

# BAKER DONELSON

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HOWARD L. SOLLINS, SHAREHOLDER

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September 8, 2023

William Chan, Program Manager  
Certificate of Need Division  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215-2299

**Re: CommuniCare Health Services Request for Merger and Consolidation  
Exemption from Certificate of Need Review:  
Fort Washington Health Center and Clinton Health Center:  
Matter No. 23-16-EX015**

Dear Mr. Chan:

Following are replies to your August 24, 2023 letter seeking replies to additional completeness questions posed in relation to the request for certificate of need ("CON") review exemption under the merger and consolidation rules applicable to merged asset systems (the "Exemption").

The Exemption request is by CommuniCare Health Services ("CommuniCare") on behalf of two of its Prince George's County comprehensive care facilities ("CCFs"), Fort Washington Healthcare Center ("FWHC") and Clinton Healthcare Center ("CHC"). The proposed Exemption will result in FWHC adding bed capacity from 150 to 196 beds using beds from CHC and eliminating all triple and quadruple rooms at both CCFs.

1. Question: Exhibit D, please respond to the following:
  - a. The line diagram indicates the physical layout for 200 CCF beds at Ft. Washington after project completion. Please clarify whether Ft. Washington will operate a 200-bed or a 196-bed CCF after project completion and update the narrative and Excel spreadsheet accordingly.

If the facility will operate with 196 CCF beds, please resubmit a color version on 8 ½" x 11" and identify the 20 private and 88 semi-private rooms.

Answer: Attached as Exhibit M is the requested diagram, showing a 196 bed CCF after project completion.

2. Question: In the Table package, the Excel spreadsheet for Clinton, Table F - Revenues and Expenses, Uninflated - Entire Facility, please explain the decrease in Net Income for FY 2023 that resulted in a Net Loss of \$1.3 million for this year.

Answer: The decrease in Net Income resulted from increased expenses in FY 2023 including wage increases for employed nursing staff, increased cost for purchased nurse staffing agency support, and increased dialysis costs. These higher purchased nurse staffing agency costs and dialysis costs are anticipated to be mitigated by the reduction of beds at Clinton based on the planned bed reduction at this facility.

3. Overall Question: In the Excel spreadsheet for Fort Washington, please reconcile the following issues:

Overall answer: An updated set of Tables is provided under Exhibit N with only changes to Tables C and H as follows:

Question: Table C - Project Budget. Please reconcile the difference in the Total Use of Funds (\$18,098,308) with the Total Source of Funds (\$18,828,398) and provide the total cost for this project.

Answer: Table C contained an error under cash, row 44. Cash should show \$3,619,661.52. See corrected Table C.

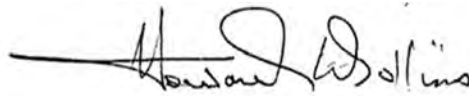
Question: Table H - Workforce Information. For Support Staff, the facility reports a current cost for 119.5 FTEs of \$6.7 million and the cost of hiring the additional 55.5 FTEs as \$1.1 million, which adds to approximately \$7.9 Million. Still, it is reported as a total of \$10.8 million or a difference of \$2.9 million. Please reconcile this discrepancy.

Answer: A formula error in Table H has been corrected.

William Chan, Program Manager  
Certificate of Need Division  
September 8, 2023  
Page 3

Thank you for considering this additional information.

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/lam  
Enclosures

cc: Mr. Ronnie Wilhelm, CommuniCare Health Services  
Mr. Charles Stoltz, CommuniCare Health Services  
Mr. Richard Odenthal, CommuniCare Health Services  
Jack Eller, Esquire  
Andrew Solberg  
Wynee Hawk, Director, Health Planning and Development  
Jeanne-Marie Gawel, Chief, CON  
Matthew D. Levy, MD, Health Officer, Prince George's Health Department

**EXHIBIT LIST**

- A. Parts 1-3 for the current facility floor plans for CHC
- B. Parts 1-3 for a floor plan highlighting the proposed room counts for CHC as a result of de-densification
- C. Current FWHC facility floor plan with quad rooms highlighted
- D. Proposed facility floor plan from E4H Architects, for Ft. Washington HealthCare Center
- E. CommuniCare Health Services' Admissions process policy
- F. CommuniCare's Care management meeting process
- G. Examples of both facilities Social Work departments documentation substantiating access to home and community-based services
- H. Clinton Staffing Pattern – Current
- I. Complete set of updated tables for Fort Washington.
- J. Bradley Associates Healthcare Advisors and CPAs, independent accountants, confirming the availability of funds or financial resources to support this cash equity for the proposed project
- K. Complete set of updated tables for CHC
- L. Letter from the architect confirming the Fort Washington project meets the 2022 FGI Guidelines
- M. Revised proposed facility floor plan from E4H Architects, for Ft. Washington HealthCare Center
- N. Revised complete set of updated tables for Fort Washington

# **EXHIBIT M**



	BASEMENT	FIRST LEVEL	SECOND LEVEL	THIRD LEVEL
EXISTING BUILDING AREA	13,061 SF	13,058 SF	15,296 SF	14,472 SF
<b>TOTAL EXISTING BUILDING AREA</b>		<b>55,887 SF</b>		
EXISTING BEDS - PRIVATE	0	2	2	2
EXISTING BEDS - SEMI PRIVATE	0	48	48	48
<b>TOTAL EXISTING BEDS</b>		<b>150</b>		

	BASEMENT	FIRST LEVEL	SECOND LEVEL	THIRD LEVEL	TOTAL
NEW ADDITION AREA	3,602 SF	15,330 SF	13,488 SF	0	<b>32,420 SF</b>
RENOVATION AREA	0	3,136 SF	3,455 SF	2,005 SF	<b>8,596 SF</b>
EXISTING (NON-RENOVATED) AREA	13,061 SF	9,922 SF	11,841 SF	12,467 SF	<b>47,291 SF</b>
<b>TOTAL FLOOR AREA</b>	<b>16,663 SF</b>	<b>28,388 SF</b>	<b>28,784 SF</b>	<b>14,472 SF</b>	<b>88,307 SF</b>
<b>TOTAL PROPOSED BUILDING AREA</b>		<b>88,307 SF</b>			
NEW BEDS - PRIVATE	0	5	9	0	14
NEW BEDS - SEMI PRIVATE	0	18	14	0	32
<b>TOTAL # OF NEW BEDS</b>			<b>46</b>		

- 73 Total Beds Level 1
- 23 New
- 34 Existing
- 16 Renovation

- 5 Private Resident Rooms (Private Toilet)
- 18 Semi-Private Resident Beds
- 2 Private Resident Rooms (Private Toilet)
- 32 Semi-Private Resident Beds
- 16 Semi-Private Resident Beds

**TOTAL # OF BEDS (NEW AND EXISTING )** 196 BEDS (150 EXISTING + 46 NEW)

**NEW SEMI PRIVATE ROOM NET AREA (INCLUDING TOILET)** 279 SF

**NEW PRIVATE ROOM NET AREA (INCLUDING TOILET)** 249 SF



10/7/22

12012 Livingston Road  
Fort Washington, MD 20744

# FORT WASHINGTON HEALTHCARE CENTER

## DEPARTMENT PLAN- LEVEL 1



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73 Total Beds Level 2  
23 New

34 Existing

16 Renovation

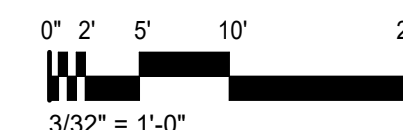
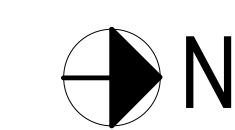
9 Private Resident Rooms (Private Toilet)  
14 Semi-Private Resident Beds

2 Private Resident Rooms (Private Toilet)  
32 Semi-Private Resident Beds

16 Semi-Private Resident Beds

# FORT WASHINGTON HEALTHCARE CENTER

## DEPARTMENT PLAN- LEVEL 2





- 50 Total beds Level 3
- 34 Existing
  - 2 Private Resident Rooms (Private Toilet)
  - 32 Semi-Private Resident Beds
- 16 Renovation
  - 16 Semi-Private Resident Beds



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# FORT WASHINGTON HEALTHCARE CENTER

## DEPARTMENT PLAN- LEVEL 3



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# **EXHIBIT N**

## CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Ft. Washington Health Care Center

Date of Submission: \_\_\_\_\_

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

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



**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>Basement</b>			-		
Unassigned Space		1,133		0	1,133
Kitchen	2,210			2,210	2,210
Staff support	620	526		620	1,146
Laundry	742			742	742
Rehab Area	874			874	874
Administration	1,000			1,000	1,000
Building Support -HK,IT,MEP	2,991			2,991	2,991
Circulation	3,049	1,467		3,049	4,516
Building Structure	1,575	476		1,575	2,051
<b>First Floor Totals</b>	<b>13,061</b>	<b>3,602</b>	<b>0</b>	<b>13,061</b>	<b>16,663</b>
<b>First Level</b>					
Resident Rooms with toilets	5,985	4,190	2,007	3,978	10,175
Dining area	645	466	497	148	1,111
Activities area	171	730	171	0	901
Multi purpose Room		0		0	0
Nursing support areas	669	853		669	1,522
Resident Bathing	417	279		417	696
Rehab Area		1,741		0	1,741
Kitchen		0		0	0
Staff support		0		0	0
Laundry		0		0	0
Toilets		89	42	0	131
Administration	481	231	395	86	712
Building Support -HK,IT,MEP		275		0	275
Lobby/Waiting		1,097		0	1,097
Circulation	2,851	3,595		2,851	6,446
Building Structure	1,839	1,784	24	1,773	3,581
<b>First Level Totals</b>	<b>13,058</b>	<b>15,330</b>	<b>3,136</b>	<b>9,922</b>	<b>28,388</b>
<b>Second Level</b>					
Resident Rooms with toilets	5,989	4,871	2,010	3,979	10,860
Dining area	480	659	360	120	1,139
Activities area	880	567	880		1,447
Multi purpose Room	0				0
Nursing support areas	788	1,260		788	2,048
Resident Bathing	417	298		417	715
Rehab area	0				0
Toilets	0	89			89
Administration	785	577		785	1,362
Lobby/Waiting	0				0
Circulation	3,192	3,276	205	2,987	6,468
Building Support -HK,IT,MEP	0	275			275
Building Structure	1,826	1,616		2,765	4,381
<b>Second Level Totals</b>	<b>14,357</b>	<b>13,488</b>	<b>3,455</b>	<b>11,841</b>	<b>28,784</b>
<b>Third Level</b>					
Resident Rooms with toilets	5,974		2,005	3,969	5,974
Dining area	1,773			1,773	1,773
Activities area	0				0
Multi purpose Room	0				0
Nursing support areas	840			840	840
Resident Bathing	417			417	417
Rehab area	543			543	543
Toilets	0				0
Administration	86			86	86
Lobby/Waiting	0				0
Circulation	3,014			3,014	3,014
Building Support -HK,IT,MEP	0				0
Building Structure	1,710			1,825	1,825
<b>Third Level Totals</b>	<b>14,357</b>	<b>0</b>	<b>2,005</b>	<b>12,467</b>	<b>14,472</b>
<b>Total</b>	<b>54,833</b>	<b>32,420</b>	<b>8,596</b>	<b>47,291</b>	<b>88,307</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	\$9,985,768		\$9,985,768
(2) Fixed Equipment	\$499,288		\$499,288
(3) Site and Infrastructure	\$1,850,000		\$1,850,000
(4) Architect/Engineering Fees (includes	\$711,360		\$711,360
(5) Permits (Building, Utilities, Etc.)	\$112,000		\$112,000
<b>SUBTOTAL New Construction</b>	<b>\$13,158,416</b>	<b>\$0</b>	<b>\$13,158,416</b>
<b>b. Renovations</b>			
(1) Building	\$393,750		\$393,750
(2) Fixed Equipment (not included in construction)	\$19,688		\$19,688
(3) Architect/Engineering Fees	\$177,840		\$177,840
(4) Permits (Building, Utilities, Etc.)	\$28,000		\$28,000
<b>SUBTOTAL Renovations</b>	<b>\$619,278</b>	<b>\$0</b>	<b>\$619,278</b>
<b>c. Other Capital Costs</b>			
(1) Movable Equipment	\$688,885		\$688,885
(2) Contingency Allowance	\$2,755,539		\$2,755,539
(3) Gross interest during construction period 4.5%	\$326,955		\$326,955
(4) Other (Specify/add rows if needed)			\$0
<b>SUBTOTAL Other Capital Costs</b>	<b>\$3,771,378</b>	<b>\$0</b>	<b>\$3,771,378</b>
<b>TOTAL CURRENT CAPITAL COSTS</b>	<b>\$17,549,072</b>	<b>\$0</b>	<b>\$17,549,072</b>
d. Land Purchased/Donated	\$0		
e. Inflation Allowance	\$263,236		\$263,236
<b>TOTAL CAPITAL COSTS</b>	<b>\$17,812,308</b>	<b>\$0</b>	<b>\$17,812,308</b>
<b>2. Financing Cost and Other Cash Requirements</b>			
a. Loan Placement Fees	\$214,000		\$214,000
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)	\$27,000		\$27,000
d. Non-CON Consulting Fees			\$0
d1. Legal Fees	\$0		
d2. Other (Specify/add rows if needed)	\$5,000		\$5,000
e. Debt Service Reserve Fund	\$0		\$0
f. Other (Specify/add rows if needed)	\$0		\$0
<b>SUBTOTAL</b>	<b>\$286,000</b>	<b>\$0</b>	<b>\$286,000</b>
<b>3. Working Capital Startup Costs</b>			
<b>TOTAL USES OF FUNDS</b>	<b>\$18,098,308</b>	<b>\$0</b>	<b>\$18,098,308</b>
<b>B. Sources of Funds</b>			
1. Cash	\$3,619,662		\$3,619,662
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	\$14,478,646		\$14,478,646
6. Working Capital Loans			\$0
<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
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$18,098,308</b>		<b>\$18,098,308</b>
<b>Annual Lease Costs (if applicable)</b>			
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 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 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028				
<b>1. REVENUE</b>												
a. Inpatient Services	\$ 16,748,703	\$ 18,000,038	\$ 18,687,536	\$ 19,061,287	\$ 19,442,513	\$ 21,702,712	\$ 24,782,061	\$ 25,645,779				
b. Outpatient Services	\$ -	\$ -	\$ -				\$ -	\$ -				
<b>Gross Patient Service Revenues</b>	<b>\$ 16,748,703</b>	<b>\$ 18,000,038</b>	<b>\$ 18,687,536</b>	<b>\$ 19,061,287</b>	<b>\$ 19,442,513</b>	<b>\$ 21,702,712</b>	<b>\$ 24,782,061</b>	<b>\$ 25,645,779</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Allowance For Bad Debt	\$ 141,096	\$ 231,236	\$ 272,411	\$ 285,919	\$ 291,638	\$ 325,541	\$ 371,731	\$ 384,611				
d. Contractual Allowance	\$ -	\$ -	\$ -				\$ -	\$ -				
e. Charity Care	\$ -	\$ -	\$ -				\$ -	\$ -				
<b>Net Patient Services Revenue</b>	<b>\$ 16,607,607</b>	<b>\$ 17,768,802</b>	<b>\$ 18,415,125</b>	<b>\$ 18,775,368</b>	<b>\$ 19,150,875</b>	<b>\$ 21,377,172</b>	<b>\$ 24,410,330</b>	<b>\$ 25,261,168</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
f. Other Operating Revenues (Specify/add rows if needed)	\$ (345,363)	\$ 459,378	\$ -				\$ -	\$ -				
<b>NET OPERATING REVENUE</b>	<b>\$ 16,262,244</b>	<b>\$ 18,228,180</b>	<b>\$ 18,415,125</b>	<b>\$ 18,775,368</b>	<b>\$ 19,150,875</b>	<b>\$ 21,377,172</b>	<b>\$ 24,410,330</b>	<b>\$ 25,261,168</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2. EXPENSES</b>												
a. Salaries & Wages (including benefits)	\$ 7,042,658	\$ 6,895,403	\$ 7,042,847	\$ 7,116,797	\$ 7,191,523	\$ 10,172,583	\$ 10,579,487	\$ 11,219,968				
b. Contractual Services	\$ 479,312	\$ 2,332,780	\$ 1,700,288	\$ 1,700,288	\$ 1,700,288	\$ -	\$ -	\$ -				
c. Interest on Current Debt	\$ -	\$ -	\$ -									
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ 98,086	\$ 228,868	\$ 326,955	\$ 326,955	\$ 326,955				
e. Current Depreciation	\$ 236,093	\$ 150,767	\$ 149,602	\$ 151,172	\$ 152,760	\$ 689,760	\$ 689,760	\$ 689,760				
f. Project Depreciation	\$ -	\$ -	\$ -				\$ -	\$ -				
g. Current Amortization	\$ 1,054	\$ 43,610	\$ -			\$ 1,054	\$ 1,054	\$ 1,054				
h. Project Amortization	\$ -	\$ -	\$ -				\$ -	\$ -				
i. Supplies	\$ 1,953,454	\$ 2,855,441	\$ 3,136,133	\$ 3,169,063	\$ 3,202,338	\$ 3,330,431	\$ 3,463,649	\$ 3,602,195				
j. Utilities	\$ 231,069	\$ 174,712	\$ 238,000	\$ 240,499	\$ 243,024	\$ 252,745	\$ 262,855	\$ 273,369				
k. Other Ancillaries	\$ 1,039,416	\$ 776,128	\$ 890,092	\$ 899,438	\$ 908,882	\$ 972,724	\$ 1,110,523	\$ 1,149,227				
l. Corporate Expense	\$ 2,072,431	\$ 2,703,025	\$ 3,027,155	\$ 3,058,940	\$ 3,091,059	\$ 3,111,534	\$ 3,257,086	\$ 3,291,634				
m. Cost of Ownership	\$ 950,400	\$ 944,064	\$ 1,839,636	\$ 1,839,636	\$ 1,858,952	\$ 1,858,952	\$ 1,858,952	\$ 1,858,952				
<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 14,005,887</b>	<b>\$ 16,875,930</b>	<b>\$ 18,023,753</b>	<b>\$ 18,273,919</b>	<b>\$ 18,577,694</b>	<b>\$ 20,716,739</b>	<b>\$ 21,550,320</b>	<b>\$ 22,413,114</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>3. INCOME</b>												
a. Income From Operation	\$ 2,256,357	\$ 1,352,250	\$ 391,373	\$ 501,448	\$ 573,181	\$ 660,433	\$ 2,860,010	\$ 2,848,054	\$ -	\$ -	\$ -	\$ -
b. Non-Operating Income												
<b>SUBTOTAL</b>	<b>\$ 2,256,357</b>	<b>\$ 1,352,250</b>	<b>\$ 391,373</b>	<b>\$ 501,448</b>	<b>\$ 573,181</b>	<b>\$ 660,433</b>	<b>\$ 2,860,010</b>	<b>\$ 2,848,054</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
c. Income Taxes												
<b>NET INCOME (LOSS)</b>	<b>\$ 2,256,357</b>	<b>\$ 1,352,250</b>	<b>\$ 391,373</b>	<b>\$ 501,448</b>	<b>\$ 573,181</b>	<b>\$ 660,433</b>	<b>\$ 2,860,010</b>	<b>\$ 2,848,054</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>4. PATIENT MIX</b>												
<b>a. Percent of Total Revenue</b>												
1) Medicare	25.8%	21.1%	21.6%	21.6%	21.6%	21.6%	21.6%	21.6%	21.6%			
2) Medicaid	51.6%	54.2%	51.6%	51.6%	51.6%	51.6%	51.6%	51.6%	51.6%			
3) Blue Cross												
4) Commercial Insurance	12.7%	12.4%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%	10.6%			
5) Self-pay	-0.5%	0.8%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%			
6) Other	10.4%	11.6%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%	14.9%			
<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>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>b. Percent of Inpatient Days</b>												
1) Medicare	14.8%	12.4%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%			
2) Medicaid	64.6%	65.1%	61.5%	61.5%	61.5%	61.5%	61.5%	61.5%	61.5%			
3) Blue Cross												
4) Commercial Insurance	19.0%	20.9%	24.5%	24.5%	24.5%	24.5%	24.5%	24.5%	24.5%			
5) Self-pay	-0.6%	0.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%			
6) Other	2.2%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
<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>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>





**TABLE H. WORKFORCE INFORMATION**

<i>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.</i>											
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	4.0	\$107,441	\$429,764	0.0	\$107,441	\$0			\$0	4.0	\$429,764
Therapy Manager	1.0	\$99,840	\$99,840	0.0	\$99,840	\$0			\$0	1.0	\$99,840
Business Office Manager	1.0	\$70,398	\$70,398	0.0	\$70,398	\$0			\$0	1.0	\$70,398
Admissions Director	1.0	\$77,184	\$77,184	0.0	\$77,184	\$0			\$0	1.0	\$77,184
Administrative Culinary	2.0	\$77,880	\$155,760	0.0	\$77,880	\$0			\$0	2.0	\$155,760
<b>Total Administration</b>	<b>9.0</b>		<b>\$832,946</b>	<b>0.0</b>	<b>432,743.0</b>	<b>\$432,743</b>	<b>0.0</b>	<b>0.0</b>	<b>\$0</b>	<b>9.0</b>	<b>\$1,265,689</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
RN	11.0	\$84,200	\$926,200	8.0	\$84,200	\$673,600			\$0	19.0	\$1,599,800
LPN	14.0	\$72,301	\$1,012,211	12.0	\$72,301	\$867,610			\$0	26.0	\$1,879,821
C.N.A	47.0	\$42,245	\$1,985,506	16.0	\$42,245	\$675,917			\$0	63.0	\$2,661,422
Occupational Therapist	1.5	\$97,760	\$146,640	1.5	\$97,760	\$146,640			\$0	3.0	\$293,280
Physical Therapist	2.5	\$99,466	\$248,664	1.5	\$99,466	\$149,198			\$0	4.0	\$397,862
Speech Pathologist	1.0	\$98,738	\$98,738	1.5	\$98,738	\$148,106			\$0	2.5	\$246,844
Therapy Assistant	3.5	\$79,040	\$276,640	3.0	\$79,040	\$237,120			\$0	6.5	\$513,760
<b>Total Direct Care</b>	<b>80.5</b>		<b>4,694,598.4</b>	<b>43.5</b>	<b>573,748.8</b>	<b>2,898,191.2</b>	<b>0.0</b>	<b>0.0</b>	<b>\$0</b>	<b>124.0</b>	<b>\$7,592,790</b>
<i>Support Staff (List general categories, add rows if needed)</i>											
Maintenance	1.0	\$66,040	\$66,040	1.0	\$66,040	\$66,040			\$0	2.0	\$132,080
Culinary	18.0	\$29,952	\$539,136	4.0	\$29,952	\$119,808			\$0	22.0	\$658,944
Receptionist	4.0	\$38,168	\$152,672	0.0	\$38,168	\$0			\$0	4.0	\$152,672
Social Services	3.0	\$72,800	\$218,400	4.0	\$72,800	\$291,200			\$0	7.0	\$509,600
Business Office	1.0	\$59,696	\$59,696	0.0	\$59,696	\$0			\$0	1.0	\$59,696
Nursing Staff Scheduler	1.0	\$43,680	\$43,680	1.0	\$43,680	\$43,680			\$0	2.0	\$87,360
Activities Staff	2.0	\$82,400	\$164,800	2.0	\$82,400	\$164,800			\$0	4.0	\$329,600
<b>Total Support</b>	<b>30.0</b>		<b>\$1,244,424</b>	<b>12.0</b>	<b>\$392,736</b>	<b>\$685,528</b>	<b>0.0</b>	<b>0.0</b>	<b>\$0</b>	<b>42.0</b>	<b>\$1,929,952</b>
<b>REGULAR EMPLOYEES TOTAL</b>	<b>119.5</b>	<b>0.0</b>	<b>\$6,771,968</b>	<b>55.5</b>	<b>1,399,227.8</b>	<b>\$4,016,462</b>	<b>0.0</b>	<b>0.0</b>	<b>\$0</b>	<b>175.0</b>	<b>\$10,788,431</b>
<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>	<b>0.0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
LPN	8.0	\$91,099	\$728,792	-8.0	\$91,099	-\$728,792			\$0	0.0	\$0
RN	5.0	\$106,092	\$530,460	-5.0	\$106,092	-\$530,460			\$0	0.0	\$0
C.N.A	8.0	\$55,129	\$441,036	-8.0	\$55,129	-\$441,036			\$0	0.0	\$0
<b>Total Direct Care Staff</b>	<b>21.0</b>	<b>\$252,320</b>	<b>\$1,700,288</b>	<b>-\$21</b>	<b>\$252,320</b>	<b>-\$1,700,288</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<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>	<b>0.0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>CONTRACTUAL EMPLOYEES TOTAL</b>	<b>21.0</b>	<b>\$252,320</b>	<b>\$1,700,288</b>	<b>-\$21</b>	<b>\$252,320</b>	<b>-\$1,700,288</b>			<b>\$0</b>	<b>0.0</b>	<b>\$0</b>
<b>Benefits (State method of calculating benefits below):</b>											
			270,878.7			160,658.5					431,537.2
<b>TOTAL COST</b>	<b>140.5</b>		<b>\$8,743,135</b>	<b>34.5</b>		<b>\$2,476,833</b>	<b>0.0</b>		<b>\$0</b>		<b>\$11,219,968</b>

**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	72	24	24	120		32	24	24	80
L. P. N. s	56	56	40	152		56	56	40	152
Aides									
C. N. A.s	127.5	127.5	105	360		127.5	127.5	105	360
Medicine Aides									
<b>Total</b>				632					592
<b>Licensed Beds at Project Completion</b>				<b>196</b>		<b>Licensed Beds at Project Completion</b>			<b>196</b>
<b>Hours of Bedside Care per Licensed Bed per Day</b>				3.22		<b>Hours of Bedside Care per Licensed Bed Per Day</b>			3.02
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Ward Clerks (bedside care time calculated at 50%)	0	0	0	0		0	0	0	0
<b>Total Including 50% of Ward Clerks Time</b>									
<b>Total Hours of Bedside Care per Licensed Bed Per Day</b>				3.22		<b>Total Hours of Bedside Care per Licensed Bed Per Day</b>			3.22

**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.

	NEW CONSTRUCTION	RENOVATION
<b>BASE BUILDING CHARACTERISTICS</b>	<b>Check if applicable</b>	
<b>Class of Construction (for renovations the class of the building being renovated)*</b>		
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 checked="" type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
<b>Number of Stories</b>	2.5	3

\*As defined by Marshall Valuation Service

<b>PROJECT SPACE</b>	<b>List Number of Feet, if applicable</b>	
<b>Total Square Footage</b>	<b>Total Square Feet</b>	
Lower Level	3,602	0
First Floor	15,330	3,136
Second Floor	13,488	3,455
Third Floor	0	2,005
Fourth Floor	na	na
<b>Average Square Feet</b>	<b>8,105</b>	<b>2,149</b>
<b>Perimeter in Linear Feet</b>	<b>Linear Feet</b>	
Lower Level	287	0
First Floor	816	668
Second Floor	722	750
Third Floor	0	750
Fourth Floor	na	na
<b>Total Linear Feet</b>	<b>1,825</b>	<b>2,168</b>
<b>Average Linear Feet</b>	<b>456</b>	<b>542</b>
<b>Wall Height (floor to eaves)</b>	<b>Feet</b>	
Lower Level	10	11
First Floor	10	10
Second Floor	10	10
Third Floor	10	10
Fourth Floor	na	na
<b>Average Wall Height</b>	<b>10</b>	<b>10</b>
<b>OTHER COMPONENTS</b>		
<b>Elevators</b>	<b>List Number</b>	
Passenger	1	1
Freight	0	1
<b>Sprinklers</b>	<b>Square Feet Covered</b>	
Wet System	yes	yes
Dry System	no	yes
<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:	
<b>Type of Exterior Walls for proposed project</b>	Brick over insulated sheathing/waterscreen, insulated meta	

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

<i>INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table D for each structure.</i>		
	<b>NEW CONSTRUCTION COSTS</b>	<b>RENOVATION COSTS</b>
<b>SITE PREPARATION COSTS</b>		
Normal Site Preparation	\$1,093,000	
Utilities from Structure to Lot Line	\$60,000	
<b>Subtotal included in Marshall Valuation Costs</b>	<b>\$97,000</b>	
Site Demolition Costs	\$36,000	
Storm Drains	\$300,000	
Rough Grading	\$60,000	
Hillside Foundation	\$0	
Paving	\$37,000	
Exterior Signs	\$30,000	
Landscaping	\$54,000	
Walls	\$0	
Yard Lighting	\$60,000	
Other (Specify/add rows if needed)	\$0	
<b>Subtotal On-Site excluded from Marshall Valuation Costs</b>	<b>\$577,000</b>	
<b>OFFSITE COSTS</b>		
Roads		
Utilities		
Jurisdictional Hook-up Fees	\$180,000	
Other (Specify/add rows if needed)		
<b>Subtotal Off-Site excluded from Marshall Valuation Costs</b>	<b>\$180,000</b>	
<b>TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs</b>	<b>\$757,000</b>	
<b>TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*</b>	<b>\$1,850,000</b>	

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