

**LORIEN NURSING & REHABILITATION CENTER D/B/A LORIEN COLUMBIA  
RESPONSES TO COMPLETENESS QUESTIONS  
(MATTER NO. 18 – 13 – 2379)**

**General Standards- Appropriate Living Environment COMAR 10.24.01.08.05A.(5)**

1. *The applicant describes a renovation to add 40 new beds to the third floor of the south wing of the facility and “substantially reduce the number of resident rooms where more than two residents share a toilet from 20 on the original floor plan...to only four...on the new floor plan...” While this statement is technically accurate, it is also true that there are currently no licensed beds in use on this floor. As a result, there is no actual reduction in the number of residents that share a toilet.*

**RESPONSE:** The proposed project is a 40 bed expansion of its existing 205 bed Facility utilizing new beds identified as being needed by the State Health Plan. Accordingly, as described in the January 5, 2018 Letter of Intent and the Application, it is an expansion of an existing facility. However, since the Applicant is not proposing to construct new outside walls it is not considered “New Construction”. Instead, the new beds will be housed in existing space originally constructed in 1977 to then current standards as part of the original 3-story South building. The space previously housed a nursing unit on the third floor but is now used as storage. Since, as noted, this is not a new construction project and involves renovation of existing space where the beds will be housed, the Applicant also addressed this standard concerning renovation, where it seemed appropriate, as further described below.

One such standard is COMAR 10.24.01.08.05A.(5)(b) which concerns renovation of existing space, although it is specifically directed at renovation projects rather than expansion projects which, as here, also involve some renovation of existing space. By its terms, .05A.(5)(b) would seem to apply regardless of whether there are residents in patient rooms or not. In this regard, the standard addresses the physical design specifications of resident *rooms* (not residents) including multi-occupancy, shared toilets, and individual temperature controls.

Aside from providing Staff an accurate description of what the renovation will accomplish, Lorien wanted to point out that renovations will be carried out in a manner consistent with the policy goals of this standard as well as Lorien’s own current operational standards, regardless of whether .05A.(5)(b) strictly applies.

For these reasons, Lorien does not understand the practical significance of Staff's point that since there are currently no licensed beds in use on this floor, there is no actual reduction in the number of residents that currently share a toilet. Lorien agrees this is technically true if one is viewing this project only from the standpoint of current operations in a currently non-existent resident Unit. However, this standard applies to physical plant requirements, not current residents. Also, when, if approved, the project comes on line there will indeed be licensed beds occupied by residents of the renovated Unit. It is for their future benefit that the SHP imposes certain physical plant standards on all projects regardless of whether residents are currently in place, whether it be a proposed new facility without current residents or a proposed bed addition in unoccupied renovated space.

Accordingly, regardless of whether Staff finds COMAR 10.24.01.08.05A.(5)(b) to be applicable, Lorien Columbia wants the Staff and Commission to know that the proposed project will upgrade existing infrastructure in a manner consistent with the standard's goals.

*Please provide a history and timeline for the bed count at this facility with special attention to the use history of the third floor so that we can properly understand and describe to the MHCC how the facility has evolved over time. The table below may be helpful in communicating the information staff is seeking.*

**RESPONSE:** The Applicant believes Lorien Columbia's 40 year development history is best presented in narrative form rather than a summary presented in a table format.

Lorien Columbia's development history is intertwined with the development of the Columbia, Maryland and the imperative to respond to the changing needs of that community and Howard County as a whole. The dates may be approximate and minor details are subject to recall, but on information and belief, the Applicant believes the following information is generally reliable.

#### Founding of Columbia, HCGH and Growth in Howard County

Lorien Columbia's development and evolution, including its 3 South Unit, cannot be properly understood without a brief survey of Howard County's modern history. By way of

background and context, modern day Howard County is marked by the establishment of Columbia, a planned community founded by visionary developer James Rouse who secured financing for the ambitious development from Connecticut General Life Insurance Company ('Connecticut General'). At its opening in 1967, the new community lacked both a hospital and a nursing facility and residents were required to leave the county for hospital services.

To address the need for access to health care services, Connecticut General and Johns Hopkins Hospital entered into an agreement to establish the Columbia Medical Plan, an early HMO, which began serving the residents of the new community in October, 1969. Thereafter, Groundbreaking on Columbia Medical Center began in 1970.

In 1973, Columbia Hospital and Clinics Foundation, Inc. ('Columbia Hospital') was established as a 59 – bed hospital originally focused on providing inpatient support for members of the Columbia Medical Plan in need of short term care, deliveries, and simple surgeries. Residents in need of care for more complex cases were to be transferred to hospitals in Baltimore City. However, the medical community soon realized that it needed its own full size hospital. As a result, in 1974 Columbia Hospital was reorganized as Howard County General Hospital ('HCGH') as a private, not for profit hospital independent of Johns Hopkins and open to all the residents of Howard County, not just Columbia.

The decision to serve the needs of the entire county resulted in fast growing demand for services at HCGH. Accordingly, in 1975, the MHCC's predecessor agency approved a CON for a 120 bed expansion which opened in 1977.

By January, 1978 demand for hospital services continued to grow. In response, Lorien Columbia agreed to aid HCGH by leasing space in its recently opened nursing facility to HCGH to house a temporary 56 - bed satellite on the third floor, now known as '3 South'. These hospital beds were ultimately relocated back to HCGH's main campus in the early 1980's and, as noted below, Lorien Columbia added new approved nursing beds to the now vacated 3 South space. Over the next years, HCGH has undergone a number of expansions and additions as a dynamic Howard County has grown, developed further, and prospered.

## Lorien Columbia Development

Lorien Columbia was established in three main building phases from the late 1970's to the mid-1990s. Each phase initially occurred in response to growing county-wide demand and in accord with the bed need projections of the MHCC and its predecessor agency. Over the years, the facility's bed complement has fluctuated in response to the Commission's bed need determinations, the need to improve geographic access to care, the desire to offer creative a new model of care praised by the MHCC, and to better respond to community needs as reflected by the changing market. Thus, over the past 40 years, Lorien Columbia has continued to evolve, always in response to the needs of the community and in furtherance of sound health planning policy.

What began as a 60-bed nursing facility which also temporarily hosted a 56-bed hospital satellite, grew to a high of 361 beds, and now proposes to expand from its current 205 beds to 245 beds in order to address unmet need in an updated, renovated Nursing Unit. This history is discussed below.

### *Growth of Lorien Columbia*

Phase 1 South Building: The original facility ('South Building') opened at its existing location in 1977 as a three-level building housing approximately 60 comprehensive care beds. Administrative and ancillary services were located on the ground level. The second level, known as '2 South' housed the facility's 60 beds. (Over time, 2 South's bed complement subsequently grew to 63 beds as a result of the addition of a creep bed and internal reconfiguration of beds.)

As stated above in the discussion of the history of HCGH, Lorien's third level, known as '3 South', was leased to HCGH which operated 56 acute care beds as a satellite facility pending the expansion of its recently established hospital. Three years later HCGH relocated its 56 beds back to its completed expansion. Soon after,, Lorien Columbia was approved to add 60 beds to the now vacant 3 South space. At this time, Lorien Columbia became a 120 bed facility.

Phase II West Wing: In the early 1980's, in response to the identified need for additional beds to serve fast growing Howard County, Lorien received approval to add 120 new beds to be housed in a new two-story addition with a basement ("West Building"). 60 beds were approved to be configured in 'Quad Rooms' housing four beds in each of 15 Resident Rooms on the first and floor and each of 15 Resident Rooms on the second floor, known as 1 West and 2 West, respectively. Thus, Lorien Columbia became a 240-bed facility (120 South + 120 West).

Phase III Renaissance Wing: In the early 1990's, in response to the identified need for additional beds to serve Howard County, Lorien Columbia was approved to add another 120 beds to be housed in a two-story addition known as the Renaissance Wing. 60 beds were located on each of the first and second floor resident levels, known as Ren 1 and Ren 2. Thus, Lorien Columbia became a 360-bed facility (120 South + 120 West + 120 Renaissance). Subsequently, an additional bed was added, bringing the total to 361 beds.

#### *Changes in Lorien Columbia's Licensed Beds*

Since its founding in 1977, Lorien Columbia has undergone a number of changes in its bed complement to respond to the SHP identification of additional bed need, the changing market and to better meet the needs of the residents of Howard County. Each change was reviewed and approved by the Commission and its predecessor agencies. These changes are summarized below.

- Relocation of 63 Beds to Encore - The late 1990's witnessed market changes including the growing acceptance of Assisted Living as an alternative to nursing facility placement, and a softening of demand for nursing facility placement. In addition, Lorien believed there was a need to increase the geographic distribution of nursing facilities since the growing County was served only by Lorien in Columbia and another facility in Ellicott City. Accordingly in 1998 the MHCC approved Lorien's CON Application to relocate the 63 beds on 2 South for use in Lorien's new combined Assisted Living and Nursing Facility model now known as Encore at Turf Valley. Accordingly, with the de-licensure of the 63 beds being re-located to the new Encore facility, Lorien Columbia's licensed capacity was reduced by from 361 beds to 298.

When the 2 South Unit was vacated, Lorien Columbia renovated the 20 plus year old space. Upon completion of renovations, the existing residents were moved from 3 South to the newly renovated 2 South. The 3 South space now awaits its own renovation and the award of 40 new beds proposed in this pending Application.

- De-licensure of 29 beds on 2 West – As noted above, the West addition housed 60 beds on each of its two Resident floors (1 West and 2 West) in ‘Quad Rooms’ with four beds to a room. Quad Rooms represented obsolete infrastructure which did not enhance resident dignity and which was no longer acceptable to Lorien, the Commission, or the market. Therefore, Lorien determined to convert the 15 Quads on 2 West to a mix of semi-private Double Occupancy and Private Resident Rooms. Accordingly, 2 West was converted to 14 Doubles and 3 Singles (31 total beds).

The 29 remaining beds on 2 West were then intended to be re-located to the previously approved Encore at Turf Valley project which was then in the pre-construction development phase. Encore was being delayed by environmental issues related to construction of a bridge over the Little Patuxent River. Encore proposed to resolve those issues by moving its project to an adjacent site at Turf Valley which did not require crossing the river to access the new facility. Thereafter, in October, 2004 as part of an agreement with the Commission for the acceptance of a new CON Application for the relocation of Encore to the adjacent site, Lorien acquiesced to the permanent de-licensure of these 29 beds. Accordingly, Lorien Columbia’s licensed capacity was reduced from 298 beds to 269 beds ( $298 - 29 = 269$ ).

- Relocation of 60 Beds to Lorien Elkridge – As part of its modernization plan, Lorien determined to de-license the remaining 60 beds located in obsolete Quad Rooms (four beds to a room) on 1 West and re-locate them to a new, modern Nursing Facility in an underserved area of Howard County. The new facility would offer services in a modernized building housing a mix of Single and Double occupancy resident rooms, while also improving Howard County’s geographic distribution of services. Thus, in 2007, with the support of the community and its elected officials, Lorien Elkridge was awarded a CON to establish a new nursing facility in Elkridge utilizing these 60 beds, plus four additional beds identified by the State Health Plan as

being needed. The vacated space on 1 West was converted to needed administrative space. In addition, the DaVita Cedar Lane Dialysis Center occupies the remaining space and provides much needed services to Lorien residents in need of dialysis, thus saving them the inconvenience and stress of having to leave the Lorien Columbia to obtain these services.

Accordingly, Lorien Columbia's licensed capacity was reduced by from 269 beds to 209.

- Permanent De- Licensure of Four Beds on Ren 2: Effective January 1, 2016, Lorien Columbia eliminated the last two obsolete Quad Rooms (four beds to a room) by converting them to Double Occupancy Rooms, and permanently de-licensing four beds. Accordingly, Lorien Columbia's licensed capacity was reduced by from 209 beds to its current complement of 205.

#### **General Standards- Collaborative Relationships COMAR 10.24.01.08.05A.(9)**

2. *In this section the applicant has stated that they maintain collaborative relationships with several other types of providers on the continuum of care. Please provide more detail regarding the nature of these relationships and how they ensure access to the entire long term care continuum. Please describe and give examples of the type of collaborative work that takes place with each of the providers listed.*

**RESPONSE:** The Maryland Health Care Commission has consistently interpreted this standard to mean that such referral relationships with such other providers are sufficient to demonstrate compliance with the terms of COMAR 10.24.01.08.05A.(9) and has consistently found so in all recent Lorien CON Applications. *See* MHCC Decision dated February 16, 2017, “*In the Matter of Lorien LifeCenter Howard II, Inc.*, D.N. 16 – 13 – 2369” at p. 7; *see also* MHCC Decision dated July 16, 2015, “*In the Matter of Lorien Bel Air, D.N. 15 – 12 – 2358*” at pp. 13 – 14; *see also* MHCC Decision dated September 17, 2015, “*In the Matter of Lorien Howard, Inc.*, D.N. 15 – 13 – 2365” at p. 10.

Lorien Columbia, like all nursing Maryland facilities, maintains referral relationships with such other providers. This standard intends that residents be given information about their

post discharge options as a means of fostering access to these and other providers of less intensive follow-up care. As explained below, Lorien Columbia discusses less intensive care options with the resident and families at several points during the admissions, care planning, and discharge processes. Further, as also explained below, Lorien Columbia has liaison with these providers, facilitates meetings with residents, and monitors follow-up care with discharged residents for 30 days after discharge from its facility.

Such work begins at Lorien Columbia's initial Admissions process which also includes a Discharge Planning component. Thus, prospective residents and their families / responsible parties are given information, including brochures, and contact information for less intensive care providers that will be available for them once they are discharged from Lorien and return to the community. These options are also addressed during Lorien Columbia's internal Utilization Review / care planning process as the resident's care progresses. Alternative care options are again fully discussed during the actual Discharge Planning process at resident discharge. Specific providers and contact information is made available by caring and compassionate Social Workers / Discharge Planners. Lorien Columbia will also facilitate meetings between post discharge providers of community – based care and residents and/or their families to discuss their follow up care even prior to their discharge from Lorien. Lorien Columbia's Social Work staff maintains liaison with these providers to facilitate access to their services and enhance continuity of care.

Further, as part of an increased focus on reducing hospital readmissions, Lorien Columbia utilizes a Lorien at Home Post Discharge Outreach Program in which residents are contacted within 24 hours of their discharge to ensure that home health, where necessary, and any other needed services have been accessed and whether there are any health care issues. These discharged residents are regularly monitored for thirty days to ensure ongoing continuity of care and any necessary interventions, including re-admission to Lorien if necessary.

Lorien Columbia also works with Howard County General Hospital's ('HCGH') Community Care Team, a collaborative effort designed to increase coordinated care efforts, facilitate smooth transitions to community settings, and improve outcomes. As part of this effort

Lorien invites hospital team members to attend its Care Plan meetings to review and develop individual care plans prior to a resident's discharge from Lorien to the home / community settings. Lorien will also refer discharged residents who need dialysis services to the DaVita Cedar Lane Dialysis located on Lorien Columbia's premises.

Lorien Columbia also works closely with the admissions intake team at Harmony Hall Assisted Living, located on the same campus, to ensure successful transitioning from the Nursing Facility. The facilities maintain dedicated liaison staff which also may attend Care Plan meetings.

Lorien Columbia also maintains liaison with Gilchrist Hospice Center, also on the same campus, to ensure that appropriate residents and their families have access to hospice services when that choice is made.

As a general matter, Lorien Columbia Staff, including dedicated Social Worker staff, Admissions, and Discharge Planners maintain liaison with both residents and community-based providers, distribute detailed literature to residents / families, facilitate meetings and visits with other providers and residents, and communicate regularly to ensure access to less intensive levels of care, improved continuity of care, and improved health care outcomes.

Accordingly, Lorien continues to be consistent with the requirements of this standard.

### **Renovation of Facility- Physical Plant COMAR 10.24.01.08.05C.(3)**

3. *Given that the applicability of this standard does not limit it to facilities undergoing a "complete renovation of the entire facility," staff would like this standard to be addressed.*

*You have demonstrated "how the renovation of the facility will improve the quality of care for residents", as required by the first part of the standard with your reference to COMAR 10.24.08.05A.(5) Appropriate Living Environment and (7) Facility and Unit Design Standards.*

*While certainly not a necessary condition to prove the need for the project, it would behoove the applicant to take this opportunity to address the second part of the standard and clarify whether this project will “eliminate or reduce life safety code waivers from the Office of Health Care Quality and the State Fire Marshall’s Office” as this information may provide further reinforcement for the approval of this CON.*

**RESPONSE:** The Applicant understood COMAR 10.24.01.08.05C to apply to renovations of an *entire* facility because it is entitled ‘Renovation of Facility’. Likewise, subpart (3), entitled ‘Physical Plant’ refers to ‘renovation of the facility’. Since the renovations here are not facility-wide, the Applicant interpreted this standard as not applicable although its response attempted to address the spirit of this standard by referencing standards (5) and (7) concerning Appropriate Living Environment and Facility and Unit Design under COMAR 10.24.08.05A. Accordingly, Lorien appreciates Staff’s finding that it has demonstrated compliance with the first part of this standard. In response to the second part, as requested by Staff, Lorien Columbia also states that there are no OHCQ life safety code waivers or Fire Marshal waivers related to or addressed by this project.

[END]