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April 14, 2023

Wynee Hawk, Chief
Certificate of Need
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Ms. Hawk:

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[1] in Prince George's County) and Livingston Leasing Co., LLC d/b/a Fort Washington Health Center ("Fort Washington," a 150 bed CCF in Fort Washington, Maryland in Prince George's County).[2] On October 20, 2022, the MHCC approved a merger and consolidation exemption request to relocate 37 of the 267 beds at Clinton to Forestville Healthcare Center (Docket No. 22-16-EX014), leaving 230 beds at Clinton.

This letter is to inform the Maryland Health Care Commission ("Commission") that CHS intends to internally relocate 46 beds from Clinton (reducing this nursing home to 184 beds after the relocation of beds to Forestville) to Fort Washington, growing Fort Washington to 196-beds. This project will enable Fort Washington to eliminate all quad rooms, making all rooms single or double-bedded rooms.

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 a total of 83 beds from Clinton (through relocation of beds to Forestville and Fort Washington) reducing this nursing home to 184 beds. Fort Washington will construct new and/or renovated space to make all rooms single or double-bedded rooms and house 46 of the Clinton beds, to make this a 196-bed facility with all single and double rooms. Fort Washington currently has 12 quad rooms.

[1] On October 20, 2022, the MHCC approved a merger and consolidation exemption request to relocate 37 of the 267 beds at Clinton to Forestville Healthcare Center (Docket No. 22-16-EX014), leaving 230 beds at Clinton.
[2] Clinton is leased from WO Holdings, LLC, and Fort Washington is leased from Livingston Asset Co., LLC both of which are affiliates of Omega Healthcare Investors, Inc.

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
Fort Washington Health Center

(2) The location of each health care facility

Clinton Healthcare Center, 9211 Stuart Lane, Clinton, MD 20735
Fort Washington Health Center, 12021 Livingston Rd, Fort Washington, MD 20744

(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 (230 after the relocation of beds to Forestville). This action will relocate 46 beds to Fort Washington Health Center, reducing Clinton to 221 (184) beds.

Fort Washington Health Center: This facility currently has 150 licensed beds. CommuniCare Health Services will receive 46 beds from Clinton, construct new space and renovate existing space to make all rooms single or double-bedded rooms, and eliminate the existing 12 quad rooms. After this project, it will have 196 beds.

(b) Renovation of existing facilities

Before the MHCC approved the merger and consolidation request from CommuniCare to relocate beds from Clinton to Forestville, the relocation of beds to Forestville enabled Clinton to eliminate Triple and Quad Rooms. Fort Washington has 0 Triple Rooms and 12 Quad Rooms, which this request will eliminate.

Bed Complement Before (but after relocating beds to Forestville)

		Private Toilet				Shared Toilet			
	Total Licensed Beds	Private Room	Semi Private Room	Triple Room	Quad Room	Private Room	Semi Private Room	Triple Room	Quad Room
Fort Washington Health Center	150	6	0	0	0	0	48	0	12
Clinton Healthcare Center	230	1	0	0	0	7	102	6	0

Bed Complement After

		Private Toilet				Shared Toilet			
	Total Licensed Beds	Private Room	Semi Private Room	Triple Room	Quad Room	Private Room	Semi Private Room	Triple Room	Quad Room
Fort Washington Health Center	196	16	0	0	0	4	88	0	0
Clinton Healthcare Center	184	4	0	0	0	40	70	0	0

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

Fort Washington will renovate 1,575 square feet (nearly a quarter of current facility).

(c) New construction

Fort Washington will add 32,420 square feet to its current 54,833 square feet to accommodate the additional beds and eliminate all of its 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 230 CCF beds (after relocating beds to Forestville) to 184 CCF beds. Fort Washington will increase from 150 CCF beds to 196 CCF beds.

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

24 months following the signing of the construction contract.

(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 1.

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

This relocation of beds is intended to eliminate the 12 Quad Rooms at Fort Washington, making health care services there 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 at Clinton, which will allow for more personalized care.

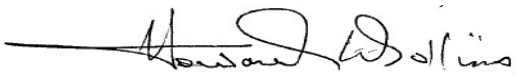
Existing Clinton Nursing Units Size		
	Before	After
Unit 1 West	30	27
Unit 2 East	48	40
Unit 2 West	48	30
Unit 3 East	56	45
Unit 3 West	48	42

(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.

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,



Howard L. Sollins

HLS/lam
Enclosures
cc: Mr. Charles Stoltz, CommuniCare Health Services
Ms. Holly Norelli, CommuniCare Health Services
Ms. Ruby Potter
Sanmi Areolo, MD, PhD, Chief Administrative Officer
Prince George's Health Department
John J. Eller, Esquire

Exhibits

1. State Health Plan Standards
2. Information about Alternative Community-based Services
3. CommuniCare MDS Policy & Procedure
4. MDS Section Q Samples (Redacted)
5. Discharge Planning Policy
6. Social Worker Statement
7. Architect FGI Letter
8. QAPI Sign-in Sheet
9. QAPI Policy
10. Collaboration Lists
11. Letters of Support
12. CON Table Package
13. Affirmations

Exhibit 1

Consistency with 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.

(c) 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 2020. The table below shows the occupancy for 2019 and 2020. Fort Washington (the facility being expanded) exceeded 90 percent occupancy for both years. Clinton (the facility being contracted) did drop below 90 percent during 2020. This is because it was the year of Covid lockdowns.

		2019		2020	
	Total Licensed Beds	**Patient Days**	**Average Annual Occupancy Rate**	**Patient Days**	**Average Annual Occupancy Rate**
Fort Washington Health Center	150	52,981	96.77%	50,149	91.60%
Clinton Healthcare Center	267	93,612	96.06%	85,518	87.75%

(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. Currently, neither Clinton nor Fort Washington is subject to a MOU, and there is no required participation under any MOU. However, in MHCC decision on the related exemption request to transfer beds from Clinton to Forestville that has been previously cited, the MHCC imposed a condition that both Clinton and Forestville sign MOUs. Hence, Clinton will sign and MOU. Fort Washington will accede to a similar condition if imposed. Both Clinton and Fort Washington are committed to maintaining participation in the Medicaid program.

(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 2020 (published in *Maryland Register* 9/9/22)"[3], the required minimum Medical Assistance Participation Rate would be the lower of that for Prince George's County (41.9%) or Southern Maryland (43.9%) and, so, would be 41.9%. Based on the 2020 Public Use Database available on the Commission website, both Clinton and Fort Washington exceeded that percentage.

	Total Patent Days Comp. 2020	**Pat Days_Comp _MD Med Asst 2020**	**Percentage**
Fort Washington Health Center	50,149	28,387	51.85%
Clinton Healthcare Center	85,518	43,987	45.14%

(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.

[3] mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chcf_ltc_nh_required_md_medical_assistance_participation_fy2020.pdf

Not applicable. CHS is not seeking new beds. Neither is CHS proposing a new facility. Currently, neither Clinton nor Fort Washington is subject to a MOU.

(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. Currently, neither Clinton nor Fort Washington is subject to a MOU. However, they both 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 2 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;

See Exhibit 3, CommuniCare's MDS Policy and Procedure. Additionally, please see Exhibit 4, Ft. Washington and Clinton MDS Section Q (Examples Redacted).

(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 each of Clinton and Fort Washington's Discharge Planning Policies, which include a timeframe for resident discharge plan assessments for at least six-month intervals for the first 24 months.

(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.

Per Jon Galzerano, Clinton's Director of Social Services, after initially meeting with residents during the 72-hour care planning process, discharge planning goals are identified. Materials are provided and assistance offered in arranging access to services depending on specific resident needs, such as Medicaid waiver information, alcohol and drug rehabilitation centers, Money Follows the Person program and other material. See Exhibit 6, with examples of materials provided.

(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.

CommuniCare provides short and long term care and services to residents with a variety of diagnoses, and will continue to provide health care to the same population following the project completion. A listing of the most commonly cared for diagnoses per the most recent reporting from the facility's Electronic Medical Record System, includes the following:

> WEAKNESS (R53.1); NEED FOR ASSISTANCE WITH PERSONAL CARE (Z74.1); ESSENTIAL (PRIMARY) HYPERTENSION (I10); GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9); HISTORY OF FALLING (Z91.81); HYPERLIPIDEMIA, UNSPECIFIED (E78.5); MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9); OTHER ABNORMALITIES OF GAIT AND MOBILITY (R26.89); OTHER CHRONIC PAIN (G89.29); PERIPHERAL VASCULAR DISEASE, UNSPECIFIED (I73.9); PERSONAL HISTORY OF COVID-19 (Z86.16); PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS (Z86.73); REPEATED FALLS (R29.6); TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9); TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS (E11.8); UNSPECIFIED ASTHMA, UNCOMPLICATED (J45.909); UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY (F03.90); UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE (M19.90); UNSPECIFIED SEQUELAE OF UNSPECIFIED CEREBROVASCULAR DISEASE (I69.90); VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY (F01.50)

(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 the 12 rooms with more than two residents Fort Washington.

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

(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;

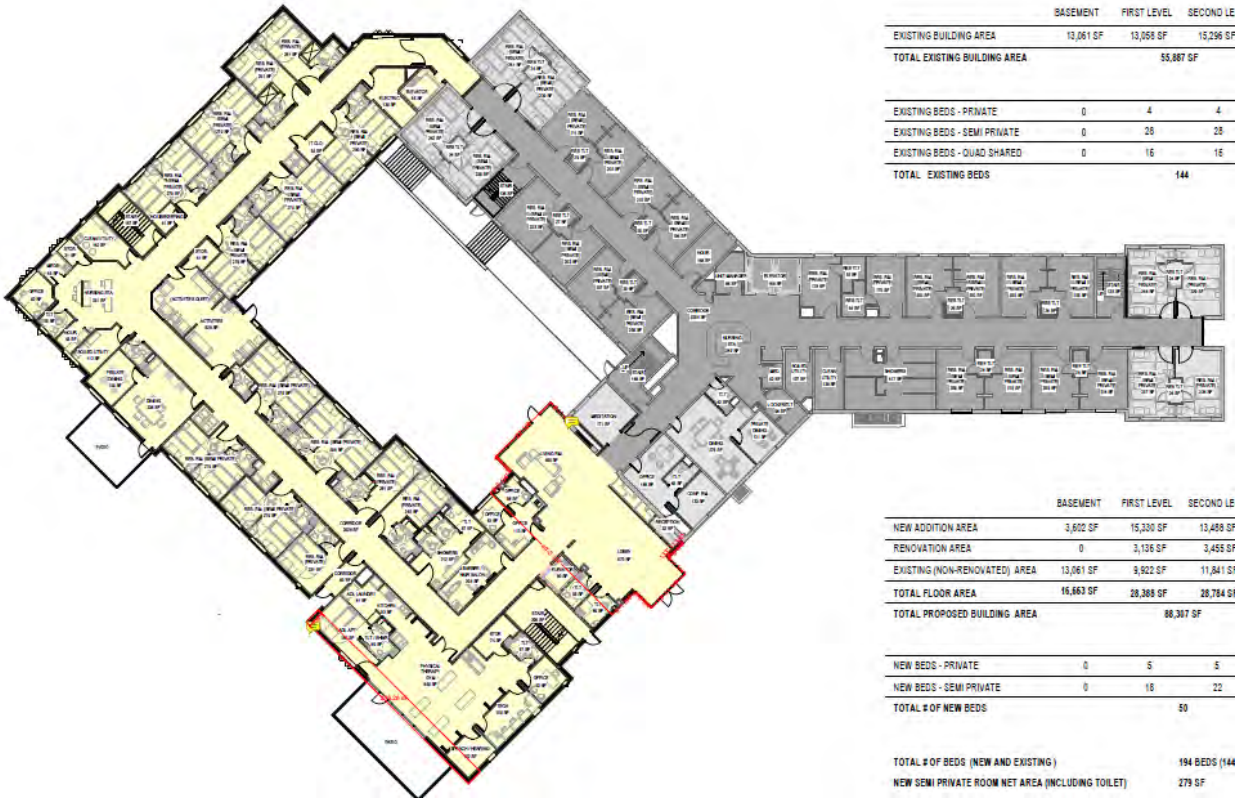
(c) If developing a unit to serve dementia patients, demonstrate the ability to meet Office of Health Care Quality standards and the most current FGI Guidelines.

(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.

The facility design will incorporate elements that maximize resident quality of life in a variety of aspects. Resident common areas designated for therapeutic recreation and socialization were designed to promote ease of ambulation and socialization. Figure 1 (below) shows that there will be three areas where residents can safely walk outside. The building will have an inner courtyard (the interior courtyard in the middle of the lower level figure). Two new, outdoor spaces will be added as part of the new addition, one outside of the therapy gym and a second patio outside of the dining area.

Figure 1
Ground Floor



	BASEMENT	FIRST LEVEL	SECOND LE
EXISTING BUILDING AREA	13,061 SF	13,058 SF	15,296 SF
TOTAL EXISTING BUILDING AREA			55,887 SF

EXISTING BEDS - PRIVATE	0	4	4
EXISTING BEDS - SEMI PRIVATE	0	28	28
EXISTING BEDS - QUAD SHARED	0	16	16
TOTAL EXISTING BEDS			144

	BASEMENT	FIRST LEVEL	SECOND LE
NEW ADDITION AREA	3,602 SF	15,330 SF	13,458 SF
RENOVATION AREA	0	3,136 SF	3,455 SF
EXISTING (NON-RENOVATED) AREA	13,061 SF	9,922 SF	11,841 SI
TOTAL FLOOR AREA	16,663 SF	28,388 SF	28,754 SI
TOTAL PROPOSED BUILDING AREA			88,307 SF

NEW BEDS - PRIVATE	0	5	5
NEW BEDS - SEMI PRIVATE	0	18	22
TOTAL # OF NEW BEDS			50

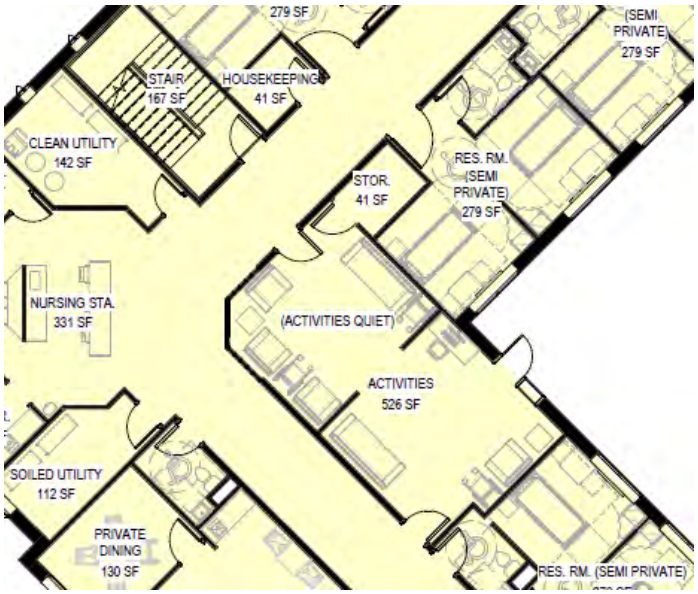
TOTAL # OF BEDS (NEW AND EXISTING)	194 BEDS (144
NEW SEMI PRIVATE ROOM NET AREA (INCLUDING TOILET)	279 SF

An outdoor enclosed patio space (see Figure 2) will also be added next to a Dining/Activities area, enabling residents to eat outside if they choose. All three enclosed areas will be secure so that residents can safely walk outside. This is particularly important for residents for whom walking may be part of their dementia related behavior.

Figure 2
The Outdoor Enclosed Patio

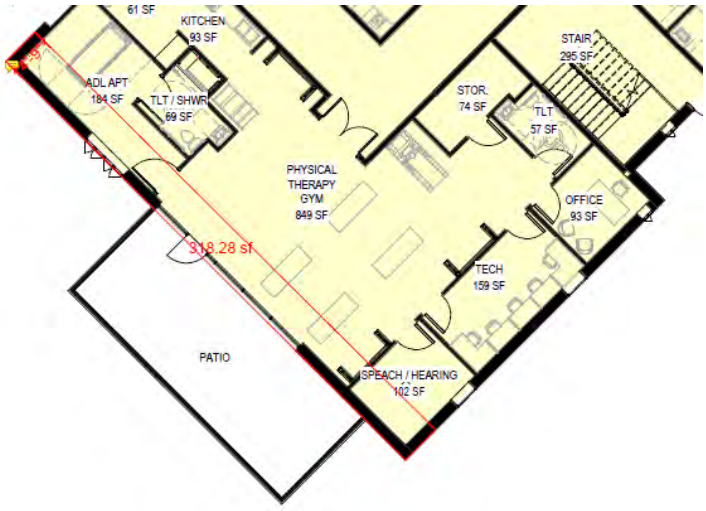
The Common Area/Living Room on each floor (see Figure 3) will include an internet cafe to provide Resident connectivity with loved ones and accessibility to information of interest to the Resident. It will also include a library and lounging space where residents can socialize.

Figure 3
Common Area/Living Room



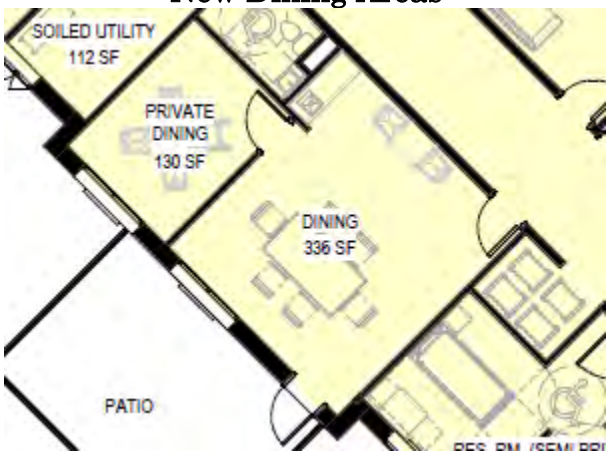
The new and expanded gym on the first level will increase the facility's Rehab space and will also maximize ambulation and restorative goals while providing an aesthetically pleasing, state-of-the-art environment. See Figure 4

Figure 4
Renovated and Expanded Gym



The new Resident dining areas on both levels will feature a 24-hour nourishment bar making the experience more comfortable and home-like, while promoting enhanced socialization, increased ambulation and independence. Each floor's dining area will include a private dining room so that residents may have their families join them or for celebrations of birthdays, etc. See Figure 5.

Figure 5
New Dining Areas

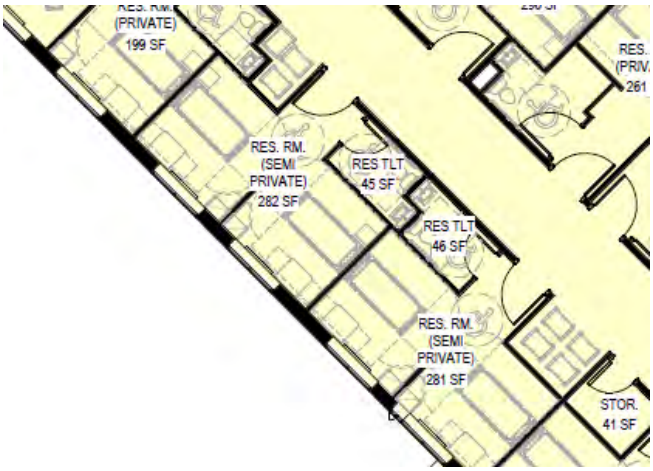


The design has been drafted with resident safety top of mind, including the ability to isolate either floor from each other with separate entry and exit points and other features focusing on infection prevention and control practices. Nursing stations are open and provide accessibility for medical professional and resident interaction, while maintaining line of sight down both corridors for staff supervision. See Figure 6.

Figure 6
Nursing Station

There will be alcoves placed in the hallways where medication and treatment carts can be tucked away to provide a more home-like environment and not storing equipment in the corridors, enhancing resident safety. See Figure 7 for an example of equipment alcoves.

Figure 7
Equipment Alcoves



Resident rooms in the new addition will either be private or semi-private, will provide larger living space, and will be ADA accessible. The semi-private rooms have been designed to will have a half-wall separating the living area of each resident to maximize the resident's dignity and privacy. This design both decreases the opportunity for cross infection and minimizes the negative aspects of an institutional environment Figure 8 shows the design of a semi-private room.

Figure 8
Semi-Private Room Design

(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 Fort Washington. 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.

The table below demonstrates CommuniCare Health Services – Maryland facilities, and their CMS Nursing Home Care Compare ratings over the past five quarterly refreshes. The CommuniCare family of companies is aware of the Maryland Health Care Commission's goal for 70% of more of an organization's locations to be at 3 or more stars overall over the last 5 refreshes. While this is not a certificate of need application but is a request for a merger and consolidation exemption request, we wish to provide an explanation. We would, however, point to several key factors below the charts when analyzing these results.

Provider Name	Provider City		Jan 23	Oct-22		Jul-22		Apr-22		Jan-20	
		Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality	Overall	Quality
ANCHORAGE HEALTHCARE CENTER	SALISBURY	1	2	1	2	1	2	2	3	1	4
BEL PRE HEALTHCARE CENTER	SILVER SPRING	1	4	1	4	1	4	5	5	4	4
BLUE POINT HEALTHCARE CENTER	BALTIMORE	3	5	2	5	2	5	2	5	3	5
CLINTON HEALTHCARE CENTER	CLINTON	3	5	3	5	3	5	4	5	3	5
CUMBERLAND HEALTHCARE CENTER	CUMBERLAND	2	5	2	5	2	5	2	5	1	3
ELLICOTT CITY HEALTHCARE CENTER	ELLICOTT CITY	1	3	1	3	1	3	1	4	2	5
FAYETTE HEALTH AND REHABILITATION CENTER	BALTIMORE	2	3	2	3	2	3	2	3	2	2
FORESTVILLE HEALTHCARE CENTER	FORESTVILLE	2	4	2	4	2	4	3	5	4	5
FT WASHINGTON HEALTH CENTER	FORT WASHINGTON	5	5	5	5	5	5	4	4	5	5
HAGERSTOWN HEALTHCARE CENTER	HAGERSTOWN	1	3	1	3	1	3	1	3	1	2
HOLLY HILL HEALTHCARE CENTER	TOWSON	1	3	1	3	1	3	1	2	3	4
KENSINGTON HEALTHCARE CENTER	KENSINGTON	2	4	2	4	2	4	2	4	4	5

LAURELWOOD HEALTHCARE CENTER	ELKTON	1	3	1	3	1	3	1	3	1	3
MARLEY NECK HEALTH AND REHABILITATION CENTER	GLEN BURNIE	3	4	3	4	3	4	4	5	5	5
NORTHWEST HEALTHCARE CENTER	BALTIMORE	1	4	1	4	1	4	1	4	2	5
SOUTH RIVER HEALTHCARE CENTER	EDGEWATER	3	5	3	5	3	5	2	5	3	5
WESTMINSTER HEALTHCARE CENTER	WESTMINSTER	1	3	1	3	1	3	1	3	1	2
Star Average		1.94	3.82	1.88	3.82	1.88	3.82	2.29	4.12	2.65	4.06

One will see above that in spite of the challenges presented by the COVID-19 Public Health Emergency (PHE), the CommuniCare average quality measure rating over the selected time period has consistently remained above 3 stars. This demonstrates that CommuniCare facilities consistently rank average to above average as compared with their peers in the quality measures domain over which the nursing facility leadership team has the most control. 16 of the 17 Maryland facilities are 3 stars or above under the quality measure. CommuniCare has remained steadfast in its commitment to providing residents with the highest quality of care and has maintained their above average quality ratings during this unprecedented period of pandemic health emergency. The health inspection process for all nursing homes remains intensive in its oversight as this chart demonstrates and CommuniCare responds with plans of correction and by the Quality Assurance and Performance Improvement team. By deploying resources such as Convergence, the CommuniCare Family of Companies complete telehealth and telemedicine technology platform and service company, CommuniCare has continued to seek out ways to provide high quality resources to our facilities in support of our quality initiatives. Additionally, CommuniCare has launched its own Medicare Advantage Plan, CommuniCare Advantage, to aid in achieving population health initiatives for Marylanders in need of access to high quality health care with additional benefits.

In the nature of staffing, CommuniCare urges the Commission to look at the company's total response to needs for staff in a PHE environment. In the chart, average staffing availability has been affected by the PHE, as has been seen across the country with most providers, as our nation's nursing homes have grappled with staff illness and death/resignations/agency poaching/etc. In addition to the aforementioned challenges, several of the centers are located in more rural and hard to recruit locations on the Eastern Shore and Western Maryland that have become even more challenged during this difficult time.

CommuniCare has taken an innovative approach at addressing these challenges by developing a comprehensive strategy to increase staffing among all of its facilities. Included in this strategy are increased compensation plans for current nursing staff, as well as more attractive compensation and benefit plans for new team members. Employee sign-on bonuses and current employee referral bonuses are deployed as a way to attract additional nursing staff. CommuniCare has also developed its' own staffing agency "Bridgeway", to provide another layer of support to our centers. Finally, the company provides and pays for GNA training programs, tuition assistance, paid time off and 401K with match.

In addition to the above, CommuniCare continues to develop innovative ways to attract new, qualified staff. CommuniCare is working to attract licensed nurses from overseas seeking employment in long term care. Within the next few months, CommuniCare will onboard 1400 nurses and aides, while continuing to recruit globally to add a projected several thousand qualified staff in the near future. CommuniCare will be sponsoring these individuals' green cards, their first three months of housing, and will be providing them with a full range of services to prepare them for life-long careers in long term care. Many of these staff will be assigned to Maryland facilities. It is anticipated that recruiting, training and investing in the larger, dedicated work force will not only increase numbers but will translate into higher overall star rankings and survey results.

Finally, we believe that investment in our centers and the de-densification of resident rooms will only improve the clinical and residential environment for residents and staff in a way that enhances survey outcomes, along with the other efforts that we have already discussed.

CommuniCare aims to de-densify all of the rooms in its Maryland portfolio that are 3 and 4 bedrooms. This goal serves to enhance the quality of life for the Marylanders that we are privileged to serve. The organization has a keen focus on not only the health and safety concerns that have become more evident during the course of the PHE, but also the improvement in quality of life overall with a focus on health equity. At present, in the CommuniCare division which includes all of the Maryland centers, 79.8% of our residents daily are Medicaid recipients. Additionally, in the facilities that currently have resident rooms including 3 and 4 beds, a large majority of the residents served are Medicaid recipients. It is CommuniCare's aim to embrace the strategic initiatives around health equity presented by the Biden Administration and the Center for Medicare and Medicaid Services' by investing in our centers and promoting quality of life and wellness for all residents requiring our services.

(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.

Both facilities involved in the proposed project, Clinton and Fort Washington 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. (Both had an overall rating of 3.4 stars.)

In the Decision on the related Merger and Consolidation Exemption Request involving Clinton and Forestville, the MHCC Staff wrote:

> "Staff recommends that the Commission find that the proposed project, which allows a better room configuration for two of the CommuniCare CCFs that have acceptable recent performance, is not inconsistent with the quality rating standard, despite the relatively low star rating for most of the company's Maryland CCFs. Staff believes this is a reasonable interpretation of how this standard should apply to this particular exemption request. The applicant is not seeking to establish a new facility or expand overall bed capacity. Staff believes that this standard should not stand in the way of improving these two facilities that do have above-average performance, particularly given the public interest served in eliminating 3- and 4- bed rooms. This standard should be used to limit the ability of sub-performing facilities or companies from altering their bed capacity until their performance is brought to average or above-average levels. Staff views an exemption request involving CCFs with below average composite scores as being inconsistent with the State Health Plan.

In Staff's initial September 9, 2022 Report, Staff recommended memorializing this interpretation as a condition on CON approval. (DI #15). The proposed condition was subsequently revised as follows:

> > CommuniCare shall demonstrate progress in improving its performance on the CMS Nursing Home Compare Five-Star Quality Rating System for its Maryland facilities. Any further reconfiguration of its CCFs in Maryland will only include changes at CCFs with a composite score of three or more stars until CommuniCare is able to meet the quality rating standard at COMAR 10.24.20.05A(8).

(DI #17.) CommuniCare opposed this condition, arguing that the Commission does not have authority to impose conditions on exemption requests[4] and that it is inappropriate to impose a condition that, it argues, makes a peremptorily adverse determination on projects that have not been filed and are not currently before the Commission. (DI #16.) After discussion with CommuniCare's counsel, Staff is no longer recommending the imposition of this condition. Staff agrees that any future CON application or request for exemption from CON review should be assessed based on its own merits and hopes that CommuniCare thoughtfully considers staff's analysis in this report prior to submitting another request to the Commission for approval.

Staff is currently considering what changes in this regulation should be considered to provide a more nuanced used of quality measures in regulating nursing home services. The objective will be maintenance of the principle that a substantial track record of sub-average performance should be a barrier to entering Maryland or expanding service capacity in Maryland while also allowing consideration of CCF replacement and

[4] As explained further in DI #17, the Commission does have authority to impose conditions on exemptions from CON review and has routinely done so.

reconfiguration projects that allow for needed modernization of CCF physical plant designs in ways that benefit patients and staff."

CommuniCare *has* thoughtfully considered the MHCC Staff's analysis and agrees that flexibility is required to attain the intent of the standard in the context of the merits of the project and applicant. The data presented above show that, even if the overall score does not reach three stars, the quality measures (and this is a Quality standard) do exceed the required benchmark.

(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.

Please see Exhibit 8 for copies of recent facility QAPI Committee sign-in sheets for both Clinton and Ft. Washington Health Care Facilities. Additionally, please see Exhibit 9 for QAPI Plan Policy CommuniCare. Facilities adhere to the meeting contents, frequency, processes, policies, and plan outlined in this attached policy.

(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 Fort Washington and Clinton perform better than the national and statewide averages on hospital readmissions and other quality measures:

Ft. Washington

Percentage of short-stay residents who were re-hospitalized after a nursing home admission
Lower percentages are better
19.8%
National average: 22.1%
Maryland average: 21.3%
Percentage of short-stay residents who have had an outpatient emergency department visit
Lower percentages are better
8.4%
National average: 11.4%
Maryland average: 9.2%
Percentage of short-stay residents who got antipsychotic medication for the first time
Lower percentages are better
0.4%
National average: 1.8%
Maryland average: 1.6%
Percentage of residents with pressure ulcers/pressure injuries that are new or worsened
Lower percentages are better
2.5%
National average: 2.9%

Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan
Higher percentages are better
99.2%
National average: 98.8%

Clinton Healthcare Center

Percentage of short-stay residents who were re-hospitalized after a nursing home admission
Lower percentages are better
18.8%
National average: 22.1%
Maryland average: 21.3%

Percentage of short-stay residents who got antipsychotic medication for the first time
Lower percentages are better
0%
National average: 1.8%
Maryland average: 1.6%
Percentage of residents with pressure ulcers/pressure injuries that are new or worsened
Lower percentages are better
0.9%
National average: 2.9%

Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan
Higher percentages are better
99.5%
National average: 98.8%
Percentage of residents who are at or above an expected ability to care for themselves at discharge
Higher percentages are better
59.8%
National average: 46.9%
Percentage of residents who are at or above an expected ability to move around at discharge
Higher percentages are better
45.3%
National average: 40.1%

(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 10_ includes a list of hospitals, home health, hospice, and other service providers with which both facilities collaborate on discharge planning.

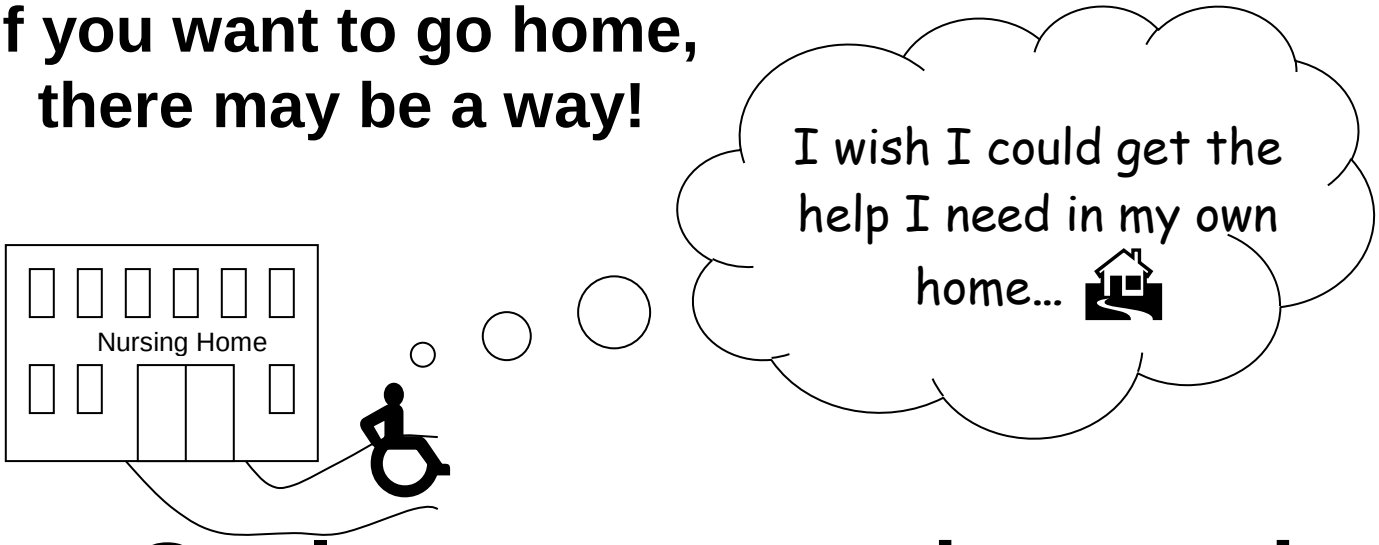
Exhibit 11 includes letters of support for the planned projects, and Exhibit 12 includes CON table packages. Finally, Exhibit 13 are affirmations.

Exhibit 2

Information About Alternative Community Resources

Exhibit 2

If you want to go home, there may be a way!



Get long term services and supports in the community!

If Medical Assistance pays for any part of your nursing home care, you may be able to get care and services in your own community home instead of in a nursing home.

In the last few years, hundreds of people have moved out of nursing homes to receive services in the community. There are several programs that provide services in the community. We can help you decide which one may be right for you and help you apply. **Just let us know**.

If you would like to learn more about services that may help you move back to the community, ask a social worker at your nursing home, or contact one of the places listed on the back of this page.

This document is produced by the Maryland Department of Health. By law, nursing homes must give this information to every nursing home resident who indicates a preference to return to the community.
Revised February 2018

State Government	
Maryland Department of Disabilities	800-637-4113
Maryland Department of Health Community First Choice/Community Options Waiver MFP Nursing Facility Transition Program	 877-463-3464 or 410-767-1739 410-767-7242 (MFP)
Maryland Department on Aging	1-800-AGE-DIAL (1-800-243-3425)
Maryland Access Point	1-844 MAP-LINK (844-627-5465) www.marylandaccesspoint.info
Adult Evaluation and Review Services (AERS)	877-463-3464 or 410-767-7479
Developmental Disabilities Administration	Central MD 410-234-8200 Western MD 301-791-4670 Southern MD 301-362-5100 Eastern Shore 410-572-5920

Advocacy	
Independence Now (PG & Montgomery Counties)	301-277-2839
Southern MD CIL (Calvert, Charles, St. Mary's Counties)	301-884-4498
The Freedom Center (Frederick & Carroll Counties)	301-846-7811
Resources for Independence (Western Maryland)	800-371-1986
Bay Area CIL (BACIL) (Cecil Co. and the Eastern Shore)	443-260-0822 or 877-511-0744
The IMAGE Center (Baltimore City/Co. & Harford)	410-982-6311
Accessible Resources for Independence (Howard & Anne Arundel Counties)	410-636-2274
Brain Injury Association of Maryland	410-448-2924 or 800-221-6443
Maryland Statewide Independent Living Council	240-599-7966
Mental Health Association of Maryland	443-901-1550

Legal Resources	
Legal Aid Bureau LTC Assistance Program & MD Senior Legal Hotline1-866-635-2948 www.mdlab.org The Assisted Living/Nursing Home Program provides legal assistance to financially eligible nursing home residents anywhere in Maryland.	Disability Rights Maryland (DRM) 1-800-233-7201, TTY number: 410-235-5387 www.disabilityrightsmd.org DRM is a non-profit legal services established by federal and state law to advocate for the rights of persons with disabilities in Maryland.

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Exhibit 3

CommuniCare MDS Policy and Procedure

Exhibit 3
CommuniCare MDS Policy & Procedure

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			**Reviewed:** 11/01/2019 06/03/2021
Approval: Chief Clinical Officer	**Effective:** 11/1/2013	**Revised:** 11/15/2019 06/03/2021	**Page:** 1 of 7

Scope:

This policy is applicable to all adult living centers.

Definitions:

ARD: Assessment Reference Date –date that signifies the end of the look back period used to base responses to MDS coding

CAA: Care Assessment Areas are required categories of the assessment that help residents maintain the highest practicable level of well-being that requires critical thinking and decision-making to identify areas that are, may be, or could be areas of concern for that resident: a pre-cursor to care planning

IDT Team: Interdisciplinary Team is a group of experts from various professional groups that may include but are not limited to clinical, administrative, rehabilitative/therapy, nutritional/dietary, and social work members that provide a well-balanced perspective to issues and concerns.

N/A: Not applicable

MDS: Minimum Data Set a CMS required assessment for residents in a nursing facility to determine level of care and payment

OBRA: Omnibus Reconciliation Act – Federal standards for nursing home including but not limited to control of the federal payment system; OBRA assessments are comprehensive (Admission, annual, Significant Change in Status or Significant Correction of a Prior Full assessment)

PDPM: Patient Driven Payment Model – a method of reimbursement in which Medicare payment is based upon 5 case mix components and 1 non case mix component (PT, OT, SLP, Nursing, NTA and base rate to = composite rate)

RAC: Resident Assessment Coordinator

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RAI: Resident Assessment Instrument – the tool used for a completing the resident assessment for CMS submission as part of the rules of participation (RoP) for the purposes of reimbursement and to guide quality care in the nursing home environment

SW: Social Worker/ Social Services

Policy:

It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. The safety of residents, staff and visitors is of primary importance. The purpose of this policy is to provide guidance for the interdisciplinary assessment. The interdisciplinary assessment shall be completed for all resident utilizing the guidelines provided in the Resident Assessment Instrument (RAI). The Minimum data set 3.0 (MDS) will be completed per RAI guidelines based upon oral or written communication, resident/family interview, and assessments provided by the IDT team members.

Procedure:

I. The MDS assessment sections will be completed by the following IDT members:

a. Full Assessment :

Full Assessment Form			
1) Section	A	Identification and Information A1500, A1520, A1550	RAC SW & or RAC
2) Section	B	Hearing, Speech and Vision	RAC

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3) Section	C	Cognitive Pattern	SW or RAC
4) Section	D	Mood	SW or RAC
5) Section	E	Behavior	SW & or RAC
6) Section	F	Preferences for Routine & Activities	Recreation/Activities & or RAC
7) Section	G	Functional Status	RAC
8) Section	GG	Functional Abilities and Goal	RAC
9) Section	H	Bladder & Bowel	RAC
10) Section	I	Active Diagnosis	RAC
11) Section	J	Health Conditions	RAC
12) Section	K	Swallowing/Nutritional Status	Dietary
13) Section	L	Oral, Dental Status	RAC
14) Section	M	Skin Condition	RAC
15) Section	N	Medications	RAC
16) Section	O	Special Treatment, Procedures and programs	RAC
17) Section	P	Restraints	RAC
18) Section	Q	Participation in Assessment & Goal setting	SW & or RAC
19) Section	S	State Specific	RAC
20) Section	V	Care Area Assessment (CAA) Summary	IDT & RAC
21) Section	Z	Assessment Administration	RAC
22) Section	X	Correction Request	RAC
Discharge Assessment			RAC
Entry & Death in Facility (DIF) Tracker			RAC

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b. Coordination of RAC:

i. The RAC will establish the assessment reference date and communicate with the interdisciplinary team.

ii. Each individual who completes a portion of the assessment (RAI) must certify the accuracy of that portion by signing and dating in the appropriate location in Section Z, including their job title and sections of MDS they completed.

iii. The RN Assessment Coordinator and/ or the RN designee will verify completion of the MDS by signing section ZO500A per RAI guidelines.

iv. The RN Assessment Coordinator will sign and date Section VO200B1 and VO200B2 for the Care Assessment Areas (CAA) as required per the RAI guidelines.

v. The Comprehensive Care Plan must be complete by day 21 after admission or 7 days after the MDS is completed.

a. Signature of person making care plan decision will sign and date VO200C1 and VO200C2 when care plans are required per the RAI guidelines

b. Coordination of PPS (Medicare Covered) Schedule:

Type of MDS Assessment	A0310B	Assessment Reference Date A2300	Z0500B	V0200 B2	Submit to State No Later Than	# of Payment Days Covered by this MDS

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5-Day MDS Assessment	01	Day 1-8	A2300 + 14 days	N/A	Z0500b + 14 days	Potentially 100 days of skilled stay
Interim Payment Assessment	08	Optional	A2300 + 14 days	N/A	Z0500b + 14 days	From ARD through remainder of skilled stay

Type of MDS Assessment	A0310A	Assessment Reference Date A2300	Z0500B	V0200B2	Submit to State No Later Than	# of Payment Days Covered
Admission	01	No later than admission date + 13 calendar days	Admission date + 13 calendar days	Admission date + 13 calendar days	Care plan completion date +14 days	92 days or next intervening assessment
Quarterly	02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 14 calendar days	N/A	14 days after MDS completion date	92 days or next intervening assessment
Annual	03	ARD of previous OBRA comprehensive assessment + 366 calendar days and ARD previous Quarterly OBRA assessments + 92 days	ARD + 14 calendar days	ARD + 14 calendar days	14 days after Care plan completion date	92 days or next intervening assessment
Significant Change in Status Assessment (SCSA). Cannot be completed before an admission assessment is completed.	04	Within 14 calendar days of the date that the SNF determines that there has been a significant change in the resident's condition. (Follow guidelines in RAI manual.)	Within 14 calendar days of the date that the SNF determines there has been a significant change in resident's	Within 14 calendar days of the date the SNF determines there has been a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after Care plan completion date	Payment starts on ARD through next intervening assessment or the next Medicare assessment, whichever comes first.

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			condition. (Follow guidelines in RAI manual.)			
Significant correction of prior full MDS Assessment. **NOTE:** May only correct error in the most recent assessment.	05	When error is identified. (Check with your state concerning key change item corrections.)	CMS has designated no time frame for this assessment.	Within 14 calendar days after a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after the significant error occurred	N/A
Significant correction of prior Quarterly Assessment. **NOTE:** May only correct error in the most recent assessment	06	When error is identified. (Check with your state concerning key change item corrections.)	CMS has designated no time frame for this assessment.	Within 14 calendar days after a significant change in resident's condition. (Follow guidelines in RAI manual.)	14 days after the significant error occurred	N/A
Type of MDS Assessment	**A0310F**	**Assessment Reference Date A2300**	**Z0500B**	**V0200B2**	**Submit to State No Later Than**	**# of Payment Days Covered**
Discharge return not anticipated	10	Day of discharge	Discharge date +14 Calendar day	N/A	Completion day + 14 calendar day	N/A
Discharge return anticipated	11	Day of discharge	Discharge date +14 Calendar day	N/A	Completion day + 14 calendar day	N/A

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Death in Facility tracker (DIF)	12	Day of discharge (Death date)	Discharge death date + 7 calendar days	N/A	Discharge death day + 14 days	N/A
Entry	01	Day of entry to facility	Entry date + 7 Calendar days	N/A	Entry day + 14 calendar days	N/A
Type of MDS Assessment	A0310H	**Assessment Reference Date A2300**	**Z0500B**	**V0200B2**	**Submit to State No Later Than**	**# of Payment Days Covered**
End of PPS Part A Stay	01	Must be completed when the resident Medicare part A stay ends but the resident remains in the facility. Refer to the RAI Manual	ARD + 14 days	N/A	Completion day + 14 days	Stops PPS payment

Exhibit 4

MDS Section Q Examples (Redacted)

Exhibit 4
MDS Section Q Example (redacted)_Ft. Washington

MDS 3.0 Section Q - Participation in Assessment and Goal Setting

Resident Information	Assessment Information	RUG Information	PDPM Information	Submission Inform
Resident: [redacted]	**ARD/Target Date:** 2022-12-18	**State:**	**Primary Diagnosis:** N/A	**MDS Status:** Accepted
Admit Date: 12/05/2022	**OBRA Reason:** None of the above	**State Alternate:**	**Clinical Category:** N/A	**A0410:** 3.Unit is Medicare and/or
Payer: [redacted]	**PPS Reason:** None of the above	**Insurance Billing:** AAA	**Recent Surgery:** N/A **HIPPS:** N/A	**Submit Req:** Submit to CMS
Mdcr Start Date:	**PPS OMRA:**	**Insurance Non-Therapy:** AAA	**PT/OT:** N/A **SLP:** N/A	
	Entry/Discharge: Discharge - return not anticipated		**Nursing:** N/A **NTA:** N/A	

A B C D E F G GG H I J K L M N O P Q S V X Exit

Q0400. Discharge Plan

A. Is active discharge planning already occurring for the resident to return to the community?

Tools

Response Locked
Signed by: **mbiawogei.wsh** on **Tue Dec 20, 2022 at 06:59:52 PM**

0. No
1. Yes
-. Not assessed/no information

Q0600. Referral

Has a referral been made to the Local Contact Agency?

Tools

Response Locked
Signed by: **mbiawogei.wsh** on **Tue Dec 20, 2022 at 06:59:52 PM**

0. No - Referral not needed
1. No - Referral is or may be needed
2. Yes - Referral made
-. Not assessed

Fort Washington
12021 Livingston Rd
Fort Washington, MD 20744-4210
Phone: (301) 292-0300
PCC Facility ID: 71

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4

Exhibit 4_
MDS Section Q_Clinton

MDS 3.0 Section Q - Participation in Assessment and Goal Setting

Resident Information	Assessment Information	RUG Information	PDPM Information	Submission Information
Resident: [redacted]	**ARD/Target Date:** 2022-12-08	**State:**	**Primary Diagnosis:** N/A	**MDS Status:** Accepted
Admit Date: 11/04/2022	**OBRA Reason:** None of the above	**State Alternate:**	**Clinical Category:** N/A	**A0410:** 3.Unit is Medicare and/or M
Payer: [redacted]	**PPS Reason:** None of the above	**Insurance Billing:** AAA	**Recent Surgery:** N/A **HIPPS:** N/A	**Submit Req:** Submit to CMS
Mdcr Start Date:	**PPS OMRA:**	**Insurance Non-Therapy:** AAA	**PT/OT:** N/A **SLP:** N/A	
	Entry/Discharge: Discharge - return not anticipated		**Nursing:** N/A **NTA:** N/A	

Q0400. Discharge Plan

A. Is active discharge planning already occurring for the resident to return to the community?

Tools

Response Locked
Signed by: **vrobinette.clmd** on **Wed Dec 14, 2022 at 01:32:04 PM**

- 0. No
- **1. Yes**
- -. Not assessed/no information

Q0600. Referral

Has a referral been made to the Local Contact Agency?

Tools

Response Locked
Signed by: **vrobinette.clmd** on **Wed Dec 14, 2022 at 01:32:04 PM**

- **0. No - Referral not needed**
- 1. No - Referral is or may be needed
- 2. Yes - Referral made
- -. Not assessed

Clinton Nursing MD
9211 Stuart Lane
Clinton, MD 20735-2712
Phone: (301) 868-3600 | Fax: (301) 868-5883
PCC Facility ID: W3

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4

Exhibit 5

CommuniCare Discharge Planning Policy

Exhibit 5
Discharge Planning Policy

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: Discharge Planning			**Policy #:** SS 1002-00
Category: Social Services			**Reviewed:**
Approval: Corporate Director Social Services	**Effective: 7/17/2020**	**Revised:**	**Page: 1 of 2**

Scope:

This policy is applicable to all adult living centers.

Definitions:

A process that generally begins on admission and involves identifying each resident's discharge goals and needs, developing and implementing interventions to address them, and continuously evaluating them throughout the resident's stay to ensure a successful discharge.

Policy:

The requirement intends to ensure that the facility has a discharge planning process in place which addresses each resident's discharge goals and needs, including caregiver support and referrals to local contact agencies, as appropriate and involves the resident and if applicable, the resident representative and the interdisciplinary team in developing the discharge plan.

Procedure:

1) The discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-
2) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident. Work with the clinical team to assure all needs have been identified
3) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.
4) Involve the interdisciplinary team, as defined by 483.21(b)(2)(ii), in the ogoing process of developing the discharge plan
5) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.
6) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.
7) Address the resident's goals of care and treatment preferences.
8) Document that a resident has been asked about their interest in receiving information regarding returning to the community.
    a) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.

Exhibit 5
Discharge Planning Policy

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: Discharge Planning			**Policy #:** SS 1002-00
Category: Social Services			**Reviewed:**
Approval: Corporate Director Social Services	**Effective: 7/17/2020**	**Revised:**	**Page: 2 of 2**

b. Facilities must update a resident's comprehensive care plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.

c. If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.

9) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute provider by using data that includes, but is not limited to SND, HHA, IRF, or LTACH standardized patient assessment data, data on qualify measures, and data on resource use to the extent the data is available.

10) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan.

a) The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnessary delays n the resident's discharge or transfer.

Exhibit 6

Social Worker Statement

Exhibit 6
Social Worker Statment

December 19, 2022

My name is John Galzerano and I am the Director of Social Services at Clinton Health Care. I am a LCSW-C and LICSW-C.

The home health agencies that we use at the facilities are

Direct Care

Revival

Home Call

Americare

IDEAL Nursing

Med Star VNA

I interact with the county ombudsman Ms. Kelly Snipes as needed.

John Galzerano

Exhibit 6
Examples of materials provided to residents

ME FIRST RESPITE & HOME CARE

"CARING is what we do"

Our agency, Me First Respite & Home Care is a non-medical home care agency that offers a wide selection of services such as respite care which gives the care giver a break from their care giving duties, dementia care, personal hygiene, mobility assistance, veteran care and many more. What sets us apart from other agencies is that we specialize in helping Veterans or their Surviving Spouse get funding from the VA to pay for non-medical care/assistance that can help them stay independent and safe in their own home.

We have partnered with a qualified 3rd party to help our clients get access to a VA Benefit named "Aide and Attendance." The 3rd party or Me First Respite & Home Care does not charge the Veteran or their family a penny to assist them. We are one of two home care agencies in this area that is exclusively associated with this organization to provide this no fees service to veterans or their surviving spouses.

The VA benefit can provide up to $2,200 per month to Veterans or their surviving spouses who need non-medical care/assistance to help them with activities of daily living in their home or chosen place of residence. There are currently over 15 million Veterans and their surviving spouses nationwide who are believed could qualify for this benefit and only 3% of them are currently taking advantage of it, according to a CBS investigation. If you or your spouse was in the military during wartime, meet the income limits and need daily assistance in your home to live independently, your eligibility will be determined in the privacy of your home at no cost to you or your family.

Me First Respite & Home Care Companions are screened, compassionate, bonded, insured, experienced and COVID-19 tested. Care Companions are available twenty-four hours per day, seven-days-a-week with customized hours and service.

Please take a moment to look at our website and contact us to schedule your no-obligation consultation and receive four hours of home care services free your first week.

Sincerely,

Ms. Johnnie Pendergrass
Managing Partner
Me First Respite and Home Care, LLC
(301) 747-3961
www.mefirstrespitecare.com
info@mefirstrespitecare.com

The greatest compliment a business can receive is a referral

Community Ministry of PG County Warm Nights Shelter - Seat Pleasant, MD

Contact information

Click to see address

Seat Pleasant, MD 20743

: 301-499-2319

Emergency Shelter

HOMELESS HOTLINE
TOLL FREE 1-888-731-0999

Emergency shelters are places for people to live temporarily when they can't live in their previous residence. In ensure we have a coordinated Continuum of Care system for homeless people, we require that all referrals to (the **Homeless Hotline.** You can call the **Homeless Hotline** toll free in the State of Maryland at (888) 731-0999 Hotline provides emergency answering and referral for the homeless 24 hours a day, 365 days a year. Individu the **Homeless Hotline** directly. Please be aware there is no waiting list and referrals are made on a first come, The following information provides some general answers about the shelter process.

- Eligibility
- Documents Required
- What should I expect when I arrive at a shelter?
- Will there be rules I must follow?
- How will I be helped?
- Do I have any rights?
- Do I have responsibilities?

What will happen when I call the Homeless Hotline?

You will be asked a few questions to determine your eligibility for shelter. They'll need the following information:

- Proof of residence; lease, utility bills
- A valid photo identification, voter registration or Military ID
- Be homeless or within 7 days of becoming homeless
- Have not been in a County shelter for the past 12 months
- Number, ages and gender of all people in your family.

The following documents may be required as well:

- Child support document
- Court papers
- Department of Social Services benefit document
- Eviction notice
- Hospital bill
- Jail ID or release paper
- Copy of paystub indicating Prince George's County address
- Current School papers
- Unemployment document or stub
- Prince George's County Utility bill

****Please note that many of the required documents can not be less than 30 days old and will need to ha address**

What should I expect when I arrive at a shelter?

When you arrive at any of the shelters, you will be interviewed by shelter staff and assigned to a case manager learn about your strengths so they can help you. All the communication you have with them will be written and c information will be kept confidential unless you sign a "Consent to Release Information Form." Staff will make s regulations of the shelter "community."

Will there be rules I must follow?

In general, most of the shelters will require that you:

- Meet with a case manager promptly to establish goals that will lead to you finding permanent housing
- Sign an agreement with the shelter indicating your willingness to work toward accomplishing established g
- Perform all required individual and group chores to maintain your dormitory or rooms.
- Adhere to mandatory safety and curfew requirements
- Pay required maintenance fees based on your income, or save at least 30% of your income toward your f
- Attend weekly meetings with your case manager to review and update service plans
- Participate in mandatory health screenings
- Adhere to non-smoking requirements where applicable
- Participate actively in job search and employment activities
- Participate in random screening for alcohol and drug abuse to find out if you need help addressing an adc
- Participate in psychological assessments to see if you need care and treatment for emotional or mental h
- Address personal and family issues that caused you to become homeless.

How will I be helped?

Shelters provide a clean and safe environment for you and your children. A Case Manager will work with you to that will help you get back on your feet. Case Managers provide:
Intake and assessment to find out what caused your homelessness. They'll determine your needs and help you address critical issues.

- Guidance and support to help you get back into the community
- Health screening to address health problems
- Drug and Alcohol screening to address substance abuse problems
- Mental Health assessment to address emotional problems
- Transportation assistance
- Job search and employment assistance
- Help locating appropriate housing
- Referral to Transitional Housing.

Shelters have the right to terminate you and your family if you fail to abide by the rules and regulations, address identified issues and concerns, or if you fail to utilize available resources and supportive servi goals.

Do I have any rights?

Yes. You have the right to appeal if you disagree with the shelter for discharging you. You can arrange for a ter case manager or shelter Director for an "Appeal or Grievance Form". However, the shelter does not have to ext on your appeal is made. You also have the right to appeal any decisions by the shelter to deny you benefits or s race, color, religious beliefs, disability or national origin.

Do I have responsibilities?

Yes. You have a responsibility to work with your case manager to achieve established goals. Staff will expect y correct information and documentation needed to help you move to economic independence. Willfully making fa important information will affect the outcome of the service plan and goals you establish with the shelter. You w weren't in trouble. Your dealings with case managers and shelter staff need to be based on a foundation of hon Interpretation Services are available for Non-English Speaking customers. Please contact one of the Local Offic

- My Government
  - Boards and Commissions
  - Central Services
  - Community Relations
  - County Executive
  - Elections
  - Environment
  - Ethics and Accountability
  - Finance
  - Health and Human Services
  - Housing and Community Development
  - Human Relations Commission
  - Human Resources
  - Information Technology
  - Law
  - Legislative Branch
  - Management and Budget
  - Permitting, Inspections and Enforcement
  - Public Safety
  - Public Works and Transportation
  - Revenue Authority
  - Sheriff
  - State's Attorney

- My Community
  - 911 Communications
  - Art in Public Places
  - Boards and Commissions
  - Community Relations
  - County Council Districts
  - Education
  - Elections
  - Emergency Management
  - Environment
  - Fire Stations
  - Homeland Security
  - Housing
  - Human Relations
  - Permitting, Inspections and Enforcement
  - Police Districts
  - Public Library System
  - Sheriff
  - Soil Conservation
  - Transit

- My Business
  - Conference and Visitor's Bureau
  - Consulting and Technical Services
  - Economic Development Corporation
  - Financial Services
  - Health
  - License Commissioners
  - People's Zoning Council
  - Permitting, Inspections and Enforcement
  - Procurement
  - Redevelopment
  - Supplier Development and Diversity Division

- My Family
  - Education
  - Education Excellence
  - Emergency Management
  - Health and Human
  - Housing and Community Development
  - Housing Authority
  - Motor Vehicle Administration
  - 911 Communications

- Courts
  - Circuit Court
  - Clerk of the Court
  - Court of Appeals
  - Court of Special Appeals
  - District Court
  - Orphans' Courts
  - Register of Wills

About PGC
- About the County

- County Click 311
- Doing Business with Prince George's County
- News Room
- Pay Online
- Visiting Prince George's County

Central Location
County Administration Building
14741 Governor Oden Bowie Drive
Upper Marlboro, Maryland 20772-3050
More building locations.

- Privacy Policy
- Accessibility
-
-

MEDICAID ACCEPTED INPATIENT SA FACILITIES

Arlington County CSB	(703) 228-5150	Arlington, VA
Avery Road	(301) 762-5631	Silver Spring, MD
Carol Porto Treatment Center	(410) 535-8930	Prince Frederick, MD
Chrysalis House	(410) 974-6829	Crownsville, MD
Clean and Sober Street	(202) 783-7434	Washington D.C.
Fairfax-Falls Church Community Services	(703) 573-5679	Fairfax, VA
Gaudenzia	(240) 297-3633	Crownsville/Baltimore, MD
Hope House	(301) 490-5551	Crownsville/Laurel, MD
INOVA Comprehensive Addiction Treatment	(703) 289-7560	Falls Church, VA
Jude House	(301) 932-0700	Bel Alton, MD
Life Center of Galax	(877) 627-2344	Galax, VA
Loudon County CSB	(703) 771-5155	Leesburg, VA
MedStar Harbor Hospital		Baltimore, MD
Mercy Hospital	LaTanya Townsend: (410) 332-9388 or (410) 387-9019	Baltimore, MD
Mountain Manor	(800) 446-8833	Baltimore, MD
Novant Prince William Medical Center	(703) 369-8864	Manassas, VA
Pathways	(443) 481-5400	Annapolis, MD
Phoenix House	(410) 671-7374	Edgewood, MD
Powell Recovery	(410) 276-1773	Baltimore, MD
Regional Addiction Prevention, Inc	(202) 462-7500	Washington D.C.

MEDICAID ACCEPTED INPATIENT SA FACILITIES

Samaritan Inns	(202) 328-2433	Washington D.C.
Second Genesis Inc	(202) 222-0120	Washington D.C.
Suburban Hospital		Baltimore, MD
Virginia Hospital Center	Pamela Levay: (703) 558-6755	Arlington, VA
Walden Behavioral Health	(301) 997-1300	Charlotte Hall, MD
Warwick Manor	(410) 943-8108	East New Market, MD

Top 5 Rehab Centers That Accept Washington D.C. Medicaid

Circles Of Hope, Washington D.C.

Circles of Hope is a private outpatient treatment facility that offers general outpatient treatment and intensive outpatient treatment services for drug and alcohol addiction.

Drug and alcohol treatment services offered include:

- intensive outpatient addiction treatment services
- individual, group, and family counseling
- co-occurring disorder treatment
- trauma counseling
- 12-based treatment approach
- behavioral therapy

Circles of Hope is certified/licensed by the District of Columbia Department of Behavioral Health. They accept Medicaid, Medicare, self-pay, and private insurance.

Location and contact information:

3000 Connecticut Ave. NW
Suite 321
Washington, DC 20008
(202) 265 2343

Hillcrest Children & Family Center, Washington D.C.

Hillcrest is a social services and behavioral health services agency certified by the D.C. Department of Behavioral Health.

This clinic offers substance use disorder services for children, adolescents, and adults on an outpatient level.

Drug and alcohol treatment services offered include:

- individual, group, and family therapy
- addiction counseling
- mental health counseling
- youth substance abuse treatment
- intensive outpatient services
- assertive community treatment (for adults)
- supportive housing
- functional family therapy

Location and contact information:
3029 Martin Luther King, Jr. Ave. SE
Washington, DC 20032

915 Rhode Island Ave. NW
Washington, DC 20001
(202) 232-6100

La Clínica Del Pueblo, Washington D.C.

This medical center offers the only bilingual substance abuse treatment program serving the Latino community in Washington D.C. This drug and alcohol rehab center offers adult and adolescent services.

Addiction treatment services offered at this DC rehab center include:

- intensive outpatient treatment
- individual and group counseling
- mental health therapy
- support groups
- case management
- HIV counseling

La Clínica Del Pueblo offers a holistic, culturally competent, and trauma-informed approach to treatment. Its program is certified by the Department of Behavioral Health in the District of Columbia.

Location and contact information:
2831 15th St. NW
Washington, DC 20009
(202) 462-4788

Psychiatry Institute of Washington, Washington D.C.

The Psychiatry Institute is a Joint Commission-accredited treatment facility that offers mental health and substance use disorder treatment programs at multiple levels of care.

Substance abuse rehab programs offered include:

- inpatient detoxification program
- partial hospitalization program (PHP)
- intensive outpatient program (IOP)
- adolescent acute inpatient program

The Psychiatry Institute offers additional treatment services for people with a history of trauma and mental health disorders, including dissociative disorders.

Location and contact information:
4228 Wisconsin Ave. NW
Washington, DC 20016
(202) 885-5610

The Better Way Program, Washington D.C.

Better Way Program is a state-certified nonprofit rehab program that offers a range of outpatient services for individuals and families affected by substance abuse.

Drug and alcohol treatment services offered include:

- 12-Step recovery program
- relapse prevention
- recovery mentoring and coaching
- individual and group counseling
- health education
- spiritual support services
- family and marital services

Location and contact information:
4601 Sheriff Rd. NE
Washington, DC 20019
(202) 396-4290

Independence *Now*

MONEY FOLLOWS THE PERSON

We're here for you.
We're here during COVID.
We're still working to help you transition.

Money Follows the Person (MFP) helps people transition from an institution, for example a nursing facility, to community living in an apartment, private home, or small group setting.

If you're living in a Nursing Facility and want information about moving back to the community, call the MFP team or join one of our monthly Zoom seminars.

UPCOMING MFP ZOOM SEMINARS

April 19, 2022 at 1pm
May 17, 2022 at 1pm
June 21, 2022 at 1pm
July 19, 2022 at 1pm

Visit zoom.us/join and enter meeting ID 815 6828 3607 and passcode 106787.
Or call in at 301-715-8592.

AM I ELIGIBLE TO PARTICIPATE IN MFP?

While all residents are eligible to receive support and resources from our staff about community living, only residents with Long Term Care or Community Medicaid are eligible for application assistance for Medicaid community-based, long-term supports and services, including Community First Choice and the Home and Community Based Options Waiver.

Both programs provide community services and supports to enable older adults and people with disabilities to live independently in their own homes. Available services may include: personal assistance services, assisted living, environmental assessments, accessibility adaptations, supports planning, transition services, nurse monitoring, and more.

APPLICATION PROCESS

Residents with Long Term Care Medicaid are eligible to apply for the Home and Community based Options Waiver, and residents with Community Medicaid are eligible to apply for Community First Choice. If a resident has ever or is currently living in a nursing facility in Prince George's or Montgomery County, an Independence Now staff member will provide application support.

ADDITIONAL INFORMATION

For more information about the Community First Choice and the Home and Community Based Options Waiver, eligibility and services please visit the Maryland Department of Health & Mental Hygiene: Home & Community-Based Programs.
https://health.maryland.gov/mmcp/waiverprograms/Pages/Home.aspx.

Michael Saunders
Director, Money Follows the Person
Phone: 240-638-0069
Mobile: 301-335-5915
Email: msaunders@innow.org

Carlos Garner
Peer Support Counselor
Phone: 240-638-0069
Mobile: 301-312-0539
Email: cgarner@innow.org

WWW.INNOW.ORG/MFP @INNOWORG @INNOWORG @INDEPENDENCENOW

Independence *Now*

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We're here during COVID.
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https://health.maryland.gov/mmcp/waiverprograms/Pages/Home.aspx.

Michael Saunders
Director, Money Follows the Person
Phone: 240-638-0069
Mobile: 301-335-5915
Email: msaunders@innow.org

Carlos Garner
Peer Support Counselor
Phone: 240-638-0069
Mobile: 301-312-0539
Email: cgarner@innow.org

WWW.INNOW.ORG/MFP @INNOWORG @INNOWORG @INDEPENDENCENOW

Listing of Ancillary Network Providers

Durable medical equipment

ABC Home Medical Supply Inc.

Provider ID	Phone	Address	City	State	ZIP
60259488	**1-866-897-8588**	1720 N. Greenville Avenue	Richardson	TX	75081

Alliance Orthopedic Labs

Provider ID	Phone	Address	City	State	ZIP
60164324	**410-224-2000**	2635 Riva Road, Suite 106	Annapolis	MD	21401

America's HealthCare At Home Inc.

Provider ID	Phone	Address	City	State	ZIP
60164380	**410-737-9200**	1510 Caton Center Drive, Suite R	Baltimore	MD	21227

American HomePatient Inc.

Provider ID	Phone	Address	City	State	ZIP
60232922	**615-221-8521**	7240 Telegraph Square Drive, Suite MN	Lorton	VA	22079

Americle Healthcare Inc.

Provider ID	Phone	Address	City	State	ZIP
60177854	**410-721-0958**	2144 Priest Bridge Court, Suite 13	Crofton	MD	21114

Apria Healthcare Inc.

Provider ID	Phone	Address	City	State	ZIP
60164309	**301-210-0505**	12400 Kiln Court	Beltsville	MD	20705

Bio Prosthetic Orthotic Lab Inc.

Provider ID	Phone	Address	City	State	ZIP
60164415	**703-726-4092**	21785 Filigree Court, Suite 210	Ashburn	VA	20147

Durable medical equipment

Capitol Medical Supply Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270224	**202-667-1097**	1618 7th Street NW, Suite B	Washington	DC	20001

District Amputee Care Center LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164386	**202-338-0770**	730 24th Street NW, Suite 5	Washington	DC	20037

District Healthcare and Janitorial Supplies Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164333	**301-918-0200**	7702 Georgia Avenue NW, Suite 103	Washington	DC	20012

District Healthcare and Janitorial Supplies Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164333	**301-440-8972**	4720 Boston Way, Suite D	Lanham	MD	20706

EBI LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60219316	**1-800-526-2579**	399 Jefferson Road	Parsippany	NJ	07054

Edgepark Medical Supplies					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164375	**330-963-6998**	1810 Summit Commerce Park	Twinsburg	OH	44087

Grubbs Pharmacy of DC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164303	**202-543-4400**	326 East Capitol Street NE	Washington	DC	20003

Durable medical equipment

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178445	**202-635-0500**	5210 3rd Street, Suite B	Washington	DC	20011

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178445	**202-635-0500**	1818 New York Avenue NE, Suite 110	Washington	DC	20002

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270537	**301-354-3651**	9711 Medical Center Drive, Suite 106	Rockville	MD	20850

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270540	**301-571-1390**	6410 Rockledge Drive, Suite 100	Bethesda	MD	20817

Hanger Prosthetics and Orthotics Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270549	**301-354-3651**	1818 New York Avenue NE, Suite 110	Laurel	MD	20707

Home Care Delivered					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164423	**1-800-565-5644**	11013 West Broad Street, Floor 4	Glen Allen	VA	23060

Infinite Technologies Orthotics and Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60232544	**703-807-5899**	10523 Main Street	Fairfax	VA	22030

Durable medical equipment

InfuSystem Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60234482	**1-800-962-9656**	31700 Research Park Drive	Madison Heights	MI	48071

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**301-885-0446**	4470 Regency Place, Suite 103	White Plains	MD	20695

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**410-288-8149**	7411 Alban Station Court, Suite A-100	Springfield	VA	22150

Johns Hopkins Pharmaquip Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60233668	**410-288-8000**	5901 Holabird Avenue, Suite A	Baltimore	MD	21224

KCI USA Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164358	**301-498-2047**	12930 West Interstate 10	San Antonio	TX	78249

Libertor Medical Supply Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60298563	**301-533-6021**	2979 SE Gran Park Way SE	Stuart	FL	34997

Lifeline Medical Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60289907	**301-386-0000**	2955 Mercy Road	Cheverly	MD	20785

Durable medical equipment

Medical Center Orthotics & Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60227524	**301-585-5347**	3232 Georgia Avenue NW, Suite 103 SW	Washington	DC	20010

Medical Center Orthotics & Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60227524	**301-585-5347**	2421 Linden Lane	Silver Spring	MD	20910

Medical Solutions Supplier					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164407	**1-800-734-0422**	9 Lacrue Avenue, Suite 2	Glen Mills	PA	19342

Medoville Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60198004	**301-378-2334**	110 Baughmans Lane, Suite 106	Frederick	MD	21702

Nations Healthcare LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178309	**410-356-9006**	11515 Cronridge Drive, Suite L	Owings Mills	MD	21702

NEB Doctors of MD LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164393	**410-335-6175**	5022 Campbell Blvd, Suite1	Nottingham	MD	21236

New Hampshire Pharmacy and Medical Equipment					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164310	**202-726-3100**	5001 New Hampshire Avenue NW	Washington	DC	20011

Durable medical equipment

Orthocare Solutions

Provider ID	Phone	Address	City	State	ZIP
60177960	**301-990-1640**	6000 Executive Boulevard #500	Bethesda	MD	20852

Orthofix Inc.

Provider ID	Phone	Address	City	State	ZIP
60216161	**214-937-2000**	3451 Plano Parkway	The Colony	TX	75056

Prism Medical Products LLC

Provider ID	Phone	Address	City	State	ZIP
60197484	**1-888-244-6421**	900 23rd Street NW	Washington	DC	20037

Resplife Medical Solutions Inc.

Provider ID	Phone	Address	City	State	ZIP
60256621	**301-880-3261**	9332 Annapolis Road, Suite 104	Lanham	MD	20706

Roberts Home Medical Inc.

Provider ID	Phone	Address	City	State	ZIP
60164420	**301-353-0300**	20465 Goldenrod Lane	Germantown	MD	20876

Roberts Home Medical Inc.

Provider ID	Phone	Address	City	State	ZIP
60164420	**703-584-0011**	8100 Gatehouse Road	Falls Church	VA	22042

Seat Pleasant Drugs and Medical Supplies

Provider ID	Phone	Address	City	State	ZIP
60164327	**202-396-9400**	354 Eastern Avenue NE	Washington	DC	20019

Listing of Ancillary Network Providers

Durable medical equipment

Smart Meter LLC

Provider ID	Phone	Address	City	State	ZIP
60323294	**813-641-8822**	201 E Kennedy Street, Suite 880	Tampa	FL	33602

Sunmed Medical Systems LLC

Provider ID	Phone	Address	City	State	ZIP
60284446	**1-800-714-7434**	36 W Route 70, Suite 214	Marlton	NJ	08053

Super Pharmacy

Provider ID	Phone	Address	City	State	ZIP
60256621	**202-388-0050**	1019 H Street NE	Washington	DC	20002

Synergy Orthotics & Prosthetics LLC

Provider ID	Phone	Address	City	State	ZIP
60262303	**571-442-8514**	44081 Pipeline Plaza, Suite 220	Ashburn	VA	20147

Tactile Systems Technology Inc.

Provider ID	Phone	Address	City	State	ZIP
60196633	**612-355-5100**	1331 Tyler Sreet NE, Suite 200	Minneapolis	MN	55413

Terrapin Pharmacy

Provider ID	Phone	Address	City	State	ZIP
60301480	**410-292-3730**	13 Lincoln Court	Annapolis	MD	21401

The Promptcare Companies Inc.

Provider ID	Phone	Address	City	State	ZIP
60282106	**856-687-8080**	51 Terminal Avenue	Clark	NJ	07066

Durable medical equipment

Transcend Orthotics and Prosthetics					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164324	**410-224-2000**	134 Holiday Court, Suite 302	Annapolis	MD	21401

Triple Alliance Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60195554	**202-526-2066**	1217 Brentwood Road NE	Washington	DC	20018

Uromed Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164397	**678-356-0188**	1095 Widward Ridge Parkway, Suite 170	Alpharetta	GA	30005

Home health

ABA Home Health Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60273122	**202-722-1725**	821 Kennedy Street NW	Washington	DC	20011

Abik Healthcare Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60319777	**301-277-7776**	6103 Baltimore Avenue, Suite 203	Riverdale	MD	20737

ASAP Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60241720	**202-293-2931**	1822 Jefferson Place NW	Washington	DC	20036

Capital Care Home Health Agency					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60325593	**202-722-1234**	6120 Kansas Avenue NE	Washington	DC	20011

Holistic Medical Supplies LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60291526	**301-595-3477**	11605 Edmonston Road	Beltsville	MD	20705

Home Health Management Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60192528	**202-829-1111**	1707 L ST NW, Suite 900	Washington	DC	20036

HSC Home Care LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164410	**202-832-4400**	1731 Bunker Hill Road NE	Washington	DC	20017

Home health

Ideal Nursing Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60226727	**202-723-0304**	820 Upshur Street NW	Washington	DC	20001

Immaculate Health Care Services Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60242596	**202-832-8340**	2512 24th Street NE	Washington	DC	20018

Integrated Community Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60313813	**202-506-1209**	6323 Georgia Avenue NW, Suite 305 NW	Washington	DC	20011

Johns Hopkins Pediatrics at Home Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60281850	**410-288-8040**	5255 Loughboro Road NW, Room GA400	Washington	DC	20016

Johns Hopkins Pediatrics at Home Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60281850	**410-288-8040**	5901 Holabird Avenue, Suite A	Washington	DC	20016

Kahak Health Care Services					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60242596	**301-896-6349**	6001 Montrose Road, Suite 301	Rockville	MD	20852

KBC Nursing Agency Home Health Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60189805	**202-291-6973**	7506 Georgia Avenue NW	Washington	DC	20012

Listing of Ancillary Network Providers

Home health

Linac Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60164417	**202-541-9844**	6856 Eastern Avenue NW, Suite 320A	Washington	DC	20012

Maxim Healthcare Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60164378	**443-860-5567**	6856 Eastern Avenue NW, Suite 220	Washington	DC	20012

MBI Health Services LLC

Provider ID	Phone	Address	City	State	ZIP
60257546	**202-388-4300**	4130 Hunt Place NE	Washington	DC	20019

Medstar Health VNA

Provider ID	Phone	Address	City	State	ZIP
60464426	**1-800-862-2166**	4301 Connecticut Avenue NW, Suite 441	Washington	DC	20008

MJ General LLC

Provider ID	Phone	Address	City	State	ZIP
60261798	**301-896-6349**	6001 Montrose Road, Suite 301	Washington	DC	20032

Potomac Home Health Care

Provider ID	Phone	Address	City	State	ZIP
60282794	**301-896-6349**	6001 Montrose Road, Suite 301	Rockville	MD	20852

Premier Health Services Inc.

Provider ID	Phone	Address	City	State	ZIP
60237432	**202-723-3060**	7600 Georgia Avenue NW, Suite 323	Washington	DC	20012

Home health

Premium Select Home Care Inc.					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60286882	**202-882-9310**	5513 Illinois Avenue NW	Washington	DC	20011

Professional HealthCare Resources of Washington DC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60312967	**703-752-8700**	501 School Street SW, Suite 200	Washington	DC	20024

Home Infusion

Briovarx Infusion Services 103 LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60175140	**410-203-1701**	3231A Corporate Court	Ellicott City	MD	21042

Home Solutions					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60275193	**717-755-7333**	3419 Concord Road	York	PA	17402

Infuscience					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60170175	**952-979-3680**	4115 Pleasant Valley Road, Suite 700	Chantilly	VA	20151

Nations Home Infusion LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164392	**1-888-473-8376**	11521 Cronridge Drive, Suite L	Owings Mill	MD	21117

Option Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60279919	**410-203-1701**	9140 Guilford Road, Suite K	Columbia	MD	21046

Option Care					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60279919	**410-203-1701**	4170 Lafayette Center Drive, Suite 300	Chantilly	VA	20151

Hospice

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	24419 Millstream Drive	Aldie	VA	20105

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-538-2065**	2900 Telestar Court	Falls Church	VA	22042

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	4715 15th Street N	Arlington	VA	22205

Capital Hospice					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164359	**703-531-6256**	50 F Street NW, Suite 3300	Washington	DC	20001

The Washington Home					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164334	**202-966-0147**	3720 Upton Street NW	Washington	DC	20016

The Washington Home					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164334	**202-895-2600**	4200 Wisconsin Avenue NW, Suite 400	Washington	DC	20016

Vitas Innovative Hospice Care of Greater Washington					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60240901	**202-414-5400**	1200 1st NE	Washington	DC	20002

Listing of Ancillary Network Providers

Rehabilitation facility

Acute care

Bridgepoint Hospital Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239972	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Hospital Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239979	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Hospital for Sick Children					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164384	**202-832-4400**	1731 Bunker Hill Road NE	Washington	DC	20017

Long-term acute care (LTAC)

Bridgepoint Hospital Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239972	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Hospital Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239979	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

Bel Pre Leasing Co. LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60164305	**301-598-6000**	2601 Bel Pre Road	Silver Spring	MD	20906

Bridgepoint Sub Acute and Rehab Capitol Hill					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239960	**202-546-5700**	223 7th Street NE	Washington	DC	20002

Bridgepoint Sub Acute and Rehab Hadley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60239864	**202-574-5700**	4601 Martin Luther King Jr. Avenue SW	Washington	DC	20032

Brinton Woods of Dupont Circle					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60286547	**202-785-2577**	2331 O Street NW	Washington	DC	20037

Brinton Woods of Washington DC LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
TBD	**202-279-5880**	1380 Southern Avenue SE	Washington	DC	20032

Clinton Nursing LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178331	**301-868-3600**	9211 Stuart Lane	Clinton	MD	20735

Forestville Health and Rehab Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60270148	**301-736-0240**	7420 Marlboro Pike	District Heights	MD	20747

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

Fort Washington Health & Rehab Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60269173	**301-292-0300**	12021 Livingston Road	Fort Washington	MD	20744

Fox Chase Rehab and Nursing Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178464	**203-600-6123**	2015 East West Highway	Silver Spring	MD	20910

Heartland Health Care Center — Adelphi					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178192	**301-434-0500**	1801 Metzerott Road	Adelphi	MD	20783

Heartland Health Care Center — Hyattsville					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60178503	**301-559-0300**	6500 Riggs Road	Hyattsville	MD	20783

ManorCare Health Services — Adelphi					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205181	**301-434-0500**	1801 Metzerott Road	Adelphi	MD	20783

ManorCare Health Services — Bethesda					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205182	**419-254-4815**	6530 Democracy Boulevard	Bethesda	MD	20817

ManorCare Health Services — Chevy Chase					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205183	**301-657-8686**	8700 Jones Mill Road	Chevy Chase	MD	20815

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

ManorCare Health Services — Dulaney

Provider ID	Phone	Address	City	State	ZIP
60205178	**410-828-6500**	111 West Road	Towson	MD	21204

ManorCare Health Services — Largo

Provider ID	Phone	Address	City	State	ZIP
60205184	**301-350-5555**	600 Largo Road	Upper Marlboro	MD	20774

ManorCare Health Services — Roland Park

Provider ID	Phone	Address	City	State	ZIP
60205185	**410-662-8606**	4669 Falls Road	Baltimore	MD	21209

ManorCare Health Services — Rossville

Provider ID	Phone	Address	City	State	ZIP
60205186	**410-574-4950**	6600 Ridge Road	Rosedale	MD	21237

ManorCare Health Services — Ruxton

Provider ID	Phone	Address	City	State	ZIP
60205187	**410-821-9600**	7001 North Charles Street	Towson	MD	21204

ManorCare Health Services — Silver Spring

Provider ID	Phone	Address	City	State	ZIP
60205188	**301-890-5552**	2501 Musgrove Road	Silver Spring	MD	20904

ManorCare Health Services — Towson

Provider ID	Phone	Address	City	State	ZIP
60205189	**410-828-9494**	509 East Joppa Road	Towson	MD	21286

Listing of Ancillary Network Providers

Rehabilitation facility

Subacute/skilled nursing facility (SNF)

ManorCare Health Services — Wheaton					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205190	**419-254-4815**	11901 Georgia Avenue	Silver Spring	MD	20902

ManorCare Health Services — Woodbridge Valley					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60205191	**410-402-1200**	1525 North Rolling Road	Catonsville	MD	21228

Oakview Rehabilitation and Nursing Center					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60235589	**301-565-0300**	2700 Barker Street	Silver Spring	MD	20910

Transitions Healthcare Capitol City LLC					
Provider ID	**Phone**	**Address**	**City**	**State**	**ZIP**
60240948	**202-889-3600**	2425 25th Street SE	Washington	DC	20020

Exhibit 7

FGI Letter from Architect Firm

Exhibit 7
Architect FGI Letter

December 21, 2022

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

Subject: Fort Washington Healthcare Center, CommuniCare Health Services
12012 Livingston Road, Fort Washington, Maryland, Prince Georges County.
Addition will facilitate a total of 46 Beds

Commissioners,

As the Architect, and Partner in Charge of this project I confirm that the building addition described in our plans for the Fort Washington 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.

Sincerely,

Richard Whitaker, AIA
Partner
E4H Environments for Health, LLC

Exhibit 8

QAPI Sign-in Sheets

Ft. Washington QAPI Sign-in Sheet
Exhibit 8

Attendance Sheet

Presentation Title: QA

Date of Presentation: 3/20/23 2016

Name of Presenter/title/license Nick Johnson (print)

Please print legibly and sign your name using your credentials

	Last name	First Name	Signature
Med Dir-	Dave	Mitul	[signature]
NHA –	Johnson	Nick	[signature]
DON –	Ozuzu	Ifeoma	[signature]
SW-	Bailey	Alan	[signature]
RD -			
GNA-	Abraham	Stephanie	[signature]
BOM	Stephanie Carter		
BOM	Carter	Stephanie	Stephanie Carter
RAC	Tatabod	Yvonne	Yvonne Tatabod
3rd Floor UM	Bagley	Kendra	[signature]
QA—	Coldurod	Oriella	[signature]

QAPI Meeting Agenda and Minutes

MARYLAND

Date of the meeting:	May 17, 2022	**Reason for meeting: (Monthly or Ad Hoc)**	monthly (April)
Attendees of the meeting: (print and sign, name and title)			
Executive Director:	Wallace, LNHA		
Director of Nursing:			
Infection Preventionist:	Agnes Ayayi		
Medical Director :			
Dietitian :	Steven Collins RD		
Geriatric Nursing assistant:			
Social Worker:			
Other team member: (include position)	Olaoluwa Banjo env MDS EHRC GINA		
Other team member: (include position)	Allison Nyatta, LPN, Manager Ariele Thomas CNA Joyce Wright AM Anyinkeng Taze RN ABON		

Exhibit 8 - QAPI
Clinton Healthcare Center

QAPI Meeting Agenda and Minutes MARYLAND			
Date of the meeting:	June 15, 2022	**Reason for meeting: (Monthly or Ad Hoc)**	May QAPI
Attendees of the meeting: (print and sign, name and title)			
Executive Director:	W Gallad, LNHA		
Director of Nursing:	[signature]		
Infection Preventionist:	Agnes Ajayi		
Medical Director :			
Dietician :	Steven Collins, RDN		
Geriatric Nursing assistant:	Danyell Ellis		
Social Worker:	[signature] SW		
Other team member: (include position)	[signature], QA/SDC [signature] RN MDS / [signature] Ayani Cornish, HR [signature] EHRC		
Other team member: (include position)	[signature] SW [signature] Tawanna Gray [signature]		

[signatures]
Lauri Stone, RHIT
Anyinkeng Tazi Abon
[signature] BOM
Georgia [signature]
Joyce Wingis AH
Salamatu Karu

Confidential: This document has been prepared at the request of and for review and evaluation by the Quality Assessment and Assurance Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state and federal law. It is not to be copied or distributed without the express, written consent of the legal department.

Exhibit 9

QAPI Policy

Exhibit 9 –
QAPI Policy

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

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

Scope:

This policy is applicable to all adult living facilities.

Definitions:

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

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

EHR: Electronic health record

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

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

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

QM: Quality Measure

Policy

It is the policy of this facility to provide resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. Safety of residents, staff and visitors is a primary focus of the facility. Regulations require that the facility have a

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
Approval: Chief Clinical Officer	**Effective:** 10/01/2017	**Revised:**	**Page:** 2 of 12

ongoing quality assurance, process improvement plan to monitor the quality of resident care. The facility will utilize the CMS based program that includes the core elements and design as outlined in the policy. QAPI features:

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

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

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

QAPI incorporates caregivers broadly into a shared QAPI mission.

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

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

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

I. Element 1: Design and Scope

a. Guiding Principles and Mission Statement of the program:

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

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

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

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

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

II. Element 2: Governance and Leadership

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

b. The QAPI committee will include the :

i. Executive Director

ii. Director of nursing

iii. Medical Director

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

v. Three other staff members

vi. Other state required attendees

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

i. Daily Meeting

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
Approval: Chief Clinical Officer	**Effective:** 10/01/2017	**Revised:**	**Page:** 4 of 12

1. the daily interdisciplinary meeting serves as a subcommittee of the QAPI committee
2. This meeting identifies any trends or quality outcomes needing review

ii. Weekly

1. The weekly interdisciplinary meeting serves as a subcommittee of the QAPI committee.
    a. This meeting reviews response to identified clinical and quality concerns from the daily meeting have interventions that are effective or need further revision.

iii. Monthly

1. The facility will have a QAPI meeting every month.
2. Required members identified will be present
3. Members will review any trends or other facility data that requires additional review.

iv. Quarterly data

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

v. Ad Hoc

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

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
Approval: Chief Clinical Officer	**Effective:** 10/01/2017	**Revised:**	**Page:** 5 of 12

vi. Quarterly QAPI committee meetings

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

d. Process Tools:

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

ii. Communication of QAPI plans:

1. Will be made to the governing body
2. Will be the responsibility of the Executive Director
3. The Governing body will :
   a. Review the minutes of the QAPI meeting to ensure the plan has the resources necessary to implement and the priority assigned is appropriate.
   b. Ensure the staff has the necessary training to provide for the needs of the facility residents.
4. Ad Hoc QAPI meetings with resultant plans will also be reviewed as they occur

e. Communication

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

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

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
Approval: Chief Clinical Officer	**Effective:** 10/01/2017	**Revised:**	**Page:** 6 of 12

f. Training

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

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

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

III. Element 3: Feedback, Data Systems and Monitoring

a. The facility leadership will:

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

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

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

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

i. Facility Risk Assessment

1. Will be completed annually
2. When a change is needed (e.g., facility begins caring for residents with a specific need not previously treated in the facility)
3. The Executive Director is responsible for the completion of the facility assessment and any identified needs within the assessment

CommuniCare
FAMILY OF COMPANIES

Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
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ii. QIS tools for clinical system evaluation

iii. Staff competencies for skills

iv. Concern form/grievance process

v. Resident and Family council meeting reports

vi. Dining team reports

vii. EHR incident management system

viii. CASPER reports and QM measures

ix. Facility trends

x. Results of Mock Surveys

xi. Satisfaction surveys

xii. Concurrent reviews

xiii. Ambassador rounds

xiv. Care Watch data systems

xv. Risk Watch data systems

xvi. Adverse event reporting

xvii. Departmental audits

xviii. Vendor reports

xix. Regulatory agency citations

xx. Any other documents that identify trends that need review

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Policies and Standard Procedures

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IV. Element 4: Performance Improvement Projects (PIP)

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

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

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

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

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

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

e. Development of a Performance Improvement Plan

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

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

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

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

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2. The root cause analysis looks for any contributing factors that could lead to more than one root cause.
3. The root cause analysis focuses on primarily systems and processes, not individual performance.

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

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

ii. DO-carry out the plan

iii. STUDY-summarize what the team learned

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

1. During this time the team decides if the plan needs to be changed, adopted, and/or abandoned
2. Document the plan on the Performance Improvement plan form.

v. Process tools:

1. Root causes Analysis Worksheet for planning a Performance Improvement plan.
2. This tool is used by Charter Team Committee to analyze the root cause and initiate the performance improvement plan.
3. Five Whys

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Policies and Standard Procedures

Subject: QAPI (Quality Assurance Performance Improvement) Plan			**Policy #:** NS 1024-00
Category Nursing Services			**Reviewed:** 05/30/2019
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a. to ask repeatedly the same question to discover the true problem

4. Failure Mode and Effects Analysis
    a. FMEA for both new and existing processes and systems.
    b. The focus is to prevent an adverse event.
5. Goal Setting
    a. tool –to use the Smart formula for setting goals for improvement
6. Sustainability tool – used to identify interventions that are sustainable and will prevent a reoccurrence of the break in process
7. Performance Improvement Plan (PIP) tool
    a. to document the formal plan

I. Element 5: Systemic Analysis and Systemic Action

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

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

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

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

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

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Policies and Standard Procedures

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e. The facility will :

   i. document a written plan for improvement

   ii. ensure the plan is followed

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

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

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

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

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

   i. On the plans in progress

   ii. Identifying any new plans needed

   iii. Resources necessary to study the problem

   iv. Steps to improve

   v. Priority of the work

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FAMILY OF COMPANIES

Policies and Standard Procedures

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h. Regional and Corporate Teams:

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

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

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

Exhibit 10

Collaboration List

Exhibit 10
Collaboration Lists

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

Ft. Washington & Clinton –

1. Adventist Healthcare – Ft. Washington
   301-292-7000

2. Medstar Southern Maryand Hospital

   301-868-6000

3. UM Bowie Healthcare Center

   240-677-0799

4. Suburban Hospital

   301-896-3100

5. University of Maryland Capitol Region Hospital

   240-677-1000

6. Luminis Health Doctor's Community Hospital

   301-552-8118

7. Amedysis Home Health

   301-322-6023

8. Bayada Home Health

   301-977-6400

9. Revival Home Care Agency

   888-225-6994

10. VNA of Maryland

    410-594-2600

11. Capital Caring Group

Exhibit 10
Collaboration Lists

301-883-0866

12. Hospice of the Chesapeake

    410-987-2003

13. Dubols Home Health

    301-497-8968

14. Seasons Hospice

    888-523-6000

Exhibit 11

Letters of Support

Angela D. Alsobrooks
County Executive

PRINCE GEORGE'S COUNTY GOVERNMENT

OFFICE OF THE COUNTY EXECUTIVE

January 4, 2023

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 Fort Washington Health Center to be part of their merger and consolidation project. The Fort Washington 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 Commission to approve these changes, as 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 Maryland Health Care 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,

Angela Alsobrooks
County Executive

KRISELDA VALDERRAMA
Legislative District 26
Prince George's County

DEPUTY MAJORITY LEADER

Economic Matters Committee
Subcommittee
Chair, Alcoholic Beverages

Rules and Executive
Nominations Committee

The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

The Maryland House of Delegates
6 Bladen Street, Room 362
Annapolis, Maryland 21401
410-841-3210 · 301-858-3210
800-492-7122 *Ext.* 3210
Fax 410-841-3525 · 301-858-3525
Kris.Valderrama@house.state.md.us

January 10, 2023

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

Dear Mr. Steffen,

I write to support the CommuniCare Health Services' (CHS) merger and consolidation request in Prince George's County. CHS is a family-owned company, which specializes in post-acute care for chronic and complex conditions, making them an indispensable asset to my constituents. Moreover, they are a strong community partner. I appreciate their constant commitment to improve and renovate their facilities while never sacrificing quality of resident care.

I am incredibly pleased that CHS has chosen Fort Washington Health Center, which is located in my district, to be part of their merger and consolidation project. The Fort Washington renovation will enhance the availability of a broad range of skilled nursing facility services which are desperately needed in Prince George's County. A CHS merger will bring improvements to the design of the facility which will ensure the availability of a wide array of care and services, aimed to keep residents out of the hospital and 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 my district's healthcare delivery system. Moreover, this project will add well-paying jobs, including opportunities for career advancement. It will also generate significant property tax revenues for the benefit of our jurisdiction, all without county or state subsidies or incentives.

Again, I support this project and urge the Maryland Health Care Commission to facilitate the consolidation of beds requested by CHS with a deliberate speed. These changes will greatly benefit the citizens of my district and of Prince George's County.

Sincerely,

Kris Valderrama

Kriselda Valderrama
Deputy Majority Leader

Exhibit 12

CON Table Packages

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.

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

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

INSTRUCTION : Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project. Applicants should add columns and

Ft. Washington Health Care Center

Before the Project								After Project Completion						
		Based on Physical Capacity						Based on Physical Capacity						
	Current	Room Count					Physical		Room Count					Physical
Service Location	Licensed Beds	Private	Semi-Private	Triple	Quad	Total Rooms	Bed Capacity	Service Location (Floor/Wing)	Private	Semi-Private	Triple	Quad	Total Rooms	Bed Capacity
COMPREHENSIVE CARE								COMPREHENSIVE CARE						
1 North	26	2	8	0	2	12	26	1 North	2	12	0	0	14	26
1 South	24	0	8	0	2	10	24	1 South	0	12	0	0	12	24
2 North	26	2	8	0	2	12	26	2 North	4	10	0	0	14	24
2 South	24	0	8	0	2	10	24	2 South	0	12	0	0	12	24
3 North	26	2	8	0	2	12	26	3 North	4	10	0	0	14	24
3 South	24	0	8	0	2	10	24	3 South	0	12	0	0	12	24
								Addition floor 1	5	10	0	0	15	25
								Addition floor 2	5	10	0	0	16	25
SUBTOTAL	**150**	**6**	**48**	**0**	**12**	**66**	**150**	**SUBTOTAL**	**20**	**88**	**0**	**0**	**109**	**196**
FACILITY TOTAL	**150**	**6**	**48**	**0**	**12**	**66**	**150**	**FACILITY TOTAL**	**20**	**88**	**0**	**0**	**109**	**196**

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.

	DEPARTMENTAL GROSS SQUARE FEET				
Gross Square Footage by Floor/Nursing Unit/Wing	**Current**	**To be Added Thru New Construction**	**To Be Renovated**	**To Remain As Is**	**Total After Project Completion**
Basement			-		
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
First Floor Totals	**13,061**	**3,602**	**0**	**13,061**	16,663
First Level					
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
First Level Totals	**13,058**	**15,330**	**3,136**	**9,922**	**28,388**
Second Level		-	-		
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
Second Level Totals	**14,357**	**13,488**	**3,455**	**11,841**	**28,784**
Third Level					
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
Third Level Totals	**14,357**	**0**	**2,005**	**12,467**	**14,472**
					14,472
Total	**54,833**	**32,420**	**8,596**	**47,291**	**88,307**

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
A.	**USE OF FUNDS**				
1.	**CAPITAL COSTS**				
a.	**New Construction**				
(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
	SUBTOTAL New Construction		**$13,158,416**	**$0**	**$13,158,416**
b.	**Renovations**				
(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
	SUBTOTAL Renovations		**$619,278**	**$0**	**$619,278**
c.	**Other Capital Costs**				
(1)	Movable Equipment		$688,885		$688,885
(2)	Contingency Allowance		$2,755,539		$2,755,539
(3)	Gross interest during construction period 4.5%x12mo (5-9		$3,923,458		$3,923,458
(4)	Other (Specify/add rows if needed)				$0
	SUBTOTAL Other Capital Costs		***$7,367,881***	***$0***	**$7,367,881**
	TOTAL CURRENT CAPITAL COSTS		**$21,145,574**	**$0**	**$21,145,574**
d.	Land Purchased/Donated		$0		
e.	Inflation Allowance		$317,184		$317,184
	TOTAL CAPITAL COSTS		**$21,462,758**	**$0**	**$21,462,758**
2.	**Financing Cost and Other Cash Requirements**				
a.	Loan Placement Fees		$214,000		$214,000
b.	Bond Discount		$0		$0
c	CON Application Assistance				
	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
	SUBTOTAL		***$286,000***	***$0***	**$286,000**
3.	**Working Capital Startup Costs**				$0
	TOTAL USES OF FUNDS		***$21,748,758***	***$0***	***$21,748,758***
B.	**Sources of Funds**				
1.	**Cash**		**$4,349,752**		$4,349,752
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**		**$17,399,006**		$17,399,006
6.	**Working Capital Loans**				$0
7.	**Grants or Appropriations**				
a.	**Federal**		**$0**		$0
b.	**State**		**$0**		$0
c.	**Local**		**$0**		$0
8.	**Other (Specify/add rows if needed)**				$0
	TOTAL SOURCES OF FUNDS		***$21,748,758***		**$21,748,758**
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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**				
1. ADMISSIONS										
a. Comprehensive Care (public)	512	512	510	512	645	671				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**512**	**512**	**510**	**512**	**645**	**671**		**0**	**0**	**0**
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL ADMISSIONS	***512***	***512***	***510***	***512***	***645***	***671***				
2. PATIENT DAYS										
a. Comprehensive Care (public)	28,759	47,307	51,644	51,867	65,280	67,963				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**28,759**	**47,307**	**51,644**	**51,867**	**65,280**	**67,963**		**0**	**0**	**0**
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL PATIENT DAYS	***28,759***	***47,307***	***51,644***	***51,867***	***65,280***	***67,963***				
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	150	150	150	150	196	196				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care Beds	**150**	**150**	**150**	**150**	**196**	**196**		**0**	**0**	**0**
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL BEDS	***150***	***150***	***150***	***150***	***196***	***196***		***0***	***0***	***0***
4. OCCUPANCY PERCENTAGE	***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. Comprehensive Care (public)	52.5%	86.4%	94.3%	94.7%	91.2%	95.0%				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	**52.5%**	**86.4%**	**94.3%**	**94.7%**	**91.2%**	**95.0%**				
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	**52.5%**	**86.4%**	**94.3%**	**94.7%**	**91.2%**	**95.0%**				
5. OUTPATIENT (specify units used for charging and recording revenues)										
a. Adult Day Care										
b. Other (Specify/add rows of needed)										
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

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

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

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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.						
Indicate CY or FY	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**				
1. REVENUE										
a. Inpatient Services	$ 18,095,652	$ 1,797,867	$ 17,917,573	$ 21,702,712	$ 24,782,061	$ 25,645,779				
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -				
Gross Patient Service Revenues	***$ 18,095,652***	***$ 1,797,867***	***$ 17,917,573***	***$ 21,702,712***	***$ 24,782,061***	***$ 25,645,779***	***$ -***	***$ -***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 179,833	$ 11,730	$ 271,435	$ 325,541	$ 371,731	$ 384,611				
d. Contractual Allowance	$ -	$ -	$ -	$ -	$ -	$ -				
e. Charity Care	$ -	$ -	$ -	$ -	$ -	$ -				
Net Patient Services Revenue	***$ 17,915,819***	***$ 1,786,137***	***$ 17,646,138***	***$ 21,377,172***	***$ 24,410,330***	***$ 25,261,168***	***$ -***	***$ -***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows if needed)	$ -	$ -	$ -	$ -	$ -	$ -				
NET OPERATING REVENUE	***$ 17,915,819***	***$ 1,786,137***	***$ 17,646,138***	***$ 21,377,172***	***$ 24,410,330***	***$ 25,261,168***	***$ -***	***$ -***	***$ -***	***$ -***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 9,130,318	$ 9,179,527	$ 8,653,379	$ 10,172,583	$ 11,614,650	$ 12,353,990				
b. Contractual Services	$ 329,813	$ 507,945	$ 2,006,047	$ 2,153,744	$ 1,973,068	$ 1,301,359				
c. Interest on Current Debt	$ 21,915	$ 2,016	$ 23,338	$ 34,863	$ 49,436	$ 50,099				
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -				
e. Current Depreciation	$ 187,504	$ 236,093	$ 152,153	$ 10,874	$ 11,471	$ 49,045				
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -				
g. Current Amortization	*$ 1,054*	*$ 1,054*	$ 1,054	*$ 1,054*	*$ 1,054*	*$ 1,054*				
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -				
i. Supplies	$ 715,853	$ 480,899	$ 867,061	$ 1,039,641	$ 1,186,919	$ 1,228,286				
j. Utilities	$ 321,687	$ 231,069	$ 162,859	$ 195,275	$ 222,938	$ 230,708				
k. Other Ancilaries	$ 1,050,485	$ 1,006,548	$ 811,253	$ 972,724	$ 1,110,523	$ 1,149,227				
l. Corporate Expense	$ 2,363,735	$ 2,070,415	$ 2,803,961	$ 3,111,534	$ 3,257,086	$ 3,291,634				
m. Cost of Ownership	$ 935,881	$ 950,400	$ 960,048	$ 960,048	$ 960,048	$ 960,048				
TOTAL OPERATING EXPENSES	***$ 15,058,246***	***$ 14,665,966***	***$ 16,441,154***	***$ 18,652,339***	***$ 20,387,193***	***$ 20,615,451***	***$ -***	***$ -***	***$ -***	***$ -***
3. INCOME										
a. Income From Operation	***$ 2,857,574***	***$ (12,879,829)***	***$ 1,204,984***	***$ 2,724,832***	***$ 4,023,137***	***$ 4,645,717***	***$ -***	***$ -***	***$ -***	***$ -***
b. Non-Operating Income										
SUBTOTAL	***$ 2,857,574***	***$ (12,879,829)***	***$ 1,204,984***	***$ 2,724,832***	***$ 4,023,137***	***$ 4,645,717***	***$ -***	***$ -***	***$ -***	***$ -***
c. Income Taxes										
NET INCOME (LOSS)	***$ 2,857,574***	***$ (12,879,829)***	***$ 1,204,984***	***$ 2,724,832***	***$ 4,023,137***	***$ 4,645,717***	***$ -***	***$ -***	***$ -***	***$ -***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	34.9%	25.8%	21.7%	21.7%	21.7%	21.7%				
2) Medicaid	51.0%	55.6%	53.1%	53.1%	53.1%	53.1%				
3) Blue Cross	Commercial Included	Commercial Included	Commercial Inc	Commercial Included	Commercial Included	Commercial Included				
4) Commercial Insurance	5.4%	8.4%	10.9%	10.9%	10.9%	10.9%				
5) Self-pay	1.0%	-0.5%	0.8%	0.8%	0.8%	0.8%				
6) Other	7.8%	10.7%	13.5%	13.5%	13.5%	13.5%				
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***
b. Percent of Inpatient Days										
1) Medicare	20.4%	14.8%	14.0%	14.0%	14.0%	14.0%				
2) Medicaid	63.6%	64.6%	67.6%	67.6%	67.6%	67.6%				
3) Blue Cross	Commercial Included	Commercial Included	Commercial Inc	Commercial Included	Commercial Included	Commercial Included				
4) Commercial Insurance	13.2%	19.0%	17.4%	17.4%	17.4%	17.4%				
5) Self-pay	1.0%	-0.6%	0.4%	0.4%	0.4%	0.4%				
6) Other	1.8%	2.2%	0.6%	0.6%	0.6%	0.6%				
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***

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

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

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

TABLE H. WORKFORCE INFORMATION

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.

	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	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table G, if submitted)*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrative Nursing	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
Total Administration	9.0		$832,946	0.0	432,743.0	$432,743	0.0	0.0	$0	9.0	$1,265,689
Direct Care Staff *(List general categories, add rows if needed)*											
RN	16.0	$84,200	$1,347,200	8.0	$84,200	$673,600			$0	24.0	$2,020,800
LPN	22.0	$72,301	$1,590,618	8.0	$72,301	$578,406			$0	30.0	$2,169,024
C.N.A	60.0	$42,245	$2,534,688	12.0	$42,245	$506,938			$0	72.0	$3,041,626
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
Total Direct Care	106.5		6,243,187.2	35.5		$0	0.0	0.0	$0	142.0	$8,683,196
Support Staff *(List general categories, add rows if needed)*											
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
Total Support	30.0		$1,244,424	12.0		$685,528	0.0	0.0	$0	42.0	$1,929,952
REGULAR EMPLOYEES TOTAL	***145.5***	***0.0***	$8,320,557	***47.5***	***432,743.0***	$1,118,271	***0.0***	***0.0***	$0	193.0	$11,878,837
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration	0.0	$0	$0	$0	$0	$0			$0	0.0	$0
Direct Care Staff *(List general categories, add rows if needed)*											
LPN	8.0	$108,451	$867,610	-3.0	$108,451	-$325,354			$0	5.0	$542,256
RN	5.0	$126,300	$631,500	-2.0	$126,300	-$252,600			$0	3.0	$378,900
C.N.A	8.0	$63,367	$506,938	-2.0	$63,367	-$126,734			$0	6.0	$380,203
			$0			$0			$0	0.0	$0
Total Direct Care Staff	21.0	$298,118	$2,006,047	-$7	$298,118	-$704,688			$0	14.0	$1,301,359
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff	0.0	$0	$0	$0	$0	$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES T	***21.0***	***$298,118***	***$2,006,047***	***-$7***	***$298,118***	***-$704,688***			$0	14.0	$1,301,359
Benefits *(State method of calculating benefits below)***:**			**332,822.3**			**44,730.8**					**475,153.5**
TOTAL COST	***166.5***		***$10,659,427***	***40.5***		***$458,314***	***0.0***		***$0***		***$13,655,350***

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

	Weekday Hours Per Day					Weekend Hours Per Day			
Staff Category	**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									
Total				632					592
Licensed Beds at Project Completion				**196**		**Licensed Beds at Project Completion**			**196**
Hours of Bedside Care per Licensed Bed per Day				3.22		**Hours of Bedside Care per Licensed Bed Per Day**			3.02

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

TABLE J. CONSTRUCTION CHARACTERISTICS

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

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	**Check if applicable**	
Class of Construction (for renovations the class of the building being renovated)*		
Class A	☐	☐
Class B	☐	☐
Class C	☑	☑
Class D	☐	☐
Type of Construction/Renovation*		
Low	☐	☐
Average	☐	☑
Good	☑	☐
Excellent	☐	☐
Number of Stories	2.5	3

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
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
Average Square Feet	**8,105**	**2,149**
Perimeter in Linear Feet	**Linear Feet**	
Lower Level	287	0
First Floor	816	668
Second Floor	722	750
Third Floor	0	750
Fourth Floor	na	na
Total Linear Feet	**1,825**	**2,168**
Average Linear Feet	**456**	**542**
Wall Height (floor to eaves)	**Feet**	
Lower Level	10	11
First Floor	10	10
Second Floor	10	10
Third Floor	10	10
Fourth Floor	na	na
Average Wall Height	**10**	**10**
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger	1	1
Freight	0	1
Sprinklers	**Square Feet Covered**	
Wet System	yes	yes
Dry System	no	yes
Other	**Describe Type**	
Type of HVAC System for proposed project	Resident Rooms: Ptac units w/OA capibilities. Core areas:	
Type of Exterior Walls for proposed project	Brick over insulated sheathing/waterscreen, insulated meta	

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

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

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	$1,093,000	
Utilities from Structure to Lot Line	$60,000	
Subtotal included in Marshall Valuation Costs	**$97,000**	
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	
Subtotal On-Site excluded from Marshall Valuation Costs	**$577,000**	
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees	$180,000	
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs	**$180,000**	
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$757,000**	
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$1,850,000**	

*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.

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Clinton Healthcare 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.

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

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

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

Before the Project								After Project Completion							
		Based on Physical Capacity							Based on Physical Capacity						
		Room Count							Room Count						
Service Location (Floor/Wing)	Current Licensed Beds	Private	Semi-Private	Triple	Quad	Total Rooms	Physical Bed Capacity	Service Location (Floor/Wing)	Private	Semi-Private	Triple	Quad	Total Rooms	Physical Bed Capacity
COMPREHENSIVE CARE								**COMPREHENSIVE CARE**						
Unit 1 West	40	0	15	0	0	15	30	**Unit 1 West**	3	12	0	0	15	27
Unit 2 East	58	2	23	0	0	25	48	*Unit 2 East*	10	15	0	0	25	40
Unit 2 West	58	2	23	0	0	25	48	Unit 2 West	18	6	0	0	24	30
Unit 3 East	59	2	18	6	0	26	56	Unit 3 East	5	20	6	0	25	45
Unit 3 West	52	2	23	0	0	25	48	Unit 3 West	8	17	0	0	25	42
SUBTOTAL Comprehensive Care	**267**	**8**	**102**	**6**	**0**	**116**	**230**	**SUBTOTAL**	**44**	**70**	**0**	**0**	**114**	**184**
ASSISTED LIVING								**ASSISTED LIVING**						
	0	0	0	0	0	0	0		0	0	0	0	0	0
TOTAL ASSISTED LIVING	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**TOTAL ASSISTED LIVING**	**0**	**0**	**0**	**0**	**0**	**0**
Other *(Specify/add rows as needed)*						0	0	**Other** *(Specify/add rows as needed)*					0	0
TOTAL OTHER	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**TOTAL OTHER**	**0**	**0**	**0**	**0**	**0**	**0**
FACILITY TOTAL	**267**	**8**	**102**	**0**	**0**	**116**	**230**	**FACILITY TOTAL**	**44**	**70**	**0**	**0**	**114**	**184**

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				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
1st floor	21,780	0	16,192	5,588	21,780
2nd floor	21,780	0	6,332	15,448	21,780
3rd floor	21,780	0	10,334	11,446	21,780
4th floor	21,780	0	10,334	11,446	21,780
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	87,120	0	43,192	43,928	87,120

TABLE C. PROJECT BUDGET

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
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	$0		$0
(2) Fixed Equipment	$0		$0
(3) Site and Infrastructure	$0		$0
(4) Architect/Engineering Fees	$0		$0
(5) Permits (Building, Utilities, Etc.)	$0		$0
SUBTOTAL New Construction	**$0**	**$0**	**$0**
b. Renovations			
(1) Building	$172,500		$172,500
(2) Fixed Equipment (not included in construction)	$0		$0
(3) Architect/Engineering Fees	$0		$0
(4) Permits (Building, Utilities, Etc.)	$22,607		$22,607
SUBTOTAL Renovations	**$195,107**	**$0**	**$195,107**
c. Other Capital Costs			
(1) Movable Equipment			$0
(2) Contingency Allowance			$0
(3) Gross interest during construction period			$0
(4) Other *(Specify/add rows if needed)*			$0
SUBTOTAL Other Capital Costs	***$0***	***$0***	**$0**
TOTAL CURRENT CAPITAL COSTS	**$195,107**	**$0**	**$195,107**
d. Land Purchased/Donated			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	**$195,107**	**$0**	**$195,107**
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	$0		$0
b. Bond Discount	$0		$0
c CON Application Assistance			
c1. Legal Fees	$10,000		$10,000
c2. Other (Specify/add rows if needed)	$15,000		$15,000
d. Non-CON Consulting Fees			$0
d1. Legal Fees	$0		
d2. Other (Specify/add rows if needed)	$5,000		$5,000
e. Debt Service Reserve Fund	$0		$0
f. Other *(Specify/add rows if needed)*	$0		$0
SUBTOTAL	***$30,000***	***$0***	**$30,000**
3. Working Capital Startup Costs	$200,000		$200,000
TOTAL USES OF FUNDS	***$425,107***	***$0***	***$425,107***
B. Sources of Funds			
1. Cash	**$225,107.00**		$225,107
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	**$0**		$0
6. Working Capital Loans	**$200,000**		$200,000
7. Grants or Appropriations			
a. Federal	**$0**		$0
b. State	**$0**		$0
c. Local	**$0**		$0
8. Other *(Specify/add rows if needed)*	$0		$0
TOTAL SOURCES OF FUNDS	***$425,107***		**$425,107**
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.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**				
1. ADMISSIONS										
a. Comprehensive Care (public)	634	603	601	481	481	481				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**634**	**603**	**601**	**481**	**481**	**481**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL ADMISSIONS	***634***	***603***	***601***	**481**	**481**	***481***				
2. PATIENT DAYS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
a. Comprehensive Care (public)	85,549	83,967	83,604	66,883	66,883	66,883				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0	0				
Total Comprehensive Care	**85,549**	**83,967**	**83,604**	**66,883**	**66,883**	**66,883**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL PATIENT DAYS	***85,549***	***83,967***	***83,604***	***66,883***	***66,883***	***66,883***				
3. NUMBER OF BEDS	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025				
a. Comprehensive Care (public)	267	267	267	230	230	230				
b. Comprehensive Care (CCRC Restricted)	0	0	0	0	0					
Total Comprehensive Care Beds	**267**	**267**	**267**	**183**	**183**	**183**				
c. Assisted Living	0	0	0	0	0	0				
d. Other (Specify/add rows of needed)	0	0	0	0	0	0				
TOTAL BEDS	***267***	***267***	***267***	***183***	***183***	***183***				
4. OCCUPANCY PERCENTAGE	***IMPORTANT NOTE:** Leap year formulas should be changed by applicant to reflect 366 days per year.*									
a. Comprehensive Care (public)	87.8%	86.2%	85.8%	79.7%	79.7%	79.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
b. Comprehensive Care (CCRC Restricted)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Comprehensive Care Beds	**87.8%**	**86.2%**	**85.8%**	**100.1%**	**100.1%**	**100.1%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
c. Assisted Living	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
d. Other (Specify/add rows of needed)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL OCCUPANCY %	**87.8%**	**86.2%**	**85.8%**	**100.1%**	**100.1%**	**100.1%**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
5. OUTPATIENT (specify units used for charging and recording revenues)	0	0	0	0	0	0	0			
a. Adult Day Care	0	0	0	0	0	0	0			
b. Other (Specify/add rows of needed)	0	0	0	0	0	0	0			
TOTAL OUTPATIENT VISITS	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***	***0***

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

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

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

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

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.						
Indicate CY or FY	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**				
1. REVENUE										
a. Inpatient Services	$ 27,184,393	$ 27,154,297	$ 27,513,298	$ 19,061,969	$ 21,303,135	$ 24,501,248				
b. Outpatient Services	$ -	$ -	$ -	$ -	$ -	$ -				
Gross Patient Service Revenues	***$ 27,184,393***	***$ 27,154,297***	***$ 27,513,298***	***$ 19,061,969***	***$ 21,303,135***	***$ 24,501,248***	***$ -***	***$ -***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 841,704	$ 261,555	$ 509,988	$ 288,058	$ 312,268	$ 312,268				
d. Contractual Allowance	$ -	$ -	$ -	$ -	$ -	$ -				
e. Charity Care	$ -	$ -	$ -	$ -	$ -	$ -				
Net Patient Services Revenue	***$ 26,342,689***	***$ 26,892,742***	***$ 27,003,310***	***$ 18,773,912***	***$ 20,990,867***	***$ 24,188,980***	***$ -***	***$ -***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows if needed)	$ 1,231,221	$ 475,791	$ 818,158	$ 643,972	$ 699,170	$ 699,170				
NET OPERATING REVENUE	***$ 27,573,910***	***$ 27,368,534***	***$ 27,821,468***	***$ 19,417,884***	***$ 21,690,037***	***$ 24,888,150***	***$ -***	***$ -***	***$ -***	***$ -***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 9,761,497	$ 9,806,703	$ 9,862,915	$ 7,974,294	$ 8,572,654	$ 9,212,311				
b. Contractual Services	$ 47,970	$ 21,716	$ 20,826	$ 18,222	$ 18,222	$ 20,826				
c. Interest on Current Debt	**$ 102,790**	**$ 52,680**	**$ 70,248**	**$ 74,904**	**$ 81,325**	**$ 81,325**				
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -				
e. Current Depreciation	$ 211,500	$ 226,849	$ 244,559	$ 195,647	$ 195,647	$ 195,647				
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -				
g. Current Amortization	***$ 39,501***	***$ 39,221***	***$ 43,969***	***$ 35,175***	***$ 35,175***	***$ 35,175***				
h. Project Amortization	$ -	$ -	$ -	$ -	$ -	$ -				
i. Supplies	$ 7,329,080	$ 6,099,748	$ 6,739,447	$ 5,378,206	$ 5,216,521	$ 5,328,762				
j. Utilities	$ 535,811	$ 520,769	$ 517,632	$ 436,138	$ 473,521	$ 473,521				
k. Other Ancilaries	$ 1,179,303	$ 1,444,832	$ 1,486,567	$ 1,153,756	$ 1,253,283	$ 1,253,283				
l. Corporate Expense	$ 4,249,782	$ 3,901,320	$ 4,433,354	$ 2,919,316	$ 3,193,754	$ 3,212,864				
m. Cost of Ownership	$ 3,026,983	$ 3,325,624	$ 3,141,576	$ 938,823	$ 976,979	$ 2,352,306				
TOTAL OPERATING EXPENSES	**$ 26,484,216**	**$ 25,439,460**	**$ 26,561,094**	**$ 19,124,482**	**$ 20,017,082**	**$ 22,166,021**	**$ -**	**$ -**	**$ -**	**$ -**
3. INCOME										
a. Income From Operation	**$ 1,089,693**	**$ 1,929,073**	**$ 1,260,374**	**$ 293,402**	**$ 1,672,954**	**$ 2,722,129**	**$ -**	**$ -**	**$ -**	**$ -**
b. Non-Operating Income	$ -	$ -	$ -	$ -	$ -	$ -				
SUBTOTAL	***$ 1,089,693***	***$ 1,929,073***	***$ 1,260,374***	***$ 293,402***	***$ 1,672,954***	***$ 2,722,129***	***$ -***	***$ -***	***$ -***	***$ -***
c. Income Taxes	$ -	$ -	$ -	$ -	$ -	$ -				
NET INCOME (LOSS)	***$ 1,089,693***	***$ 1,929,073***	***$ 1,260,374***	***$ 293,402***	***$ 1,672,954***	***$ 2,722,129***	***$ -***	***$ -***	***$ -***	***$ -***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	15.2%	16.7%	15.9%	15.9%	15.9%	15.9%				
2) Medicaid	74.7%	76.6%	75.7%	75.7%	75.7%	75.7%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	8.9%	5.1%	7.0%	7.0%	7.0%	7.0%				
5) Self-pay	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%				
6) Other	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%				
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***
b. Percent of Inpatient Days										
1) Medicare	10.6%	8.0%	6.9%	8.5%	8.5%	8.5%				
2) Medicaid	81.6%	83.1%	84.2%	83.0%	83.0%	83.0%				
3) Blue Cross	Commercial Inc	Commercial Inc	Commercial Include	Commercial Inclu	Commercial Inc	Commercial Included				
4) Commercial Insurance	5.7%	7.6%	7.6%	7.0%	7.0%	7.0%				
5) Self-pay	0.8%	1.0%	0.6%	0.8%	0.8%	0.8%				
6) Other	1.3%	0.3%	0.7%	0.8%	0.8%	0.8%				
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***

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

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

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

TABLE H. WORKFORCE INFORMATION

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.

	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	
Job Category	**Current Year FTEs**	**Average Salary per FTE**	**Current Year Total Cost**	**FTEs**	**Average Salary per FTE**	**Total Cost** *(should be consistent with projections in Table G, if submitted)*	**FTEs**	**Average Salary per FTE**	**Total Cost**	**FTEs**	**Total Cost** *(should be consistent with projections in Table G)*
1. Regular Employees											
Administration *(List general categories, add rows if needed)*											
Administrative Nursing	2.0	$119,935	$239,870	0.0	$119,935	$0			$0	2.0	$239,870
Administrative Operations	4.0	$75,310	$301,238	0.0	$75,310	$0			$0	4.0	$301,238
Business Office Manager	1.0	$80,325	$80,325	0.0	$80,325	$0			$0	1.0	$80,325
Activities Director	1.0	$72,800	$72,800	0.0	$72,800	$0			$0	1.0	$72,800
Admissions Director	1.0	$70,000	$70,000	0.0	$70,000	$0			$0	1.0	$70,000
Administrative Culinary	1.0	$66,997	$66,997	0.0	$66,997	$0			$0	1.0	$66,997
Total Administration	10.0		831,230.0	0.0		0.0	0.0	0.0	0.0	10.0	831,230.0
Direct Care Staff *(List general categories, add rows if needed)*											
RN	16.0	$83,304	$1,332,864	-2.0	$83,304	-$166,608			$0	14.0	$1,166,256
LPN	26.0	$67,080	$1,744,080	-1.0	$67,080	-$67,080			$0	25.0	$1,677,000
C.N.A	66.0	$38,334	$2,530,070	-6.0	$38,334	-$230,006			$0	60.0	$2,300,064
Occupational Therapist	1.5	$96,845	$145,267	-0.5	$96,845	-$48,422			$0	1.0	$96,845
Physical Therapist	2.5	$83,262	$208,156	-0.5	$83,262	-$41,631			$0	2.0	$166,525
Speech Pathologist	1.5	$92,706	$139,058	-0.5	$92,706	-$46,353			$0	1.0	$92,706
Therapy Assistant	2.0	$50,960	$101,920	-0.5	$50,960	-$25,480			$0	1.5	$76,440
Total Direct Care	115.5		6,201,416.0	-11.0		-625,580.8	0.0	0.0	0.0	104.5	5,575,835.2
Support Staff *(List general categories, add rows if needed)*											
Maintenance	4.0	$48,048	$192,192	0.0	$48,048	$0			$0	4.0	$192,192
Culinary	20.0	$35,381	$707,616	0.0	$35,381	$0			$0	20.0	$707,616
Receptionist	2.5	$32,448	$81,120	0.0	$32,448	$0			$0	2.5	$81,120
Social Services	2.0	$41,600	$83,200	0.0	$41,600	$0			$0	2.0	$83,200
Central Supply	1.0	$46,259	$46,259	0.0	$46,259	$0			$0	1.0	$46,259
Activities Staff	3.0	$446,846	$1,340,539	0.0	$446,846	$0			$0	3.0	$1,340,539
Total Support	32.5		2,450,926.4	0.0		0.0	0.0		0.0	32.5	2,450,926.4
REGULAR EMPLOYEES TOTAL	***158.0***		***9,483,572.4***	***-11.0***		***-625,580.8***	***0.0***		***0.0***	***147.0***	***8,857,991.6***
2. Contractual Employees											
Administration *(List general categories, add rows if needed)*											
RN	0.3	$83,304	$20,826	0.0	$83,304	$0			$0	0.3	$20,826
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Administration	0.3		$20,826			$0			$0	0.3	$20,826
Direct Care Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Direct Care Staff	0.0		$0			$0			$0	0.0	$0
Support Staff *(List general categories, add rows if needed)*											
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
			$0			$0			$0	0.0	$0
Total Support Staff	0.0		$0			$0			$0	0.0	$0
CONTRACTUAL EMPLOYEES TO	***0.3***		***20,826.0***			***0.0***			***0.0***	***0.3***	***20,826.0***
Benefits *(State method of calculating benefits below)* ***: 4% of Gross Wages***			**379,342.9**			**-25,023.2**					**354,319.7**
TOTAL COST	***158.3***		***$9,883,741***	***-11.0***		***-$650,604***	***0.0***		***$0***		***$9,233,137***

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

	Weekday Hours Per Day					Weekend Hours Per Day			
Staff Category	**Day**	**Evening**	**Night**	**Total**		**Day**	**Evening**	**Night**	**Total**
Registered Nurses	16	16	8	40		16	16	8	40
L. P. N. s	48	48	40	136		48	48	40	136
Aides	0	0	0	0		0	0	0	0
C. N. A.s	150	150	97.5	397.5		150	150	97.5	397.5
Medicine Aides	0	0	0	0					
Total				573.5					573.5
Licensed Beds at Project Completion				184		**Licensed Beds at Project Completion**			**184**
Hours of Bedside Care per Licensed Bed per Day				3.12		**Hours of Bedside Care per Licensed Bed Per Day**			3.12

	Weekday Hours Per Day					Weekend Hours Per Day			
Staff Category	**Day**	**Evening**	**Night**	**Total**		**Day**	**Evening**	**Night**	**Total**
Ward Clerks (bedside care time calculated at 50%	0	0	0	0		0	0	0	0
Total Including 50% of Ward Clerks Time									
Total Hours of Bedside Care per Licensed Bed Per Day				3.16		**Total Hours of Bedside Care per Licensed Bed Per Day**			3.16

TABLE J. CONSTRUCTION CHARACTERISTICS

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

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

*As defined by Marshall Valuation Service

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

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

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

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	$0	$0
Utilities from Structure to Lot Line	$0	$0
Subtotal included in Marshall Valuation Costs	**$0**	**$0**
Site Demolition Costs	**$0**	**$0**
Storm Drains	**$0**	**$0**
Rough Grading	**$0**	**$0**
Hillside Foundation	**$0**	**$0**
Paving	**$0**	**$0**
Exterior Signs	**$0**	**$0**
Landscaping	$0	$0
Walls	$0	$38,700
Yard Lighting	$0	$0
Other *(Specify/add rows if needed)*	$0	$546,160
Subtotal On-Site excluded from Marshall Valuation Costs	**$0**	**$584,860**
OFFSITE COSTS		
Roads	$0	$0
Utilities	$0	$0
Jurisdictional Hook-up Fees	$0	$0
Other *(Specify/add rows if needed)*	$0	$0
Subtotal Off-Site excluded from Marshall Valuation Costs	**$0**	**$0**
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$584,860**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$584,860**

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

Exhibit 13

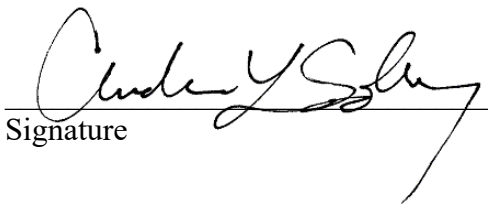
Affirmations

I hereby declare and affirm under the penalties of perjury that the facts stated in this Merger and Consolidation Exemption Request and its attachments are true and correct to the best of my knowledge, information, and belief.

X Holly J. Norelli

Holly Norelli
Vice President, Special Projects
Signed by: 6df0fab5-3053-4414-b531-370320402076

I hereby declare and affirm under the penalties of perjury that the facts stated in this Merger and Consolidation Exemption Request and its attachments are true and correct to the best of my knowledge, information, and belief.



Signature

4/3/2023

Date