BAKER DONELSON

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July 12, 2022

Jeanne Marie Gawel, Program Manager
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215-2299

Re: **CommuniCare Health Services Merger and Consolidation:
Clinton Healthcare Center|Forestville Healthcare Center**

Dear Ms. Gawel:

This is to reply to your June 23, 2022 letter posing completeness questions pertaining to the merger and consolidation request from CommuniCare Health Services ("CHS") to move 37 beds from Clinton Healthcare Center ("Clinton") to Forestville Healthcare Center ("Forestville") in Prince George's County.

1. The project description states 37 beds will be moved from Clinton to Forestville; however, in the chart submitted comparing current and proposed bed count, Clinton is only being reduced by 35 beds. Your response is below. Please clarify and update the chart as needed.

ALABAMA · FLORIDA · GEORGIA · LOUISIANA · MARYLAND · MISSISSIPPI · NORTH CAROLINA · SOUTH CAROLINA · TENNESSEE · TEXAS · VIRGINIA · WASHINGTON, D.C.

4878-8235-2678v2

The accurate table is updated below to correct a typographical error.

Bed Complement Before

	Total	Private	Semi	Triple	Quad	Private*	Semi*	Triple*	Quad*	Physical
Clinton	267	0	1	4	2	4	34	16	1	265
Forestville	162	1	0	0	0	0	34	31	0	162

Bed Complement After

	Total	Private		Semi	Triple	Quad	Private*	Semi*	Triple*	Quad*	Physical
Clinton	230	0		0	0	1	8	102	0	0	230
Forestville	199	3		0	0	0	0	98	0	0	199

2.   The application states that this project is the first in a series of projects for CHS in Maryland to reduce all triple and quad rooms in the state. Please provide more specific information about the series of projects, phases, next steps that provide an overview of the broader project plans. Your completeness response did not include any CommuniCare CCFs on the Eastern Shore, or in Western Maryland. It also did not include CommuniCare's Howard, Baltimore, or Anne Arundel County CCFs. Please elaborate on how these facilities are, or are not, part of the overall strategic plan.

The question requests information about phases and next steps. Much of the bed movements and new construction depend on successful approvals obtained from MHCC, in some cases site acquisition, as well as those approvals required in the pre-construction/entitlement process for each county, making it difficult to report exactly which buildings projects will be completed in what particular order. We anticipate the process and path will be helped by the approval of this first project as a model for future ones. For example, CommuniCare expects to start our projects with moving the requested beds from Clinton to the Forestville location, and once approved by the MHCC, will move to seek approval for the remaining beds to be moved from Clinton to Ft. Washington. The process will be a phased approach over the next several years, and will continue to seek to upgrade the physical plant of the homes listed, while building new, state of the art facilities or additions to accommodate the requested bed movement.

The question asks about other Maryland CCFs. There are no additional construction projects planned. However, funds are allocated for capital spending across the CCFs in the State of Maryland. The current budgeted

capital spend for CommuniCare CCF's in Maryland is $1.6 million dollars annually.

Standards

Appropriate Living Environment

3.   The architect letter provided addresses the Forestville facility. Is there any architect documentation that the renovations to Clinton will also be compliant with current FGI guidelines?   If so, please supply this documentation.

There are no architectural/structural renovations being completed at the Clinton location, therefore no letter was submitted for this purpose. The renovations at this location will include flooring, painting and artwork, as well as the provision of new furnishings such as chairs, sofas and other items for Resident quality of life and comfort.

Quality Rating

4.   The Quality Rating standard section (c) is not complete. Please provide evidence of a Quality Assurance program at both CCFs.

Please see Exhibit A for copies of recent facility QAPI Committee sign-in sheets for both Clinton and Forestville Health Care Facilities. Additionally, please see Exhibit B for QAPI Plan Policy CommuniCare. Facilities adhere to the meeting contents, frequency, processes, policies, and plan outlined in this attached policy.

5.   In the response to the Quality Rating standard analysis, the following time frames were used in the table: April 2022, February 2022, October 2021, September 2021, and May 2021. The standard asks for data from the last five quarterly refreshes from the date of the Letter of Intent (LOI). However, an exemption request does not have an LOI, rather, an application date, in this case, April of 2022. Medicare's refreshes use the same quarters, based on the calendar year - Q1 January-March, Q2 April-June, Q3 July-September and Q4 October-December. Therefore, based on the application date, for this analysis we are reviewing the last three quarters of 2021 and the first two quarters of 2022. However, due to the pandemic, a footnote from Appendix A, Care Compare: SNF QRP Data Dictionary, updated: October 2020 it states: For Q1 2020 and Q2 2020, providers were exempted from data submissions. For this reason, CMS will

hold the data constant (i.e., freeze the data) following the October 2020 refresh. The affected Care Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include: January 2021, April 2021, July 2021, and October 2021. As a result, CMS will hold the October 2020 data constant until SNF QRP data refreshes on Care Compare in January 2022. Based on when Medicare froze the data the following time periods should be used: **April 2022, January 2022, October 2020, July 2020, April 2020.** Please revise the calculations and subsequent comments based on this information.

Please see revised calculations as requested in the table below.

Overall CMS Star Rating For CommuniCare Maryland Skilled Nursing Facilities											
Provider Name	Provider City	Apr-22		Jan-22		Oct-20		Jul-20		Apr-20	
		Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality
ANCHORAGE HEALTHCARE CENTER	SALISBURY		3	1	3	1	4	1	4	1	4
BEL PRE HEALTHCARE CENTER	SILVER SPRING	5	5	5	5	4	4	3	4	3	4
BLUE POINT HEALTHCARE CENTER	BALTIMORE	2	5	2	5	3	5	3	5	2	5
CLINTON HEALTHCARE CENTER	CLINTON	4	5	4	5	3	5	3	5	3	5
CUMBERLAND HEALTHCARE CENTER	CUMBERLAND	2	5	2	5	1	3	1	3	1	2
ELLICOTT CITY HEALTHCARE CENTER	ELLICOTT CITY	1	4	2	5	2	5	2	5	2	4
FAYETTE HEALTH AND REHABILITATION CENTER	BALTIMORE	2	3	2	3	2	2	2	3	2	4
FORESTVILLE HEALTHCARE CENTER	FORESTVILLE	3	5	2	5	4	5	4	5	4	5
FT WASHINGTON HEALTH CENTER	FORT WASHINGTON	4	4	3	4	5	5	5	5	5	5

HAGERSTOWN HEALTHCARE CENTER	HAGERSTOWN	1	3	1	4	1	2	1	2	1	2
HOLLY HILL HEALTHCARE CENTER	TOWSON	1	2	1	2	3	4	3	4	3	3
KENSINGTON HEALTHCARE CENTER	KENSINGTON	2	4	3	5	4	5	3	5	2	3
LAURELWOOD HEALTHCARE CENTER	ELKTON	1	3	1	3	1	3	1	3	1	2
MARLEY NECK HEALTH AND REHABILITATION CENTER	GLEN BURNIE	4	5	5	5	5	5	4	5	4	5
NORTHWEST HEALTHCARE CENTER	BALTIMORE	1	4	1	3	2	5	1	4	1	4
SOUTH RIVER HEALTHCARE CENTER	EDGEWATER	2	5	3	5	3	5	3	5	3	5
WESTMINSTER HEALTHCARE CENTER	WESTMINSTER	1	3	1	3	1	2	1	2	1	2
Star Average		2.24	4.00	2.29	4.12	2.65	4.06	2.41	4.06	2.29	3.76

QM Score For CommuniCare Maryland SNFs										
	Apr-22		Jan-22		Oct-20		Jul-20		Apr-20	
Score Level	Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality
5	1	7	2	9	2	9	1	8	1	6
4	3	4	1	2	3	3	2	4	2	5
3	1	5	3	5	4	2	6	3	4	2
2	6	1	5	1	3	3	2	2	4	4
1	6	0	6	0	5	0	6	0	6	0
3 and Higher Percent	29%	94%	35%	94%	53%	82%	53%	88%	41%	76%

CommuniCare wishes to reiterate our previous comments related to star rating values, and seeks to communicate that while the COVID-19 pandemic had an impact on many skilled nursing facilities in a variety of ways, (i.e. new infection control surveys and their impact on inspection and overall ratings, etc.), CommuniCare Maryland facilities have consistently scored above average in the CMS five-star Quality Measure domain, as evidenced by the aforementioned tables. At present, more than 94% of CommuniCare Maryland facilities rank at 3 stars or above for Quality Measures over the time-period selected.

Tables (Exhibit C)

Revenue

6. For Clinton line c. bad debt decreased drastically from 841K to 261K in 2021, please explain this change.

    a. During 2020 Year End Close, a large amount of accounts was written off that were aged over 365 days. This was a onetime adjustment that skews the typical bad debt run rate of the facility.

7. For both CCFs line f. what is under other operating revenue?

    a. Other Operating Revenue contains the three following revenue sources Ancillary Revenue, Institutional Special Needs Plan (ISNP) Member Revenue, and Prior Year Revenue.

Expenses

8. For both CCFs line f. through h. there is no accountancy for depreciation or amortization expenses, please explain.

    a. Corrected. See attached revised table F.

9. For both facilities lined. there is no interest expense on debt, please explain.

    a. Corrected. See attached revised table F.

10. For Clinton line b. there are no contractual expenses 2022 through 2025, please explain.

            a. Corrected. See Table F.

11.   For Clinton line j. utility expense dropped significantly from 520K to 70 K, please explain.

            a. Corrected. See Table F.

Income

12.   During COVID (2021) why did Forestville's income decrease from 2M to 661K while Clinton's income increased?

            a. Corrected. The amount of difference is reduced but still present. This is primarily due to a diminution of COVID grant revenue from year to year. See Table F.

Workforce

13.   For Clinton, there is no change in FTEs to coincide with the reduction in beds, please explain.

            a. Corrected. See Table H.

Staffing

14.   Explain the difference between the two facilities bedside hours per patient per day - Forestville states 3.59 hours and Clinton states 2.76 hours.

            a. Corrected to reflect higher bedside hours for Clinton. See Table I.

Construction Characteristics

15.   There are no construction characteristics for the Clinton facility renovations, please provide this information.
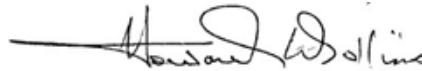
As previously mentioned, construction characteristics at the Clinton facility will include interior painting, flooring, furnishings and artwork. These improvements, along with the de-densification of triple and quad bedrooms, will significantly enhance the quality of life for the Residents of Clinton Health Care Center.

    a. See Table J.

Sincerely,

Howard L. Sollins

cc: Mr. Ronnie Wilhelm, CommuniCare Health Services
Mr. Charles Stoltz, CommuniCare Health Services
Mr. Richard, Odenthal, CommuniCare Health Services
Wynee Hawk, Chief - Certificate of Need
Ms. Ruby Potter
Ernest L. Carter, MD, PhD, Health Officer
  Prince George's Health Department
John J. Eller, Esquire

7J: ;4;F 3

QAPI Meeting Agenda and Minutes

MARYLAND

Date of the meeting:	May 17, 2022	Reason for meeting: (Monthly or Ad Hoc)	monthly (April)

Attendees of the meeting: (print and sign, name and title)

Executive Director:	Wallace, LNHA
Director of Nursing:	Haller
Infection Preventionist:	Agnes Ajayi
Medical Director :	M O E
Dietician :	Steven Collins RD
Geriatric Nursing assistant:	Brown, Ella
Social Worker:	P Williams
Other team member: (include position)	OlaseLo Banjo RN MDS, Phyllis Patterson EHRC, C Bah GNA
Other team member: (include position)	Allison Villalta, LPN, Mamhoud, Aiesha Thomas CN, Joyce Wright Am, Anyinkeng Taze RN ADON

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QAPI Meeting Agenda and Minutes

MARYLAND

Date of the meeting:	May 17, 2022	Reason for meeting: (Monthly or Ad Hoc)	monthly (April)

Attendees of the meeting: (print and sign, name and title)

Executive Director:	Wallace, LNHA
Director of Nursing:	Haller
Infection Preventionist:	Agnes Agyan
Medical Director:	MD
Dietitian:	Steven Collins RD
Geriatric Nursing assistant:	Brown, Ella
Social Worker:	P. William
Other team member: (include position)	Olayode Banjo RN MDS, Byles Patterson EHRC, A. Ben GNA
Other team member: (include position)	Allison Villalta, LPN, Mamheud, Aiesha Thomas, CNA, Joyce Wright AM, Anyinkeng Taze RN ADON

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QAPI MEETING AGENDA AND MINUTES

DATE: 6/9/2021

ATTENDEES OF THE MEETING: (Print and sign, name and tittle)		Monthly	Quarterly
		X	
Executive Director:	*[signature]*		
Director of Nursing:	Beejemau R. DON		
Infection Preventionist/Assistant DON:	Michelle Hawkins		
QA Coordinator:	Beejema RN		
Medical Director:	*[signature]*		
Dietitian:	Hillgem, RD, LDN		
Geriatric Nursing Assistant:	Rose Yongo		
Social Worker:	Allison Newsam		
Unit Manager 1st floor:	*[signature]* On		
Unit Manager 2nd floor:	Oyebole Omoyele		
Medical Record:	O Banjo		
Wound Nurse:	Andrea Camara		
MDS/RAC:	A. Bamishe		
Housekeeping Director:			
Maintenance Director:			
Human Resources:			
Business Office Manager:			
Admissions Director:	*[signature]* Felicia Green Admissi		
Mobilex designee:	*[signature]* FL		
Psych designee:	*[signature]*		
Other (include position) Therapy Actinties Director	*[signature]* Roslee Abassi PTA		

QAPI JUNE 9ᵗʰ 2022 for the Month of May

- Review of last minutes and follow-up completed
- Wound nurse
- BOM
- Admission
- Social worker
- Infection control coordinator
- Infection control
- Activities
- MDS
- Maintenance
- Rehab
- FSM
- Housekeeping
- Nursing
- Dietary/FSM
- Activities director
- EHR
- Director of Nursing
- ED remarks
- Medical Director remarks

Next QA due on 7/14/22 @1PM minutes are due by COB on 7/12/22 or before then. This will be a quarterly meeting for the month of April/May/June.

Report reviewed and prepared by

Yetunde Ifelowo RN

EXHIBIT B

Subject: QAPI (Quality Assurance Performance Improvement) Plan		Policy #: NS 1024-00
Category Nursing Services		Reviewed: 05/30/2019
Approval: Chief Clinical Officer	Effective: 10/01/2017	Revised:	Page: 1 of 12

Scope:

This policy is applicable to all adult living facilities.

Definitions:

CMS: Center for Medicare and Medicaid Services, a primary regulatory body for long-term care

CASPER: Certification and Survey Provider Enhanced Reporting – a report generated using MDS (minimum data set) data for quality improvement

EHR: Electronic health record

QA –Quality Assurance is a process of meeting quality standards and assuring that care reaches an acceptable level. The facility will identify standards for quality based on meeting regulations and will also create standards that go beyond regulation. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts can end once the standard is met.

PI- Performance Improvement (also called Quality Improvement) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systematic problems. PI aims to improve processes involved in health care delivery and resident quality of life. PI can improve quality.

QAPI is data-driven. QAPI is a proactive approach to improving quality of life, care and services. The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement, address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.

QM: Quality Measure

Policy

It is the policy of this facility to provide resident centered care that meets the

psychosocial, physical and emotional needs and concerns of the residents. Safety of residents,

staff and visitors is a primary focus of the facility. Regulations require that the facility have a

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ongoing quality assurance, process improvement plan to monitor the quality of resident care.

The facility will utilize the CMS based program that includes the core elements and design as outlined in the policy. QAPI features:

QAPI data is used not only to identify quality and safety problems, but to also identify other opportunities for improvement, and then setting priorities for action.

QAPI builds on the residents' own goals for health, quality of life and daily activities.

QAPI brings meaningful resident and resident representative involvement when setting goals and evaluating progress toward goals.

QAPI incorporates caregivers broadly into a shared QAPI mission.

QAPI identifies needs to organize Performance Improvement Teams with a specific goal of finding the root cause of the problem.

QAPI focuses on identifying and undertaking systematic change to eliminate problems after the root cause is determined.

QAPI develops a feedback and monitoring system to sustain continuous improvement.

I. Element 1: Design and Scope

    a. Guiding Principles and Mission Statement of the program:

        i. The QAPI program is ongoing and comprehensive and encompasses the full range of services offered by the facility and includes all departments.

        ii. The program addresses all systems of care and management practices; including clinical care, quality of life and resident choice.

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iii. The program strives for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents and their representatives.

iv. The program uses the best available evidence to define and measure goals.

v. The facility will use an ongoing data driven program of identifying systematic and resident choice concerns requiring further review and need for intervention and need for development of a performance improvement plan.

II. Element 2: Governance and Leadership

a. The facility leadership will promote a culture that seeks input from facility staff, residents and their resident representatives

b. The QAPI committee will include the :

   i. Executive Director

   ii. Director of nursing

   iii. Medical Director

   iv. Infection Preventionist (required 11/28/19)

   v. Three other staff members

   vi. Other state required attendees

c. The QAPI committee will identify Quality assurance and performance improvement needs in the following time frames

   i. Daily Meeting

Policies and Standard Procedures

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       1. the daily interdisciplinary meeting serves as a subcommittee of the QAPI committee

       2. This meeting identifies any trends or quality outcomes needing review

  ii. Weekly

       1. The weekly interdisciplinary meeting serves as a subcommittee of the QAPI committee.

          a. This meeting reviews response to identified clinical and quality concerns from the daily meeting have interventions that are effective or need further revision.

  iii. Monthly

       1. The facility will have a QAPI meeting every month.

       2. Required members identified will be present

       3. Members will review any trends or other facility data that requires additional review.

  iv. Quarterly data

       1. will be reviewed over a quarter time frame on monthly meetings following the end of a quarter

  v. Ad Hoc

       1. whenever an additional meeting is needed to provide a rapid response to an identified issue

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     vi. Quarterly QAPI committee meetings

        1. will be held at the Regional and Corporate levels to identify any trends that are occurring across a regional or at a corporate level

  d. Process Tools:

     i. QAPI committee sign in and agenda and the QAPI communication Tool

     ii. Communication of QAPI plans:

        1. Will be made to the governing body

        2. Will be the responsibility of the Executive Director

        3. The Governing body will :

            a. Review the minutes of the QAPI meeting to ensure the plan has the resources necessary to implement and the priority assigned is appropriate.

            b. Ensure the staff has the necessary training to provide for the needs of the facility residents.

        4. Ad Hoc QAPI meetings with resultant plans will also be reviewed as they occur

  e. Communication

     i. The facility will communicate QAPI activities with the family and resident council and Ombudsman using the QAPI communication Tool.

     ii. Communication documents will be available on request of the groups

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

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    f.   Training

        i.   The facility staff will receive training on QAPI upon hire and annually

        ii.   The training will include a knowledge check of the process

        iii.   The staff will be trained on how to bring a concern to the QAPI committee

III.   Element 3: Feedback, Data Systems and Monitoring

    a.   The facility leadership will:

        i.   Use performance indicators from multiple sources to monitor the quality of care and services and satisfaction of residents

            1.   The findings from the performance indicators will be measured against benchmarks that have been established for performance

        ii.   The facility will track, investigate and monitor adverse events that must be investigated every time they occur and action plans will be implemented to prevent a recurrence

    b.   The following examples of data collection and tools will be used:

        i.   Facility Risk Assessment

            1.   Will be completed annually

            2.   When a change is needed (e.g., facility begins caring for residents with a specific need not previously treated in the facility)

            3.   The Executive Director is responsible for the completion of the facility assessment and any identified needs within the assessment

Policies and Standard Procedures

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    ii.   QIS tools for clinical system evaluation

   iii.   Staff competencies for skills

   iv.   Concern form/grievance process

   v.   Resident and Family council meeting reports

   vi.   Dining team reports

   vii.   EHR incident management system

   viii.   CASPER reports and QM measures

   ix.   Facility trends

   x.   Results of Mock Surveys

   xi.   Satisfaction surveys

   xii.   Concurrent reviews

   xiii.   Ambassador rounds

   xiv.   Care Watch data systems

   xv.   Risk Watch data systems

   xvi.   Adverse event reporting

   xvii.   Departmental audits

   xviii.   Vendor reports

   xix.   Regulatory agency citations

   xx.   Any other documents that identify trends that need review

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IV.   Element 4: Performance Improvement Projects (PIP)

   a.   The facility leadership will respond to identified quality and safety concerns using a Performance improvement plan document developed by the QAPI committee.

   b.   The QAPI committee will determine the priority of work.

      i.   The team will focus on areas that affect residents first, high risk areas and opportunities for improvement.

   c.   Charter PIP teams will address in-depth issues and establish how the PIP team will function.

      i.   Identification of how the team will function, timeframes, and resources required will be identified in development of the PIP plan

   d.   Tools will be used for system evaluation will be used for ongoing monitoring of compliance.

   e.   Development of a Performance Improvement Plan

      i.   Before starting a plan the solution cannot be arrived at unless the problem has been thoroughly explored.

      ii.   Many identified problems are systematic and involve multiple departments and processes.

      iii.   First, the facility will need to perform a Root Cause Analysis

         1.   The problem is reviewed to identify the most immediate or obvious reason that an event occurred

Policies and Standard Procedures

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2. The root cause analysis looks for any contributing factors that could lead to more than one root cause.

3. The root cause analysis focuses on primarily systems and processes, not individual performance.

f. The process of developing and evaluating a performance improvement plan includes Plan-Do-Study-Act (PDSA)

   i. PLAN-for how improvement will be measured and plan for any changes that may need to be implemented

   ii. DO-carry out the plan

   iii. STUDY-summarize what the team learned

   iv. ACT-team decides what they need to do next.

      1. During this time the team decides if the plan needs to be changed, adopted, and/or abandoned

      2. Document the plan on the Performance Improvement plan form.

   v. Process tools:

      1. Root causes Analysis Worksheet for planning a Performance Improvement plan.

      2. This tool is used by Charter Team Committee to analyze the root cause and initiate the performance improvement plan.

      3. Five Whys

Policies and Standard Procedures

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   a.   to ask repeatedly the same question to discover the true problem

4.   Failure Mode and Effects Analysis

   a.   FMEA for both new and existing processes and systems.

   b.   The focus is to prevent an adverse event.

5.   Goal Setting

   a.   tool –to use the Smart formula for setting goals for improvement

6.   Sustainability tool – used to identify interventions that are sustainable and will prevent a reoccurrence of the break in process

7.   Performance Improvement Plan (PIP) tool

   a.   to document the formal plan

I.   Element 5: Systemic Analysis and Systemic Action

   a.   The QAPI committee will use a systematic approach to determine through an in-depth analysis the problem identified, causes and the need for a change in the process.

   b.   The facility will use a systematic process to review Root Cause.

   c.   The committee will identify all involved systems to prevent reoccurrence and to promote sustained improvement.

      i.   Through this process the facility will have continual learning and continuous improvement.

   d.   The facility will use data sources to study and implement via the QA committee to improve quality of care, quality of life and resident choice.

Policies and Standard Procedures

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e. The facility will :

  i. document a written plan for improvement

  ii. ensure the plan is followed

  iii. monitor the area of concern for a systematic change that is maintained

f. Performance improvement plans will be reviewed in the daily clinical meeting for progress

  i. During the weekly meeting the plan will be reviewed by the Executive Director to ensure target goals are met and if the QAPI committee will need to address in an Ad Hoc Meeting for any revision to the plan

  ii. Monthly the QAPI committee will meet with all members of the committee present and review any open performance improvement plans, facility audits or data collected since the last meeting

g. The QAPI committee will give recommendation to include the following:

  i. On the plans in progress

  ii. Identifying any new plans needed

  iii. Resources necessary to study the problem

  iv. Steps to improve

  v. Priority of the work

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Approval: Chief Clinical Officer	**Effective:** 10/01/2017	**Revised:**	**Page:** 12 of 12

h. Regional and Corporate Teams:

    i. Regional and Corporate staff will provide additional guidance to the facility in development of plans and assist with identifying priority

    ii. The regional and corporate teams help the facility to identify if resources are available

    iii. Regional and corporate teams will support ongoing review of progress and maintenance after compliance is achieved

EXHIBIT C

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant:

Date of Submission:

Applicants should follow additional instructions included at the top of each of the following worksheets. Please ensure all green fields (see above) are filled.	

Table	Table Title	Instructions
Table A	Bed and Room Inventory	All Comprehensive Care facility applicants must complete Table A regardless of the project type and scope.
Table B	Construction and Renovation Square Footage	All applicants proposing new construction or renovation must complete Table B.
Table C	Project Budget	All applicants, regardless of project type or scope, must complete Table C.
Table D	Utilization - Entire Facility	Existing facility applicants must complete Table D. All applicants who complete this table must also complete Table F.
Table E	Utilization - New Facility or Service	Applicants who propose to: establish a new facility; a new service; or are directed by MHCC staff must complete Table E. All applicants who complete this table must also complete Table G.
Table F	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table F. The projected revenues and expenses in Table F should be consistent with the volume projections in Table D.
Table G	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to: establish a new facility; a new service and any other applicant who completes a Table D must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table E.
Table H	Workforce	All applicants, regardless of project type or scope, must complete Table H.
Table I	Bedside Care Staffing	All applicants, regardless of project type or scope, must complete Table I.

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT BEFORE AND AFTER PROJECT

INSTRUCTION : Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project. Applicants should add columns and recalculate formulas to address any rooms with 3 and 4 bed capacity.

		Before the Project							After Project Completion						
		Based on Physical Capacity							Based on Physical Capacity						
		Room Count							Room Count					
Service Location (Floor/Wing)	Current Licensed Beds	Private	Semi-Private	Triple	Quad	Total Rooms	Physical Bed Capacity	Service Location (Floor/Wing)	Private	Semi-Private	Triple	Quad	Total Rooms	Physical Bed Capacity
COMPREHENSIVE CARE								COMPREHENSIVE CARE						
Unit 1 West	40	0	5	10	0	15	40	**Unit 1 West**	0	15	0	0	15	30
Unit 2 East	58	2	13	10	0	25	28	_Unit 2 East_	2	23	0	0	25	48
Unit 2 West	58	2	14	8	1	25	30	Unit 2 West	2	23	0	0	25	48
Unit 3 East	59	2	16	7	1	26	34	Unit 3 East	2	18	6	0	20	38
Unit 3 West	52	2	20	2	1	22	42	Unit 3 West	2	23	0	0	25	48
SUBTOTAL Comprehensive Care	267	8	68	37	3	103	267	**SUBTOTAL**	8	82	0	0	77	230
ASSISTED LIVING								**ASSISTED LIVING**						
TOTAL ASSISTED LIVING	0	0	0	0	0	0	0	**TOTAL ASSISTED LIVING**	0	0	0	0	0	0
Other (Specify/add rows as needed)						0	0	**Other** (Specify/add rows as needed)					0	0
TOTAL OTHER	0	0	0	0	0	0	0	**TOTAL OTHER**	0	0	0	0	0	0
FACILITY TOTAL	267	8	68	0	0	103	267	**FACILITY TOTAL**	8	82	0	0	77	230

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
First Floor	21,780	0	16,192	5,588	21,780
Second Floor	21,780	0	6,332	15,448	21,780
Third Floor	21,780	0	10,334	11,446	21,780
Fourth Floor	21,780	0	10,334	11,446	21,780
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	87,120	0	43,192	43,928	87,120

TABLE C. PROJECT BUDGET

			CCF Nursing Home	Other Service Areas	Total
A.	**USE OF FUNDS**				
	1.	**CAPITAL COSTS**			
	a.	**New Construction**			
		(1) Building	$0		$0
		(2) Fixed Equipment	$0		$0
		(3) Site and Infrastructure	$0		$0
		(4) Architect/Engineering Fees	$0		$0
		(5) Permits (Building, Utilities, Etc.)	$0		$0
		SUBTOTAL New Construction	**$0**	**$0**	**$0**
	b.	**Renovations**			
		(1) Building	$579,042		$579,042
		(2) Fixed Equipment (not included in construction)	$0		$0
		(3) Architect/Engineering Fees	$0		$0
		(4) Permits (Building, Utilities, Etc.)	$22,607		$22,607
		SUBTOTAL Renovations	**$601,649**	**$0**	**$601,649**
	c.	**Other Capital Costs**			
		(1) Movable Equipment			$0
		(2) Contingency Allowance			$0
		(3) Gross interest during construction period			$0
		(4) Other *(Specify/add rows if needed)*			$0
		SUBTOTAL Other Capital Costs	**$0**	**$0**	**$0**
		TOTAL CURRENT CAPITAL COSTS	**$601,649**	**$0**	**$601,649**
	d.	Land Purchased/Donated	$5,818		$5,818
	e.	Inflation Allowance			
		TOTAL CAPITAL COSTS	**$607,467**	**$0**	**$607,467**
	2.	**Financing Cost and Other Cash Requirements**			
	a.	Loan Placement Fees	$10,000		$10,000
	b.	Bond Discount	$0		$0
	c	CON Application Assistance			
		c1. Legal Fees	$10,000		$10,000
		c2. Other (Specify/add rows if needed)	$15,000		
	d.	Non-CON Consulting Fees			$0
		d1. Legal Fees	$0		
		d2. Other (Specify/add rows if needed)	$5,000		$5,000
	e.	Debt Service Reserve Fund	$0		$0
	f.	Other *(Specify/add rows if needed)*	$0		$0
		SUBTOTAL	**$40,000**	**$0**	**$40,000**
	3.	**Working Capital Startup Costs**			$0
		TOTAL USES OF FUNDS	**$647,467**	**$0**	**$647,467**
B.	**Sources of Funds**				
	1.	**Cash**	$129,493.33		$129,493
	2.	**Philanthropy (to date and expected)**	$0		$0
	3.	**Authorized Bonds**	$0		$0
	4.	**Interest Income from bond proceeds listed in #3**	$0		$0
	5.	**Mortgage**	$517,973		$517,973
	6.	**Working Capital Loans**	$0		$0
	7.	**Grants or Appropriations**			
		a. Federal	$0		$0
		b. State	$0		$0
		c. Local	$0		$0
	8.	**Other *(Specify/add rows if needed)***	$0		$0
		TOTAL SOURCES OF FUNDS	**$647,467**		**$647,467**

Annual Lease Costs (if applicable)			
1. Land			$0
2. Building			$0
3. Major Movable Equipment			$0
4. Minor Movable Equipment			$0
5. Other *(Specify/add rows if needed)*			$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.							
Indicate CY or FY	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**					
1. ADMISSIONS											
a. Comprehensive Care (public)	634	603	601	528	574	574					
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0					
Total Comprehensive Care	**634**	**603**	**601**	**528**	**574**	**574**					
c. Assisted Living	0	0	0	0	0	0					
d. Other (Specify/add rows of needed)	0	0	0	0	0	0					
TOTAL ADMISSIONS	**634**	**603**	**601**	**528**	**574**	**574**					
2. PATIENT DAYS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025					
a. Comprehensive Care (public)	85,549	83,967	83,604	73,456	79,753	79,753					
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0					
Total Comprehensive Care	**85,549**	**83,967**	**83,604**	**73,456**	**79,753**	**79,753**					
c. Assisted Living	0	0	0	0	0	0					
d. Other (Specify/add rows of needed)	0	0	0	0	0	0					
TOTAL PATIENT DAYS	**85,549**	**83,967**	**83,604**	**73,456**	**79,753**	**79,753**					
3. NUMBER OF BEDS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025					
a. Comprehensive Care (public)	267	267	267	230	230	230					
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0						
Total Comprehensive Care Beds	**267**	**267**	**267**	**230**	**230**	**230**					
c. Assisted Living	0	0	0	0	0	0					
d. Other (Specify/add rows of needed)	0	0	0	0	0	0					
TOTAL BEDS	**267**	**267**	**267**	**230**	**230**	**230**					

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
4. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.*										
a. Comprehensive Care (public)	87.8%	86.2%	85.8%	87.5%	95.0%	95.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Comprehensive Care (CCRC Restricted)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Comprehensive Care Beds	**87.8%**	**86.2%**	**85.8%**	**87.5%**	**95.0%**	**95.0%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
c. Assisted Living	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**87.8%**	**86.2%**	**85.8%**	**87.5%**	**95.0%**	**95.0%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
5. OUTPATIENT (specify units used for charging and recording revenues)	0	0	0	0	0	0	0			
a. Adult Day Care	0	0	0	0	0	0	0			
b. Other (Specify/add rows of needed)	0	0	0	0	0	0	0			
TOTAL OUTPATIENT VISITS	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY							
1. ADMISSIONS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care	0	0	0	0	0	0	0
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL ADMISSIONS							
2. PATIENT DAYS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care	0	0	0	0	0	0	0
c. Assisted Living							
TOTAL PATIENT DAYS							
3. NUMBER OF BEDS							
a. Comprehensive Care (public)							
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care Beds	0	0	0	0	0	0	0
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL BEDS	0	0	0	0	0	0	0
4. OCCUPANCY PERCENTAGE *IMPORTANT NOTE:* Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. Comprehensive Care (public)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Comprehensive Care (CCRC Restricted)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Comprehensive Care Beds	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
c. Assisted Living	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
5. OUTPATIENT (specify units used for charging and recording revenues)							
a. Adult Day Care							
b. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
1. REVENUE										
a. Inpatient Services	$ 27,184,393	$ 27,154,297	$ 27,513,298	$ 23,827,461	$ 26,628,919	$ 27,223,609				
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -				
Gross Patient Service Revenues	*$ 27,184,393*	*$ 27,154,297*	*$ 27,513,298*	*$ 23,827,461*	*$ 26,628,919*	*$ 27,223,609*	$ -	$ -	$ -	$ -
c. Allowance For Bad Debt	$ 841,704	$ 261,555	$ 509,988	$ 360,072	$ 390,335	$ 390,335				
d. Contractual Allowance	$ -	$ -	$ -	$ -	$ -	$ -				
e. Charity Care	$ -	$ -	$ -	$ -	$ -	$ -				
Net Patient Services Revenue	*$ 26,342,689*	*$ 26,892,742*	*$ 27,003,310*	*$ 23,467,389*	*$ 26,238,584*	*$ 26,833,274*	$ -	$ -	$ -	$ -
f. Other Operating Revenues (Specify/add rows if needed)	$ 1,231,221	$ 475,791	$ 818,158	$ 804,965	$ 873,962	$ 873,962				
NET OPERATING REVENUE	*$ 27,573,910*	*$ 27,368,534*	*$ 27,821,468*	*$ 24,272,355*	*$ 27,112,546*	*$ 27,707,236*	$ -	$ -	$ -	$ -
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 9,761,497	$ 9,806,703	$ 10,188,431	$ 9,967,867	$ 10,715,818	$ 9,553,945				
b. Contractual Services	$ 47,970	$ 21,716	$ 22,778	$ 22,778	$ 22,778	$ 20,826				
c. Interest on Current Debt	**$ 102,790**	**$ 52,680**	**$ 70,248**	**$ 93,630**	**$ 101,656**	**$ 101,656**				
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -				
e. Current Depreciation	$ 211,500	$ 226,849	$ 244,559	$ 244,559	$ 244,559	$ 244,559				
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -				
g. Current Amortization	*$ 39,501*	*$ 39,221*	*$ 43,969*	*$ 43,969*	*$ 43,969*	*$ 43,969*				
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -				
i. Supplies	$ 7,329,080	$ 6,099,748	$ 6,739,447	$ 6,722,758	$ 6,520,651	$ 6,660,952				
j. Utilities	$ 535,811	$ 520,769	$ 517,632	$ 545,172	$ 591,901	$ 591,901				
k. Other Ancilaries	$ 1,179,303	$ 1,444,832	$ 1,486,567	$ 1,442,195	$ 1,566,604	$ 1,566,604				
l. Corporate Expense	$ 4,249,782	$ 3,901,320	$ 4,433,354	$ 3,649,145	$ 3,992,193	$ 4,016,080				
m. Cost of Ownership	$ 3,026,983	$ 3,325,624	$ 3,141,576	$ 1,173,529	$ 1,221,224	$ 2,940,383				
TOTAL OPERATING EXPENSES	*$ 26,484,216*	*$ 25,439,460*	*$ 26,888,561*	*$ 23,905,602*	*$ 25,021,353*	*$ 25,740,876*	$ -	$ -	$ -	$ -
3. INCOME										
a. Income From Operation	**$ 1,089,693**	**$ 1,929,073**	**$ 932,907**	**$ 366,753**	**$ 2,091,193**	**$ 1,966,361**	$ -	$ -	$ -	$ -
b. Non-Operating Income	$ -	$ -	$ -	$ -	$ -	$ -				

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
SUBTOTAL	$ 1,089,693	$ 1,929,073	$ 932,907	$ 366,753	$ 2,091,193	$ 1,966,361	$ -	$ -	$ -	$ -
c. Income Taxes	$ -	$ -	$ -	$ -	$ -	$ -				
NET INCOME (LOSS)	$ 1,089,693	$ 1,929,073	$ 932,907	$ 366,753	$ 2,091,193	$ 1,966,361	$ -	$ -	$ -	$ -
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	15.2%	16.7%	15.9%	15.9%	15.9%	15.9%				
2) Medicaid	74.7%	76.6%	75.7%	75.7%	75.7%	75.7%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	8.9%	5.1%	7.0%	7.0%	7.0%	7.0%				
5) Self-pay	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%				
6) Other	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%				
TOTAL	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_0.0%_	_0.0%_	_0.0%_	_0.0%_
b. Percent of Inpatient Days										
1) Medicare	10.6%	8.0%	6.9%	8.5%	8.5%	8.5%				
2) Medicaid	81.6%	83.1%	84.2%	83.0%	83.0%	83.0%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	5.7%	7.6%	7.6%	7.0%	7.0%	7.0%				
5) Self-pay	0.8%	1.0%	0.6%	0.8%	0.8%	0.8%				
6) Other	1.3%	0.3%	0.7%	0.8%	0.8%	0.8%				
TOTAL	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_100.0%_	_0.0%_	_0.0%_	_0.0%_	_0.0%_

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY							
1. REVENUE							
a. Inpatient Services							
b. Outpatient Services							
Gross Patient Service Revenues	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Allowance For Bad Debt							
d. Contractual Allowance							
e. Charity Care							
Net Patient Services Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Other Operating Revenues (Specify)							
NET OPERATING REVENUE	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. EXPENSES							
a. Salaries & Wages (including 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)							
TOTAL OPERATING EXPENSES	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. INCOME							
a. Income From Operation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Non-Operating Income							
SUBTOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Income Taxes							
NET INCOME (LOSS)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare							
2) Medicaid							
3) Blue Cross							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*
b. Percent of Inpatient Days							
1) Medicare							
2) Medicaid							
3) Blue Cross							

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY							
4) Commercial Insurance							
5) Self-pay							
6) Other							
TOTAL	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

TABLE H. WORKFORCE INFORMATION

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrative Nursing	2.0	$119,935	$239,870	0.0	$119,935	$0			$0	2.0	$239,870
Administrative Operations	4.0	$75,310	$301,238	0.0	$75,310	$0			$0	4.0	$301,238
Business Office Manager	1.0	$80,325	$80,325	0.0	$80,325	$0			$0	1.0	$80,325
Activities Director	1.0	$72,800	$72,800	0.0	$72,800	$0			$0	1.0	$72,800
Admissions Director	1.0	$70,000	$70,000	0.0	$70,000	$0			$0	1.0	$70,000
Administrative Culinary	1.0	$66,997	$66,997	0.0	$66,997	$0			$0	1.0	$66,997
Total Administration	10.0		831,230.0	0.0		0.0	0.0	0.0	0.0	10.0	831,230.0
Direct Care Staff *(List general categories, add rows if needed)*											
RN	16.0	$83,304	$1,332,864	0.0	$83,304	$0			$0	16.0	$1,332,864
LPN	26.0	$67,080	$1,744,080	-1.0	$67,080	-$67,080			$0	25.0	$1,677,000
C.N.A	66.0	$38,334	$2,530,070	-6.0	$38,334	-$230,006			$0	60.0	$2,300,064
Occupational Therapist	1.5	$96,845	$145,267	0.0	$96,845	$0			$0	1.5	$145,267
Physical Therapist	2.5	$83,262	$208,156	0.0	$83,262	$0			$0	2.5	$208,156
Speech Pathologist	1.5	$92,706	$139,058	0.0	$92,706	$0			$0	1.5	$139,058
Therapy Assistant	2.0	$50,960	$101,920	0.0	$50,960	$0			$0	2.0	$101,920
Total Direct Care	115.5		6,201,416.0	-7.0		-297,086.4	0.0	0.0	0.0	108.5	5,904,329.6
Support Staff *(List general categories, add rows if needed)*											
Maintenance	4.0	$48,048	$192,192	0.0	$48,048	$0			$0	4.0	$192,192
Culinary	20.0	$35,381	$707,616	0.0	$35,381	$0			$0	20.0	$707,616
Receptionist	2.5	$32,448	$81,120	0.0	$32,448	$0			$0	2.5	$81,120
Social Services	2.0	$41,600	$83,200	0.0	$41,600	$0			$0	2.0	$83,200

TABLE H. WORKFORCE INFORMATION

Central Supply	1.0	$46,259	$46,259	0.0	$46,259	$0			$0	1.0	$46,259
Activities Staff	3.0	$446,846	$1,340,539	0.0	$446,846	$0			$0	3.0	$1,340,539
Total Support	32.5		2,450,926.4	0.0		0.0	0.0		0.0	32.5	2,450,926.4
REGULAR EMPLOYEES TOTAL	*158.0*		*9,483,572.4*	*-7.0*		*-297,086.4*	*0.0*		*0.0*	*151.0*	*9,186,486.0*
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
RN	0.3	$83,304	$20,826	0.0	$83,304	$0			$0	0.3	$20,826
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration	0.3		$20,826			$0			$0	0.3	$20,826
Direct Care Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Direct Care Staff	0.0		$0			$0			$0	0.0	$0
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff	0.0		$0			$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES TO	*0.3*		*20,826.0*			*0.0*			*0.0*	*0.3*	*20,826.0*
Benefits *(State method of calculating benefits below)* **: 4% of Gross Wages**			379,342.9			-11,883.5					367,459.4
TOTAL COST	*158.3*		*$9,883,741*	*-7.0*		*-$308,970*	*0.0*		*$0*		*$9,574,771*

TABLE I. Scheduled Staff for Typical Work Week

Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Registered Nurses	32	16	16	64		24	16	16	56
L. P. N. s	64	64	64	192		72	64	64	200
Aides	0	0	0	0		0	0	0	0
C. N. A.s	180	172	112	464		180	172	112	464
Medicine Aides	0	0	0	0					
Total				720					720
Licensed Beds at Project Completion				230		Licensed Beds at Project Completion			**230**
Hours of Bedside Care per Licensed Bed per Day				3.13		Hours of Bedside Care per Licensed Bed Per Day			3.13

Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Ward Clerks (bedside care time calculated at 50%	0	0	0	0		0	0	0	0
Total Including 50% of Ward Clerks Time									
Total Hours of Bedside Care per Licensed Bed Per Day				3.13		Total Hours of Bedside Care per Licensed Bed Per Day			3.13

TABLE J. CONSTRUCTION CHARACTERISTICS

INSTRUCTION : If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	☐	☑
Class B	☐	☐
Class C	☐	☐
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☑
Good	☐	☐
Excellent	☐	☐
Number of Stories	4	4

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		
First Floor		16,192
Second Floor		6,332
Third Floor		10,334
Fourth Floor		10,334
Average Square Feet		**10,798**
Perimeter in Linear Feet	Linear Feet	
Basement		
First Floor		692
Second Floor		296
Third Floor		478
Fourth Floor		495
Total Linear Feet		**1,961**
Average Linear Feet		**490**
Wall Height (floor to eaves)	Feet	
Basement		
First Floor		8
Second Floor		8
Third Floor		8
Fourth Floor		8
Average Wall Height		
OTHER COMPONENTS		
Elevators	List Number	
Passenger		2
Freight		0
Sprinklers	Square Feet Covered	
Wet System		87,120
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	N/A	
Type of Exterior Walls for proposed project	N/A	

TABLE K. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
INSTRUCTION : If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.		
SITE PREPARATION COSTS		
Normal Site Preparation	$0	$0
Utilities from Structure to Lot Line	$0	$0
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs	**$0**	**$0**
Storm Drains	**$0**	**$0**
Rough Grading	**$0**	**$0**
Hillside Foundation	**$0**	**$0**
Paving	**$0**	**$0**
Exterior Signs	**$0**	**$0**
Landscaping	$0	$0
Walls - painting	$0	$38,700
Yard Lighting	$0	$0
Other *(Specify/add rows if needed)* - Flooring	$0	$546,160
Subtotal On-Site excluded from Marshall Valuation Costs		**$584,860**
OFFSITE COSTS		
Roads	$0	$0
Utilities	$0	$0
Jurisdictional Hook-up Fees	$0	$0
Other *(Specify/add rows if needed)*	$0	$0
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$584,860**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$584,860**

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.