

Dear Ms. Cole:

I am writing to you today as a Licensed Nursing Home Administrator of CommuniCare's Laurelwood Healthcare Center, a 110 bed skilled nursing center in Elkton, MD. We operate an average daily census of 93 residents daily and have a staffing force of both fulltime and partime 96 employees. Our resident population is made up of a diverse group of residents ranging as young as early twenties to nearing a hundred years of age. However, we aim to uniquely meeting the needs of the residents in Cecil County by not only offering a robust rehabilitation program but also provide support for residents with substance abuse challenges. We proud ourselves of being a support in our community.

On behalf of Laurelwood Healthcare Center, below are comments to COMAR 10.24.20 State Health Plan for Facilities and Services: Comprehensive Care Facility Services, as promulgated in the Maryland Register on December 7th. It is my understanding that the Maryland Health Care Commission is recommending that applications to build new skilled nursing centers in the state could be submitted without evidence of demographic need. While I understand that our state health system needs a thorough revamp to help eliminate burdensome restrictions and regulations, I am strongly opposed to this problematic provision.

The CON process in Maryland has long been based on granting a need once identified to help a particular jurisdiction. When providers are unable to care for those in need, the MHCC authorizes additional beds or other services to assist a community that requested action. Currently in the State of Maryland, skilled nursing facilities on average are operating at an occupancy rate below 90%. There is no known need for additional beds to any jurisdiction throughout the state. By recommending that a skilled nursing facility can be granted absent of any demographic need, the purpose of CON is essentially counterproductive.

Moreover, at Laurelwood Healthcare Center, our center operates at our best when census is high and beds are filled. We constantly work in tandem with hospitals and other referral sources to place residents in our facility, where they can reach their maximum potential through rehab and other services, and return to their home as soon as possible. While some individuals are often strong enough to go home after a hospital stay, others have complex medical conditions that need further rehab at a skilled nursing facility for continuous care. These residents rely on us to operate efficiently and give them the highest quality of care. However, by allowing new centers to be built without proven need, it will result in excess beds, which can possibly lead to providers inability to operate centers efficiently. This could also lead to staff layoffs and possible closure of centers. For reasons stated above, I am asking that the MHCC withdraws this recommendation, as I strongly believe that this regulation will decrease the quality of care for Maryland residents.

Please feel free to contact me with any questions or concerns that you may have.

Have a great day.

Sincerely,
Valerie Nozea

Valerie Nozea, LNHA, RRT

Executive Director

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