

January 11, 2021

VIA EMAIL

Ms. Ruby Potter
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

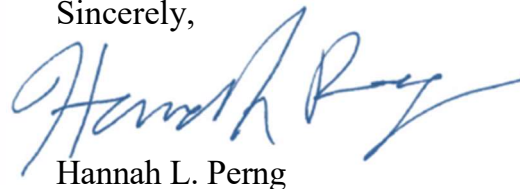
Re: Certificate of Need Application
Crescent Cities SNF LLC: Revised MHCC Tables

Dear Ms. Potter:

On behalf of application Crescent Cities SNF LLC (“Crescent Cities”), please find attached Revised MHCC Tables (Exhibit 1). After submission of Crescent Cities’ CON Application on January 4, 2021, we became aware that MHCC Table C (“Project Budget”) required revision to line 6 (“Architect/Engineering Fees”).

In accordance with COMAR 10.24.01.08(E), which allows modifications to letters of intent and applications until the 45th day after docketing, Crescent Cities submits the attached Revised MHCC Tables for the Commission’s review. Hard copies will be provided upon Commission Staff request.

Sincerely,



Hannah L. Perng

HLP:blr
Enclosure

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cc: Kevin McDonald, Chief, Certificate of Need
Paul Parker, Director, Center for Health Care Facilities Planning & Development,
MHCC
Suellen Wideman, Esq., Assistant Attorney General, MHCC
William Chan, Health Policy Analyst, HSP&P/CON, MHCC
Jeanne-Marie Gawel, Program Manager, MHCC
Dr. Ernest Carter, Health Officer, Prince George's County Health Department
Jacob Kohn, Crescent Cities SNF LLC
Cassandra Gottlieb, Waldon Studios Architects
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
Henry Schwartz, Esq., Counsel to Hillhaven Nursing and Rehabilitation Center
Thomas C. Dame, Esq.

CON TABLE PACKAGE FOR NURSING HOME (CCFs) APPLICATIONS

Name of Applicant: Crescent Cities SNF LLC d/b/a Crescent Cities Nursing & Rehabilitation Center

Date of Submission: Original 1/4/2021 - Revised 1/6/21

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

<u>Table</u>	<u>Table Title</u>	<u>Instructions</u>
Table A	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

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				
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Based on Physical Capacity				
		Room Count			Physical Bed Capacity	Service Location (Floor/Wing)	Room Count			Physical Bed Capacity
		Private	Semi-Private	Total Rooms			Private	Semi-Private	Total Rooms	
COMPREHENSIVE CARE						COMPREHENSIVE CARE				
Schubert (2nd Floor)	37	1	18	19	37	Schubert (2nd Floor)	1	18	19	37
Mozart (2nd Floor)	30	2	14	16	30	Mozart (2nd Floor)	2	14	16	30
Memory (3rd Floor)	21	9	6	15	21	Memory (3rd Floor)	9	6	15	21
Melody (3rd Floor)	44	0	22	22	44	Melody (3rd Floor)	0	22	22	44
Riverdale (1st floor)	18	12	3	15	18	Riverdale (1st floor)	18	8	26	34
SUBTOTAL Comprehensive Care	150	24	63	87	150	SUBTOTAL	30	68	98	166
ASSISTED LIVING						ASSISTED LIVING				
TOTAL ASSISTED LIVING						TOTAL ASSISTED LIVING				
<i>Other (Specify/add rows as needed)</i>				0	0	<i>Other (Specify/add rows as needed)</i>			0	0
TOTAL OTHER						TOTAL OTHER				
FACILITY TOTAL	150	24	63	87	150	FACILITY TOTAL	30	68	98	166

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

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

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
					0
First Floor	23,805	0	10,940	12,865	23,805
Second Floor	25,650	0	0	25,650	25,650
Third Floor	25,090	0	0	25,090	25,090
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	74,545	0	10,940	63,605	74,545

TABLE C. PROJECT BUDGET -- REVISED 1/6/2021

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	\$900,000		\$900,000
(2) Fixed Equipment (not included in construction)	\$65,000		\$65,000
(3) Architect/Engineering Fees	\$113,000		\$113,000
(4) Permits (Building, Utilities, Etc.)	\$31,000		\$31,000
SUBTOTAL Renovations	\$1,109,000	\$0	\$1,109,000
c. Other Capital Costs			
(1) Movable Equipment	\$30,000		\$30,000
(2) Contingency Allowance	\$50,000		\$50,000
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL Other Capital Costs	\$80,000	\$0	\$80,000
TOTAL CURRENT CAPITAL COSTS	\$1,189,000	\$0	\$1,189,000
d. Land Purchased/Donated			
e. Inflation Allowance	\$24,902	\$0	\$24,902
TOTAL CAPITAL COSTS	\$1,213,902	\$0	\$1,213,902
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees	\$75,000		\$75,000
c2. Other (Specify/add rows if needed)	\$25,000		\$25,000
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$100,000	\$0	\$100,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$1,313,902	\$0	\$1,313,902
B. Sources of Funds			
1. Cash (entity cash + owner capital contribution)	\$1,293,484		\$1,293,484
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	\$1,293,484		\$1,293,484
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building			\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

* Describe the terms of the lease(s) below, including information on the fair market value of the item(s), and the number of years, annual cost, and the interest rate for the lease.

TABLE C. PROJECT BUDGET - NOTES AND ASSUMPTIONS

* The inflation allowance was calculated using 2.0944%, calculated as follows:

	Months					
CON	6					
Financing	4					
Midpoint	4					
Budget Developed		2020				
Modification Date		2022				
Step 1		2021	%MOVAVG	1.6	1.016	A
Step 3		2021	CIS Proxy	1.23		B
		2022	CIS Proxy	1.24		C
		C/B			1.004866	D
		A*D			1.020944	2.09%

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.		
	2018 (FY)**	2019 (CY)	2020 (CY)	2021 (CY)	2022 (CY)	2023 (CY)
Indicate CY or FY						
1. ADMISSIONS						
a. Comprehensive Care (public)	754	772	830	913	920	920
b. Comprehensive Care (CCRC Restricted)						
Total Comprehensive Care	797	797	830	913	920	920
c. Assisted Living						
d. Other (Specify/add rows of needed)						
TOTAL ADMISSIONS						
2. PATIENT DAYS						
a. Comprehensive Care (public)	48,439	49,080	52,560	58,166	58,166	58,166
b. Comprehensive Care (CCRC Restricted)						
Total Comprehensive Care	48,439	49,080	52,560	58,166	58,166	58,166
c. Assisted Living						
d. Other (Specify/add rows of needed)						
TOTAL PATIENT DAYS	48,439	49,080	52,560	58,166	58,166	58,166
3. NUMBER OF BEDS						
a. Comprehensive Care (public)	140	140	150	166	166	166
b. Comprehensive Care (CCRC Restricted)						
Total Comprehensive Care Beds	140	140	150	166	166	166
c. Assisted Living						
d. Other (Specify/add rows of needed)						
TOTAL BEDS	140	140	150	166	166	166
4. OCCUPANCY PERCENTAGE <i>*IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366</i>						
a. Comprehensive Care (public)	94.8%	96.0%	96.0%	96.0%	96.0%	96.0%
b. Comprehensive Care (CCRC Restricted)						
Total Comprehensive Care Beds	94.8%	96.0%	96.0%	96.0%	96.0%	96.0%
c. Assisted Living						
d. Other (Specify/add rows of needed)						
TOTAL OCCUPANCY %	94.8%	96.0%	96.0%	96.0%	96.0%	96.0%
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

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY - NOTES AND ASSUMPTIONS

* The number of yearly admissions is based on the capacity increase with the 16 additional beds, as well as because Crescent Cities (with the addition of the beds), will be expanding its dialysis offerings.

* The number of patient days is based on a 96% occupancy. Crescent Cities anticipates maintaining high occupancy consistent with historical demand, as well as additional need in the community due to dialysis and other diagnoses, as well as additional private rooms.

** Data for 2018 is given in fiscal years, because the previous owner maintained records according to its fiscal year, which was February 2018 to January 2019. The applicant acquired the facility in February 2019. Data for 2019 onward is given in calendar year, which is how the applicant maintains its records.

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.		
<i>Indicate CY or FY</i>	2018 (FY)	2019 (CY)**	2020 (CY)	2021 (CY)	2022(CY)	2023 (CY)	
1. REVENUE							
a. Inpatient Services	\$ 16,282,375	\$ 17,153,978	\$ 19,113,036	\$ 19,929,000	\$ 20,148,219	\$ 20,371,864	
b. Outpatient Services							
Gross Patient Service	\$ 16,282,375	\$ 17,153,978	\$ 19,113,036	\$ 19,929,000	\$ 20,148,219	\$ 20,371,864	
c. Allowance For Bad Debt	\$ 392,314	\$ 314,352	\$ 182,840	\$ 249,113	\$ 251,853	\$ 254,648	
d. Contractual Allowance							
e. Charity Care							
Net Patient Services	\$ 15,890,061	\$ 16,839,626	\$ 18,930,196	\$ 19,679,888	\$ 19,896,366	\$ 20,117,216	
f. Other Operating Revenues							
NET OPERATING REVENUE	\$ 15,890,061	\$ 16,839,626	\$ 18,930,196	\$ 19,679,888	\$ 19,896,366	\$ 20,117,216	
2. EXPENSES							
a. Salaries & Wages	\$ 8,058,348	\$ 7,464,784	\$ 7,812,221	\$ 8,502,565	\$ 8,672,617	\$ 8,759,343	
b. Contractual Services	\$ 285,974	\$ 558,610	\$ 85,619	\$ 87,331	\$ 89,078	\$ 90,860	
c. Interest on Current Debt	\$ 551,323	\$ 91,568	\$ 1,169,144	\$ 1,170,000	\$ 1,165,000	\$ 1,160,000	
d. Interest on Project Debt				n/a	n/a	n/a	
e. Current Depreciation	\$ 636,277	\$ 79,299	\$ 1,605,580	\$ 1,525,301	\$ 1,493,189	\$ 1,461,078	
f. G&A	\$ 1,291,628	\$ 529,436	\$ 632,754	\$ 651,737	\$ 671,289	\$ 691,427	
g. Insurance	\$ 425,486	\$ 205,976	\$ 169,999	\$ 170,000	\$ 173,400	\$ 176,868	
j. Ancillary	\$ 1,957,254	\$ 1,851,987	\$ 1,947,595	\$ 1,986,547	\$ 2,026,278	\$ 2,066,803	
k. Plant	\$ 989,823	\$ 2,189,216	\$ 1,839,984	\$ 1,858,384	\$ 1,895,552	\$ 1,933,463	
l. Taxes	\$ 1,057,598	\$ 1,246,989	\$ 1,296,158	\$ 1,296,158	\$ 1,296,158	\$ 1,296,158	
m. Project Depreciation				\$ 45,455	\$ 46,364	\$ 47,291	
q. Supplies	434,833.00	696,663.00	\$ 601,965	\$ 708,489	\$ 722,659	\$ 737,112	
TOTAL OPERATING EXPENSES	\$ 15,688,544	\$ 14,914,528	\$ 17,161,019	\$ 18,001,967	\$ 18,251,583	\$ 18,420,402	
4. PATIENT MIX							
a. Percent of Total Revenue							
Private	3.0%	4.3%	4.1%	4.3%	4.3%	4.3%	
Medicare	19.0%	15.4%	15.6%	15.6%	15.6%	15.6%	
Insurance	17.0%	21.4%	21.9%	21.7%	21.7%	21.7%	
Medicaid	58.0%	48.6%	47.2%	47.5%	47.5%	47.5%	
Managed Medicaid		0.7%	2.0%	1.4%	1.4%	1.4%	
Hospice		4.5%	2.0%	2.6%	2.6%	2.6%	
Ancillary	0.4%	3.6%	7.0%	5.9%	5.9%	5.9%	
Other	1.0%	1.1%	0.2%	0.6%	0.6%	0.6%	
TOTAL	98.4%	99.6%	100.0%	99.6%	99.6%	99.6%	
b. Percent of Inpatient Days							
Private	3.0%	4.1%	4.4%	1.0%	1.0%	1.0%	
Medicare	12.0%	9.8%	10.4%	13.0%	12.0%	11.5%	
Insurance	13.0%	16.1%	16.1%	17.0%	18.0%	18.5%	
Medicaid	72.0%	63.1%	64.5%	65.0%	65.0%	65.0%	
Managed Medicaid		0.9%	2.0%	2.0%	2.0%	2.0%	
Hospice		6.0%	2.0%	2.0%	2.0%	2.0%	
Optum Skilled			0.6%	0.0%	0.0%	0.0%	
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY - NOTES AND ASSUMPTIONS

Notes and Assumptions

Revenue Assumptions

- Medicaid Revenue PPD will remain consistent through the projected period. The components of the Medicaid rate that are affected by operations should remain consistent with current levels. Case Mix Index is expected to remain consistent. The appraisal ceiling used in rate calculations already and will continue to exceed the Medicaid ceiling and therefore not affect the Medicaid Reimbursement rate.
 - Private pay PPD revenue increases in CY 2021 and CY 2022 as a result of the designation of additional private rooms.
 - The increase in revenue is projected based on the increase in occupancy from the additional 16 beds on the first floor.
 - Average revenue growth projected to be 1% per annum.
-
- Allowance for Bad Debt projections based on 1.25% of annual revenue, as we typically see based on historical performance and writeoffs, inclusive of C/A. Our financials net out all adjustments. Projected revenue is based on our existing patient mix and reimbursement rates, plus an increase in census due to additional capacity, including additional acuity due to enhanced clinical capabilities such as dialysis.

Nursing Staffing

- During calendar year 2021-22 the provider will begin a gradual increase in census from the current 150 beds to 166. The financial impact of the increase in census will be cause a general increase in nursing staffing.
- Staffing pattern on additional beds on the Riverdale unit. Although the facility will continue to provide similar levels of care in the Riverdale Unit, the staffing mix (RN, LPN, AIDES) will increase because of the additional beds on the unit. The updated facility will allow more efficient staff utilization patterns.
- The facilities staffing will remain in accordance with State staffing minimum requirements at all periods during all periods.
- All salaries are expected to maintain the same levels with the exception of nursing, dietary, and housekeeping costs due to the minor increase in capacity.

Funding

- The project will be funded by a combination of use of current cash reserves and capital contributions by the owners.
- Depreciation Expense: Based on existing depreciation expense. Not expected to change upon completion of the project.
- Other Administrative Cost: Slight increase in other Admin. Cost. Combination of Fixed cost (Equipment rental, Service contracts) and PPD cost (supplies, etc.)
- Plant Operation Cost – Slight increase as result of reduced square footage.
- Food Cost – Contracts services – increase slightly as result of higher census.

Census Assumptions

- The current patient mix will shift towards a higher percentage of Medicaid and Medicare residents. This shift will be supported because of the more modern facility and additional private rooms.
- During calendar year 2021, the provider will begin a gradual increase in census from the current 150 beds. The financial result of the increase in census will be partially offset by a gradual increase in nursing staffing, food cost and supply cost.
- Private pay rates (revenues) will increase at the new location, supported by change to additional private rooms.

** Data for 2018 is given in fiscal years, because the previous owner maintained records according to its fiscal year, which was February 2018 to January 2019. The applicant acquired the facility in February 2019. Data for 2019 onward is given in calendar year, which is how the applicant maintains its records.

TABLE H. WORKFORCE INFORMATION

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

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general)</i>											
Administrator	1.0	\$140,000	\$140,000							1.0	\$144,228
BOM	1.0	\$62,000	\$62,000							1.0	\$63,872
ABOM	1.0	\$40,000	\$40,000							1.0	\$41,208
Human Resources	1.0	\$64,500	\$64,500							1.0	\$66,448
Receptionist	2.0	\$27,000	\$54,000							2.0	\$55,631
Scheduler	1.0	\$50,000	\$50,000							1.0	\$51,510
Total Administration	7.00	\$383,500	\$410,500	0.0	0.0	0.0	0.0	0.0	0.0	7.0	422,897.1
<i>Direct Care Staff (List general)</i>											
DON	1.0	\$125,000	\$125,000							1.0	\$128,775
ADON	1.0	\$110,000	\$110,000							1.0	\$113,322
QA	1.0	\$0	\$0							1.0	\$0
MDS	2.0	\$46,000	\$92,000							2.0	\$94,778
RN Unit Manager	5.0	\$83,200	\$416,000							5.0	\$428,563
RN	11.0	\$35,909	\$395,000							11.0	\$406,929
LPN	15.0	\$103,719	\$1,555,790	1.0	\$103,719					16.0	\$1,709,627
CNA	37.0	\$40,926	\$1,514,262	3.0	\$122,778					40.0	\$1,686,479
Staff Development	1.0	\$90,000	\$90,000							1.0	\$92,718
Central Supply	1.0	\$33,000	\$33,000							1.0	\$33,997
DOR	1.0	\$95,000	\$95,000							1.0	\$97,869
PT	2.0	\$97,750	\$195,500							2.0	\$201,404
PTA	2.0	\$75,000	\$150,000							2.0	\$154,530
OT	2.0	\$87,500	\$175,000							2.0	\$180,285
COTA	2.0	\$75,000	\$150,000							2.0	\$154,530
ST	1.0	\$98,000	\$98,000							1.0	\$100,960
										0.0	\$0
Total Direct Care	85.0		\$5,194,552	4.0	226,497.3	0.0	0.0	0.0	0.0	89.0	\$5,584,765
<i>Support Staff (List general)</i>											
Director or Recreation	1.0	\$50,000	\$50,000							1.0	\$51,510
Activities	4.0	\$29,120	\$116,480							4.0	\$119,998
Social Services	2.0	\$68,500	\$137,000							2.0	\$141,137
Admissions	2.0	\$41,600	\$83,200							2.0	\$85,713
Dietary	13.0	\$33,280	\$432,640							13.0	\$445,706
Director of Housekeeping	1.0	\$63,500	\$63,500							1.0	\$65,418
Housekeeping & Laundry	15.0	\$24,960	\$374,400							15.0	\$385,707
Maintenance	1.0	\$65,000	\$65,000							1.0	\$66,963
			\$0							0.0	\$0
			\$0							0.0	\$0
Total Support	39.0		\$0	0.0	0.0	0.0	0.0	\$0	\$0	39.0	\$0
REGULAR EMPLOYEES TOTAL	131.0		\$6,927,272	4.0		\$0		\$0	\$0	135.0	\$7,369,813
2. Contractual Employees											
<i>Administration (List general)</i>											
Dietician	1.0	\$80,000	\$80,000							1.0	\$82,416
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
Total Administration	1.0	80,000.0	80,000.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	82,416.0
<i>Direct Care Staff (List general)</i>											
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
Total Direct Care Staff			\$0			\$0		\$0	\$0	0.0	\$0
<i>Support Staff (List general)</i>											
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
			\$0			\$0		\$0	\$0	0.0	\$0
Total Support Staff			\$0			\$0		\$0	\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0			\$0		\$0	\$0	0.0	\$0
Benefits (State method of Percentage of Wages)			1,348,796.0			0.0		0.0			1,389,529.6
TOTAL COST	131.0		\$8,276,068	4.0		\$8,502,565	0.0	\$0	\$0	135.0	\$8,759,343

TABLE I. Scheduled Staff for Typical Work Week

INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12									
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Registered Nurses	48	32	32	112		40	24	24	88
L. P. N. s	48	40	24	112		32	40	24	96
Aides				0					0
C. N. A.s	112.5	112.5	67.5	292.5		112.5	112.5	67.5	292.5
Medicine Aides									
Total	208.5	184.5	123.5	516.5		184.5	176.5	115.5	476.5
Licensed Beds at Project Completion				166		Licensed Beds at Project Completion			166
Hours of Bedside Care per Licensed Bed per Day				3.27520609		Hours of Bedside Care per Licensed Bed Per Day			3.02155992
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Ward Clerks (bedside care time calculated at 50%)	16								
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			