

# BAKER DONELSON

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April 19, 2022

Ben Steffen, Executive Director  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

**Re:   CommuniCare Health Services  
      Clinton Nursing, LLC d/b/a Clinton Health Care Center  
      Marlboro Leasing Co., LLC d/b/a Forestville Healthcare Center  
      Merger and Consolidation Request**

Dear Mr. Steffen:

I am writing on behalf of CommuniCare Health Services (“CHS”), affiliated with both Clinton Nursing, LLC d/b/a Clinton Health Care Center (“Clinton,” a 267 bed nursing home with comprehensive care facility (“CCF”) in Clinton, Maryland in Prince George’s County) and Marlboro Leasing Co., LLC d/b/a Forestville Healthcare Center (“Forestville,” a 162 bed CCF in Forestville, Maryland in Prince George’s County).<sup>1</sup>

This letter is to inform the Maryland Health Care Commission (“Commission”) that CHS intends to internally relocate 37 beds from Clinton (reducing this nursing home to 230 beds) to Forestville to make this a 199-bed facility. This project will enable Forestville to eliminate all triple and quad rooms, making all rooms single or double-bedded rooms, reduce the number of triple rooms at Clinton, and eliminate all quad rooms at Clinton.

This project is part of a larger plan through which CHS will eliminate all triple and quad rooms in any of its Maryland nursing homes. For Prince George’s County, the plan is to relocate 87 beds from Clinton reducing this nursing home to 180 beds. Forestville will construct new and/or renovated space to make all rooms single or double-bedded rooms and house 37 of the Clinton

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<sup>1</sup> Clinton is leased from WO Holdings, LLC and Forestville is leased from OHI Asset (MD) Forestville, LLC, both of which are affiliates of Omega Healthcare Investors, Inc.

beds, to make this a 199-bed facility with all single and double rooms. The project at Forestville will internally relocate 31 beds from existing 3-bedded rooms.<sup>2</sup>

Pursuant to the Commission's regulations at COMAR 10.24.01.04 - "Exemption from Certificate of Need Review," CHS is providing this notice of the intent to merge or consolidate and seeks Commission approval of this action.

COMAR 10.24.01.04B requires that a complete notice of intent to seek exemption from Certificate of Need review shall be filed with the Commission at least 45 days before the intended action. Information required to be provided by this regulation includes:

**(1) The name or names of each affected health care facility**

Clinton Healthcare Center  
Forestville Healthcare Center

**(2) The location of each health care facility**

Clinton Healthcare Center, 9211 Stuart Lane, Clinton, MD 20735  
Forestville Health & Rehabilitation Center, 7420 Marlboro Pike, Forestville, MD 20747

**(3) A general description of the proposed project including, in the case of mergers and consolidations, any proposed:**

**(a) Conversion, expansion, relocation, or reduction of one or more health care services**

Clinton Healthcare Center: This facility currently has 267 licensed beds. This action will relocate 37 beds, reducing this nursing home to 230 beds, and reduce the number of triple rooms, and eliminate all quad rooms.

Forestville Healthcare Center: This facility currently has 162 licensed beds. CommuniCare Health Services will construct new space and renovate existing space to make all rooms single or double-bedded rooms and house the Clinton beds, to make this a 199-bed facility as follows: (a) remove and internally relocate 31 beds from existing 3-bedded rooms and (b) receive 37 beds from Clinton.

Exhibit 1 describes, using check marks, the services currently available at each facility.

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<sup>2</sup> In a future submission CHS plans seek Commission approval to initiate a project at Fort Washington Health Center ("Fort Washington"), presently housing 150 beds. In that future project, Fort Washington will construct new and/or renovated space to make all rooms single or double-bedded rooms and make this a 196-bed facility as follows: (a) remove and internally relocate 24 beds from existing 4-bedded rooms and (b) receive 46 beds from Clinton.

**(b) Renovation of existing facilities**

Currently, Clinton has 20 Triple Rooms and 3 Quad Rooms. Forestville has 31 Triple Rooms and no Quad Rooms, as follows:

	Total Licensed Beds	Private Room Private Toilet	Semi Private Room Private Toilet	Triple Room Private Toilet	Quad Room Private Toilet	Private Room Shared Toilet	Semi Private Room Shared Toilet	Triple Room Shared Toilet	Quad Room Shared Toilet	Physical Capacity
Clinton Healthcare Center	267	0	1	4	2	4	34	16	1	267
Forestville Health & Rehabilitation Center	162	1	0	0	0	0	34	31	0	162

The accommodation of the beds relocated from Clinton to Forestville in order to eliminate the Triple and Quad rooms at Forestville will require both new construction and renovation.

Forestville will renovate 10,550 square feet (nearly a quarter of current facility).

**(c) New construction**

Forestville will add 32,934 square feet to its current 44,760 square feet to accommodate the additional beds and eliminate all of its Triple and Quad rooms.

**(d) Relocation or reconfiguration of existing medical services**

Only CCF beds will be relocated from Clinton to Forestville.

**(e) Change in bed capacity at each affected facility;**

As shown above Clinton will be reduced from 267 CCF beds to 230 CCF beds. Forestville will increase from 162 CCF beds to 199 CCF beds.

**(4) The scheduled date of the project's completion**

10/31/23

**(5) Identification of any outstanding public body obligation**

None.

**(6) Information demonstrating that the project:**

**(a) Is consistent with the State Health Plan**

The applicable standards in the State Health Plan section on Comprehensive Care Facility Services are met. A detailed analysis is attached as Exhibit 2.

**(b) Will result in more efficient and effective delivery of health care services**

This relocation of beds is intended to eliminate the 31 Triple Rooms at Forestville and reduce Triple and eliminate Quad rooms at Clinton, making health care services at both facilities more effective. Private rooms will enhance availability of this bed capacity because it would not be necessary to make beds available on a gender-compatible basis. This will make the capacity more readily available to receive admissions from the hospital. Also, in the event of any need to cohort residents such as due to infection outbreaks that might occur, it will make the process more efficient and effective rather than needing to adapt by changing room and roommate assignments.

In addition, the project will result in smaller nursing units, which will allow for more personalized care.

Existing Nursing Units Size		
	Before	After
Forestville		
1st East Wing	22	18
1st North Wing	30	24
1st West Wing	30	22
LL East Wing	20	18
LL North Wing	30	24
LL West Wing	30	22
Clinton		
Unit 1 West	40	30
Unit 2 East	58	48
Unit 2 West	58	48
Unit 3 East	59	56
Unit 3 West	52	48

**(c) Is in the public interest**

The elimination of Triple and Quad rooms is in the public interest because it enhances the privacy of the CCF residents. A facility with only Single or Double rooms is more likely embraced by potential residents and their families as a local resource in the community. Visitation is also enhanced because families and other visitors can meet privately with residents without disruption or effect on multiple roommates.

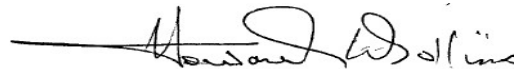
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In addition to responding the applicable merger and consolidation standards we are providing additional information. Although this is not a Certificate of Need application, we are providing an applicable set of financial tables. (*See Exhibit 3*).

We are pleased to provide letters of support for the project (*See Exhibit 8*). The first is a letter from Angela Alsobrooks, the Prince George's County Executive, urging approval. The second is a letter from Senator Melony Griffith.

Thank you for attention to this matter. If you have any questions or require any additional material, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard L. Sollins". The signature is written in a cursive style with a long horizontal line extending to the left.

Howard L. Sollins

HLS/JJE/  
Enclosures

cc: Paul Parker, Director, Center for Health Care Facilities  
Planning & Development  
Wynee Hawk, Chief, Certificate of Need  
Linda Cole, Chief, Long Term Care Policy and Planning  
Mr. Ronnie Wilhelm, CommuniCare Health Services  
Mr. Charles Stoltz, CommuniCare Health Services  
Mr. Richard Odenthal, CommuniCare Health Services  
Jack Eller, Esq.

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## **EXHIBITS**

1. Description of Facility Services
2. State Health Plan Standards
3. Financial Tables
4. Information about Alternative Community-Based Services
5. Discharge Planning Policy
6. Architect FGI Letter
7. Collaboration Lists
8. Letters of Support

**EXHIBIT 1**

**Description of Facility Services**



Clinton  
HEALTHCARE CENTER

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## FACILITY CAPABILITIES

- ✓ Medicare Beds: 267
- ✓ Medicaid Beds: 267
- ✓ Insurance Contracts
- ✓ Alzheimer's / Dementia Care
- Memory Secured Unit
- Behavioral Unit
- ✓ Dialysis Onsite: Hemo only, no Peritoneal
- ✓ Rehabilitation: PT/OT/ST
- ✓ Respite Care: Private
- ✓ Respite Care: Medicaid
- ✓ Hospice Care
- ✓ Bariatric Care
- ✓ Cancer Recovery
- ✓ Cardiac Recovery
- ✓ Wound Care
- ✓ Pain Management with PCA Pumps
- ✓ IV Therapy
- ✓ Trach Care
- ✓ Infectious Disease Including HIV/AIDS
- ✓ Amputee Rehabilitation Program
- ✓ Medically Managed Drug/ETOH Withdrawal
- ✓ TPN
- Vent Care
- Pulmonary Rehabilitation

A Member of The CommuniCare Family of Companies





# Forestville HEALTHCARE CENTER

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## FACILITY CAPABILITIES

- ✓ Medicare Beds: 162
- ✓ Medicaid Beds: 162
- ✓ Insurance Contracts
- ✓ Alzheimer's / Dementia Care
  - Memory Secured Unit
  - Behavioral Unit
  - Dialysis Onsite: Peritoneal or with Education
- ✓ Rehabilitation: PT/OT/ST
- ✓ Respite Care: Private
- ✓ Respite Care: Medicaid
- ✓ Hospice Care
- ✓ Bariatric Care
- ✓ Cancer Recovery
- ✓ Cardiac Recovery
- ✓ Wound Care
- ✓ Pain Management with PCA Pumps
- ✓ IV Therapy
- ✓ Trach Care
- ✓ Infectious Disease Including HIV/AIDS
- ✓ Amputee Rehabilitation Program
  - Medically Managed Drug/ETOH Withdrawal
- ✓ TPN
  - Vent Care
  - Pulmonary Rehabilitation
- ✓ Post Care G-Tube

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**EXHIBIT 2**

**State Health Plan Standards**

**10.24.20.05 Comprehensive Care Facility Standards.**

**A. General Standards.**

The Commission will use the following standards for CON review of all CCF projects.

**(1) Bed Need and Average Annual Occupancy.**

(a) For a relocation of existing comprehensive care facility beds currently in the inventory, an applicant shall demonstrate need for the beds at the new site in the same jurisdiction. This demonstration may include, but is not limited to, a demonstration of unmet needs by a particular patient population, high utilization of comprehensive care facility beds in the jurisdiction during the past five years, and the ways in which the relocation will improve access to needed services or improve the quality of comprehensive care facility services.

Not applicable. This merger proposal is not seeking to relocate existing CCF beds to a new site in Prince George’s County.

(b) An applicant proposing a project that will not add comprehensive care facility beds to a jurisdiction, but will add beds to an existing facility by relocation of existing licensed or temporarily delicensed comprehensive care facility beds within a jurisdiction, shall demonstrate that the facility being expanded operated all of its licensed beds at an occupancy rate of 90 percent or higher during the last two fiscal years for which the annual Maryland Long Term Care Survey data is available.

The most recent MHCC Long Term Care Survey that is available on the MHCC website is FY 2019. The table below shows the occupancy for 2018 and 2019. Both facilities exceeded 90 percent occupancy.

	2018			2019		
	Lic Beds (EDO2018)_Comp	Total Patient Days_Comp	% Occupancy	Lic Beds (EDO2019)_Comp	Total Patient Days_Comp	% Occupancy
Clinton Healthcare Center	267	94,950	97.4%	267	93,612	96.1%
Forestville Health & Rehabilitation Center	162	56,594	95.7%	162	56,740	96.0%

**(2) Medical Assistance Participation.**

(a) The Commission may approve a Certificate of Need for a comprehensive care facility only for an applicant that participates, or proposes to participate, in the Medicaid program, and only if the applicant submits documentation or agrees to submit documentation of a written Memorandum of Understanding (MOU) with Medicaid to maintain the proportion of Medicaid patient days required by .05A(2)(b) of this Chapter.

Not applicable. CHS is not applying for a CON. We do note that both Forestville and Clinton already have signed MOUs in which the percentage for each is 39.9%, and both facilities are in compliance.

(b) Each applicant shall agree to serve and maintain a proportion of Medicaid patient days that is at least equal to the proportion of Medicaid patient days in all other comprehensive care facilities in the jurisdiction or region, whichever is lower, calculated as the weighted mean minus

the 25th percentile value across all jurisdictions for each year based on the most recent Maryland Long Term Care Survey data and Medicaid Cost Reports available to the Commission, as published in the Maryland Register.

As stated previously, this standard is not applicable because this is a merger request and CHS is not an applicant for a CON. That said, according to the “Required Maryland Medical Assistance Participation Rates for Nursing Homes by Jurisdiction and Region, FY 2019 (published in Maryland Register 3/26/21)”

([https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_ltc/documents/chcf\\_ltc\\_medicaid\\_part\\_rates\\_2019\\_20210326.pdf](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chcf_ltc_medicaid_part_rates_2019_20210326.pdf)), the required minimum Medical Assistance Participation Rate would be the lower of that for Prince George’s County or Southern Maryland and would be 42.3%. Based on the 2019 Public Use Database available on the Commission website, both Clinton and Forestville exceed that percentage.

	Total Comprehensive Care Patient Days	Pat Days_Comp_MD Med Asst	MA %
Forestville Health & Rehabilitation Center	56,538	28,722	50.80%
Clinton Healthcare Center	94,391	49,102	52.02%

(c) An applicant for new comprehensive care facility beds has three years during which to achieve the applicable proportion of Medicaid participation from the time the facility is licensed, and shall show a good faith effort and reasonable progress toward achieving this goal in years one and two of its operation.

Not applicable. CHS is not seeking new beds. We do note both Clinton and Forestville are in compliance with their respective MOUs.

(d) An applicant that seeks to expand or replace an existing comprehensive care facility shall modify its MOU upon expansion or replacement of its facility to encompass all of the comprehensive care facility beds in the expanded or replaced facility and to include a Medicaid percentage that reflects the most recent Medicaid participation rate, unless the facility’s existing MOU encompasses all beds at a percentage that is equal to or greater than the most recent Medicaid participation rate.

Not applicable. This is not a CON application. We do note both Clinton and Forestville are in compliance with their respective MOUs and exceed the percentage that a new MOU would require.

(e) An applicant shall agree to continue to admit Medicaid residents to maintain its required level of participation when attained and have a written policy to this effect.

Not applicable. This is not a CON application. However, both facilities exceed the percentage that a new MOU would require and will continue to admit Medicaid residents to maintain their current MOU compliance. The percentage of patient days comprised by Medicaid recipients is not projected to materially change.

(f) Prior to licensure, an applicant shall execute a written Memorandum of Understanding with the Medical Assistance Program of the Maryland Department of Health to:

- (i) Achieve and maintain the level of Medicaid participation required by .05A(2)(b) of this Chapter; and
- (ii) Admit residents whose primary source of payment on admission is Medicaid.

Not applicable. This is not a CON application. However, both facilities exceed the percentage that a new MOU would require and will continue to admit Medicaid residents to maintain their current MOU compliance. The percentage of patient days comprised by Medicaid recipients is not projected to materially change.

- (g) An applicant may show evidence why this rule should not apply.

**(3) Community-Based Services. An applicant shall demonstrate in writing its commitment to alternative community-based services and to minimizing the comprehensive care facility length of stay as appropriate for each resident and agree to:**

- (a) Provide information to every prospective resident about the existence of alternative community-based services, including Medicaid home and community-based waiver programs, Money Follows the Person Program, and other initiatives to promote care in the most appropriate settings;

See Exhibit 4 which includes the handout to every prospective resident about the existence of alternative community-based services and how to access information on them, including Medicaid home and community-based waiver programs, Money Follows the Person Program, and other initiatives to promote care in the most appropriate settings.

- (b) Use Section Q of Minimum Data Set (MDS) 3.0 to assess the individual's interest in and willingness to pursue community-based alternatives;

CHS agrees to this standard.

- (c) Develop a discharge plan on admission with resident reassessment and plan validation at six-month intervals for the first 24 months. This plan is to be provided to the resident and/or designated representative; and

See Exhibit 5 which includes Clinton and Forestville's Discharge Planning Policy.

- (d) Provide access to the facility for all long term care home and community-based services education and outreach efforts approved by the Maryland Department of Health and the Maryland Department of Disabilities to provide education and outreach for residents and their families regarding home and community-based alternatives.

CHS agrees to this standard.

**(4) Appropriate Living Environment. An applicant shall provide to each resident an appropriate living environment that demonstrates compliance with the most recent FGI Guidelines. In addition, an applicant shall meet the following standards:**

- (a) In a new construction project:
  - (i) Develop rooms with no more than two beds for each resident room;
  - (ii) Provide individual temperature controls for each room;

- (iii) Assure that no more than two residents share a toilet; and
- (iv) Identify in detail plans to develop a comprehensive care facility that provides a cluster/neighborhood design or a connected household design, rather than an institutional design, consistent with the most recent FGI Guidelines.

CHS agrees to sections (i), (ii), and (iii) of this standard. Unfortunately, because CHS is working with existing physical plants at both facilities, it is not possible to design a cluster/neighborhood design.

- (b) In a renovation or expansion project:
  - (i) Reduce the number of resident rooms with more than two residents per room;
  - (ii) Provide individual temperature controls in each newly renovated or constructed room;
  - (iii) Reduce the number of resident rooms where more than two residents share a toilet; and
  - (iv) Document that the applicant considered development of a cluster/neighborhood design or a connected household design, and, if the project includes an institutional model, document why the alternative models were not feasible.

The main purpose of this merger/consolidation request is to eliminate or reduce the number of rooms with more than two residents at both facilities. As the table shows below, both facilities have a substantial number of these rooms.

	Total Licensed Beds	Private Room_ Private Toilet	Semi Private Room_ Private Toilet	Triple Room_ Private Toilet	Quad Room_ Private Toilet	Private Room_ Shared Toilet	Semi Private Room_ Shared Toilet	Triple Room_ Shared Toilet	Quad Room_ Shared Toilet	Physical Capacity
Clinton Healthcare Center	267	0	1	4	2	4	34	16	1	267
Forestville Health & Rehabilitation Center	162	1	0	0	0	0	34	31	0	162

CommuniCare did consider attempting to build a cluster/neighborhood design. However, we are minimizing the amount of new construction as much as possible, and, therefore, must work within the existing structure, which does not allow for a more box like cluster design.

- (c) The applicant shall demonstrate compliance with Subsection .05A(4) of this Regulation by submitting an affirmation from a design architect for the project that:
  - (i) The project complies with applicable FGI Guidelines; and
  - (ii) Each design element of the project that deviates from the FGI Guidelines is justified by specific stated reasons.

Please see Exhibit 6, which includes a letter from the architect.

**(5) Specialized Unit Design. An applicant shall administer a defined model of resident-centered care for all residents and, if serving a specialized target population (such as, Alzheimer’s, respiratory, post-acute rehabilitation) demonstrate that its proposed facility and unit design features will best meet the needs of that population. The applicant shall:**

- (a) Identify the types of residents it proposes to serve, their diagnostic groups, and their care needs;

- (b) If developing a unit to serve respiratory patients, demonstrate the ability to meet Office of Health Care Quality standards in COMAR 10.07.02.14-1;
- (c) If developing a unit to serve dementia patients, demonstrate the ability to meet Office of Health Care Quality standards and the most current FGI Guidelines.
- (d) Demonstrate that the design of the comprehensive care facility is consistent with current FGI Guidelines and serves to maximize opportunities for ambulation and self-care, socialization, and independence. An applicant shall also demonstrate that the design of the comprehensive care facility promotes a safe and functional environment and minimizes the negative aspects of an institutional environment.

This merger/consolidation does not include any specialized inpatient units.

**(6) Renovation or Replacement of Physical Plant. An applicant shall demonstrate how the renovation or replacement of its comprehensive care facility will:**

- (a) Improve the quality of care for residents in the renovated or replaced facility;
- (b) Provide a physical plant design consistent with the FGI Guidelines; and
- (c) If applicable, eliminate or reduce life safety code waivers from the Office of Health Care Quality and the Office of the Maryland State Fire Marshal.

As stated previously, this project will eliminate or reduce the number of rooms with more than two residents at both facilities. The newly constructed areas will be consistent with the FGI Guidelines.

None of the facilities have life safety code waivers from the Office of Health Care Quality and the Office of the Maryland State Fire Marshal.

**(7) Public Water. Unless otherwise approved by the Commission and the Office of Health Care Quality in accordance with COMAR 10.07.02.26, an applicant for a comprehensive care facility shall demonstrate that its facility is, or will be, served by a public water system that meets the Safe Drinking Water Act standards of the Maryland Department of the Environment.**

Both facilities are served by public water.

**(8) Quality Rating.**

- (a) An applicant shall demonstrate, at the time of letter of intent submission, that at least 70 percent of all the comprehensive care facilities owned or operated by the applicant or a related or affiliated entity for three years or more had an average overall CMS star rating of three or more stars in CMS's most recent five quarterly refreshes for which CMS data is reported.
  - (i) If the applicant or a related or affiliated entity owns or operates one or more comprehensive care facilities in Maryland, the CMS star ratings for Maryland facilities shall be used.
  - (ii) If the applicant or a related or affiliated entity does not own or operate comprehensive care facilities in Maryland, CMS star ratings for such facilities in the states in which it operates shall be used.
- (b) An applicant that is an existing Maryland comprehensive care facility shall document, at the time of letter of intent submission, that it had an average overall star rating of three or more

stars in CMS's most recent five quarterly refreshes for which CMS data is reported, unless the facility has been owned or operated by the applicant for fewer than three years.

(c) An applicant shall demonstrate that it has an effective program of quality assurance functioning in each comprehensive care facility owned or operated by the applicant or a related or affiliated entity.

(d) An applicant that has never owned or operated a comprehensive care facility shall demonstrate its ability:

(i) To develop and implement a quality assessment and performance improvement plan, consistent with requirements of the Maryland Office of Health Care Quality; and

(ii) To produce high-level performance on CMS quality measures.

This is a request for merger and consolidation approval not a certificate of need application. As such there is no letter of intent requirement.

**(9) Collaborative Relationships. An applicant shall document, by means of letters, for new applicants, and contracts, for existing facilities, its links with hospitals, hospice programs, home health agencies, assisted living providers, Adult Evaluation and Review Services, adult day care programs, and other community providers in the long term care continuum.**

(a) An applicant shall demonstrate its commitment to effective collaboration with hospitals by documenting its successful efforts in reducing inappropriate readmissions to hospitals, improving the overall quality of care, and providing care in the most appropriate and cost effective setting. The demonstration shall include:

(i) Data showing a reduction in inappropriate hospital readmissions; and

(ii) Data showing improvements in the quality of care and provision of care in the most appropriate setting.

CHS takes a comprehensive approach at re-hospitalization rate reduction by partnering with our local hospitals and joining preferred provider networks when available, to regularly meet with health care partners fostering open communication and collaboration across the continuum. These meetings include the Executive Director, Medical Director, Director of Nursing, Nurse Liaisons and Social work team members, as well as key hospital representatives. Review of recent rehospitalizations as well as high risk residents during these meetings, to take a proactive approach at delivering high quality care are paramount to this process.

CHS regional and divisional leadership also reviews rehospitalization rates monthly with each facility leadership team and identifies areas of opportunity for improvement that are sent to the QAPI program for tracking, oversight and evaluation. This process also includes a review of CMS five-star quality ratings and tracking to further improvements and set benchmarks.

CHS also offers a telehealth service, Convergence, that provides our facilities with the ability to access a highly-qualified, licensed practitioner at all hours, who can assess and evaluate residents to intervene quickly and provide the highest quality of swift medical intervention, and to ultimately avoid unnecessary hospitalizations.



Both Forestville and Clinton perform better than the national and statewide averages on hospital readmissions and other quality measures based on the most recent CMS information:

### **Forestville**

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

*Lower percentages are better*

Forestville 15.1%

National average: 22.9%

Maryland average: 21.4%

Percentage of short-stay residents who have had an outpatient emergency department visit

*Lower percentages are better*

Forestville 4%

National average: 10.5%

Maryland average: 8.2%

Percentage of short-stay residents who got antipsychotic medication for the first time

*Lower percentages are better*

Forestville 1%

National average: 1.9%

Maryland average: 1.7%

Percentage of short-stay residents who improved in their ability to move around on their own

*Higher percentages are better*

Forestville 74.4%

National average: 73.1%

Maryland average: 73.1%

### **Clinton Healthcare Center**

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

*Lower percentages are better*

Clinton 16.3%

National average: 22.9%

Maryland average: 21.4%

Percentage of short-stay residents who have had an outpatient emergency department visit

*Lower percentages are better*

Clinton 9.2%

National average: 10.5%

Maryland average: 8.2%

Percentage of short-stay residents who got antipsychotic medication for the first time

*Lower percentages are better*

Clinton 0.3%

National average: 1.9%

Maryland average: 1.7%

Percentage of residents with pressure ulcers/pressure injuries that are new or worsened

*Lower percentages are better*

Clinton 0%

National average: 3%

Percentage of short-stay residents who improved in their ability to move around on their own

*Higher percentages are better*

Clinton 73.3%

National average: 73.1%

Maryland average: 73.1%

Flu & pneumonia prevention measures - Short-stay residents

Percentage of short-stay residents who needed and got a flu shot for the current flu season

*Higher percentages are better*

Clinton 96.3%

National average: 78.8%

Maryland average: 80.5%

Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia

*Higher percentages are better*

Clinton 98.1%

National average: 80%

Maryland average: 78.4%

(b) An applicant shall demonstrate its commitment to providing an effective continuum of care by documenting its collaborative efforts with Medicare-certified home health agencies and hospices to facilitate home-based care following comprehensive care facility discharge and shall facilitate delivery of hospice services for terminally ill residents. The demonstration shall document that the applicant has:

(i) Planned for the provision of home health agency services to residents who are being discharged; and

(ii) Arranged for hospice and palliative care services, when appropriate, for residents who are being discharged.

Exhibit 7 includes a list of home health, hospice, and other service providers with which both facilities collaborate on discharge planning.

**EXHIBIT 3**

**Financial Tables**

Forestville Health Rehabilitation Center

**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.*

<i>Forestville Health &amp; Rehabilitation Center</i>															
Before the Project								After Project Completion							
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity						Physical Bed Capacity	Based on Physical Capacity						Physical Bed Capacity
		Room Count					Private		Room Count					Private	
		Private	Semi-Private	Triple	Quad	Total Rooms			Semi-Private	Triple	Quad	Total Rooms			
<b>COMPREHENSIVE CARE</b>								<b>COMPREHENSIVE CARE</b>							
1st East Wing	22	0	5	4	0	9	22	1st East Wing		9	0	0	9	18	
1st North Wing	30	0	6	6	0	12	30	1st North Wing		12	0	0	12	24	
1st West Wing	30	0	6	6	0	12	30	1st West Wing		11	0	0	11	22	
LL East Wing	20	1	5	3	0	9	20	LL East Wing		9	0	0	9	18	
LL North Wing	30	0	6	6	0	12	30	LL North Wing		12	0	0	12	24	
LL West Wing	30	0	6	6	0	12	30	LL West Wing		11	0	0	11	22	
								1st North Addition	1	2	0	0	3	5	
								1st West Addition		6	0	0	6	12	
								1st North Addition #2	1	8	0	0	9	17	
								LL North Addition		4	0	0	4	8	
								LL West Addition		6	0	0	6	12	
								LL North Addition #2	1	8	0	0	9	17	
<b>SUBTOTAL Comprehensive Care</b>	<b>162</b>	<b>1</b>	<b>34</b>	<b>31</b>	<b>0</b>	<b>66</b>	<b>162</b>	<b>SUBTOTAL</b>	<b>3</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>101</b>	<b>199</b>	
<b>FACILITY TOTAL</b>	<b>162</b>	<b>1</b>	<b>34</b>	<b>31</b>	<b>0</b>	<b>66</b>	<b>162</b>	<b>FACILITY TOTAL</b>	<b>3</b>	<b>98</b>	<b>0</b>	<b>0</b>	<b>110</b>	<b>199</b>	

<i>Clinton Healthcare Center</i>														
Before the Project								After Project Completion						
Based on Physical Capacity								Based on Physical Capacity						

Forestville Health Rehabilitation Center

Service Location (Floor/Wing)	Current Licensed Beds	Room Count					Physical Bed Capacity	Service Location (Floor/Wing)	Room Count					Physical Bed Capacity	
		Private	Semi-Private	Triple	Quad	Total Rooms			Private	Semi-Private	Triple	Quad	Total Rooms		
<b>COMPREHENSIVE CARE</b>								<b>COMPREHENSIVE CARE</b>							
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	58	Unit 2 East	2	23	0	0	25	48	
Unit 2 West	58	2	14	8	1	25	58	Unit 2 West	2	23	0	0	25	48	
Unit 3 East	59	2	16	7	1	26	59	Unit 3 East	2	18	6	0	26	56	
Unit 3 West	52	2	20	2	1	25	52	Unit 3 West	2	23	0	0	25	48	
							0						0	0	
													0	0	
													0	0	
													0	0	
													0	0	
													0	0	
													0	0	
<b>SUBTOTAL Comprehensive Care</b>	<b>267</b>	<b>8</b>	<b>68</b>	<b>37</b>	<b>3</b>	<b>116</b>	<b>267</b>	<b>SUBTOTAL</b>	<b>8</b>	<b>102</b>	<b>6</b>	<b>0</b>	<b>116</b>	<b>230</b>	
<b>FACILITY TOTAL</b>	<b>267</b>	<b>8</b>	<b>68</b>	<b>30</b>	<b>3</b>	<b>116</b>	<b>267</b>	<b>FACILITY TOTAL</b>	<b>8</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>116</b>	<b>230</b>	

**TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE**

*INSTRUCTION: Account for all existing and proposed square footage by floor. Further breakdown by nursing unit and building wing are at Applicants discretion and should be used by applicants if it adds valuable information to the description of the existing and proposed facilities. Add or delete rows if necessary.*

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
<b>Lower Level</b>		-	-	-	-
Resident Rooms with toilets	8,680	6,030	0	8,680	14,710
Dining area	1,200	1,250	0	1,200	2,450
Activities area	410	610	0	410	1,020
Multi purpose Room	0	540	0	0	540
Nursing support areas	1,420	2,654	0	1,420	4,074
Resident Bathing	120	210	380	0	590
Kitchen	2,120	390	2,150	0	2,540
Staff support	470			470	470
Laundry	740		1,100	0	1,100
Toilets	340	120	380	0	500
Administration	830	0	0	830	830
Building Support -HK,IT,MEP	910	230	50	860	1,140
Circulation	4,200	3,660	1,080	3,120	7,860
Building Structure	1,340	720	110	560	1,390
<b>Lower Level Total</b>	<b>22,780</b>	<b>16,414</b>	<b>5,250</b>	<b>17,550</b>	<b>39,214</b>
<b>Upper Level</b>	-	-	-	-	-
Resident Rooms with toilets	8,680	6,030		8,680	14,710

Dining area	620	1,250		620	1,870
Activities area	830	610		830	1,440
Multi purpose Room	0	540			540
Nursing support areas	1,420	2,615		1,420	4,035
Resident Bathing	120	210	400	0	610
Staff Support		275	0	0	275
Rehab area	1,490	390	2,120	0	2,510
Toilets	450	120	380	70	570
Administration	2,460		2,060	400	2,460
Lobby/Waiting	740			740	740
Circulation	4,280	3,660	170	3,290	7,120
Building Support -HK,IT,MEP	100	100	50	50	200
Building Structure	790	720	120	560	1,400
Upper Level Total	21,980	16,520	5,300	16,660	38,480
<b>Total</b>	<b>44,760</b>	<b>32,934</b>	<b>10,550</b>	<b>34,210</b>	<b>77,694</b>

**TABLE C. PROJECT BUDGET**

*INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds*

	CCF Nursing Home	Other Service Areas	Total
<b>A. USE OF FUNDS</b>			
<b>1. CAPITAL COSTS</b>			
<b>a. New Construction</b>			
(1) Building	\$11,383,394		\$11,383,394
(2) Fixed Equipment	\$601,045		\$601,045
(3) Site and Infrastructure	\$900,000		\$900,000
(4) Architect/Engineering Fees (includes	\$984,720		\$984,720
(5) Permits (Building, Utilities, Etc.)	\$126,560		\$126,560
<b>SUBTOTAL New Construction</b>	<b>\$13,995,719</b>	<b>\$0</b>	<b>\$13,995,719</b>
<b>b. Renovations</b>			
(1) Building	\$2,373,750		\$2,373,750
(2) Fixed Equipment (not included in construction)	\$118,688		\$118,688
(3) Architect/Engineering Fees	\$246,180		\$246,180
(4) Permits (Building, Utilities, Etc.)	\$31,640		\$31,640
<b>SUBTOTAL Renovations</b>	<b>\$2,770,258</b>	<b>\$0</b>	<b>\$2,770,258</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$857,865		\$857,865
(2) Contingency Allowance	\$3,431,461		\$3,431,461
(3) Gross interest during construction period 7.5%x12mo (5-9	\$9,068,630		\$9,068,630
(4) Other (Specify/add rows if needed)	\$0		\$0
<b>SUBTOTAL Other Capital Costs</b>	<b>\$13,357,955</b>	<b>\$0</b>	<b>\$13,357,955</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$30,123,932</b>	<b>\$0</b>	<b>\$30,123,932</b>
d. Land Purchased/Donated	\$0		
e. Inflation Allowance	\$637,506		\$637,506
<b>TOTAL CAPITAL COSTS</b>	<b>\$30,761,438</b>	<b>\$0</b>	<b>\$30,761,438</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$310,000		\$310,000
b. Bond Discount	\$0		\$0
<b>c. CON Application Assistance</b>			
c1. Legal Fees	\$40,000		\$40,000
c2. Other (Specify/add rows if needed)	\$26,970		\$26,970
<b>d. Non-CON Consulting Fees</b>			
d1. Legal Fees	\$0		\$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
<b>SUBTOTAL</b>	<b>\$381,970</b>	<b>\$0</b>	<b>\$381,970</b>
<b>3. Working Capital Startup Costs</b>			
<b>TOTAL USES OF FUNDS</b>	<b>\$31,143,408</b>	<b>\$0</b>	<b>\$31,143,408</b>
<b>B. Sources of Funds</b>			
1. Cash	\$6,228,682		\$6,228,682
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	\$23,714,726		\$23,714,726
6. Working Capital Loans	\$1,200,000		\$1,200,000
<b>7. Grants or Appropriations</b>			
a. Federal	\$0		\$0
b. State	\$0		\$0
c. Local	\$0		\$0
8. Other (Specify/add rows if needed)	\$0		\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$31,143,408</b>		<b>\$31,143,408</b>



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**

**INSTRUCTION:** Complete this table for the entire facility, including 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 licensed 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.

Indicate CY or FY	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.						
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
<b>1. ADMISSIONS</b>										
a. Comprehensive Care (public)	506	427	468	462	581	605				
b. Comprehensive Care (CCRC Restricted)	0	0	0							
<b>Total Comprehensive Care</b>	<b>506</b>	<b>427</b>	<b>468</b>	<b>462</b>	<b>581</b>	<b>605</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
<b>TOTAL ADMISSIONS</b>	<b>506</b>	<b>427</b>	<b>468</b>	<b>462</b>	<b>581</b>	<b>605</b>				
<b>2. PATIENT DAYS</b>	2020	2021	2022	2023	2024	2025				
a. Comprehensive Care (public)	54,523	51,402	53,383	52,660	66,279	69,003				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
<b>Total Comprehensive Care</b>	<b>54,523</b>	<b>51,402</b>	<b>53,383</b>	<b>52,660</b>	<b>66,279</b>	<b>69,003</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
<b>TOTAL PATIENT DAYS</b>	<b>54,523</b>	<b>51,402</b>	<b>53,383</b>	<b>52,660</b>	<b>66,279</b>	<b>69,003</b>				
<b>3. NUMBER OF BEDS</b>	2020	2021	2022	2023	2024	2025				
a. Comprehensive Care (public)	162	162	162	199	199	199				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
<b>Total Comprehensive Care Beds</b>	<b>162</b>	<b>162</b>	<b>162</b>	<b>199</b>	<b>199</b>	<b>199</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
<b>TOTAL BEDS</b>	<b>162</b>	<b>162</b>	<b>162</b>	<b>199</b>	<b>199</b>	<b>199</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

**INSTRUCTION:** Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce 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 projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

Indicate CY or FY	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.						
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
<b>1. REVENUE</b>										
a. Inpatient Services	\$ 16,777,333	\$ 16,426,070	\$ 17,291,918	\$ 17,218,889	\$ 21,672,050	\$ 22,562,683				
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
<b>Gross Patient Service Revenues</b>	<b>\$ 16,777,333</b>	<b>\$ 16,426,070</b>	<b>\$ 17,291,918</b>	<b>\$ 17,218,889</b>	<b>\$ 21,672,050</b>	<b>\$ 22,562,683</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 193,368	\$ 108,313	\$ 336,322	\$ 271,744	\$ 342,023	\$ 356,079				
d. Contractual Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
e. Charity Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
<b>Net Patient Services Revenue</b>	<b>\$ 16,583,965</b>	<b>\$ 16,317,757</b>	<b>\$ 16,955,596</b>	<b>\$ 16,947,145</b>	<b>\$ 21,330,027</b>	<b>\$ 22,206,604</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ 860,368	\$ 367,506	\$ 334,100	\$ 897,391	\$ 1,129,475	\$ 1,175,892				
<b>NET OPERATING REVENUE</b>	<b>\$ 17,444,333</b>	<b>\$ 16,685,263</b>	<b>\$ 17,289,696</b>	<b>\$ 17,844,537</b>	<b>\$ 22,459,503</b>	<b>\$ 23,382,496</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>										
a. Salaries & Wages (including benefits)	\$ 4,543,657	\$ 6,606,761	\$ 6,911,486	\$ 6,612,933	\$ 8,643,337	\$ 8,948,606				
b. Contractual Services	\$ 347,913	\$ 329,845	\$ 581,293	\$ 581,293	\$ 581,293	\$ 581,293				
c. Interest on Current Debt	\$ 240,527	\$ 182,525	\$ 239,311	\$ 239,311	\$ 239,311	\$ 239,311				
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
e. Current Depreciation	\$ 349,668	\$ 379,057	\$ 385,512	\$ 385,512	\$ 385,512	\$ 385,512				
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
i. Supplies	\$ 4,531,248	\$ 2,976,505	\$ 2,756,535	\$ 2,979,286	\$ 3,894,032	\$ 4,110,633				
j. Utilities	\$ 201,943	\$ 210,504	\$ 197,472	\$ 192,344	\$ 246,919	\$ 258,931				
k. Other Ancillaries	\$ 746,450	\$ 882,525	\$ 899,164	\$ 886,588	\$ 1,138,147	\$ 1,193,514				
l. Corporate Expenses	\$ 2,575,731	\$ 2,668,298	\$ 2,649,271	\$ 2,646,320	\$ 3,330,713	\$ 3,467,592				
m. Cost of Ownership	\$ 1,866,113	\$ 1,787,736	\$ 1,842,044	\$ 3,226,925	\$ 3,226,925	\$ 2,819,208				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 15,403,250</b>	<b>\$ 16,023,755</b>	<b>\$ 16,462,089</b>	<b>\$ 17,750,512</b>	<b>\$ 21,686,189</b>	<b>\$ 22,004,600</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY**

*INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce 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 projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.*

	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.						
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
<b>3. INCOME</b>										
a. Income From Operation	\$ 2,041,083	\$ 661,508	\$ 827,607	\$ 94,024	\$ 773,314	\$ 1,377,896	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income	\$ 214,391	\$ -	\$ -	\$ -	\$ -	\$ -				
<b>SUBTOTAL</b>	<b>\$ 2,255,474</b>	<b>\$ 661,508</b>	<b>\$ 827,607</b>	<b>\$ 94,024</b>	<b>\$ 773,314</b>	<b>\$ 1,377,896</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
<b>NET INCOME (LOSS)</b>	<b>\$ 2,255,474</b>	<b>\$ 661,508</b>	<b>\$ 827,607</b>	<b>\$ 94,024</b>	<b>\$ 773,314</b>	<b>\$ 1,377,896</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>4. PATIENT MIX</b>										
<b>a. Percent of Total Revenue</b>										
1) Medicare	16.9%	14.3%	15.6%	15.6%	15.6%	15.6%				
2) Medicaid	64.3%	64.2%	64.3%	64.3%	64.3%	64.3%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Included				
4) Commercial Insurance	15.3%	17.1%	16.2%	16.2%	16.2%	16.2%				
5) Self-pay	0.7%	1.2%	1.0%	1.0%	1.0%	1.0%				
6) Other	2.7%	3.1%	2.9%	2.9%	2.9%	2.9%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Inpatient Days</b>										
1) Medicare	8.5%	7.6%	9.7%	8.6%	8.6%	8.6%				
2) Medicaid	74.2%	73.3%	69.2%	72.2%	72.2%	72.2%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Inc	Commercial Included				
4) Commercial Insurance	13.5%	14.3%	15.2%	14.3%	14.3%	14.3%				
5) Self-pay	0.7%	1.2%	1.1%	1.0%	1.0%	1.0%				
6) Other	3.1%	3.6%	4.7%	3.8%	3.8%	3.8%				
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**TABLE H. WORKFORCE INFORMATION**

*INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.*

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 DOLLARS) *	
	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)
<b>1. Regular Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
Administrative Nursing	3.0	\$111,178	\$333,534	1.00	\$111,178	\$111,178			\$0	4.0	\$444,712
Therapy Manager	1.0	\$101,337	\$101,337	-	\$101,337	\$0			\$0	1.0	\$101,337
Business Office Manager	1.0	\$81,600	\$81,600	-	\$81,600	\$0			\$0	1.0	\$81,600
Admissions Director	1.0	\$60,000	\$60,000	-	\$60,000	\$0			\$0	1.0	\$60,000
Administrative Culinary	2.0	\$80,464	\$160,928	-	\$80,464	\$0			\$0	2.0	\$160,928
<b>Total Administration</b>	<b>8.0</b>		<b>\$737,399</b>	<b>1.00</b>		<b>\$111,178</b>			<b>\$0</b>	<b>9.0</b>	<b>\$848,577</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	8.0	\$90,584	\$724,672	6.00	\$90,584	\$543,504			\$0	14.0	\$1,268,176
LPN	32.0	\$69,202	\$2,214,451	6.00	\$69,202	\$415,210			\$0	38.0	\$2,629,661
C.N.A	48.0	\$34,840	\$1,672,320	12.00	\$34,840	\$418,080			\$0	60.0	\$2,090,400
Occupational Therapist	1.0	\$92,893	\$92,893	1.00	\$92,893	\$92,893			\$0	2.0	\$185,786
Physical Therapist	1.0	\$95,680	\$95,680	1.00	\$95,680	\$95,680			\$0	2.0	\$191,360
Speech Pathologist	2.0	\$100,880	\$201,760	-	\$100,880	\$0			\$0	2.0	\$201,760
Therapy Assistant	7.0	\$58,656	\$410,592	2.00	\$58,656	\$117,312			\$0	9.0	\$527,904
<b>Total Direct Care</b>	<b>99.0</b>		<b>\$5,412,368</b>	<b>28.00</b>		<b>\$1,682,678</b>			<b>\$0</b>	<b>127.0</b>	<b>\$7,095,046</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
Maintenance	2.0	\$50,066	\$100,131	-	\$50,066	\$0			\$0	2.0	\$100,131
Culinary	4.0	\$29,494	\$117,978	1.00	\$29,494	\$29,494			\$0	5.0	\$147,472

**TABLE H. WORKFORCE INFORMATION**

Receptionist	1.0	\$29,162	\$29,162	-	\$29,162	\$0			\$0	1.0	\$29,162
Social Services	1.0	\$58,240	\$58,240	1.00	\$58,240	\$58,240			\$0	2.0	\$116,480
Central Supply	1.0	\$39,915	\$39,915	-	\$39,915	\$0			\$0	1.0	\$39,915
Business Office	1.0	\$71,698	\$71,698	0.50	\$71,698	\$35,849			\$0	1.5	\$107,546
Nursing Staff Scheduler	1.0	\$37,440	\$37,440	-	\$37,440	\$0			\$0	1.0	\$37,440
Activities Staff	1.0	\$41,330	\$41,330	1.00	\$41,330	\$41,330			\$0	2.0	\$82,659
<b>Total Support</b>	12.00		\$495,893	3.50		\$164,913			\$0	15.5	\$660,806
<b>REGULAR EMPLOYEES TOTAL</b>	119.00		\$6,645,660	32.50		\$1,958,769			\$0	151.5	\$8,604,429

**TABLE H. WORKFORCE INFORMATION**

<b>2. Contractual Employees</b>											
<i>Administration (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Administration</b>			\$0			\$0			\$0	0.0	\$0
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
LPN	7.0	\$83,042	\$581,293	0.0		\$0	0.0		\$0	7.0	\$581,293
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Direct Care Staff</b>	7.0	\$83,042	\$581,293			\$0			\$0	7.0	\$581,293
<i>Support Staff (List general categories, add rows if needed)</i>											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
<b>Total Support Staff</b>			\$0			\$0			\$0	0.0	\$0
<b>CONTRACTUAL EMPLOYEES TO</b>	7.0	\$83,042	\$581,293			\$0			\$0	7.0	\$581,293
<b>Benefits (State method of calculating benefits below) : 4% of Gross Wages</b>			265,826.4			78,350.8					344,177.2
<b>TOTAL COST</b>	126.0		\$7,492,780	32.5		\$2,037,120	0.0		\$0	158.5	\$9,529,900



**TABLE I. Scheduled Staff for Typical Work Week**

*INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12*

Staff Category	Weekday Hours Per Day				Weekend Hours Per Day			
	Day	Evening	Night	Total	Day	Evening	Night	Total
Registered Nurses	40	40	32	112	40	40	32	112
L. P. N. s	104	104	96	304	104	104	96	304
Aides	150	135	105	390	150	135	105	390
C. N. A.s	15	15	15	45	15	15	15	45
Medicine Aides	0	0	0	0	0	0	0	0
<b>Total</b>				851				851
<b>Licensed Beds at Project Completion</b>				199	<b>Licensed Beds at Project Completion</b>			199
<b>Hours of Bedside Care per Licensed Bed per Day</b>				3.59	<b>Hours of Bedside Care per Licensed Bed Per Day</b>			3.59
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	
<b>Total Including 50% of Ward Clerks Time</b>					<b>Total Hours of Bedside Care per Licensed Bed Per Day</b>			3.59
<b>Total Hours of Bedside Care per Licensed Bed Per Day</b>				3.59	<b>Total Hours of Bedside Care per Licensed Bed Per Day</b>			3.59

**TABLE J. CONSTRUCTION CHARACTERISTICS**

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

BASE BUILDING CHARACTERISTICS	NEW CONSTRUCTION	RENOVATION
	Check if applicable	
<b>Class of Construction</b> (for renovations the class of the building being renovated)*		
Class A	<input type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Construction/Renovation*</b>		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>	2	2

\*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
<b>Total Square Footage</b>	<b>Total Square Feet</b>	
Lower Level	16,414	5,250
First Floor	16,520	5,300
Second Floor	na	na
Third Floor	na	na
Fourth Floor	na	na
<b>Average Square Feet</b>	<b>16,467</b>	<b>5,275</b>
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Lower Level	1,085	na
First Floor	1,085	na
Second Floor	na	na
Third Floor	na	na
Fourth Floor	na	na
<b>Total Linear Feet</b>	<b>2,170</b>	<b>na</b>
<b>Average Linear Feet</b>	<b>1,085</b>	<b>na</b>
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Lower Level	10	9
First Floor	10	10
Second Floor	na	na
Third Floor	na	na
Fourth Floor	na	na
<b>Average Wall Height</b>	<b>10</b>	<b>9.5</b>
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger	1	2
Freight	no	no
<b>Sprinklers</b>	<b>Square Feet Covered</b>	
Wet System	32,934	10,550
Dry System	no	no
<b>Other</b>	<b>Describe Type</b>	
<b>Type of HVAC System for proposed project</b>	Resident Rooms: Ptac units w/OA capabilities. Core areas: central rooftop AHU	
<b>Type of Exterior Walls for proposed project</b>	Brick over insulated sheathing/waterscreen, insulated metal stud backup	

**EXHIBIT 4**

**Information About Alternative Community-Based Services**



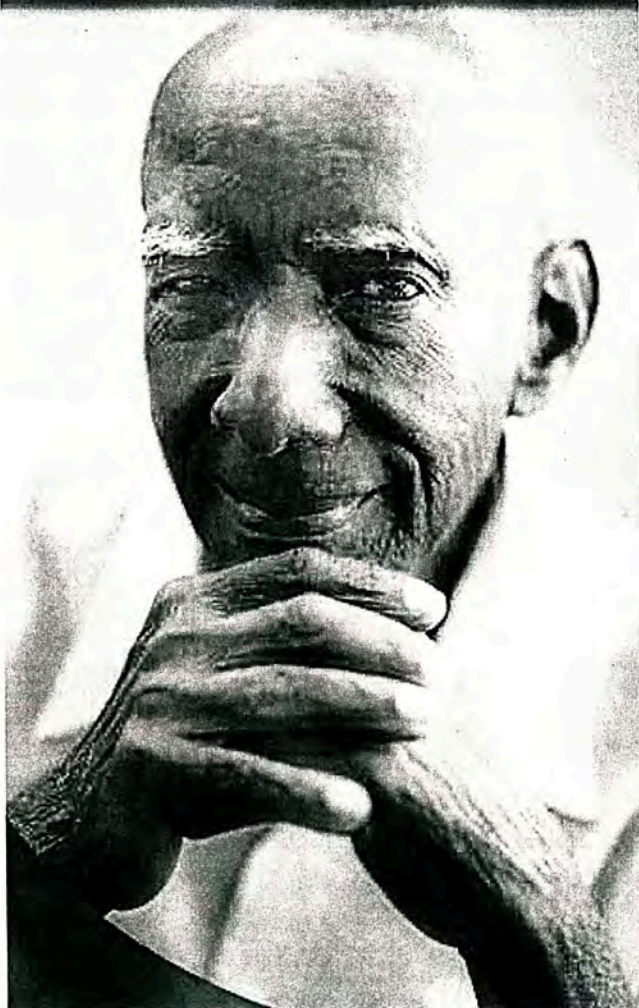
# Prince George's County Department of Family Services Aging and Disability Resource Center



6420 Allentown Road | Camp Springs, MD 20748



301-265-8450 | Maryland Relay 711 | [FamilyServices.mypgc.us](http://FamilyServices.mypgc.us)



The Prince George's County Aging and Disability Resource Center (ADRC) assists older adults, individuals with disabilities and family members with navigating long-term care services and support systems.

The ADRC also provides information, assistance, referrals, and options counseling to empower people to make informed decisions about accessing public and private programs that enhance their quality of life.





## Receipt of Information

By signing below, I acknowledge that I have received a copy of the Resource Guide, Resident Rights, Business Office Welcome Letter, Payor Details Page, Compliance Line Information, Facility Capabilities, Privacy Practices, Visitation Policy, Medicare Medicaid Services, and a list of the items not covered by my pay source and if applicable (in Indiana) the pre admission information sheet and (in Virginia) information on the Sex Offender Registry and that all questions I had have been answered to my satisfaction.

For Resident: \_\_\_\_\_

Resident agrees with the terms of this Agreement

\_\_\_\_\_  
Resident/ Responsible Party/Resident Representative Signature      Date

For Facility: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Facility Representative Signature      Date

**EXHIBIT 1**  
**FOR PRIVATE PAY RESIDENTS**

A. Items and Services Included in the Daily rate.

The items and services included in the daily rate are:

Description of items & services Included in the daily rate*
1. Room
2. Board
3. Social Services
4. Nursing Care, including: a. The administration of prescribed medications, provision of treatments and diet b. The provision of care to prevent skin breakdown, bedsores, and deformities c. The provision of care to keep the resident comfortable, clean and well groomed d. The provision of care to protect the resident from accident, injury or infection e. The provision of care necessary to encourage, assist and train the resident in self-care and group activities
5. Other:

B. Items and Services Not Included in the Daily Rate.

The items and services available in the facility that are not included in the daily rate are attached. You may be charged for these items and services if you (or your physician with your approval) ask for them and the Resident receives them. If you are eligible for Medicare and/or private insurance and you believe that Medicare and/or the private insurance may cover an item or

### EXHIBIT 1 CONT

service attached, you should ask us to submit the bill to Medicare and/or the private insurer.

Description of items & services NOT Included in the daily rate*	Charge
Beauty and Barber	
Catheter care	
Colostomy care	
Decubitus care	
Feeding: hand, tube, special diet	
Incontinent care	
IV therapy	
Laundry	
Laboratory (billed by lab; call _____ for charges)	
Oxygen therapy	
Pharmacy (billed by pharmacy; call _____ for charges)	
Radiology (x-ray services) (billed by radiologist; call _____ for charges)	
Rental Fees: <ul style="list-style-type: none"> <li>• Walker</li> <li>• Geriatric chair</li> <li>• Wheelchair</li> <li>• Pressure mattress</li> <li>• Trapeze</li> </ul>	
Suctioning	
Tracheotomy Care	
Other:	

## EXHIBIT 2A

### HOW TO APPLY FOR AND USE MEDICARE AND MEDICAID BENEFITS

The chart below summarizes the Medicare and Medicaid programs. It also tells you who to call for more detailed information. If you have questions, our staff will also help you.

	<b>MEDICARE</b>	<b>MEDICAID</b>
<b>WHAT'S COVERED</b>	<ol style="list-style-type: none"> <li>1. Care in Hospital</li> <li>2. If you are admitted to an approved Facility within thirty (30) days following a three-day qualifying hospital stay (not including the day of discharge) Medicare may cover up to 100 days of skilled nursing and rehabilitation care. This coverage depends on your medical condition, and whether your doctor orders the care on a daily basis.               <ul style="list-style-type: none"> <li>. If these conditions are met, Medicare provides full coverage for the first 20 days. You must make a copayment after that. The following services are examples of skilled care:                   <ol style="list-style-type: none"> <li>a. Injections &amp; feedings given through an IV</li> <li>b. Tube feedings</li> <li>c. Application of a dressing that involves prescription medication</li> <li>d. Treatment of pressure ulcers</li> </ol> </li> </ul> </li> <li>3. Dietary Services</li> <li>4. Activities Program</li> <li>5. Room/Bed maintenance services</li> <li>6. Routine personal hygiene items</li> <li>7. Medically-related social services</li> <li>8. Rehabilitation based physician orders</li> <li>9. Medically necessary doctor's services</li> </ol>	<p>Medicaid is a comprehensive Program that will cover most of the costs of a nursing home stay.</p>
<b>YOUR CONTRIBUTION</b>	<p>Medicare does not pay 100% of the cost of covered services. You will be required to pay part of the charges. Your payment may be called a "co-payment", "deductible", or "premium," depending on the type of care provided. If you receive Medicaid, Medicaid</p>	<p>Depending on your income, you may be required to make a contribution toward the cost of your care. The amount of any contribution will be calculated by the local Department of Social Services. You will need to pay this</p>



	may pay for any payment that you are responsible for under Medicare.	contribution to the Facility for every month in which you are eligible for Medicaid, including partial months.
	<b>MEDICARE</b>	<b>MEDICAID</b>
<b>WHO'S ELIGIBLE</b>	<p>People 65 years old or older who are eligible to collect old-age benefits under Social Security are eligible. Persons who receive Social Security disability benefits for at least 24 months, or have been found eligible for Medicare by the Social Security Administration because they have end stage renal disease requiring regular dialysis or kidney transplant are also eligible.</p>	<p>Eligibility is based on your income and resources (assets):</p> <ol style="list-style-type: none"> <li>1. <u>Resources</u>: The local Department of Social Services will evaluate your resources (assets) and tell you whether you qualify. Generally, you cannot have more than \$2,500 in resources. The following are examples of things <u>not</u> counted as resources: <ol style="list-style-type: none"> <li>a. Your house if your spouse or dependent lives there or if you express an intent to return there</li> <li>b. Household goods</li> <li>c. Personal Property in your possession in the nursing home</li> <li>d. A certain amount of money for burial arrangements</li> </ol> </li> </ol> <p>The value of other assets transferred within 36 months of your application for Medicaid may be considered as available to pay your care at the Facility.</p> <ol style="list-style-type: none"> <li>2. <u>Income</u>: If your income is less than the facility's private pay rate, you may be eligible. You should contact the local Dept. of Social Services to find out whether your income makes you eligible. That phone number is listed on</li> </ol>

	<b>MEDICARE</b>	<p>the next page. If you qualify, \$76 per month of your income is protected for your personal use while in the facility. Medicaid may protect other portions of your income as well.</p> <p style="text-align: center;"><b>MEDICAID</b></p>
		<p>3. <u>Assets</u>: The local Dept. of Social Services will also be able to evaluate your assets and tell you whether you qualify. The following are examples of things not counted as assets:</p> <p style="text-align: right;">Arrangements.</p>
		<p>NOTE: You will not be eligible for some period of time if you have transferred resources for less than fair market value to someone other than your spouse, or a blind or disabled child, within 36 months before you apply for Medicaid.</p>
<b>HOW TO APPLY</b>	<p>Contact the local Social Security Office at the following address and phone number:</p> <p>This is available from social service</p>	<p>Contact the local Department of Social Services at the following address and phone number:</p> <p>This is available from social service</p>
<b>WHO TO CONTACT IF YOU HAVE A QUESTION OR A PROBLEM</b>	<p>To learn more about Medicare coverage of nursing home expenses, and about how to appeal a Medicare denial of payment, contact Beneficiary Relations of the Centers for Medicare and Medicaid Services (CMS) at 1-800-633-4227 or call the Senior Information and Assistance Program in your county.</p>	<p>If your application for Medicaid is denied, your coverage is terminated, or a service is not covered, you may appeal that decision according to the instructions contained in the notice provided to you.</p>
<b>RETROACTIVE COVERAGE</b>	<p>Not applicable.</p>	<p>The nursing home services that you received in the 3 months prior to your application for Medicaid may be covered by Medicaid, if you specifically request this coverage.</p>

**EXHIBIT 2B  
MEDICAL ASSISTANCE  
NURSING FACILITY SERVICES**

**Important Information – Please Read carefully**

The Medical Assistance Program, also known as Medicaid, is a governmental program to help people pay their medical bills. To be eligible, one must be financially unable to pay the cost of medically necessary care. Eligibility, therefore, has two tests: (1) financial eligibility; and (2) medical eligibility. Financial eligibility is determined by the local Department of Social Services. Medical eligibility is determined by the Medical Assistance Program.

It is important to understand that even if you can no longer afford to pay for nursing facility care, Medical Assistance will not pay for nursing facility services unless you are also medically eligible for these services. You may obtain information regarding financial eligibility from the local Department of Social Services at no cost. If you want to know if you are medically eligible before you apply for Medicaid Assistance, for a nominal fee, you may obtain an assessment of your medical eligibility from the same contractor who currently functions as the State Review Agent for the Medical Assistance Program.

To obtain an assessment of your potential medical eligibility, you may call the current State Review Agent, KePRO, at 1-866-581-6773 or you may write to KePRO at:

KePRO  
Executive Plaza II  
11350 McCormick Road, Suite 102  
Hunt Valley, Maryland 21031

Medical Conditions of nursing facility residents change over time. Therefore, the assessment you receive is advisory only and is not binding on the Medical

Assistance Program. The assessment will, however, assist you in making an informed decision regarding your need for nursing facility care or for less intensive community based care. Community alternatives to nursing facility services are available. Information about community alternatives can be obtained from your Local Health Department, Geriatric Evaluations Services and from your local Area Agency on Aging Office.

If you want additional information regarding Medical Assistance Nursing facility benefits, please do not hesitate to call (410) 767-1712 and ask for the Nursing Facility Program Specialist.

## EXHIBIT 3

### FOR MEDICARE AND MEDICAID RESIDENTS

#### Items and Services Not Covered By Medicare or Medicaid

Items and services not covered by Medicare or Medicaid and related charges are listed below. You may be charged for these items and services if you (or your physician with your approval) ask for and receive them. The services marked with an (\*) may have a separate supply charge. You will be notified of those charges at the time the supplies are ordered.

#### Item or Service

Audiology Services;

Beauty Salon and Barber Shop Items\*;

Cosmetic and Grooming Items;

Dental Services (Bill by Dentist);

Flowers and Plants;

Newspapers (and other reading materials);

Occupational and Physical Therapy Services\*

(Unless they are part of a specialized rehabilitative therapy services program meeting certain regulatory requirements);

Personal Clothing;

Personal Comfort Items (including smoking materials);

Private Rooms\*\*;

Privately Hired Nurses and Aides;

Services of Other Health Care Providers

Social Events and Entertainment Outside the Scope of the Facility's Activities Program;

Specially-Prepared or Alternative Food Requested Instead of Food Generally Prepared by the Facility;

Speech Therapy Services\*;

Telephone;

Television;

Transportation by ambulance to a physician's office

A facility specific list is also available upon request

**\*\*If you receive Medicaid and the Facility places you in a private room, the Facility may not charge you or anyone else an additional cost for a private room.**

## EXHIBIT 4

### POLICIES AND PROCEDURES CONCERNING YOUR PERSONAL FUNDS AND THE RESIDENT'S PERSONAL PROPERTY

#### A. Your Rights

1. You have the right to keep and use your personal property, including some furnishings and clothing, so long as there is enough space and other residents are not inconvenienced. You also have the right to security for your personal possessions.
2. You have the right to manage your financial affairs unless a court determines that you are disabled or the Social Security Administration selects an agent to receive Social Security funds for your use and benefit.
3. We cannot require you to deposit your personal funds with us. You may, however, choose any person to manage your funds, including the facility.
4. If you decide to have us manage your personal funds, you may withdraw your money that we keep in the Facility during the Facility's business hours. If we have deposited any of your funds in a bank, you may obtain those funds within three banking days, provided the funds have cleared.
5. If you need help to perform your banking transactions, you may give an employee of our Facility who has been approved by the Administrator legal authority to access your account. This authority is called a "limited power of attorney." To give an employee this authority, you will need to complete a special form. The form has been approved by the Maryland

Department of Health and Mental Hygiene and is available in the Facility.

6. You and your agent have the right, during normal business hours, to inspect our written records that concern your personal funds.
7. You or any other person acting on your behalf have a right to file a complaint if either of you believes that your funds, valuables or other assets have been stolen or damaged. The agencies to contact in order to make a complaint are listed below:

- a. The Maryland Department of Aging, for persons 65 years old or older:

301 West Preston Street

Baltimore, MD 21201

(410) 767-1074 – 800 243-3425 or

(410) 767 1083 (for the hearing impaired)

(410) 333-7943 (Facsimile)

- b. The local Department for Social Services for persons of any age:

Information is available on the facility resource board or from the social service department.

- c. The Office of Health Care Quality, regardless of the Resident's age:

Spring Grove Center

55 Wade Avenue

Catonsville, Maryland 21228

(410) 402-8108 – (877) 402-8219

(410) 735-2258 (for the hearing impaired)



(410) 402-8234 (Facsimile)

**B. Our Responsibilities**

1. We will provide a reasonable amount of secure space for you to keep your clothing and other personal property. We must investigate any damage to or loss of your personal property.
2. If you want us to manage \$50.00 or less of your personal funds, we will deposit this money in non-interest bearing account or a petty cash fund.
3. If you want us to manage more than \$50.00 of your personal funds, we will deposit this money in an interest bearing account that is insured by the federal government. This account will be separate from the accounts we use to operate the facility. In addition, we will credit you with all interest earned on your money.
4. We will maintain a full, complete and separate monthly accounting of your personal funds, which is available to you for inspection. We will also provide you with a quarterly statement of the activity of your account.
5. If you receive Medicaid benefits, we will notify you if your account balance becomes too high. If you are to remain eligible for Medicaid, your account balance must be under a certain dollar limit that is established by the federal government and may change periodically.
6. We may not use your personal funds to pay for an item or service that Medicare or Medicaid covers.
7. We will maintain adequate fire and theft coverage to protect your funds and personal property that are kept at the Facility. We shall also obtain

a surety bond or otherwise assure\* the security of your personal funds that are deposited with the facility.

- CMS has determined that neither self-insured nor FDIC insured accounts are an acceptable alternative

8. If you are discharged, there are several things we must do:

- a. We will immediately return your personal funds in our possession. If we have deposited your personal funds in a bank account, we will make this money available to you or your agent within three banking days; and
- b. If we are your representative payee for Social Security benefits, we will promptly ask for the Social Security Administration to name a new agent payee, and we will transfer your money to that person.

9. In the event of your death, there are several things we must do:

- a. We will convey your personal funds and a final accounting of those funds to the person in charge of administering your estate within 30 days;
- b. We will immediately notify any government agency that paid for all or part of your care in our Facility. That agency shall have the right to assist us in determining what to do with your property.
- c. If a government agency did not pay for your care, we will immediately notify your agent or next of kin to determine what to do with your property;

- d. If we have your funds, valuables, or other assets in our possession, we will hold them until the appointed Personal Representative of your estate presents a copy of the certified Letters of Administration to us, or until we receive authorization from another legal representative as established by State law;
  - e. We will make reasonable attempts to locate your Personal Representative and your heirs. If no claim is made on your funds, valuables, or other assets in our possession within six weeks of your death, we will write State Office of the Comptroller for direction.
10. If we are in possession of your funds, valuables or other assets for more than one year from the date of your transfer or discharge, we will transfer your funds, any interest on your funds, and your valuables or other assets to the State Office of the Comptroller. We will also notify the Comptroller's Office of any account(s) in your name of which we have knowledge.



CommuniCare  
FAMILY OF COMPANIES

Serving with Pride.

# Resident Resource Guide

## **CommuniCare Resident Resource Guide Version 1.2**

We would like to take a moment and welcome you to our facility, a member of the CommuniCare Family of Companies!

We are honored that you have chosen one of our CommuniCare Centers to serve your needs and we hope that we are able to assist you in accomplishing your goals during your stay with us.

As always, it takes a team to care for the needs of an individual and we are blessed to be working with a team of caring individuals who are dedicated to getting it right. Over the course of your stay, you may have questions or concerns; if your concerns are not being addressed sufficiently, I do ask that you please let us know immediately.

Our model of care is based on a collaborative approach, one that involves yourself, your family, as well as your Physician and we encourage open communication on a regular basis. An initial Plan of Care will be designed as a team and we will continue to track and monitor this plan throughout your stay. This will ensure that we stay on track towards your individual goals.

As much as we try to please, we may not get it right the first time – please, let us know how we can do a better job of serving your needs so that we can give you the customer experience that you deserve.

Thank you again for choosing our facility and we look forward to serving you.

# CommuniCare Resident Resource Guide Version 1.2

## Medicaid Application Info

If you and your family will need financial assistance paying for care in the center, Medicaid may be an option for you. If you would like more information related to qualifying for and applying for Medicaid, please direct your questions to Social Service or the Business Office. Medicaid is a federal and state funded program. You may also contact local and state agencies for information. Some of the information that will be required includes, but is not limited to:

- Social Security Card
- Birth Certificate
- Photo Identification
- Bank Statements
- Income Verification
- Life and Burial Insurance Papers

## Bed Hold Information

Should you require hospitalization you will be transferred, at the request of your physician, to the hospital of your preference. In an emergency you will be transferred to the hospital nearest the facility. Someone from the facility will contact you or your family to discuss holding your bed.

## Resident Personal Funds

The Resident can choose to deposit personal funds with the Facility. All Resident funds in excess of \$50.00 will be deposited in an interest bearing account that is separate from any Facility Account. Any funds less than \$50.00 will be held in a non-interest bearing petty cash fund. The Business Office can provide the Resident with the form necessary to initiate such a fund, as an authorization must be signed by the Resident. Periodically the Facility will provide the Resident with an account statement as required by federal law. There will be no charge to the Resident for the handling of this account. The Resident understands that they have the right to manage their own financial affairs. The Facility does not require the Resident to deposit funds into such accounts. In these personal fund accounts, Medicaid recipients are limited to a maximum balance as indicated by state law. If you have any further questions or would like to open a personal funds account please see the Business Office.

## Refund Policy

At the time of discharge, any remaining balances in the Resident's personal fund account less any potential payments from unpaid insurance claims, will be refunded within 30 days, in accordance with the State law. All other amounts owing to the Resident will be refunded in accordance with

## **CommuniCare Resident Resource Guide Version 1.2**

state law after all accounts have been reconciled. In the event that a Resident expires, any remaining funds may be released to the spouse, if applicable, a funeral home, or to the probate jurisdiction administering the Resident's estate. All releases will be made in compliance with state laws and Medicaid requirements.

### **Resident Responsibilities**

- You have the right to receive or refuse visitors at the facility. Visitors are allowed at any time, as long as it is not disrupting other residents or staff care or the wellbeing of the resident's.
- Provide accurate and complete knowledge about present and past illnesses, hospitalizations, medications, present complaints and any other matters relating to your health
- If you experience any unexpected changes in your condition please report them to the nursing staff immediately
- Let the staff know if you do not fully and clearly comprehend what course of action is being taken and what is expected of you
- Follow the treatment plan recommended for you
- Refrain from willfully behaving in a manner that is abusive to self, other Residents, staff or visitors. The facility has the right to take action, up to and including legal action in order to maintain the safety of the individuals in the Facility
- Represent that information contained on the application forms, financial statements and health history are true to the best of your knowledge and belief. The Facility has relied on this information and agree that any misrepresentation or material omission made by the Resident in connection therewith shall render the Admissions Agreement void at the option of the Facility

This includes following the instructions provided by the nurses and health care professionals as they carry out the plan of care that was developed specifically for you and as they implement any orders that have been written by your physician.

### **Transfers Within Facility**

The Facility complies with the Federal Resident's rights concerning a room change before his/her roommate is changed. The Resident acknowledges that it may be necessary for the Facility to change the Resident's room or roommate during the Resident's stay at the Facility. The Facility will give the Resident as much notice as possible in the event of such change in accordance with applicable law, including a written advance notice. While the Facility makes every attempt to provide a compatible roommate at the time of admission, occasional room changes may be unavoidable, due to the nature of some of the conditions with which Residents are diagnosed. If

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a Resident requests a room change the rate may also be changed. For example, if a resident is currently in a semi-private room and requests to be moved to a private room, the resident may owe the difference in the daily rates.

### **Advance Directives**

This facility has written policies and procedures to assure the implementation of a resident's right to participate in direct healthcare decisions affecting the resident. We support the legal right of every individual receiving medical care in our facility to make decisions concerning such medical care, the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives. We will not condition the provision of care or otherwise discriminate against an individual based on whether or not they have executed an advance directive.

Any time you are admitted to a long term care facility or are served by certain organizations that receive Medicare or Medicaid money, you must be told about your right to make health care decisions. The requirement applies to all adults, no matter their medical condition.

Specific procedures of this facility include provisions to furnish each resident with a copy of this statement and to request that each resident provide us with any advance directives that have already been executed. This includes but is not limited to; a living will, durable power of attorney for health care or any other statement regarding their intention with respect to decisions concerning medical care during periods of incapacitation.

All directives will be included in the resident's medical record for reference by the attending and consulting physicians and our nursing staff. It is our policy to advise and assist residents requesting additional information about advance directives. A resident or legal representative who has not made his/her self-determination decision known shall have life sustaining treatment ordered and cardio-pulmonary resuscitation (CPR) performed according to physician orders in an emergency situation.

This information is designed to provide information about your rights to accept or refuse medical treatment, including life support. Although issues dealing with medical care as a result of a terminal illness or injury are particularly difficult, it is best to make decisions regarding your care if a crisis develops in advance, when you are able to make your wishes known because these are important personal health care decisions and they deserve careful thought. It is also important to make these decisions according to your personal values and beliefs after gathering as much information as possible and thinking through the issues involved. It is also good to talk about this with your doctor, family, friends, staff members of your health care facility, and, if possible, a lawyer.

This information does not serve to give legal advice, but rather serves as general and useful information designed to help you understand your rights under law.



## CommuniCare Resident Resource Guide Version 1.2

Following is a list of definitions to assist you with the process of preparing your advance directives.

***“Advance care planning”*** is a process used to identify and update the resident’s preferences regarding care and treatment at a future time including a situation in which the resident subsequently lacks capacity to do so. For example, when life-sustaining treatments are a potential option for care and the resident is unable to make his or her choices known.

***“Advance directive”*** means, according to 42 C.F.R. §489.100, a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated. Some States also recognize a documented oral instruction.

***“Cardiopulmonary resuscitation (CPR)”*** refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased.

***“Durable Power of Attorney for Health Care”*** (a.k.a. *“Medical Power of Attorney”*) is a document delegating authority to an agent to make health care decisions in case the individual delegating that authority subsequently becomes incapacitated.

***“Experimental research”*** refers to the development, testing and use of a clinical treatment, such as an investigational drug or therapy that has not yet been approved by the FDA or medical community as effective and conforming to accepted medical practice.

***“Health care decision-making”*** refers to consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or a procedure to maintain, diagnose, or treat an individual’s

## CommuniCare Resident Resource Guide Version 1.2

*physical or mental condition.*

***“Health care decision-making capacity”*** refers to possessing the ability (as defined by State law) to make decisions regarding health care and related treatment choices.

***“Investigational or experimental drugs”*** refer to new drugs that have not yet been approved by the FDA or approved drugs that have not yet been approved for a new use, and are in the process of being tested for safety and effectiveness.

***“Life-sustaining treatment”*** is treatment that, based on reasonable medical judgment, sustains an individual’s life and without it the individual will die. The term includes both life-sustaining medications and interventions (e.g. mechanical ventilation, kidney dialysis, and artificial hydration and nutrition). The term does not include the administration of pain medication or other pain management interventions, the performance of a medical procedure related to enhancing comfort, or any other medical care provided to alleviate a resident’s pain.

***“Legal representative”*** (e.g., “Agent,” “Attorney in fact,” “Proxy,” “Substitute decision-maker,” “Surrogate decision-maker”) is a person designated and authorized by an advance directive or State law to make a treatment decision for another person in the event the other person becomes unable to make necessary health care decisions.

***“Treatment”*** refers to interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms.

POLST and MOLST By State:

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## **Pennsylvania/ POLST**

A Physician's Order for Life-Sustaining Treatment (POLST) is a physician's order that outlines a plan of care reflecting a patient's wishes concerning care at life's end. Unlike traditional physician's orders, POLST is not bound to a particular site. Rather, the orders contained within a POLST must be honored across care settings and hence may be used by EMT's, physicians, nurses in the emergency department, hospitals, nursing facilities, and so forth. In short, a POLST allows a physician's order regarding end of life care to travel with a patient as the patient moves between home, the hospital, long-term care facilities, etc.

## **Virginia/POST**

POST (Physician Orders for Scope of Treatment) is a written physician's order set based on a resident's medical condition and wishes. The POST order set is appropriate for seriously ill persons with life-limiting or terminal illnesses. The POST order set is not recommended for resident with stable medical or functionally disabling problems who have many years of life expectancy.

## **Indiana/POST**

A "Physician Orders for Scope of Treatment" (Post Form) is a direct physician order for a person with at least one of the following:

- An advanced chronic progressive illness.
- An advanced chronic progressive frailty.
- A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty there can be no recovery and death will occur from the condition within a short period without the provision of life prolonging procedures.
- A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

## **West Virginia/POST**

"Physician Orders Scope for Treatment (POST)" form is a legal standardized bright pink form containing orders by a licensed physician who has personally examined the resident. The POST form addresses decisions related to cardiopulmonary resuscitation, level of medical intervention, hospital readmission, and tube feedings.

Post form completion is appropriate for a resident if the treating clinician (physician or nurse practitioner) would not be surprised if the resident died in the next year. In general terms, POST forms are appropriate for residents who have advanced illness or who are terminally ill. Completion of the POST form is voluntary.

## **Virginia/POST**

A POST (Physician Orders for Scope of Treatment) form is a physician-signed order form which communicates and puts into action treatment preferences for patients who are nearing the end of their lives. POST is based on the ethical principle of respect and patient autonomy and the legal principle of patient self-determination. All competent adults have the right to make their own healthcare decisions. POST is designed to help healthcare professionals know and honor the treatment wishes of their patients.

## **Maryland/MOLST**

Medical Orders for Life-Sustaining Treatment (MOLST) is an order form that makes treatment wishes known to health care professionals. It includes many sections, but the only sections that are completed are the ones that identify the decisions made regarding treatment preferences. Every time a physician

## **CommuniCare Resident Resource Guide Version 1.2**

or nurse practitioner completes a MOLST order form, the patient will receive a copy for his/her records. If you do not have a Do Not Resuscitate (DNR) order on your MOLST form, medics in Maryland must attempt resuscitation. This form does not expire and it goes where the patient goes, to the hospital, rehab, assisted living, and back home.

### **Missouri/TPOPP**

Transportable Physician Orders for Patient Preferences (TPOPP) created to improve the quality of care people receive at the end of life by translating patient/resident goals and preferences into medical orders for treatment. It is a bright pink piece of paper that can communicate patient preferences regarding life-sustaining medical treatment. When signed by a patient (or a recognized decision maker) and a physician licensed in Missouri, it becomes a medical order. Providers at all sites should follow the medical orders.

### **Ohio/DNR**

A person, in consultation with a physician, Advanced Practice Registered Nurse (APRN), or physician assistant (PA) may have a Do Not Resuscitate (DNR) order completed. There are currently two types of DNR orders: 1) "DNR Comfort Care," and 2) "DNR Comfort Care - Arrest." Upon the issuance of either order, standard forms of identification are provided for in OAC rule 3701-62-04. Individuals may use the DNR Order form as identification, a necklace, a bracelet, a wallet card, or a hospital type bracelet. All of these items must contain the DNR Comfort Care logo and the patient's name.

Please contact your facility Director of Social Service to obtain more information on Advance Directives and information that is more specific to your state.

### **Personal Items**

While it is encouraged for Resident's to bring items that will create a more home like environment, the Facility discourages Resident's from bringing any money or valuables. The Facility shall not be responsible for any loss or damaged valuables, personal effects or money brought in, unless such loss or damage is caused by the willful or gross negligence of the Facility.

### **Schedule**

The staff of the facility will try to accommodate your personal preferences in all services provided.

### **Appointments**

A dentist, podiatrist, optometrist, audiologist and psychiatrist/psychologist and other medical services may visit the facility regularly and are available if the need should arise. Your attending physician will order these services as needed. If you or your family make these appointments outside of the facility please notify the nursing department so we can document the scheduled appointment. Transportation can be arranged by the facility if needed, however; the charge will be your responsibility.

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## Pharmacy

A registered pharmacist, licensed by the state supervises our medication system. The facility has a contract with a pharmacy to have your medications, as ordered by your physician, delivered directly to us. However, you have the right to choose the pharmacy of your choice as long as that pharmacy has the ability to provide medications your physician orders on a 24 hour basis. The pharmacy must also package the medications in a manner congruent with the facility policy. If you do not choose to utilize the facility's contracted pharmacy, you will be responsible for ensuring that all medications are purchased according to the physician's orders and labeled appropriately before bringing them to the nursing staff. We ask that no medications are brought from home. This includes medications being brought in by friends and family. Please ask the Director of Nursing if you have questions.

## Leave of Absence

Residents may leave the facility independently, with family or friends or the Activity Department as determined by their physician and/or physician orders. If a resident goes on a leave of absence, either independently or with an escort, they must sign out at the nurses' station. When signing out a tentative return date/time must be indicated.

## Food Services

A member of the Dietary Department will speak with you to determine your food preferences, however, your diet type was ordered by your physician. Every effort will be made to accommodate your individual taste within the limits of the diet ordered by your physician. Our Registered Dietitian plans all therapeutic diets, but they cannot change a diet type.

We have a dining room where meals are served and we encourage Residents to eat their meals in the dining room. Meal times and daily menus are posted throughout the facility. Snacks are served in the evenings. If your family or friends bring food to you, please have them check with your nurse to ensure your diet permits the items brought in.

## Activities

Activities are important in maintaining overall wellbeing and we hope that you will continue with activities of interest to you while you reside with us. A monthly calendar will be placed in your room as well as throughout the facility.

## Resident Council

A resident group meets monthly to discuss concerns and offer ideas and suggestions about the facility. We encourage residents to be active members in this group. The meeting times are posted on the activity calendar. If you have any questions about resident council please ask someone in activities or social service.

## **CommuniCare Resident Resource Guide Version 1.2**

### **Electronic Monitoring Devices**

In the state of Ohio only, under “Ester’s Law”, effective March 23, 2022, electronic monitoring devices are allowed under certain conditions. Please see social service for more details prior to installing an electronic monitoring device.

### **Church Services**

Church services are provided by area ministers on a voluntary basis; however, other religious services can be scheduled to meet the needs of our residents. We welcome personal visits from your own clergy.

### **Voting**

Residents have the right to vote. Please see the Social Service Director for more information.

### **Survey Results**

The results of the most recent survey completed by the Department of Health are located in the front lobby/receptionist area of the facility for your review.

### **Gratuities**

The staff at the facility is there to assist you and provide the care and services you need. Our facility prohibits staff from accepting gifts, tips and gratuities.

### **Mail**

A facility staff member will deliver your mail to your room. If you require assistance with any of the items our staff will be happy to assist you. Items can be mailed, at your cost, through the Business Office.

### **Laundry**

The Facility provides laundry services for personal laundry. It is your responsibility, as the Resident, to have your clothing labeled with your name to minimize the occurrence of lost or misplaced items. The Facility will not be responsible for the deterioration of clothing as a result of routine washing. If you desire, a family or friend can be responsible for cleaning your clothing on a regular basis.

### **Beauty and Barber**

Routine shampoos are provided by the Facility staff, however, there is an independently licensed beautician and/or barber providing services, for an additional cost, at the Facility. Should you have the desire to use these services please make the Social Service Director aware.

# CommuniCare Resident Resource Guide Version 1.2

## **Telephone Service**

There is a public telephone available for Resident use in the Facility.

## **Government Officials/Advocates**

In the event that you have any questions regarding care as a Resident, please feel free to contact the Executive Director or Director of Nursing for the Facility. Our Facility also recognizes your right to contact a third party or patient advocate. The phone number and address of the Department of Health and the Nursing Home Ombudsman are located on the facility board for community resources'. Facility staff can orient you to the location of these contacts if you are interested.

Once again, Thank You for choosing our Facility, a proud member of the CommuniCare Family of Companies. We look forward to serving you.

**EXHIBIT 5**

**Discharge Planning Policy**





## CHS Discharge Procedure

A multi-disciplinary comprehensive discharge plan will be developed for every resident discharged to another facility, to home or the community to assure that the resident has the use of all community health care resources and services are maintained.

**Procedure:** The discharge process will begin by Social Service within 72 hours of the resident's admission. Planning will involve discussion of resident's needs regarding assistance with; ADLs, meals, ambulation, transportation, medications, and primary care physician follow up plus, home health, home care, outpatient or community outreach services.

### 1. **Social Service History Assessment:**

Social Service will perform the Social Service History Assessment; during this assessment resident's desire to return to the Community will be assessed. The resident and/or resident representative will be an active participant in the discharge planning process. This assessment will trigger the weekly *discharge plan UDA*.

### 2. **Discharge Plan:**

This plan will be triggered by determining that the patient has a desire to return to the community. The *discharge plan* will be reviewed and discussed with the resident and/or resident representative weekly. Social service will review weekly and update/change if needed to reflect new discharge plan.

### 3. **Discharge Summary:**

Once discharge has been decided Social service will open this assessment by indicating that the discharge is within 6 days. Social service will open and begin the discharge summary of stay. Social Service will notify other departments from the Interdisciplinary Team to begin and complete their sections. All sections will be filled in prior to the residents discharge. After completion, a copy will be printed off for the resident and/or resident representative to sign.

- A. The discharge summary will be printed and signed. Resident and/or resident representative are signing that they have received and understand the discharge summary and discharge plan and have had their questions answered.

B. A copy of the signed discharge summary will be kept in the medical chart and a copy will be given to the resident and/or resident representative.

**EXHIBIT 6**

**Architect FGI Letter**

March 14, 2022

Maryland Health Care Commission  
c/o Ms. Wynne Hawk, RN, JD  
Chief, Certificate of Need  
Maryland Health Care Commission  
4160 Patterson Ave.  
Baltimore, MD 21215

Subject: Forestville Healthcare Center, CommuniCare Health Services  
Forestville, Maryland, Prince Georges County.  
Addition will facilitate a total of 64 Beds

Commissioners,

As the Architect, and Partner in Charge of this project I confirm that the improvements and building addition described in our plans for the Forestville Health Center meet the 2018 FGI Guidelines for Design and Construction of Residential Health, Care and Support Facilities including INTERIM AMENDMENT, as well as the current COMAR Codes.

In summary, the Addition will accommodate the removal of 31 Residents from Triple rooms that are in the existing facility. It will also accommodate 37 Residents relocating from the CommuniCare Facility located in Clinton Maryland. A total of 4 Private Rooms and 32 Semi-Private rooms will be added. The Addition will be home to 68 Residents.

Sincerely,



Richard Whitaker, AIA  
Partner  
E4H Environments for Health, LLC



**EXHIBIT 7**

**Collaboration Lists**

Ft. Washington: Hospitals

UM Charles Regional Medical Center

Doctors

Fort Washington Medical Center

Adventist Rehab hospital

Shady Grove

Northwest Hospital

Baltimore VAMC

University of MD Medical Center

UMMC - Midtown

Howard County Hospital

St. Agnes Hospital

UM rehab & Orthopedic Ins.

Washington VAMC

United Medical Center

UM Capitol Region Medical Center

Anne Arundel Medical Center

Baltimore Washington Medical Center

Calvert Health

Franklin Square

Greater Baltimore Medical Center

Good Samaritan

Sinai

Johns Hopkins

Johns Hopkins Bayview

Mercy

Union Memorial

Bon Secours Baltimore

INOVA Fairfax

INOVA Mt Vernon

INOVA Alexandria

INOVA Fair Oaks

Virginia Hospital Center

Medstar Southern Maryland Hospital

Medstar Washington Hospital Center

Medstar Georgetown

Medstar St. Mary's Hospital

Medstar National Rehab Hospital

BridgePoint Capitol Hill

Bridge Point National Harbor

George Washington Medical Ctr.

Howard University Hospital

Levindale

Holy Cross

White Oak Medical Ctr.

Montgomery General

Suburban

University of Virginia Medical Center

Martha Washington Hospital

Meritus Hospital

Ft. Belvoir Medical Center

Walter Reed Military Hospital

**List of Home Health, Hospice, and other providers that CommuniCare frequently collaborates with:**

**Forestville & Clinton –**

1. Amedysis Home Health  
301-322-6023
2. Bayada Home Health  
301-977-6400
3. Revival Home Care Agency  
888-225-6994
4. VNA of Maryland  
410-594-2600
5. Capital Caring Group  
301-883-0866
6. Hospice of the Chesapeake  
410-987-2003
7. Dubols Home Health  
301-497-8968
8. Seasons Hospice  
888-523-6000



## Forestville Home Health Agencies

Amedisys Home Health  
Rochelle Plummer – Prince  
Tel:202-525-0273  
Fax: 800-768-6539  
Office: 301-322-6023

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Medstar Visiting Nurse Association  
Karen Rothrock  
[karen.rothrock@medstar.net](mailto:karen.rothrock@medstar.net)  
fax866-854-8006

Revival Home Care Agency  
Angela Sapp  
240-244-4006  
Fax 888-592-3644

Professional Healthcare Agencies  
Cassandra Arnold  
Phone 202-579-1353  
Fax 703-752-8748

John hopkins Connection  
Phone 410-288-8687  
fax410-367-2053

Human Touch home Healthcare  
Phone 202-491-8755  
Fax202-483-8181

Vna of maryland  
Phone 410-594-2600  
Fax 443-316-4035

Dubols Home Health  
Phone 301-497-8968  
Fax 301-490-8668

Adventist Home Health  
301-706-6345  
Fax 301-592-4463

## Hospice Providers

Seasons Hospice and Pallative Care

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Hospice of the Chesapeake

Heartland Hospice.

Capital caring

Assisted Living

Senior care Placement

Safe haven Assisted living

Angels Heart Assisted Living

**EXHIBIT 8**

**Letters of Support**



THE PRINCE GEORGE'S COUNTY GOVERNMENT  
OFFICE OF THE COUNTY EXECUTIVE

April 4, 2022

Ben Steffen  
Executive Director  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Dear Mr. Steffen:

It is with great delight that I provide this letter of support for CommuniCare Health Services' (CHS) merger and consolidation request in Prince George's County. CHS is a family-owned company that operates three nursing homes in Prince George's County. Unlike other nursing home operators, CHS specializes in post-acute care for chronic and complex conditions, making them a valuable asset to Prince George's County. Moreover, they are a strong community partner for our County, and I appreciate their constant commitment to improve and renovate their facilities while never sacrificing the quality of resident care.

I am pleased that CHS has chosen Forestville Healthcare Center to be part of their merger and consolidation project. The Forestville renovation will enhance the availability of a broad range of skilled nursing facility services to Prince George's County residents. There will be improvements in the design of the facility to ensure it provides a wide array of care and services that will help keep residents out of the hospital and return home as quickly as possible after receiving effective post-acute recovery care. We urge the Maryland Health Care Commission to approve these changes. This facility is an important part of the County's healthcare delivery system. In addition, this project will add numerous well-paying jobs, including opportunities for career advancement, and generate significant property tax revenues for the benefit of our jurisdiction, all without state or county subsidies or incentives.

I wish to reiterate my strong support for the project and urge the Commission to continue in its facilitation of the consolidation of beds request by CHS, which will greatly benefit the residents of Prince George's County.

Sincerely,

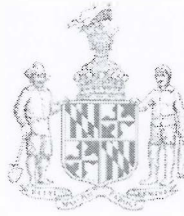
A handwritten signature in cursive script that reads "Angela Alsobrooks".

Angela Alsobrooks  
County Executive

MELONY G. GRIFFITH  
*Legislative District 25*  
Prince George's County

PRESIDENT PRO TEMPORE

Budget and Taxation Committee



James Senate Office Building  
11 Bladen Street, Room 220  
Annapolis, Maryland 21401  
301-858-3127 · 410-841-3127  
800-492-7122 Ext. 3127  
Melony.Griffith@senate.state.md.us

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

Ben Steffen  
Executive Director  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Dear Mr. Steffen:

I am most pleased to provide this letter of support for CommuniCare Health Services' (CHS) merger and consolidation request in Prince George's County. I have had the pleasure of working with CHS, a family-owned company, many times since they began offering nursing home services in Prince George's County. CHS has always and continues to be a good community partner with strong ties to both Prince George's County and throughout Maryland.

I am delighted that for this particular project, Forestville Healthcare Center, which is located in my district, has been chosen for renovation and is in an area that is well suited for skilled nursing use. The Forestville renovation will enhance the availability of a broad range of skilled nursing facility services to Prince George's County residents. There will be improvements in the design of the facility to ensure it provides a wide array of care and services that will help keep residents out of the hospital and return home as quickly as possible after receiving effective post-acute recovery care. I urge the Commission to approve these changes. This facility is an important part of the County's health care delivery system. In addition, this project will add numerous well-paying jobs, including career opportunities for advancement, and generate significant property tax revenues for the benefit of our jurisdiction, all without state or county subsidies or incentives.

I wish to reiterate my strong support for the project, and urge the Maryland Health Care Commission to continue in its facilitation of the consolidation of beds request by CHS, which will greatly benefit the citizens of Prince George's County.

In Service,

A handwritten signature in cursive script that reads "Melony G. Griffith".

Senator Melony G. Griffith  
Maryland General Assembly  
25<sup>th</sup> Legislative District – Prince George's County