

4. Management with Inpatient facilities;

P-B Health Hospice shall facilitate the respite care transfer for each patient. This procedure will be the following: We will provide the skilled facility with a copy of the plan of care with services outlined to be provided by the inpatient facility, a copy of the medical record from the skilled nursing facility will be provided to P-B Health Hospice upon discharge of the patient, and P-B Health's Hospice interdisciplinary staff shall be available 24 hours per day 7 days a week for clinical consultation with the skilled nursing facility's staff as needed.

5. The Care of the Patient While in The Facility

P-B Health Hospice terms of care shall be in direct coordination with the patient's plan of care developed by our hospice interdisciplinary team for treatment, medications, and diet. P-B Health Hospice will provide appropriate training and education for staff in each skilled nursing facility providing twenty-four hours per day respite care to our patient's.

P-B Health Hospice Short-Term Inpatient Care Policy

Short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) shall be direct and contractual arrangement as P-B Health's interdisciplinary hospice team with the physicians orders and directives will help support the patient and loved ones thru respite care and procedures deemed necessary and appropriate keeping in mind the focus of palliative care and making sure the patient is most comfortable.

P-B Health Hospice shall:

1. Have a written contractual agreement with other service providers for inpatient hospice care needs.

2. Provide these services at times when the patient, caregiver, or family member needs a brief reprieve.

3. Contact skilled nursing facilities in Prince George's County that are Medicare certified

4. Offer the respite service on an as needed basis for a maximum of five days per admission.

5. Coordinate the care in accordance with the patients' plan of care established by P-B Health's interdisciplinary group, with a copy provided to the skilled facility.

6. Be responsible for the coordination of the patient's transfer into and out of the skilled nursing facility. Upon discharge P-B Health Hospice shall retain a copy of the clinical record from the respite skilled nursing facility and keep in patient's medical file.

7. Provide the patient, caregiver, and family member with pertinent information regarding effective and safe use of medications.

8. Provide education on pain management and pain as it relates and is an integral stage of hospice care.

9. Educate and explain to the patient, family member, and caregiver the correct administration of medications as ordered by the PCP or attending physician or other licensed independent practitioner or any over the counter drugs purchased.

10. Safety of storage of all medications.

Exhibit 26

P - B Health Home Care Agency, Inc.

Baltimore, MD

has been Accredited by

The Joint Commission

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

Home Care Accreditation Program

December 18, 2014

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #470960
Print/Reprint Date: 05/18/2015

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

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

EXHIBIT 27

SHP Real-Time Home Health Compare

P-B Health Home Care Agency, Inc

HHC Publication Date: 01/2016

Report Date: 10/6/2016

Your Overall Star Rating

Quality of Patient Care:

Managing Daily Activities

DC/TRF - You/SHP: 7/14 - 6/15 CMS: 7/14 - 6/15

				State (MD)		National		Your % Rank	
				CMS	SHP	CMS	SHP	CMS	SHP
Improvement in Ambulation	66.3%	66.9%	**68.5%**	65.7%	69.4%	64.3%	67.9%	**68.3%**	**69.6%**
Improvement in Bed Transferring	62.3%	65.4%	**66.6%**	63.0%	65.0%	59.8%	63.4%	**76.2%**	**77.0%**
Improvement in Bathing	74.7%	71.3%	**71.4%**	70.9%	74.0%	69.0%	71.3%	**64.5%**	**56.6%**

Managing Pain and Treating Symptoms

DC/TRF - You/SHP: 7/14 - 6/15 CMS: 7/14 - 6/15

				State (MD)		National		Your % Rank	
				CMS	SHP	CMS	SHP	CMS	SHP
Pain Assessment Conducted	99.6%	99.6%		98.0%	98.1%	98.8%	99.0%	**53.3%**	**53.8%**
Pain Interventions	96.3%	96.7%		97.8%	97.7%	98.6%	98.8%	**14.6%**	**12.4%**
Improvement in Pain	74.5%	76.3%	**77.1%**	70.8%	71.1%	68.5%	69.0%	**73.7%**	**82.2%**
Heart Failure Symp Addressed	84.7%	85.6%		95.6%	95.7%	98.0%	97.9%	**[illegible]**	**[illegible]**
Improvement in Dyspnea	76.5%	82.1%	**82.3%**	75.5%	76.9%	67.4%	70.5%	**90.1%**	**92.2%**

Treating Wounds/Preventing Pressure Sores

DC/TRF - You/SHP: 7/14 - 6/15 CMS: 7/14 - 6/15

				State (MD)		National		Your % Rank	
				CMS	SHP	CMS	SHP	CMS	SHP
Improvement in Status of Surgical Wounds	92.0%	93.4%	**95.2%**	90.7%	90.8%	89.5%	89.7%	**64.3%**	**74.7%**
Pres Ulc Risk Assess Conducted	99.6%	99.7%		99.3%	99.4%	98.7%	99.3%	**65.2%**	**48.6%**
Pres Ulc Prevention in POC	99.1%	99.1%		96.9%	96.6%	97.9%	98.0%	**40.4%**	**43.0%**
Pres Ulc Prevention	87.6%	88.8%		95.3%	95.3%	97.0%	97.4%	**70.1%**	**[illegible]**

Preventing Harm

DC/TRF - You/SHP: 7/14 - 6/15 CMS: 7/14 - 6/15

				State (MD)		National		Your % Rank	
				CMS	SHP	CMS	SHP	CMS	SHP
Timely Initiation of Care	83.8%	83.7%		90.7%	90.9%	91.9%	92.2%	**15.8%**	**[illegible]**
Drug Education All Meds	94.6%	95.2%		92.6%	93.2%	94.3%	94.8%	**39.6%**	**33.6%**
Improvement in Mgmt of Oral Meds	62.7%	67.4%	**67.8%**	57.4%	59.7%	54.0%	57.7%	**90.2%**	**89.8%**
Fall Risk Assessment Conducted	99.6%	99.6%		97.9%	97.8%	98.6%	98.3%	**40.8%**	**39.9%**
Depression Assessment Conducted	97.1%	97.1%		96.0%	96.2%	97.8%	98.2%	**26.4%**	**20.2%**
Flu Vaccine Received	58.0%	58.3%		72.7%	72.8%	70.3%	73.7%	**27.1%**	**12.1%**
PPV Received	61.9%	61.9%		73.1%	73.0%	71.5%	75.3%	**32.7%**	**17.5%**
Diabetic Foot Care & Education	89.1%	89.7%		94.0%	94.0%	95.3%	95.7%	**15.8%**	**13.5%**

Preventing Unplanned Hospital Care

SOC - You/SHP: 4/14 - 3/15
CMS EC: 4/14 - 3/15 CMS Hosp: 4/14 - 3/15

Note: In this section, lower scores are better.

				State (MD)		National		Your % Rank	
				CMS	SHP	CMS	SHP	CMS	SHP
30-Day Rehospitalizations	15.5%				13.2%		12.7%		**26.7%**
60-Day Hospitalizations	19.4%	22.2%	**22.6%**	16.1%	16.9%	16.0%	15.9%		**[illegible]**
30-Day EC without Hospitalizations									
60-Day EC without Hospitalizations		13.0%		11.9%		12.3%		**41.1%**	

HHCAHPS

Sample Months - You/SHP: 7/14 - 6/15 CMS: 7/14 - 6/15

			State (MD)		National		Your % Rank	
			CMS	SHP	CMS	SHP	CMS	SHP
Care of Patients	82.4%	83.0%	87.0%	87.7%	88.0%	89.0%	**15.4%**	**10.8%**
Communications	82.5%	82.0%	84.0%	86.1%	85.0%	86.2%	**26.3%**	**24.1%**
Specific Care Issues	79.6%	75.0%	82.0%	84.9%	84.0%	85.6%	**12.7%**	**15.7%**
% who Rated Agency 9,10	70.6%	72.0%	82.0%	82.6%	84.0%	83.7%	**[illegible]**	**[illegible]**
% who would Recommend	61.4%	64.0%	76.0%	77.7%	79.0%	79.6%	**10.1%**	**[illegible]**

Your Percentile Ranking

0% - 20%	20% - 40%	40% - 60%	60% - 80%	80% - 90%	>90%

Hyphens indicate data not available.

Italicized scores are CMS closest match.

★ Data parameters match HHC. ☆ Data parameters do not match HHC. ● ● ● Better/Same/Worse than expected

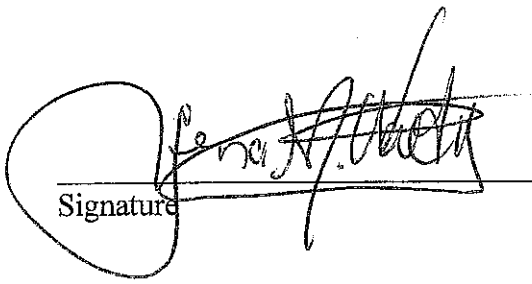
CMS cut points used (Pub: Outcomes/Process Measures-01/2016, Hospitalizations/EC-01/2016).

Your % Rank - Ranks your actual CMS or SHP score (risk adjusted/projected where applicable) against the CMS and SHP populations.

Additional report info: https://secure.shpdata.com/download/shpuniversity/documents/report_user_guides/Home-Health-Compare-User-Guide.pdf

APPENDIX C

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.

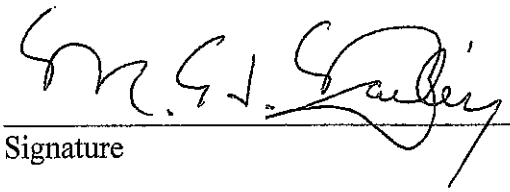


Signature

10-5-2014

Date

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.

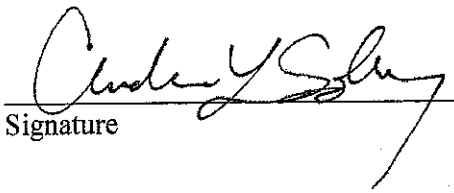


Signature

10-5-2016

Date

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.



Signature

10/5//2016

Date