HOWARD L. SOLLINS, SHAREHOLDER
Direct Dial: 410-862-1101
Direct Fax: 443-263-7569
E-Mail Address: hsollins@bakerdonelson.com

March 28, 2024

Via Federal Express and Email

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

Re: Bel Pre Healthcare Center/Kensington Healthcare Center:
Merger and Consolidation Exemption Request

Dear Mr. Steffen:

I am writing on behalf of CommuniCare Health Services ("CHS"), affiliated with both Bel Pre Leasing Co., LLC d/b/a Bel Pre Healthcare Center ("Bel Pre"), a 92-bed comprehensive care facility ("CCF") in Silver Spring, Maryland in Montgomery County, and Kensington Nursing, LLC d/b/a Kensington Healthcare Center ("Kensington"), a 140 bed CCF in Kensington, Maryland in Montgomery County. After relocation, the Silver Spring facility will be Bel Pre Leasing Co., LLC d/b/a Silver Spring Healthcare Center.

On October 25, 2023 the Maryland Health Care Commission ("Commission" or "MHCC") agreed that a Certificate of Need ("CON") was not needed for the relocation of Bel Pre in its entirety, including all 92 beds, to a new facility on the property formerly operating as an assisted living facility called The Landings of Silver Spring, located at 13908 New Hampshire Avenue, Silver Spring, MD 20904, also located in Montgomery County (the "New Site"). There will be no change in the nature or scope of services, and Bel Pre will continue to be certified to participate in Medicaid and Medicare. The Commission found that CommuniCare had filed adequate notice of the relocation and that this relocation was not covered under CON rules in Section .03 Non-Coverage by Certificate of Need Review Requirements, Section .03D.

This letter is to inform the Commission that CHS intends to relocate 34 CCF beds from Kensington to the New Site of Bel Pre, resulting in 106 beds at Kensington and 126 beds at the relocated Bel Pre. This project will enable CommuniCare to eliminate all quad rooms at Bel Pre, making all rooms single bedded rooms at the New Site. There are currently 16 beds in quad rooms at Bel Pre.

This Exemption Request follows the Commission's approval of exemptions issued to CommuniCare enabling (1) the merger and consolidation of beds between Clinton Healthcare Center ("CHC") and Forestville Health Center and (2) the merger and consolidation of beds between CHC and Fort Washington Health Center. CommuniCare is undertaking planning and efforts to modernize and invest in the physical plants of 9 facilities in Maryland. This includes planned de-densifying resident rooms that currently are licensed and have the capacity to house triple and quad beds. The third project involves the relocation of Northwest Healthcare Center to a new site in Baltimore City for which no certificate of need is required as confirmed by correspondence from the MHCC dated July 13, 2023. The CHC/Forestville exemption was the first such project. This Bel Pre/Kensington Exemption Request is for the fourth such project.

To achieve this plan on a broader scale throughout the state, CommuniCare seeks to secure approval from the Commission to construct new additions, build new ground-up facilities, and/or pursue adaptive re-use options to provide residents with a safe, high-quality, home-like environment. Additionally, CommuniCare plans to invest a significant amount of capital in upgrading/renovating the physical plant of these CCFs to include items such as new flooring and hallway finishes and painting and providing new lighting and furniture for resident rooms and commons areas.

The overall plan includes removing and transferring beds to other locations within the same jurisdiction, as well as transforming triple and quad resident rooms into large private or semi-private rooms in the following additional facilities: Bel Pre Healthcare Center (Montgomery County), Blue Point Healthcare Center (Baltimore City), Fayette Health and Rehabilitation Center (Baltimore City), Hagerstown Healthcare Center (Washington County), Northwest Healthcare Center (Baltimore City), and Pleasant View Healthcare Center (Carroll County)

This is a multi-year process that must consider a variety of factors in arriving at a case-by-case solution for each CCF in each jurisdiction, including but not limited to identification of land for construction and/or purchase of buildings appropriate for adaptive re-use, projecting construction costs and materials/supplies/equipment availability, financing, zoning requirements, community support, legal/land-use issues, and related factors. It is important to note that each CommuniCare CCF has its own unique operating requirements, market, and possible solutions.

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

Bel Pre Healthcare Center

Kensington Healthcare Center

(2) The location of each health care facility

Bel Pre Healthcare Center, 13908 New Hampshire Avenue, Silver Spring, MD 20904
Kensington Healthcare Center, 3000 McComas Avenue, Kensington, MD 20895

(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

Bel Pre Healthcare Center: This facility currently has 92 licensed beds (126 after the relocation of beds from Kensington to the New Site). This will eliminate the need for four quad rooms to house 16 beds.

Kensington Healthcare Center: This facility currently has 140 licensed beds, of which 36 beds are in private rooms, and 52 are in semi-private rooms. CommuniCare Health Services will relocate 34 beds from Kensington to Bel Pre's New Site. After this project, Kensington will have 106 beds.

(b) Renovation of existing facilities

At its current facility (prior to the relocation which the Commission found was not subject to the CON coverage), Bel Pre has 16 beds in four quad rooms. Once Bel Pre moves to the new site, it will not have any triple or quad rooms. Kensington does not have any triple or quad rooms.

Bed Complement Before Relocation		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
Bel Pre Healthcare Center Before Relocation	92	4	5	0	4	4	29	0	0
Kensington Healthcare Center	140	2	16	0	0	34	36	0	0

Bed Complement After Relocation		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
Bel Pre Healthcare Center New Site	126	80	0	0	0	46	0	0	0
Kensington Healthcare Center	106	18	0	0	0	56	16	0	0

The relocation of Bel Pre to the New Site and the addition of the Kensington beds will require renovations at the New Site to bring the former assisted living facility to nursing home standards. The downsizing of Kensington to 106 beds will not require renovation of that facility.

(c) New construction

There is no new construction needed for this project.

(d) Relocation or reconfiguration of existing medical services

Only CCF beds will be relocated from Kensington to Bel Pre.

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

As shown above Kensington will be reduced from 140 CCF beds (after relocating beds to Bel Pre) to 106 CCF beds. Bel Pre will increase from 92 CCF beds to 126 CCF beds.

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

February 28, 2025

COMAR 10.24.01.12(A)(1) requires that the applicant provide additional information regarding the schedule for the implementation for the project. Pursuant to a prior Determination, the relocation of Bel Pre to the new location in Silver Spring does not require a CON, and that project is being implemented. Renovations to the building at the new location are required irrespective of the number of beds. The rooms on each floor that could house the beds relocated from Kensington will not be furnished or used for Kensington beds absent Commission approval of this exemption request. Presuming timely review and approval of this exemption, request the Silver Spring location will open with 126 private rooms.

(1)(a) the time required to enter a binding obligation following Commission approval of the application for the project: April 30, 2024 (This is the date planned for the principal renovation project associated with the relocation of Bel Pre.)

(b) the time required to initiate construction, renovation, or both following execution for a binding obligation: May 31, 2024 (including the relocated beds)

(c) the time required to complete the approved construction, renovation, or both following initiation of construction, renovation, or both: December 31, 2024 (including the relocated beds) and

(d) the time required to place the new facility or modified facility in operation following the completion of approved construction, renovation, or both: February 28, 2025 (including the relocated beds).

(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: Consistency with State Health Plan Standards.

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

This relocation of beds is intended to eliminate the 16 quad rooms at Bel Pre, making health care services there more effective and result in all private rooms at the New Site along with an increase of private rooms at Kensington. 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 Kensington, which will allow for more personalized care.

Kensington Nursing Units Size		
	Before	**After**
Unit Chesapeake	27	20
Unit Potomac	34	18
Unit Gateway	36	32
Unit Severn	43	36

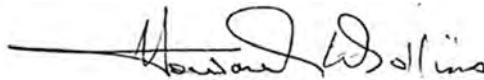
(c) Is in the public interest

The elimination of 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 do not hesitate to contact me.

Sincerely,



Howard L. Sollins

HLS/
Enclosures
cc: Mr. Charles Stoltz, CommuniCare Health Services
Ms. Holly Norelli, CommuniCare Health Services
Ms. Wynee Hawk, MHCC
Ms. Jeanne-Marie Gawel, MHCC
Ms. Ruby Potter, MHCC
Kisha Davis, MD, MPH, FAAFP
Montgomery County Health Officer
John J. Eller, Esquire

Exhibits

1. Consistency with State Health Plan Standards
2. Information About Alternative Community-Based Services
3. CommuniCare MDS Responsibilities Policies and Standard Procedures
4. Kensington and Bel Pre MDS Section Q Samples (Redacted)
5. CommuniCare Discharge Planning Policies and Standard Procedures
6. Examples of Materials Provided Regarding Alternative Community-Based Services
7. Visitor Log Copy Documenting Ombudsman Visit
8. Floor Plans
9. Architect's FGI Letter
10. Kensington and Bel Pre QAPI Committee Sign-in Sheets
11. QAPI Policies and Standard Procedures
12. List of Service Providers with Whom Bel Pre and Kensington Healthcare Centers Collaborate
13. CON Table Package
14. 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. On October 25, 2023, the Commission agreed that a CON was not needed for the relocation of Bel Pre.

(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 2021. The table below shows the occupancy for 2021 and 2020. Bel Pre (the facility being expanded) did drop below 90 percent during 2021. This is because it was a year of Covid lockdowns. Kensington (the facility being contracted) exceeded 90 percent occupancy for both years.

Occupancy Rates in 2020 and 2021	2021			2020	
	Total Licensed Beds	Patient Days	Average Annual Occupancy Rate	Patient Days	Average Annual Occupancy Rate
Bel Pre Health & Rehab. Ctr.	92	29,938	89.2%	31,054	92.5%
Kensington Healthcare Center	140	46,836	91.7%	46,502	91.0%

In addition, occupancy has continued to recover based on data from the facility. Below are the current occupancy rates. The project will result in all private rooms at the relocated facility and increase private rooms at Kensington, making higher occupancy even more likely because there will be no need for pairing roommates based on gender and other factors in private rooms.

Occupancy Rates in 2022 and 2023	**2023**			**2022**	
	Total Licensed Beds	**Patient Days**	**Average Annual Occupancy Rate**	**Patient Days**	**Average Annual Occupancy Rate**
Bel Pre Healthcare Ctr.	92	29,938	89.44%	31,054	86.61%
Kensington Healthcare Center	140	46,836	94.70%	46,502	92.59%

(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 Bel Pre nor Kensington is subject to a MOU, and there is no required participation under any MOU. However, in the 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, Bel Pre and Kensington will sign an MOU. Both Bel Pre and Kensington 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 2021 (published in *Maryland Register* 5/19/23)"[1], the required minimum Medical Assistance Participation Rate for

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[1] mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chcf_ltc_nh_required_md_medical_assistance_participation_fy2021.pdf

Montgomery County is 42.5%. Based on the 2021 Public Use Database available on the Commission website, Bel Pre exceeded that percentage. Kensington did not exceed the percentage.

Maryland Medical Assistance Participation Rate, 2021	Total Patient Days	Patient Days Comp MD Medical Assistance	Percentage
Bel Pre Healthcare Ctr.	14,711	29,938	49.1%
Kensington Healthcare Center	14,262	46,836	30.5%

The chart below reflects additional information demonstrating how both facilities serve Medicaid beneficiaries through the District of Columbia program as well as the Maryland program. Both facilities will comply with the Medicaid MOU requirements after implementation of the project.

Maryland and District of Columbia Medicaid	Kensington			Bel Pre		
	FY 2021	**FY 2022**	**FY 2023**	**FY 2021**	**FY 2022**	**FY 2023**
Maryland Medicaid	15,355	17,010	16,683	14,321	15,119	14,799
DC Medicaid	23,759	25,300	26,599	9,364	9,758	10,746
Total Medicaid	39,114	42,310	43,282	23,685	24,877	25,545
Total Census	46,836	47,312	48,388	29,483	29,083	30,034
Maryland Medicaid %	32.78%	35.95%	34.48%	48.57%	51.99%	49.27%
DC Medicaid %	50.73%	53.47%	54.97%	31.76%	33.55%	35.78%

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

Not applicable. CHS is not seeking new beds. Neither is CHS proposing a new facility. Currently, neither Bel Pre nor Kensington 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 Bel Pre nor Kensington is subject to a MOU.

(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 will continue to admit Medicaid residents to maintain MOU compliance.

(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 will continue to admit Medicaid residents to maintain MOU compliance.

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

This rule should not apply because this is not a CON application. However, both facilities will continue to admit Medicaid residents to maintain MOU compliance.

(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: Information About Alternative Community-Based Services, which includes the handouts given 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 Responsibilities Policies and Standard Procedures. Additionally, please see Exhibit 4: Kensington and Bel Pre MDS Section Q Samples (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: CommuniCare's Discharge Planning Policies and Standard Procedures, used at both Bel Pre and Kensington, which includes 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 Colby James, Kensington'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 materials. See Exhibit 6: Examples of Materials Provided Regarding Alternative Community-Based Services, with examples of materials provided. Exhibit 7: Visitor Log Copy Documenting Ombudsman Visit, includes a visitor log copy showing visits that include the ombudsman. This process is standard across all CommuniCare locations.

(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:

Bel Pre Healthcare Center
Diagnoses Report (as of 12/27/2023)

ACUTE KIDNEY FAILURE, UNSPECIFIED (N17.9), ANEMIA, UNSPECIFIED (D64.9), ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (I25.10), BIPOLAR DISORDER, UNSPECIFIED (F31.9), CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (N18.30), CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED (R26.2), DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12), EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS (G40.909), ESSENTIAL (PRIMARY) HYPERTENSION (I10), GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9), GENERALIZED ANXIETY DISORDER (F41.1), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE (I69.354), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE (I69.351), HISTORY OF FALLING (Z91.81), HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE (B20), HYPERLIPIDEMIA, UNSPECIFIED (E78.5), HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE (I12.9), HYPOTHYROIDISM, UNSPECIFIED (E03.9), INSOMNIA, UNSPECIFIED (G47.00), MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD (F33.0), MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE (F33.1), MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9), MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES (E66.01), MUSCLE WEAKNESS (GENERALIZED) (M62.81), NEED FOR ASSISTANCE WITH PERSONAL CARE (Z74.1), OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER (F19.19), OTHER SEQUELAE FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE (I69.998), PARANOID SCHIZOPHRENIA (F20.0), PERIPHERAL VASCULAR DISEASE, UNSPECIFIED (I73.9), PERSONAL HISTORY OF COVID-19 (Z86.16), SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE (F25.0)/ DEPRESSIVE TYPE (F25.1)/UNSPECIFIED (G47.30), TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE (E11.22)/ WITH DIABETIC NEPHROPATHY (E11.21)/ WITH DIABETIC NEUROPATHY, UNSPECIFIED (E11.40)/ WITHOUT COMPLICATIONS (E10.9)/ WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE (E11.51)/ WITH DIABETIC POLYNEUROPATHY (E11.42)/ WITH HYPERGLYCEMIA (E11.65)/ WITHOUT COMPLICATIONS (E11.9), UNDIFFERENTIATED SCHIZOPHRENIA (F20.3), UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY (R26.9), UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY (F03.90), UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION (F29).

Kensington Healthcare Center
Diagnoses Report (as of 12/27/2023)

ADJUSTMENT DISORDER WITH DEPRESSED MOOD (F43.21), ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD (F43.23), ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT (F43.25), AGE-RELATED COGNITIVE DECLINE (R41.81), ALCOHOL ABUSE, UNCOMPLICATED (F10.10), ALTERED MENTAL STATUS, UNSPECIFIED (R41.82), ANEMIA, UNSPECIFIED (D64.9), ANXIETY DISORDER, UNSPECIFIED (F41.9), APHASIA (R47.01), ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (I25.10), BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS (N40.0), BIPOLAR DISORDER, UNSPECIFIED (F31.9), CEREBRAL INFARCTION, UNSPECIFIED (I63.9), CHRONIC KIDNEY DISEASE, UNSPECIFIED (N18.9)/ STAGE 3 UNSPECIFIED (N18.30), CHRONIC VIRAL HEPATITIS C (B18.2), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED (R26.2), DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12), DYSPHAGIA, UNSPECIFIED (R13.10), ESSENTIAL (PRIMARY) HYPERTENSION (I10), GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9), GENERALIZED ANXIETY DISORDER (F41.1), HEART FAILURE, UNSPECIFIED (I50.9), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE (I69.354), HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE (I69.351), HISTORY OF FALLING (Z91.81), HOMELESSNESS UNSPECIFIED (Z59.00), HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE (B20), HYPERLIPIDEMIA, UNSPECIFIED (E78.5), HYPOTHYROIDISM, UNSPECIFIED (E03.9), INSOMNIA, UNSPECIFIED (G47.00), LONG TERM (CURRENT) USE OF ANTICOAGULANTS (Z79.01), MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE (F33.1), MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9), MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES (E66.01), MUSCLE WEAKNESS (GENERALIZED) (M62.81), NEED FOR ASSISTANCE WITH PERSONAL CARE (Z74.1), OTHER PSYCHOACTIVE SUBSTANCE ABUSE, UNCOMPLICATED (F19.10), OTHER SEIZURES (G40.89), PARANOID SCHIZOPHRENIA (F20.0), 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) Continued, POLYNEUROPATHY, UNSPECIFIED (G62.9), SCHIZOAFFECTIVE DISORDER, UNSPECIFIED (F25.9), SCHIZOPHRENIA, UNSPECIFIED (F20.9), TOBACCO USE (Z72.0), TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED (E11.40)/ WITHOUT COMPLICATIONS (E11.9), UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY (R26.9), UNSPECIFIED CATARACT (H26.9), UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITH OTHER BEHAVIORAL DISTURBANCE (F03.918), UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY (F03.90),

UNSPECIFIED DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY (F03.90), UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE (M19.90).

(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 four rooms with more than two residents at Bel Pre and to increase private rooms at both Bel Pre's new location and at Kensington.

CommuniCare did consider attempting to build a new, ground-up facility with a cluster/neighborhood design. However, the resident care and quality of life advantages were greater for renovating and adaptive reuse of a former assisted living facility to have all private rooms as a nursing home. In addition to the private rooms, the current features of the modern physical plant for the new Bel Pre location provide numerous amenities, to include a very large, restaurant style dining area with adjacent private dining room, a movie theater, game room with fireplace, resident bistro, a beauty salon, cozy resident lounges, and beautifully landscaped gardens and outdoor courtyards. See Exhibit 8: Floor Plans, for the floors plans of the new Bel Pre location. All of the aforementioned amenities contribute to the enhanced home-like environment that CommuniCare aims to achieve in its current and future projects.

(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 9: Architect's FGI Letter, which includes a letter from the architect for Bel Pre's New Site. There are no architectural/structural construction or renovations being completed at the Kensington location, therefore no letter was submitted for this purpose.

(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.

(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 recognizes the importance of the Maryland Health Care Commission's goal for 70 percent 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, it is a request for a merger and consolidation exemption request, and we wish to provide an additional context.

In the State of Maryland, there were 161 facilities that were eligible to receive FY 2024 Medicaid Pay for Improvement rewards. Of those 161 facilities, only 39 received reward payments. Bel Pre and Kensington were both included in those 39 facilities and earned a reward payment.

Kensington received full points in 2 of the 4 Quality Measure outcomes, Indwelling Catheter's and UTI's and improvement in the other 2 measures, Pressure Ulcers and Falls with Major Injury.

Bel Pre had a noted improvement in the Staffing Measure and also achieved full points in 2 of the 4 Quality measure outcomes.

Below is a 5 Star chart followed by comments:

		Dec-23	**23-Sep**	**23-Jun**	**23-Mar**	**22-Dec**
Provider Name	**City/Town**	**Overall**	**Overall**	**Overall**	**Overall**	**Overall**
ANCHORAGE HEALTHCARE CENTER	SALISBURY	1	1	2	1	1
BEL PRE HEALTHCARE CENTER	SILVER SPRING	1	1	2	1	1
BLUE POINT HEALTHCARE CENTER	BALTIMORE	2	2	2	3	3
CLINTON HEALTHCARE CENTER	CLINTON	2	3	3	3	3
CUMBERLAND HEALTHCARE CENTER	CUMBERLAND	2	2	1	2	2
ELLICOTT CITY HEALTHCARE CENTER	ELLICOTT CITY	1	1	1	1	1
FAYETTE HEALTH AND REHABILITATION CENTER	BALTIMORE	3	2	2	2	2
FORESTVILLE HEALTHCARE CENTER	FORESTVILLE	3	2	2	1	2
FT WASHINGTON HEALTH CENTER	FORT WASHINGTON	2	3	5	4	5
HAGERSTOWN HEALTHCARE CENTER	HAGERSTOWN	1	1	1	1	1

HOLLY HILL HEALTHCARE CENTER	TOWSON	3	2	1	1	1
KENSINGTON HEALTHCARE CENTER	KENSINGTON	2	2	2	2	2
LAURELWOOD HEALTHCARE CENTER	ELKTON	1	1	1	1	1
MARLEY NECK HEALTH AND REHABILITATION CENTER	GLEN BURNIE	3	3	3	3	3
NORTHWEST HEALTHCARE CENTER	BALTIMORE	1	2	2	1	1
PLEASANT VIEW HEALTHCARE CENTER	MOUNT AIRY	1	1	1	1	1
SOUTH RIVER HEALTHCARE CENTER	EDGEWATER	2	3	3	2	3
WESTMINSTER HEALTHCARE CENTER	WESTMINSTER	SFF	1	1	1	1
Average Star Rating		1.82	1.83	1.94	1.72	1.89

CommuniCare's merger, consolidation, and renovation efforts are all focused on the goal of ensuring the highest possible quality care for its residents and enhancing 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 became more evident during the course of the Covid-19 pandemic, but also the improvement in quality of life overall with a focus on health equity. CommuniCare aims to embrace the strategic initiatives around quality of care and health equity presented by the Biden Administration and the Center for Medicare and Medicaid Services by investing in its facilities and promoting quality of life and wellness for all residents requiring its services.

CommuniCare is investing heavily in achieving these goals and aims to do so, in part, by eliminating all 3 and 4 bed rooms in its Maryland portfolio. CommuniCare believes that investment in its centers and the de-densification of resident rooms will only improve the clinical and residential environment for residents and staff in a way that will be reflected in enhanced survey outcomes. CommuniCare seeks to fine-tune its survey outcomes not only by investing in its physical plant, but investing in its people and its quality initiatives.

Facilities throughout the State are challenged by workforce shortages of registered nurses, licensed practical nurses, and certified nursing assistants. Engaging and retaining a workforce of highly trained, motivated staff to assisted in the care of residents is the key to improving and

maintaining high quality care. CommuniCare is undertaking its effort to modernize many of its Maryland facilities in part to secure the workforce it needs to continue to provide such care. New and upgraded facilities will not only improve patient experiences and satisfaction, but will be invaluable in augmenting workforce recruitment efforts. Newer facilities are more attractive to those seeking positions in nursing homes and will allow CommuniCare the ability to better market its facilities and their benefits to more incoming nursing staff.

In addition to modernizing its facilities, CommuniCare continues to develop innovative ways to attract new, qualified staff. CommuniCare has developed a comprehensive strategy to increase staffing among all of its facilities. The strategy includes increased compensation for current nursing staff, as well as more attractive compensation and benefit plans for new team members. A wage analysis has been completed for all facilities and adjustments have been implemented where rates were identified as non-competitive. 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. The company provides and pays for GNA training programs, tuition assistance, paid time off, and 401K with match. Lastly, each facility has a customized agency elimination plan.

CommuniCare is also working to attract licensed nurses from overseas seeking employment in long term care. Within the next few months, CommuniCare will onboard 1,400 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.

In addition to implementing facility-level initiatives to improve its facilities and increase staffing, CommuniCare has enacted a number of programs and enhancements at the corporate level to drive improvement in our Five Star ratings from the "top down" as well as from the "bottom up." CommuniCare reorganized the reporting structure of the Corporate team. This reorganization has provided an additional level of resources to the Divisional and Regional Teams in Maryland, including a Vice President solely overseeing the State of Maryland, with invaluable knowledge and experience for each department. They have implemented consistent monitoring and oversight of key areas for early detection and development of action plans that will impact improvement in Quality Measures, Staffing and Health Inspections.

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 the consistent involvement of 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.

CommuniCare is committed to improving Health Inspection Ratings. Divisional/Regional Teams participate in a "mock survey" process which affords the facilities additional resources and insight into potential areas of concern and guides the facilities as they initiate plans to comply with state and federal regulations. Facility Teams utilize the LTC Survey Pathways, a CMS audit tool that is designed to validate regulations are being followed by validating that systems and care areas are in place, to self-evaluate and identify additional training needs for staff.

CommuniCare's mission is to provide a superior customer experience: one that not only heals, but also satisfies. This mission drives its commitment to a high threshold of standards for Clinical Excellence.

(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.

While this is not a certificate of need application, it is a request for a merger and consolidation exemption request, and CommuniCare recognizes the importance of working towards achieving this measure to its residents, its staff, and the Commission. Please review the answer to the previous question for additional information regarding this criterion.

(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 10: Kensington and Bel Pre QAPI Committee Sign-In Sheets, for copies of recent facility QAPI Committee sign-in sheets for both Bel Pre and Kensington Healthcare Facilities. Additionally, please see Exhibit 11: CommuniCare's QAPI Policies and Standard Procedures. 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 and this standard is not applicable.

(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.***

CommuniCare 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 is paramount to this process.

CommuniCare 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.

CommuniCare also offers a telehealth service, Convergence, that provides its 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.

> ***(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 2

Information About Alternative Community-Based Services

Exhibit 2

Maryland's Area Agencies on Aging

Contact your local Area Agency on Aging (AAA) to connect to programs and services for older adults, individuals with disabilities, and their families.

Allegany County
Human Resources Development Commission
125 Virginia Avenue
Cumberland, MD 21502
301-777-5970
Director: Carralee Silka

Anne Arundel County
Department of Aging and Disabilities
2666 Riva Road
Annapolis, MD 21401
410-222-4464
Director: Karrisa Kelly

Baltimore City
Division of Aging and Care Services
417 E. Fayette Street
6th Floor
Baltimore, MD 21202
410-396-4932
Director: Heang Tan

Baltimore County
Department of Aging
611 Central Avenue
Towson, MD 21204
410-887-2109
Director: Laura Riley

Calvert County
Office on Aging
450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606
Director: Edward Sullivan

Caroline County
Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
Director: Andrew Hollis

Carroll County
Bureau of Aging and Disabilities
125 Stoner Avenue
Westminster, MD 21157
410-386-3800
Director: Gina Valentine

Cecil County
Department of Community Services
200 Chesapeake Boulevard
Suite 2550
Elkton, MD 21921
410-996-5295
Director: David Trolio

Charles County
Aging and Human Services
8190 Port Tobacco Road
Port Tobacco, MD 20677
301-934-9305
Director: Lisa Furlow

Dorchester County
MAC, Inc.
909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 102
Director: Paula Erdie

Frederick County
Division of Aging and Independence
1440 Taney Avenue
Frederick, MD 21702
301-600-1234
Director: Carolyn True

Garrett County
Area Agency on Aging 104
East Center Street
Oakland, MD 21550
301-334-9431
Director: Shanna Humphrey

Harford County
Office on Aging
145 North Hickory Avenue
Bel Air, MD 21014
410-638-3025
Director: Karen Winkowski

Howard County
Office on Aging and Independence
9830 Patuxent Woods Drive
Columbia, MD 21046
410-313-6052
Director: Ofelia Ross

Kent County
Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
Director: Andrew Hollis

Montgomery County
Department of Health and Human Services
401 Hungerford Drive, 3rd Floor
Rockville, MD 20850
240-777-3000
Director: Dr. Kimberly Johnson

Prince George's County
Department of Family Services
6420 Allentown Road
Camp Springs, MD 20748
301-265-8450
Director: Karen Sylvester

Queen Anne's County
Area Agency on Aging
104 Powell Street
Centerville, MD 21617
410-758-0848 Option 2
Director: Cathy Willis

St. Mary's County
Department of Aging and Human Services
41780 Baldridge Street
Leonardtown, MD 20650
301-475-4200 ext. 1070
Director: Lori Jennings-Harris

Somerset County
MAC, Inc.
909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 102
Director: Paula Erdie

Talbot County
Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
Director: Andrew Hollis

Washington County
Commission on Aging
535 E. Franklin Street
Hagerstown, MD 21740
301-790-0275 ext. 203
Director: Amy Olack

Wicomico County
MAC, Inc.
909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 102
Director: Paula Erdie

Worcester County
MAC, Inc.
909 Progress Circle
Salisbury, MD 21804
410-742-0505 ext. 102
Director: Paula Erdie

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

Exhibit 2

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.

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

Exhibit 3

CommuniCare MDS Responsibilities Policies and Standard Procedures

Exhibit 3

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			
Approval: Chief Clinical Officer			**Page:** 1 of 8

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: 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, activities, 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, Quarterly, Significant Change in Status or Significant Correction of a Prior Full assessment)

OSA: Optional State Assessment – Optional assessment that is not federally required but may by required by your state

PDPM: Patient Driven Payment Model – a method of reimbursement in which 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.

Procedure:

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

a. Comprehensive Assessment :

Comprehensive Assessment Form			
1) Section	A	Identification and Information	RAC SW or RAC

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		A1005, A1010, A1100A, A1100B, A1250, A1500, A1510, A1550	
2) Section	B	Hearing, Speech and Vision B1300	RAC SW or RAC
3) Section	C	Cognitive Pattern	SW, RAC, or Therapy discipline if applicable
4) Section	D	Mood	SW or RAC
5) Section	E	Behavior	SW or RAC
6) Section	F	Preferences for Customary Routine & Activities	Recreation/Activities or RAC
7) Section	GG	Functional Abilities and Goal	RAC with Therapy collaboration if applicable
8) Section	H	Bladder & Bowel	RAC
9) Section	I	Active Diagnosis	RAC
10)Section	J	Health Conditions	RAC
11)Section	K	Swallowing/Nutritional Status	Dietician, RAC, or Therapy discipline if applicable
12)Section	L	Oral, Dental Status	RAC
13)Section	M	Skin Conditions	RAC or Wound Nurse
14)Section	N	Medications	RAC
15)Section	O	Special Treatment, Procedures and programs O0400A, B, and C	RAC RAC or Therapy disciplines if applicable
16)Section	P	Restraints and Alarms	RAC
17)Section	Q	Participation in Assessment & Goal setting	SW or RAC
18)Section	S	State Specific	RAC
19)Section	V	Care Area Assessment (CAA) Summary	IDT & RAC
20)Section	Z	Assessment Administration	RAC

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21) Section	X	Correction Request	RAC
Discharge Assessment			RAC
Entry & Death in Facility (DIF) Tracker			RAC

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:

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Type of MDS Assessment	A0310B	Assessment Reference Date A2300	Z0500B	V0200B2	Submit No Later Than	# of Days Covered
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 No Later Than	# of 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	04	Within 14 calendar days of the date that	Within 14 calendar days of the date	Within 14 calendar days of the date the SNF determines	14 days after Care plan	Payment starts on ARD through next intervening assessment or the next

Exhibit 3

Assessment (SCSA). Cannot be completed before an admission assessment is completed.		the SNF determines that there has been a significant change in the resident's condition. (Follow guidelines in RAI manual.)	that the SNF determines there has been a significant change in resident's condition. (Follow guidelines in RAI manual.)	there has been a significant change in resident's condition. (Follow guidelines in RAI manual.)	completion date	Medicare assessment, whichever comes first.
Significant correction of prior Comprehensive 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 No Later Than**	**# of Days Covered**
Discharge return not anticipated	10	Day of discharge	Discharge date +14	N/A	Completion day + 14 calendar days	N/A

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			Calendar days			
Discharge return anticipated	11	Day of discharge	Discharge date + 14 Calendar days	N/A	Completion day + 14 calendar days	N/A
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 3

Policies and Standard Procedures

Subject: MDS Responsibilities			**Policy #:** NS 1193-03
Category: NURSING			
Approval: Chief Clinical Officer			**Page:** 8 of 8

Optional State Assessment (OSA)	A0300A = 1 A0300B = 5	Each state will determine whether the OSA is required and when assessment must be completed and transmitted				

Exhibit 4

Kensington and Bel Pre MDS Section Q Samples (Redacted)

Exhibit 4

PointClickCare Bel Pre Health & Rehab Center Holly Norelli

Home Admin Clinical Insights Document Manager CRM Reports Search

MDS 3.0 S[redacted]tion in Assessment and Goal Setting

Re[redacted]tion	Assessment Information	RUG Information	PDPM Information	Submission Information
Resident: Nickens, Lori (4114745)	**ARD/Target Date:** 2023-11-13	**State:** RAA	**Primary Diagnosis:** WERNICK	**MDS Status:** Accepted
Admit Date: 11/07/2023	**OBRA Reason:** Admission	**State Alternate:** RMA	**Clinical Category:** Medical Ma...	**A0410:** 3 Unit is Medicare and/or Medicaid cer
Payer: Medicaid Pending - DC	**PPS Reason:** None of the above	**Insurance Billing:** PA1	**Recent Surgery:** No **HIPPS:** JAUE	**Submit Req:** Submit to CMS
Mdcr Start Date:	**PPS OMRA:**	**Insurance Non-Therapy:** PA1	**PT/OT:** TJ **SLP:** SA	
	Entry/Discharge: None of the above		**Nursing:** PDE1 **NTA:** NE	

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

Q0110. Participation in Assessment and Goal Setting

A. Resident Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes No -

B. Family Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes **No** -

C. Significant other Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes **No** -

D. Legal guardian Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes **No** -

E. Other legally authorized representative Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes **No** -

Z. None of the above Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

Yes **No** -

Q0310. Resident's Overall Goal

A. Resident's Overall Goal Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

1. Discharge to the community
2. Remain in this facility
3. Discharge to another facility/institution
9. Unknown or uncertain
- Not assessed/no information

B. Q0310A info source Tools ▼

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

1. Resident
2. Family
3. Significant other

4. Legal guardian

5. Other legally authorized representative

0. None of the above

- Not assessed/no information

Q0400. Discharge Plan

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

Response Locked
Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

0. No

1. Yes

- Not assessed/no information

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06 or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

Question Q0490 disabled by question Q0400A

Signed by: **jecinta.ahanotu.bel** on Wed Nov 15, 2023 at 08:52:31 PM

1. Yes

- Not assessed/no information

Q0500. Return to Community

B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone

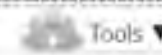
Question Q0500B disabled by question Q0400A

Signed by: **jecinta.ahanotu.bel** on Wed Nov 15, 2023 at 08:52:31 PM

9. Unknown or uncertain

- Not assessed

C. Q0500B info source



Question Q0500C disabled by question Q0400A

Signed by: **jecinta.ahanotu.bel** on Wed Nov 15, 2023 at 08:52:31 PM

0. None of the above

- Not assessed/no information

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning

Question Q0550A disabled by question Q0400A

Signed by: **jecinta.ahanotu.bel** on Wed Nov 15, 2023 at 08:52:31 PM

8. Information not available

- Not assessed/no information

C. Q0550A info source

Question Q0550C disabled by question Q0400A

Signed by: **jecinta.ahanotu.bel** on Wed Nov 15, 2023 at 08:52:31 PM

Exhibit 4

9. None of the above

- Not assessed/no information

Q0610. Referral.

A. Has a referral been made to the Local Contact Agency (LCA)?

Tools ▼

Response Locked

Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

0. No

1. Yes

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made

Complete

Question Q0620 disabled by question Q0610A

Signed by: **jecinta.ahanotu.bel** on **Wed Nov 15, 2023 at 08:52:31 PM**

4. Discharge date 3 or fewer months away

5. Discharge date more than 3 months away

Bel Pre Health & Rehab Center
2601 Bel Pre Rd
Silver Spring, MD 20906-2313
Phone: (301) 598-6000 | Fax: (301) 598-4678
PCC Facility ID: 41

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4

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Exhibit 4

PointClickCare Kensington Nursing Holly Norelli

Home Admin Clinical Insights Document Manager CRM Reports Search

MDS 3.0 S[redacted]n in Assessment and Goal Setting

R[redacted]ion	Assessment Information	RUG Information	PDPM Information	Submission Information
Resident: Cook, Amanda (W512671) Admit Date: 02/09/2023 Payer: Medicaid - DC Mdcr Start Date:	ARD/Target Date: 2023-11-29 OBRA Reason: Quarterly PPS Reason: None of the above PPS OMRA: Entry/Discharge: None of the above	State: RAA State Alternate: RHA Insurance Billing: RHA Insurance Non-Therapy: BA1	Primary Diagnosis: OTHER P... Clinical Category: Cardiovasc... Recent Surgery: No HIPPS: IGUE PT/OT: TI SLP: SG Nursing: PDE1 NTA: NE	MDS Status: Accepted A0410: 3 Unit is Medicare and/or Medicaid c Submit Req: Submit to CMS

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

Q0110. Participation in Assessment and Goal Setting

A. Resident Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

Yes **[No]** -

B. Family Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

[Yes] No -

C. Significant other Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

[Yes] No -

D. Legal guardian Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

[Yes] No -

E. Other legally authorized representative Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

[Yes] No -

Z. None of the above Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

Yes **[No]** -

Q0310. Resident's Overall Goal

A. Resident's Overall Goal Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

1. Discharge to the community
2. Remain in this facility
3. **[Discharge to another facility/institution]**
9. Unknown or uncertain
- Not assessed/no information

B. Q0310A info source Tools ▼

Response Locked
Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

1. Resident
2. **[Family]**
3. Significant other

Exhibit 4

4 Legal guardian
5 Other legally authorized representative
0 None of the above
- Not assessed/no information

Q0400. Discharge Plan

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

Tools ▼

Response Locked
Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

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

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06 or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

Tools ▼

Question Q0490 disabled by question Q0400A

Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

1. Yes
- Not assessed/no information

Q0500. Return to Community

B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone

Tools ▼

Question Q0500B disabled by question Q0400A

Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

9. Unknown or uncertain
- Not assessed

C. Q0500B info source

Tools ▼

Question Q0500C disabled by question Q0400A

Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

9 None of the above
- Not assessed/no information

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning

Tools ▼

Question Q0550A disabled by question Q0400A

Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

8. Information not available
- Not assessed/no information

C. Q0550A info source

Tools ▼

Question Q0550C disabled by question Q0400A

Signed by **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

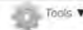
Exhibit 4

0. None of the above

- Not assessed/no information

Q0610. Referral.

A. Has a referral been made to the Local Contact Agency (LCA)?


Tools ▼

Response Locked

Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

0. No

1. Yes

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made

Complete only if Q0610 = 0 Indicate reason why referral to LCA was not made

Tools ▼

Response Locked

Signed by: **coljames.knmd** on **Wed Nov 29, 2023 at 12:33:12 PM**

1. LCA unknown

2. Referral previously made

3. Referral not wanted

4. Discharge date 3 or fewer months away

5. Discharge date more than 3 months away

Kensington Nursing
3000 McComas Ave.
Kensington, MD 20895-2316
Phone: (301) 933-0060 | Fax: (301) 933-[illegible]
PCC Facility ID: W5

PointClickCare
5570 Explorer Drive
Mississauga, Ontario L4W 0C4

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Exhibit 5

CommuniCare Discharge Planning Policies and Standard Procedures

Exhibit 5

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

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

Examples of Materials Provided Regarding Alternative Community-Based Services

Exhibit 6

SKILLED NURSING

Kesington Nursing & Rehab

WE TAKE CARE OF YOUR HEALTH

Exhibit C

Hospice

- ProMedica

ProMedica Hospice: 240-264-1692
12304 Baltimore Ave Ste A, Beltsville, MD 20705

- Montgomery Hospice

MontGomery Hospice: (301) 921-4400
1355 Piccard Dr Ste 100, Rockville, MD 20850

- Capitol Caring

Capitol Caring: (703) 333-6960
5845 Richmond Highway Ste 150, Alexandria, VA 22303

Group Homes

Christ House

HEALING AND HOPE FOR HOMELESS PERSONS

- Christ House

Christ House: (202) 328-1100
1717 Columbia Rd NW, Washington, DC 20009

- WholisticServices

Wholistic Services: (202) 541-1264
240 Hamilton St NW, Washington, DC 20011

- Hope Has A Home

Hope Has A Home: (202) 469-4699
4515 Edson Pl NE, Washington, DC 20019

HOPE has a HOME

Wholistic Care Services
Essence of Care

Exhibit 6

Home Health Care

- Human Touch Home Care

Number: (202) 541-1264
1416 9th St NW, Washington, DC 20001

- MedStar Hom e Health

Number: (202) 882-6988
4201 Connecticut Avenue NW, Agency Suite 200, Washington, DC 20008

- Direct Care

Number: (202) 800-9005
7600 Georgia Ave NW #308, Washington, DC 20012

- Alliance Home Health Care

Number: (703) 333-2907
4810 Beauregard St. Suite G5C, Alex, VA 22312

- Premier Health Servcies

Number: (240) 318-5838
8023 Malcolm Rd, Clinton, MD 20735

Exhibit 6

Durable Medical Equipment

- Lincare

Number: (301) 937-3082
5020 Herzel Pl, Beltsville, MD 20705

- AdaptHealth DME

Number:(410) 356-1414
8249 Backlick Rd Suite K, Lorton, VA 22079

Exhibit 7

Visitor Log Copy Documenting Ombudsman Visit

Exhibit 7

Visitor log that show Ombudsman visit (Raphaela Slade.

EMPLOYEES, VISITORS, VENDORS/CONTRACTORS, VOLUNTEERS MUST COMPLETE SCREENING SHEET UPON ENTRY INTO THE FACILITY.
ANY "YES" ANSWERS TO QUESTIONS 3 AND 4 WILL RESULT IN DENIAL OF ENTRY.

DATE	TIME IN	Do you have any of the following or other symptoms of COVID-19? (Fever, cough shortness of breath, loss of taste or smell, vomiting or diarrhea) YES/NO	Did you have a confirmed positive COVID-19 TEST in the last 10 days or exposed to COVID-19 in the last 10 days? YES/NO	Contractor/ Vendor ONLY Are you on an approved list at the facility or do you have a vaccination card showing full vaccination? YES/NO If no, you may not enter the facility.	PLEASE PRINT YOUR NAME BELOW	SIGNATURE OF EMPLOYEE VISITORS BELOW
	6:30	NO	NO	No		
11-28	7:??	NO	NO	NO		
11/28	8:47	NO	NO	YES		
11/28	9:08	NO	NO			
11/28	9:29	NO	NO			
11/28	10:??	NO	NO	yes		
	10:??					
11/28		N	N	Yes		
11/28						
11/28	[illegible]		N	N		
11/28		N	N			
11/28		NO	NO	Y		
11/28		NO	NO	Y		
11/28		NO	NO	Y	R. SLADE	
	3:??					
	3:??					
	11:??	NO	N			

Exhibit 8

Floor Plans

Exhibit 8
Bel Pre New Location Floor Plan

1
BP01
FIRST FLOOR PLAN
1/32" = 1'-0"

LEGEND:

- PRIVATE STUDIO
- PRIVATE STUDIO W/ SHARED BATH
- 1 BR

TOTAL BED NUMBERS:

1ST FLOOR:	56
2ND FLOOR:	30
3RD FLOOR:	40
TOTAL:	126

01 LEVEL- UNIT MATRIX

Number	Name	Bed Count	Unit Type	Area (SF)
001	STUDIO	1	PRIVATE	[illegible]
002A	STUDIO	1	PRIVATE W/ SHARED BATH	240
002B	STUDIO	1	PRIVATE W/ SHARED BATH	240
003A	STUDIO	1	PRIVATE W/ SHARED BATH	240
003B	STUDIO	1	PRIVATE W/ SHARED BATH	241
004A	STUDIO	1	PRIVATE W/ SHARED BATH	240
004B	STUDIO	1	PRIVATE W/ SHARED BATH	240
005A	STUDIO	1	PRIVATE W/ SHARED BATH	240
005B	STUDIO	1	PRIVATE W/ SHARED BATH	240
006A	STUDIO	1	PRIVATE W/ SHARED BATH	240
006B	STUDIO	1	PRIVATE W/ SHARED BATH	241
007A	STUDIO	1	PRIVATE W/ SHARED BATH	240
007B	STUDIO	1	PRIVATE W/ SHARED BATH	240
008A	STUDIO	1	PRIVATE W/ SHARED BATH	239
008B	STUDIO	1	PRIVATE W/ SHARED BATH	[illegible]
009A	STUDIO	1	PRIVATE W/ SHARED BATH	240
009B	STUDIO	1	PRIVATE W/ SHARED BATH	240
010A	STUDIO	1	PRIVATE W/ SHARED BATH	230
010B	STUDIO	1	PRIVATE W/ SHARED BATH	239
011A	STUDIO	1	PRIVATE W/ SHARED BATH	240
011B	STUDIO	1	PRIVATE W/ SHARED BATH	240
012	STUDIO	1	PRIVATE	[illegible]
013A	STUDIO	1	PRIVATE W/ SHARED BATH	241
013B	STUDIO	1	PRIVATE W/ SHARED BATH	240
014A	STUDIO	1	PRIVATE W/ SHARED BATH	240
014B	STUDIO	1	PRIVATE W/ SHARED BATH	240
015A	STUDIO	1	PRIVATE W/ SHARED BATH	240
015B	STUDIO	1	PRIVATE W/ SHARED BATH	240
016	STUDIO	1	PRIVATE	316
017	STUDIO	1	PRIVATE	317
018A	STUDIO	1	PRIVATE W/ SHARED BATH	240
018B	STUDIO	1	PRIVATE W/ SHARED BATH	239
019A	STUDIO	1	PRIVATE W/ SHARED BATH	240
019B	STUDIO	1	PRIVATE W/ SHARED BATH	240
020A	STUDIO	1	PRIVATE W/ SHARED BATH	[illegible]
020B	STUDIO	1	PRIVATE W/ SHARED BATH	272
021A	STUDIO	1	PRIVATE W/ SHARED BATH	240
021B	STUDIO	1	PRIVATE W/ SHARED BATH	240
022A	STUDIO	1	PRIVATE W/ SHARED BATH	240
022B	STUDIO	1	PRIVATE W/ SHARED BATH	240
023A	STUDIO	1	PRIVATE W/ SHARED BATH	240
023B	STUDIO	1	PRIVATE W/ SHARED BATH	240
024	STUDIO	1	PRIVATE	316
025	STUDIO	1	PRIVATE	317
026	STUDIO	1	PRIVATE	[illegible]
027A	STUDIO	1	PRIVATE W/ SHARED BATH	239
027B	STUDIO	1	PRIVATE W/ SHARED BATH	240
028A	STUDIO	1	PRIVATE W/ SHARED BATH	230
028B	STUDIO	1	PRIVATE W/ SHARED BATH	241
029A	STUDIO	1	PRIVATE W/ SHARED BATH	241
029B	STUDIO	1	PRIVATE W/ SHARED BATH	239
030A	STUDIO	1	PRIVATE W/ SHARED BATH	241
030B	STUDIO	1	PRIVATE W/ SHARED BATH	240
031	STUDIO	1	PRIVATE	327
032	STUDIO	1	PRIVATE	[illegible]
033	STUDIO	1	PRIVATE	[illegible]
Grand total: 56		56		

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227 EAST LANCASTER AVENUE • ARDMORE, PA 19003-2304
VOICE • 610.649.8500 FAX • 610.649.8509
EMAIL • info @ meyerdesigninc.com

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COMMUNICARE
THE LANDING OF SILVER SPRING
13908 NEW HAMPSHIRE AVE
SILVER SPRING, MD 20904

DRAWING TITLE
1ST FLOOR PLAN

SCALE:	
DATE:	01/03/2024
JOB NO.:	23166
BY:	Author

DRAWING NUMBER:
BP01

1/3/2024 1:56:13 PM

Exhibit 8
Bel Pre New Location Floor Plan

1 BP02 SECOND FLOOR PLAN
1/32" = 1'-0"

LEGEND:

- PRIVATE STUDIO
- PRIVATE STUDIO W/ SHARED BATH
- 1 BR

TOTAL BED NUMBERS:
1ST FLOOR: 56
2ND FLOOR: 30
3RD FLOOR: 40
TOTAL: 126

02 LEVEL- UNIT MATRIX

Number	Name	Bed Count	Unit Type	Area (SF)
[illegible]	1BR	1	PRIVATE	501
[illegible]	STUDIO	1	PRIVATE	[illegible]
203	STUDIO	1	PRIVATE	336
[illegible]	1BED	1	PRIVATE	501
205	1BED	1	PRIVATE	546
[illegible]	1BED	1	PRIVATE	542
[illegible]	1BED	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	336
[illegible]	1BED	1	PRIVATE	[illegible]
210	STUDIO	1	PRIVATE	316
211	1BED	1	PRIVATE	532
[illegible]	1BED	1	PRIVATE	481
213	1BR	1	PRIVATE	532
[illegible]	1BED	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
216	1BED	1	PRIVATE	490
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	1BED	1	PRIVATE	419
[illegible]	STUDIO	1	PRIVATE	[illegible]
220	1BED	1	PRIVATE	440
[illegible]	STUDIO	1	PRIVATE	357
[illegible]	1BED	1	PRIVATE	430
223	STUDIO	1	PRIVATE	350
[illegible]	1BR	1	PRIVATE	[illegible]
225	STUDIO	1	PRIVATE	356
[illegible]	1BR	1	PRIVATE	530
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	356
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
Grand total: 30		30		

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227 EAST LANCASTER AVENUE • ARDMORE, PA 19003-2304
VOICE • 610.649.8500 FAX • 610.649.8509
EMAIL • info @ meyerdesigninc.com

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COMMUNICARE
THE LANDING OF SILVER SPRING
13908 NEW HAMPSHIRE AVE
SILVER SPRING, MD 20904

DRAWING TITLE
2ND FLOOR PLAN

SCALE:
DATE: 01/03/2024
JOB NO.: 23186
BY: Author
DRAWING NUMBER:
BP02

1/3/2024 1:56:45 PM

Exhibit 8
Bel Pre New Location Floor Plan

LEGEND:

- PRIVATE STUDIO
- PRIVATE STUDIO W/ SHARED BATH
- 1 BR

TOTAL BED NUMBERS:

1ST FLOOR:	56
2ND FLOOR:	30
3RD FLOOR:	40
TOTAL:	126

03 LEVEL- UNIT MATRIX

Number	Name	Bed Count	Unit Type	Area (SF)
[illegible]	1BR	1	PRIVATE	631
302	STUDIO	1	PRIVATE	317
303	STUDIO	1	PRIVATE	333
304	1BR	1	PRIVATE	631
305	1BR	1	PRIVATE	646
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
308	STUDIO	1	PRIVATE	336
309	1BR	1	PRIVATE	[illegible]
310	STUDIO	1	PRIVATE	316
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
313	1BR	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
315	STUDIO	1	PRIVATE	356
316	1BR	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
318	1BR	1	PRIVATE	[illegible]
319	STUDIO	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	440
[illegible]	STUDIO	1	PRIVATE	357
[illegible]	1BR	1	PRIVATE	[illegible]
323	STUDIO	1	PRIVATE	353
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	356
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	356
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	1BR	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
335	STUDIO	1	PRIVATE	356
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	[illegible]
[illegible]	STUDIO	1	PRIVATE	396
[illegible]	STUDIO	1	PRIVATE	391
[illegible]	1BR	1	PRIVATE	[illegible]
Grand total: 40		40		

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VOICE • 610.649.8500 FAX • 610.649.8509
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COMMUNICARE
THE LANDING OF SILVER SPRING
13908 NEW HAMPSHIRE AVE
SILVER SPRING, MD 20904

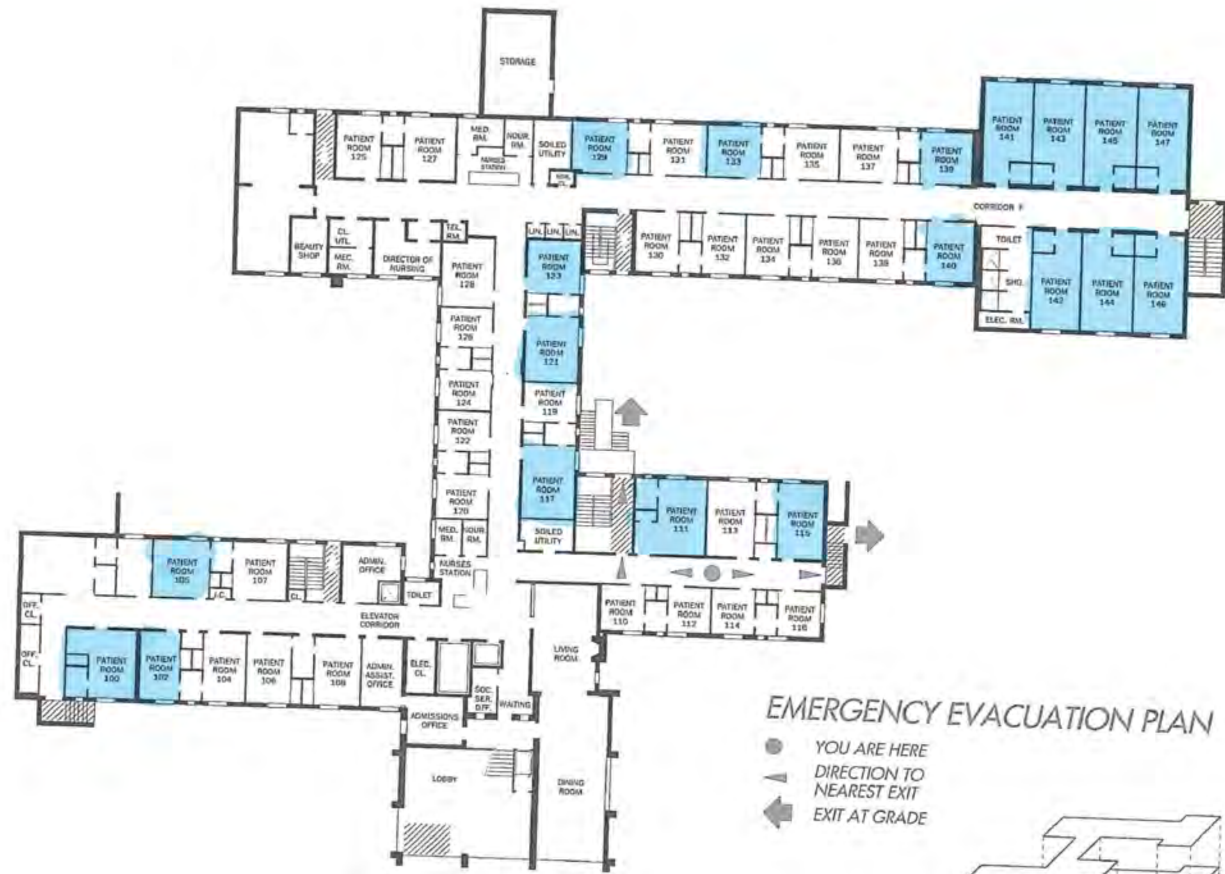
DRAWING TITLE
3RD FLOOR PLAN

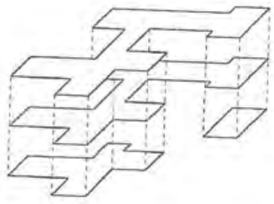
SCALE:	
DATE:	01/03/2024
JOB NO.:	23166
BY:	DK
DRAWING NUMBER:	**BP03**

1/3/2024 1:56:47 PM

Exhibit 8
Kensington Floor Plan

Rooms Highlighted in Blue to have a bed removed and become additional private rooms



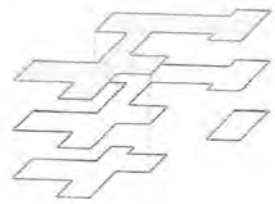


KENSINGTON NURSING AND REHABILITATION CENTER
KENSINGTON, MARYLAND

Exhibit 8
Kensington Floor Plan

EMERGENCY EVACUATION PLAN

YOU ARE HERE
DIRECTION TO NEAREST EXIT
EXIT AT GRADE



KENSINGTON NURSING AND REHABILITATION CENTER
KENSINGTON, MARYLAND

Exhibit 9

Architect's FGI Letter

Exhibit 9

meyer

January 4, 2024

Maryland Health Care Commission
c/o Mr. Ben Steffen
Executive Director of the MHCC
4160 Patterson Avenue
Baltimore, MD 21215

Subject: Silver Spring Healthcare Center
13908 New Hampshire Avenue; Silver Spring, MD 20904

Commissioners,

As the Architect, and Partner in Charge I confirm that this project for the renovation of the Silver Spring Healthcare Center (formerly known as The Landings at Silver Springs) has been designed and documented to comply with the 2018 FGI Guidelines for the Design and Construction of Residential Health, Care and Support Facilities including interim amendments, as well as the current COMAR Codes per the latest rules and regulations listed on the State of Maryland's HCC website.

Sincerely,

Daniel King, AIA NCARB
Principal
Meyer Architects, Inc.

Exhibit 10

Kensington and Bel Pre QAPI Committee Sign-in Sheets

Exhibit 10 - Kensington

Kensington Healthcare Center

QAPI Meeting

October 30, 2023

QAPI

Signatures: on file

[signature] ED

Signatures: on file

[signature], Social Services Director — [signature] MAINT. DIRECTOR

Betty Tesfaye, HR — Helena [signature] RN Unit Manager

[signature] IP — [signature], ADON

[signature] – BOM — [signature] ED

James P. [signature] – (Kitchen Manager — Culinary Director)

[signature] – Rehab Director — [illegible] DON

Eshrat K. – (INTERN — Intern)

[signature] – MDS — MDS [signature]

Masally R. Kargbo – Admission Director — [signature]

SUELA KABA, M.D. – Medical Director — [signature] Medical Director

Exhibit 10 - Kensington

Kensington Healthcare Center

QAPI Meeting

November 30, 2023

QAPI

Signatures: on file

Exhibit 10 - Bel Pre

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT

DATE 11/21/2023

MEMBERS PRESENT

NAME/TITLE	SIGNATURE
Fatoumata Jallow MDS	[signature]
Lori Sudnor Dietitian	[signature]
SUELA KABA M.D. Medical Director	[signature]
Dawn Edwards RDCO	Dawn Edwards RN RDCO
Evelyne Muganda EHRC	[signature]
Solomon Kenmcichainde GNA	[signature]
N'Made Bedell RN	
Joan Duhaney RN DON	
Maria Allen, ED	[signature]

Exhibit 10 - Bel Pre

QAPI MEETING BEL PRE HEALTHCARE CENTER
MARYLAND

DATE OF MEETING	12/19/2023	REASON FOR MEETING (MONTHLY OR AD HOC)	MONTHLY

Attendees of the meeting: (print and sign, name and title)	
Executive Director	[signature]
Director of Nursing	[signature]
Medical Director	SUELA KABA M.D.
GNA	[signature]
Infection Preventionist	[signature]
MDS	[signature]
Unit Manager UL	
Unit Manager LL	N'Made Bedell RN
Medical Records	Evelyne Muganda EHR
Social Worker	
Activities	
Human Resources	
Work Force	
Maintenance	
Environmental Services	
Admissions	
Business Office	
Dietary	
Dietician	[signature] Sydnor RDN

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Exhibit 10 - Bel Pre

QAPI MEETING AGENDA AND MINUTES MARYLAND			
Date of the meeting:	10/24/2023	**Reason for meeting: (Monthly or Ad Hoc)**	Monthly
Attendees of the meeting: (print and sign, name and title)			
Executive Director:	Maria Allen, ED [signature]		
Director of Nursing:	Yvelyne St-Fleur, DON [signature]		
Infection Preventionist:	Imade Adedotun IP		
Medical Records:	Evelyne Muganda EHR [signature]		
Dietitian:	[signature]		
Geriatric Nursing Assistant:	ROSINE YOMI GNA		
Social Worker:	Jecinta Ahanetu		
Other team member: (Include position)	SUELA KABA M.D. Medical Director		
Other team member: (Include position)	Adama Keufack UL unit Manager		
Other team member: (Include position)			
Other team member: (Include position)			
Other team member: (Include position)	Solomoon Tambi Workforce Manager		
Other team member: (Include position)	Sequana Majors Human Resources; Solomoon Tambi Workforce Manager		
Other team member: (Include position)	Activities Director [signature]; Fatoumata Jallow RN, MDS.		

Confidential: This document has been prepared in 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 11

QAPI Policies and Standard Procedures

Exhibit 11

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 13

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,

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 13

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

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:** 3 of 13

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

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 13

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

i. Daily Meeting

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

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

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

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

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:** 8 of 13

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

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

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:** 9 of 13

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

    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
   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.
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

Exhibit 11

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:** 12 of 13

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

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

Exhibit 11

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:** 13 of 13

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

Exhibit 12

List of Service Providers with Whom Bel Pre and Kensington Healthcare Centers Collaborate

Exhibit 12

List of Service Providers With Whom

Bel Pre Healthcare Center and Kensington Healthcare Center Collaborate

1. Hospitals
   a. Holy Cross Hospital
   b. Washington Adventist Hospital
   c. Adventist Healthcare White Oak
   d. The Johns Hopkins Hospital
   e. University of Maryland Medical Center
2. Home Health Agencies
   a. Medstar Home Health
   b. Alliance Home Healthcare
   c. Premier Health Services
   d. Direct Care
   e. Human Touch Home Care
   f. Adventist Healthcare Home Health
3. Hospice Agencies
   a. Promedica
   b. Montgomery Hospice
   c. Capitol Caring
   d. Holy Cross Hospice
4. DME
   a. Lincare
   b. Adapt Health DME

Exhibit 13

CON Table Package

Exhibit 13

Bel Pre

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Bel Pre Healthcare Center

Date of Submission: 26-Mar-24

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 J	Construction Characteristics	All applicants proposing new construction or renovation must complete Table J.
Table K	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table K

Exhibit 13

Bel Pre

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	Total Rooms	Physical Bed Capacity	Service Location (Floor/Wing)	Private	Semi-Private	Total Rooms	Physical Bed Capacity
COMPREHENSIVE CARE						COMPREHENSIVE CARE				
Lower Level	48	4	22	26	48	**1st Floor**	56	0	56	56
Upper Level	44	4	20	24	44	2nd Floor	30	0	30	30
				0	0	3rd Floor	40	0	40	40
				0	0				0	0
				0	0				0	0
SUBTOTAL Comprehensive Care	**92**	**8**	**42**	**50**	**92**	**SUBTOTAL**	**126**	**0**	**126**	**126**
ASSISTED LIVING						**ASSISTED LIVING**				
	0	0	0	0	0		0	0	0	0
TOTAL ASSISTED LIVING	**0**	**0**	**0**	**0**	**0**	**TOTAL ASSISTED LIVING**	**0**	**0**	**0**	**0**
Other *(Specify/add rows as needed)*				0	0	**Other** *(Specify/add rows as needed)*			0	0
TOTAL OTHER						**TOTAL OTHER**				
FACILITY TOTAL	**92**	**8**	**42**	**50**	**92**	**FACILITY TOTAL**	**126**	**0**	**126**	**126**

Exhibit 13

Bel Pre

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	41,851	0	1,399	40,452	41,851
2ND FLOOR	28,359	0	4,102	24,257	28,359
3RD FLOOR	29,281	0	4,858	24,423	29,281
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	99,491	0	10,359	89,132	99,491

Exhibit 13

Bel Pre

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
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL New Construction	$0	$0	$0
b. Renovations			
(1) Building	$7,199,070		$7,199,070
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees	$588,331		$588,331
(4) Permits (Building, Utilities, Etc.)	$155,067		$155,067
SUBTOTAL Renovations	$7,942,468	$0	$7,942,468
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	$7,942,468	$0	$7,942,468
d. Land Purchased/Donated			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	$7,942,468	$0	$7,942,468
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c. CON Application Assistance			
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			$0
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			$0
e. Debt Service Reserve Fund			$0
f. Other *(Specify/add rows if needed)*			$0
SUBTOTAL	$0	$0	$0
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	$7,942,468	$0	$7,942,468
B. Sources of Funds			
1. Cash	$7,942,468		$7,942,468
2. Philanthropy (to date and expected)			$0
3. Authorized Bonds			$0
4. Interest Income from bond proceeds listed in #3			$0
5. Mortgage			$0
6. Working Capital Loans			$0
7. Grants or Appropriations			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*			$0
TOTAL SOURCES OF FUNDS	$7,942,468		$7,942,468
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.

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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 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027				
1. ADMISSIONS										
a. Comprehensive Care (public)	258	230	240	371	371	371				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care	258	230	240	371	371	371	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL ADMISSIONS										
2. PATIENT DAYS										
a. Comprehensive Care (public)	29,083	30,034	31,610	46,355	46,355	46,355				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care	29,083	30,034	31,610	46,355	46,355	46,355	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS	*29,083*	*30,034*	*31,610*	*46,355*	*46,355*	*46,355*				
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	92	92	92	136	136	136				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	92	92	92	136	136	136	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL BEDS	*92*	*92*	*92*	*136*	*136*	*136*	*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)	86.6%	89.4%	94.1%	93.4%	93.4%	93.4%				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	86.6%	89.4%	94.1%	93.4%	93.4%	93.4%				
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	86.6%	89.4%	94.1%	93.4%	93.4%	93.4%				
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*

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TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE Bel Pre

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 2025	FY 2026	FY 2027				
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!				
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care Beds	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**				
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %	**#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*

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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 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027				
1. REVENUE										
a. Inpatient Services	$ 9,938,691	$ 10,205,621	$ 11,376,323	$ 14,488,931	$ 17,601,539	$ 17,601,539				
b. Outpatient Services										
Gross Patient Service Revenues	***$ 9,938,691***	***$ 10,205,621***	***$ 11,376,323***	***$ 14,488,931***	***$ 17,601,539***	***$ 17,601,539***	***$ -***	***$ -***	***$ -***	***$ -***
c. Allowance For Bad Debt	$ 212,284	$ 115,529	$ 209,986	$ 237,005	$ 264,023	$ 264,023				
d. Contractual Allowance										
e. Charity Care										
Net Patient Services Revenue	***$ 9,726,407***	***$ 10,090,092***	***$ 11,166,337***	***$ 14,251,926***	***$ 17,337,516***	***$ 17,337,516***	***$ -***	***$ -***	***$ -***	***$ -***
f. Other Operating Revenues (Specify/add rows if needed)										
NET OPERATING REVENUE	***$ 9,726,407***	***$ 10,090,092***	***$ 11,166,337***	***$ 14,251,926***	***$ 17,337,516***	***$ 17,337,516***	***$ -***	***$ -***	***$ -***	***$ -***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 5,581,711	$ 5,356,959	$ 5,356,959	$ 6,687,932	$ 8,018,906	$ 8,018,906				
b. Contractual Services (therapy)	$ 517,690	$ 516,114	$ 449,948	$ 618,992	$ 788,035	$ 788,035				
c. Interest on Current Debt					$ -	$ -				
d. Interest on Project Debt						$ -				
e. Current Depreciation	$ 86,580	$ 91,126	$ 100,351	$ 100,351	$ 100,351	$ 100,351				
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies	$ 1,164,060	$ 1,442,872	$ 1,403,799	$ 1,520,407	$ 1,637,014	$ 1,637,014				
j. Utilities	$ 229,834	$ 243,045	$ 327,948	$ 362,217	$ 324,485	$ 324,485				
k. Other Ancillaries	$ 421,314	$ 442,184	$ 531,646	$ 547,598	$ 563,550	$ 563,550				
l. Corporate Expense	$ 1,901,404	$ 1,938,655	$ 2,709,010	$ 2,749,524	$ 2,790,037	$ 2,790,037				
m. Cost of Ownership	$ 775,756	$ 775,756	$ 788,687	$ 1,551,984	$ 2,315,280	$ 2,315,280				
j. Other Expenses (Specify/add rows if needed)										
TOTAL OPERATING EXPENSES	**$ 10,678,349**	**$ 10,806,711**	**$ 11,668,348**	**$ 14,139,005**	**$ 16,537,658**	**$ 16,537,658**	**$ -**	**$ -**	**$ -**	**$ -**
3. INCOME										
a. Income From Operation	**$ (951,942)**	**$ (716,619)**	**$ (502,011)**	**$ 112,921**	**$ 799,858**	**$ 799,858**	**$ -**	**$ -**	**$ -**	**$ -**
b. Non-Operating Income										
SUBTOTAL	***$ (951,942)***	***$ (716,619)***	***$ (502,011)***	***$ 112,921***	***$ 799,858***	***$ 799,858***	***$ -***	***$ -***	***$ -***	***$ -***
c. Income Taxes										
NET INCOME (LOSS)	***$ (951,942)***	***$ (716,619)***	***$ (502,011)***	***$ 112,921***	***$ 799,858***	***$ 799,858***	***$ -***	***$ -***	***$ -***	***$ -***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	13.3%	8.3%	8.3%	10.2%	12.0%	12.0%				
2) Medicaid	77.3%	79.6%	79.6%	80.3%	81.0%	81.0%				
3) Managed Care	1.4%	1.3%	1.3%	1.5%	1.7%	1.7%				
4) Hospice	1.0%	0.3%	0.3%	1.3%	2.2%	2.2%				
5) Self-pay	1.4%	1.2%	1.2%	2.2%	3.1%	3.1%				
6) Managed Medicaid	5.6%	9.3%	9.3%	4.5%	0.0%	0.0%				
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	6.3%	3.4%	3.4%	5.2%	7.1%	7.1%				
2) Medicaid	85.5%	85.1%	85.1%	85.1%	85.0%	85.0%				
3) Managed Care	0.9%	0.9%	0.9%	1.2%	1.6%	1.6%				
4) Hospice	1.2%	0.0%	0.0%	1.2%	2.4%	2.4%				
5) Self-pay	1.4%	1.1%	1.1%	2.5%	3.9%	3.9%				
6) Managed Medicaid	4.7%	9.5%	9.5%	4.8%	0.0%	0.0%				
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***	***0.0%***	***0.0%***	***0.0%***

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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)*											
Business Office Manager	1.0	$74,030	$74,030		$74,030	$0.00	1.0	$74,030	$74,030	1.0	$74,030
Human Resources	1.0	$75,205	$75,205		$75,205	$0.00	1.0	$75,205	$75,205	1.0	$75,205
Staff Scheduler	1.0	$54,148	$54,148		$54,148	$0.00	1.0	$54,148	$54,148	1.0	$54,148
Receptionist	2.1	$40,863	$85,812		$40,863	$0.00	2.1	$40,863	$85,812	2.1	$85,812
Admissons Director	1.0	$76,208	$76,208		$76,208	$0.00	1.0	$76,208	$76,208	1.0	$76,208
Admistrative Nursing	4.0	$95,544	$382,177	1.0	$95,544	$95,544.25	5.0	$95,544	$477,721	5.0	$477,721
Maintenance	1.0	$58,400	$58,400		$58,400	$0.00	1.0	$58,400	$58,400	1.0	$58,400
Administrative Culinary	1.0	$56,794	$56,794		$56,794	$0.00	1.0	$56,794	$56,794	1.0	$56,794
Community Liaison	0.0	$0	$0	1.0	$83,200	$83,200.00	1.0	$83,200	$83,200	1.0	$83,200
Total Administration	12.1	71,303.6	862,774.0	2.0	89,372.1	$178,744	14.1	73,866.5	$1,041,518	14.1	$1,041,518
Direct Care Staff *(List general categories, add rows if needed)*											
RN	7.2	$96,066	$689,757	3.3	$96,066	$317,019.23	10.5	$96,066	$1,006,776	10.5	$1,006,776
LPN	12.0	$77,075	$924,898	6.3	$77,075	$487,112.95	18.3	$77,075	$1,412,011	18.3	$1,412,011
C.N.A	28.0	$49,233	$1,378,513	17.0	$49,233	$836,954.32	45.0	$49,233	$2,215,467	45.0	$2,215,467
			$0			$0			$0	0.0	$0
Total Direct Care	47.2	63,441.5	2,993,168.0	26.6	61,648.6	$1,641,087	73.8	62,794.8	$4,634,255	73.8	$4,634,255
Support Staff *(List general categories, add rows if needed)*											
Cullinary	10.2	$30,010	$307,302	1.0	$30,010	$30,009.96	11.2	$30,010	$337,312	11.2	$337,312
Activites	1.3	$87,384	$113,599	2.7	$87,384	$235,936.38	4.0	$87,384	$349,535	4.0	$349,535
Social Services	1.0	$78,408	$78,408	1.0	$78,408	$78,408.00	2.0	$78,408	$156,816	2.0	$156,816
Total Support	12.5	39,817.3	$499,309	4.7	73,266.9	$344,354	17.2	195,801.8	$843,663	17.2	$843,663
REGULAR EMPLOYEES TOTAL	***71.8***	60,641.2	***4,355,251.0***	***33.3***	64,951.5	***2,164,185.1***	***105.1***	***332,463.1***	***6,519,436.1***	***105.1***	***6,519,436.1***
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
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
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
CONTRACTUAL EMPLOYEES TOTAL			$0			$0			$0	0.0	$0
Benefits *(State method of calculating benefits below) :*			**1,001,707.7**			**497,762.6**			**1,499,470.3**		**1,499,470.3**
TOTAL COST	***71.8***		***$5,356,959***	***33.3***		***$2,661,948***	***105.1***		***$8,018,906***	***105.1***	***$8,018,906***

Exhibit 13

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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	8	8	8	24		8	8	8	24
L. P. N. s	40	40	32	112		40	40	32	112
Aides				0					0
C. N. A.s	100	100	77.5	277.5		100	100	77.5	277.5
Medicine Aides				0					0
Total				413.5					413.5
Licensed Beds at Project Completion				136		**Licensed Beds at Project Completion**			136
Hours of Bedside Care per Licensed Bed per Day				3.04		**Hours of Bedside Care per Licensed Bed Per Day**			3.04

	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%									
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**			

Exhibit 13

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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		3

*As defined by Marshall Valuation Service

PROJECT SPACE	**List Number of Feet, if applicable**	
Total Square Footage	**Total Square Feet**	
Basement		N/A
First Floor		1,399
Second Floor		4,102
Third Floor		4,858
Fourth Floor		N/A
Average Square Feet		
Perimeter in Linear Feet	**Linear Feet**	
Basement		N/A
First Floor		N/A
Second Floor		N/A
Third Floor		N/A
Fourth Floor		N/A
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	**Feet**	
Basement		N/A
First Floor		N/A
Second Floor		N/A
Third Floor		N/A
Fourth Floor		N/A
Average Wall Height		
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		N/A
Freight		
Sprinklers	**Square Feet Covered**	
Wet System		N/A
Dry System		49,078
Other	**Describe Type**	
Type of HVAC System for proposed project	Dedicated Outdoor Air Systems are being provided for	
Type of Exterior Walls for proposed project	N/A	

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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		
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other *(Specify/add rows if needed)*		$96,100
Subtotal On-Site excluded from Marshall Valuation Costs		**$96,100**
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs not included in Marshall Valuation Costs	**$0**	**$96,100**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$96,100**

*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.

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CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Kensington Healthcare Center

Date of Submission: 26-Mar-24

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 J	Construction Characteristics	All applicants proposing new construction or renovation must complete Table J.
Table K	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table K

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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	Total Rooms	Physical Bed Capacity	Service Location (Floor/Wing)	Private	Semi-Private	Total Rooms	Physical Bed Capacity
COMPREHENSIVE CARE						**COMPREHENSIVE CARE**				
Chesapeake	27	13	7	20	27	Chesapeake	20	0	20	20
Potomac	34	8	14	22	36	Potomac	22	0	22	22
Gateway	36	8	14	22	36	Gateway	13	9	22	31
Severn	43	9	17	26	43	Severn	19	7	26	33
				0	0				0	0
SUBTOTAL Comprehensive Care	**140**	**38**	**52**	**90**	**140**	**SUBTOTAL**	**74**	**16**	**90**	**106**
ASSISTED LIVING						**ASSISTED LIVING**				
	N/A					**N/A**				
TOTAL ASSISTED LIVING					**0**	**TOTAL ASSISTED LIVING**				
Other *(Specify/add rows as needed)*				0	0	**Other** *(Specify/add rows as needed)*			0	0
TOTAL OTHER						**TOTAL OTHER**				
FACILITY TOTAL	**140**	**38**	**52**	**90**	**140**	**FACILITY TOTAL**	**74**	**16**	**90**	**106**

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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
	53,270			53,270	53,270
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	53,270	0	0	53,270	53,270

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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
(2) Fixed Equipment			$0
(3) Site and Infrastructure			$0
(4) Architect/Engineering Fees			$0
(5) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL New Construction	$0	$0	$0
b. Renovations			
(1) Building			$0
(2) Fixed Equipment (not included in construction)			$0
(3) Architect/Engineering Fees			$0
(4) Permits (Building, Utilities, Etc.)			$0
SUBTOTAL Renovations	$0	$0	$0
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	$0	$0	$0
d. Land Purchased/Donated			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	$0	$0	$0
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			$0
b. Bond Discount			$0
c. CON Application Assistance			
c1. Legal Fees			$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			$0
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			$0
e. Debt Service Reserve Fund			$0
f. Other *(Specify/add rows if needed)*			$0
SUBTOTAL	$0	$0	$0
3. Working Capital Startup Costs			$0
TOTAL USES OF FUNDS	$0	$0	$0
B. Sources of Funds			
1. Cash			$0
2. Philanthropy (to date and expected)			$0
3. Authorized Bonds			$0
4. Interest Income from bond proceeds listed in #3			$0
5. Mortgage			$0
6. Working Capital Loans			$0
7. Grants or Appropriations			
a. Federal			$0
b. State			$0
c. Local			$0
8. Other *(Specify/add rows if needed)*			$0
TOTAL SOURCES OF FUNDS			$0
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.

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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 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027				
1. ADMISSIONS										
a. Comprehensive Care (public)	210	228	224	74	74	74				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care	210	228	224	74	74	74	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL ADMISSIONS										
2. PATIENT DAYS										
a. Comprehensive Care (public)	47,312	48,388	47,702	36,500	36,500	36,500				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care	47,312	48,388	47,702	36,500	36,500	36,500	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL PATIENT DAYS										
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	140	140	140	106	106	106				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	140	140	140	106	106	106	0	0	0	0
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL BEDS	140	140	140	106	106	106	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)	92.6%	94.7%	93.1%	94.3%	94.3%	94.3%				
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	92.6%	94.7%	93.4%	94.3%	94.3%	94.3%				
c. Assisted Living										
d. Other (Specify/add rows of needed)										
TOTAL OCCUPANCY %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
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

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TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE Kensington

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 2025	FY 2026	FY 2027				
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!				
b. Comprehensive Care (CCRC Restricted)							
Total Comprehensive Care Beds	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**				
c. Assisted Living							
d. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %	**#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*

Exhibit 13

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 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027				
1. REVENUE										
a. Inpatient Services	$ 16,832,493	$ 17,324,993	$ 18,513,720	$ 13,714,205	$ 13,714,205	$ 13,714,205				
b. Outpatient Services										
Gross Patient Service Revenues	*$ 16,832,493*	*$ 17,324,993*	*$ 18,513,720*	*$ 13,714,205*	*$ 13,714,205*	*$ 13,714,205*	*$ -*	*$ -*	*$ -*	*$ -*
c. Allowance For Bad Debt	$ 237,910	$ 107,064	$ 236,387	$ 156,116	$ 156,116	$ 156,116				
d. Contractual Allowance										
e. Charity Care										
Net Patient Services Revenue	*$ 16,594,583*	*$ 17,217,929*	*$ 18,277,332*	*$ 13,558,089*	*$ 13,558,089*	*$ 13,558,089*	*$ -*	*$ -*	*$ -*	*$ -*
f. Other Operating Revenues (Specify/add rows if needed)										
NET OPERATING REVENUE	*$ 16,594,583*	*$ 17,217,929*	*$ 18,277,332*	*$ 13,558,089*	*$ 13,558,089*	*$ 13,558,089*	*$ -*	*$ -*	*$ -*	*$ -*
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 7,401,547	$ 7,717,593	$ 7,513,044	$ 5,637,131	$ 5,637,131	$ 5,637,131				
b. Contractual Services (therapy)	$ 1,394,003	$ 1,223,514	$ 1,513,770	$ 922,794	$ 922,794	$ 922,794				
c. Interest on Current Debt										
d. Interest on Project Debt										
e. Current Depreciation	$ 127,899	$ 112,848	$ 111,453	$ 112,848	$ 112,848	$ 112,848				
f. Project Depreciation										
g. Current Amortization										
h. Project Amortization										
i. Supplies	$ 1,187,259	$ 1,872,127	$ 1,799,283	$ 1,898,454	$ 1,898,454	$ 1,898,454				
j. Utilities	$ 318,361	$ 405,105	$ 453,486	$ 405,105	$ 405,105	$ 405,105				
k. Other Ancillaries	$ 512,926	$ 458,351	$ 496,424	$ 345,546	$ 345,546	$ 345,546				
l. Corporate Expense	$ 2,588,264	$ 2,964,005	$ 3,148,112	$ 2,458,267	$ 2,458,267	$ 2,458,267				
m. Cost of Ownership	$ 1,727,102	$ 1,770,315	$ 1,647,190	$ 1,001,736	$ 1,001,736	$ 1,001,736				
j. Other Expenses (Specify/add rows if needed)										
TOTAL OPERATING EXPENSES	**$ 15,257,361**	**$ 16,523,858**	**$ 16,882,763**	**$ 12,781,881**	**$ 12,781,881**	**$ 12,781,881**	**$ -**	**$ -**	**$ -**	**$ -**
3. INCOME										
a. Income From Operation	**$ 1,337,222**	**$ 694,071**	**$ 1,394,570**	**$ 776,209**	**$ 776,209**	**$ 776,209**	**$ -**	**$ -**	**$ -**	**$ -**
b. Non-Operating Income										
SUBTOTAL	*$ 1,337,222*	*$ 694,071*	*$ 1,394,570*	*$ 776,209*	*$ 776,209*	*$ 776,209*	*$ -*	*$ -*	*$ -*	*$ -*
c. Income Taxes										
NET INCOME (LOSS)	*$ 1,337,222*	*$ 694,071*	*$ 1,394,570*	*$ 776,209*	*$ 776,209*	*$ 776,209*	*$ -*	*$ -*	*$ -*	*$ -*
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	4.3%	5.1%	6.5%	6.4%	6.4%	6.4%				
2) Medicaid	89.5%	87.3%	86.3%	83.2%	83.2%	83.2%				
3) Managed Care	0.5%	0.5%	1.4%	1.2%	1.2%	1.2%				
4) Hospice	0.6%	2.6%	2.6%	3.5%	3.5%	3.5%				
5) Self-pay	0.9%	0.6%	0.8%	0.8%	0.8%	0.8%				
6) Managed Medicaid	4.2%	3.9%	2.3%	4.9%	4.9%	4.9%				
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	7.3%	2.9%	2.9%	3.9%	3.9%	3.9%				
2) Medicaid	85.9%	89.6%	89.6%	85.7%	85.7%	85.7%				
3) Managed Care	0.4%	0.4%	0.4%	1.0%	1.0%	1.0%				
4) Hospice	0.6%	2.7%	2.7%	3.6%	3.6%	3.6%				
5) Self-pay	0.8%	0.6%	0.6%	0.8%	0.8%	0.8%				
6) Managed Medicaid	5.0%	3.8%	3.8%	5.0%	5.0%	5.0%				
TOTAL	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*100.0%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*

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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%

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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)*			*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)*											
Business Office Manager	1.0	$80,350	$80,350		$80,350	$0.00	1.0	$80,350	$80,350	1.0	$80,350
Human Resources	1.0	$62,400	$62,400		$62,400	$0.00	1.0	$62,400	$62,400	1.0	$62,400
Staff Scheduler	1.0	$49,920	$49,920		$49,920	$0.00	1.0	$49,920	$49,920	1.0	$49,920
Receptionist	2.1	$37,440	$78,624		$37,440	$0.00	2.1	$37,440	$78,624	2.1	$78,624
Admissons Director	1.0	$74,880	$74,880		$74,880	$0.00	1.0	$74,880	$74,880	1.0	$74,880
Admistrative Nursing	5.0	$106,080	$530,400	-2.0	$106,080	-$212,160.00	3.0	$106,080	$318,240	3.0	$318,240
Maintenance	3.0	$52,000	$156,000	-1.0	$52,000	-$52,000.00	2.0	$52,000	$104,000	2.0	$104,000
Administrative Culinary	1.0	$77,251	$77,251		$77,251	$0.00	1.0	$77,251	$77,251	1.0	$77,251
Community Liaison	1.0	$0	$79,040	0.0	$83,200	$0.00	1.0	$79,040	$79,040	1.0	$79,040
Total Administration	16.1	73,842.5	1,188,865.0	-3.0	88,053.3	-$264,160	13.1	70,588.2	$924,705	13.1	$924,705
Direct Care Staff *(List general categories, add rows if needed)*											
RN	10.0	$95,680	$956,800	-2.6	$95,680	-$248,768.00	7.4	$95,680	$708,032	7.4	$708,032
LPN	19.0	$72,800	$1,383,200	-4.6	$72,800	-$334,880.00	14.4	$72,800	$1,048,320	14.4	$1,048,320
C.N.A	46.0	$43,680	$2,009,280	-10.8	$43,680	-$471,744.00	35.2	$43,680	$1,537,536	35.2	$1,537,536
			$0			$0			$0	0.0	$0
Total Direct Care	75.0	57,990.4	4,349,280.0	-18.0	58,632.9	-$1,055,392	57.0	57,787.5	$3,293,888	57.0	$3,293,888
Support Staff *(List general categories, add rows if needed)*											
Cullinary	12.0	$38,480	$461,760	-3.6	$38,480	-$138,528.00	8.4	$38,480	$323,232	8.4	$323,232
Activites	4.0	$47,840	$191,360	-1.4	$47,840	-$66,976.00	2.6	$47,840	$124,384	2.6	$124,384
Social Services	2.0	$41,600	$83,200	-1.0	$41,600	-$41,600.00	1.0	$41,600	$41,600	1.0	$41,600
Total Support	18.0	40,906.7	$736,320	-6.0	41,184.0	-$247,104	12.0	127,920.0	$489,216	12.0	$489,216
REGULAR EMPLOYEES TOTAL	***109.1***	57,511.1	***6,274,465.0***	***-27.0***	58,024.3	***-1,566,656.0***	***82.1***	***256,295.7***	***4,707,809.0***	***82.1***	***4,707,809.0***
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
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
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
CONTRACTUAL EMPLOYEES TOTAL			$0			$0			$0	0.0	$0
Benefits *(State method of calculating benefits below) :*			**1,238,579.4**			**-309,257.9**			**929,321.5**		**929,321.5**
TOTAL COST	***109.1***		***$7,513,044***	***-27.0***		***-$1,875,914***	***82.1***		***$5,637,130***	***82.1***	***$5,637,130***

Exhibit 13

Kensington

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	8	8	8	24		8	8	8	24
L. P. N. s	32	24	24	80		32	24	24	80
Aides				0					0
C. N. A.s	92.5	80	45	217.5		92.5	80	45	217.5
Medicine Aides									
Total				321.5					321.5
Licensed Beds at Project Completion				106		**Licensed Beds at Project Completion**			106
Hours of Bedside Care per Licensed Bed per Day				3.03		**Hours of Bedside Care per Licensed Bed Per Day**			3.03

	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%									
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**			

Exhibit 13

Kensington

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		
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	**Linear Feet**	
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	**Feet**	
Basement		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		
OTHER COMPONENTS		
Elevators	**List Number**	
Passenger		
Freight		
Sprinklers	**Square Feet Covered**	
Wet System		
Dry System		
Other	**Describe Type**	
Type of HVAC System for proposed project		
Type of Exterior Walls for proposed project		

Exhibit 13

Kensington

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

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		
Utilities from Structure to Lot Line		
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		
Storm Drains		
Rough Grading		
Hillside Foundation		
Paving		
Exterior Signs		
Landscaping		
Walls		
Yard Lighting		
Other *(Specify/add rows if needed)*		
Subtotal On-Site excluded from Marshall Valuation Costs		
OFFSITE COSTS		
Roads		
Utilities		
Jurisdictional Hook-up Fees		
Other *(Specify/add rows if needed)*		
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	**$0**	**$0**
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	**$0**	**$0**

*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 14

Affirmations

Exhibit 14

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.

Amy Maxwell 3/22/2024

Signature Date

4859-6568-2351v1
5017219-082593 03/20/2024

Exhibit 14

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.

Holly J. Norelli — Signature

03/20/2024 — Date

4859-6568-2351v1
5017219-082593 03/20/2024

Exhibit 14

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

3/20/2024

Date

4859-6568-2351v1
5017219-082593 03/20/2024