



June 23, 2022

**VIA Email & U.S. MAIL**

Howard L. Sollins, Esquire  
Baker Donelson  
100 Light Street  
Baltimore, Maryland 21202

**Re: CommuniCare Health Services  
Merger – Docket No. 22-16-EX014  
Second Completeness**

Dear Mr. Sollins:

Commission staff has reviewed the merger and consolidation request from CommuniCare Health Services to move 37 beds from Clinton Healthcare Center to Forestville Healthcare Center both located in Prince George’s County. The total project cost is estimated to be \$31,143,408. There are areas in the application/completeness submitted which were found by staff to be incomplete, and therefore staff requests that you provide responses to the following questions:

**Introduction**

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

**Current Bed Complement**

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

**Proposed Bed Complement**

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

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

## Standards

### **Appropriate Living Environment**

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

### **Quality Rating**

4. The Quality Rating standard section (c) is not complete. Please provide evidence of a Quality Assurance program at both CCFs.
5. In the response to the Quality Rating standard analysis, the following time frames were used in the table: April 2022, February 2022, October 2021, September 2021, and May 2021. The standard asks for data from the last five quarterly refreshes from the date of the Letter of Intent (LOI). However, an exemption request does not have an LOI, rather, an application date, in this case, April of 2022. Medicare's refreshes use the same quarters, based on the calendar year - Q1 January-March, Q2 April-June, Q3 July-September and Q4 October-December. Therefore, based on the application date, for this analysis we are reviewing the last three quarters of 2021 and the first two quarters of 2022. However, due to the pandemic, a footnote from Appendix A, Care Compare: SNF QRP Data Dictionary, updated: October 2020 it states: For Q1 2020 and Q2 2020, providers were exempted from data submissions. For this reason, CMS will hold the data constant (i.e., freeze the data) following the October 2020 refresh. The affected Care Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include: January 2021, April 2021, July 2021, and October 2021. As a result, CMS will hold the October 2020 data constant until SNF QRP data refreshes on Care Compare in January 2022 Based on when Medicare froze the data the following time periods should be used: **April 2022, January 2022, October 2020, July 2020, April 2020**. Please revise the calculations and subsequent comments based on this information.



## **Tables**

### **Revenue**

6. For Clinton line c. bad debt decreased drastically from 841K to 261K in 2021, please explain this change.
7. For both CCFs line f. what is under other operating revenue?

### **Expenses**

8. For both CCFs line f. through h. there is no accountancy for depreciation or amortization expenses, please explain.
9. For both facilities line d. there is no interest expense on debt, please explain.
10. For Clinton line b. there are no contractual expenses 2022 through 2025, please explain.
11. For Clinton line j. utility expense dropped significantly from 520K to 70 K, please explain.

### **Income**

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

### **Workforce**

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

### **Staffing**

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

### **Construction Characteristics**

15. There are no construction characteristics for the Clinton facility renovations, please provide this information.



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Please submit four copies of the responses to above questions and requests for additional information within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter (ruby.potter@maryland.gov ). If additional time is needed to prepare a response, please let me know at your earliest convenience.

As with the request itself, all information supplementing the request must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, please contact me at (410) 764-3371.

Sincerely,



Jeanne Marie Gawel, Program Manager  
Certificate of Need Division

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

