

Exhibits

EXHIBIT 1

Table Number	Table Title	Instructions
Table A	Physical Bed Capacity Before and After Project	All applicants whose project impacts any nursing unit, regardless of project type or scope, must complete Table A.
Table B	Departmental Gross Square Feet	All applicants, regardless of project type or scope, must complete Table B for all departments and functional areas affected by the proposed project.
Table C	Construction Characteristics	All applicants proposing new construction or renovation must complete Table C.
Table D	Site and Offsite Costs Included and Excluded in Marshall Valuation Costs	All applicants proposing new construction or renovation must complete Table D.
Table E	Project Budget	All applicants, regardless of project type or scope, must complete Table E.
Table F	Statistical Projections - Entire Facility	Existing facility applicants must complete Table F. All applicants who complete this table must also complete Tables G and H.
Table G	Revenues & Expenses, Uninflated - Entire Facility	Existing facility applicants must complete Table G. The projected revenues and expenses in Table G should be consistent with the volume projections in Table F.
Table H	Revenues & Expenses, Inflated - Entire Facility	Existing facility applicants must complete Table H. The projected revenues and expenses in H should be consistent with the projections in Tables F and G.
Table I	Statistical Projections - New Facility or Service	Applicants who propose to establish a new facility, existing facility applicants who propose a new service, and applicants who are directed by MHCC staff must complete Table I. All applicants who complete this table must also complete Tables J and K.
Table J	Revenues & Expenses, Uninflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant who completes a Table I must complete Table J. The projected revenues and expenses in Table J should be consistent with the volume projections in Table I.
Table K	Revenues & Expenses, Inflated - New Facility or Service	Applicants who propose to establish a new facility and existing facility applicants who propose a new service and any other applicant that completes a Table I must complete Table K. The projected revenues and expenses in Table K should be consistent with the projections in Tables I and J.
Table L	Work Force Information	All applicants, regardless of project type or scope, must complete Table L.

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: 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 in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.

Before the Project							After Project Completion					
Hospital Service	Location (Floor/Wing)*	Licensed Beds: 7/1/2022	Based on Physical Capacity				Hospital Service	Location (Floor/Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms				Private	Semi-Private	Total Rooms	
ACUTE CARE							ACUTE CARE					
General Medical/ Surgical*		178	169	17	186	186	General Medical/ Surgical*	178	169	17	186	186
SUBTOTAL Gen. Med/Surg*		178	169	17	186	186	SUBTOTAL Gen. Med/Surg*		169	17	186	186
ICU/CCU		22	24		24	24	ICU/CCU		24	0	24	24
SICU					0	0	SICU				0	0
MICU					0	0	MICU				0	0
TOTAL MSGA		200	193	17	210	210	TOTAL MSGA		193	17	210	210
Obstetrics					0	0	Obstetrics		20		20	20
Pediatrics					0	0	Pediatrics				0	0
Psychiatric					0	0	Psychiatric		16		16	16
TOTAL ACUTE		200	193	17	210	210	TOTAL ACUTE		229	17	246	246
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**					0	0	Dedicated Observation**				0	0
Comprehensive Care					0	0	Comprehensive Care				0	0
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0
TOTAL NON-ACUTE		0	0	0	0	0	TOTAL NON-ACUTE		0	0	0	0
HOSPITAL TOTAL		200	193	17	210	210	HOSPITAL TOTAL		229	17	246	246

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the "Observation Center". Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION: Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
LEVEL 1					
Public Space / Lobby	2,375	3,370	0	0	5,745
Community / Multipurpose Room	0	1,703	0	0	1,703
Café / Grab & Go	0	1,638	0	0	1,638
Care Management	1,332	2,610	0	0	3,942
Executive Administration	1,585	3,087	0	0	4,672
Medical Staff Services	1,010	2,239	0	0	3,249
Nursing Administration	767	2,271	0	0	3,038
Admin Space / Hoteling	0	1,465	0	0	1,465
Admissions / Check-in / HIMS (ROI)	1,436	1,619	0	0	3,055
Security	301	1,027	0	0	1,328
Sterile Processing Distribution (SPD)	5,942	9,008	0	0	14,950
Loading Dock/EVS (Linen,Red bag, Gas Cyl.)	347	3,695	0	0	4,042
Gift Shop / Retail	377	0	1,137	0	377
Imaging / Nuclear Medicine	7,072	663	14,907	0	7,735
Bio-Medical Engineering	1,155	0	2,074	0	1,155
EVS / Linen / Laundry	1,067	0	3,294	0	1,067
Food & Nutrition - Kitchen	4,015	0	2,600	2,600	6,615
Food & Nutrition - Dining & Servery	4,700	0	6,240	0	4,700
Laboratory	6,315	260	6,315	0	6,575
Morgue	344	0	844	0	344
Supply Chain Management / EPS	3,117	335	5,345	0	3,452
Staff Support Svc. - Staff Lng / Lockers	599	0	1,656	0	599
Mechanical / Electrical	4,207	8,705	989	4,207	17,119
Vertical Circulation	1,569	988	0	1,394	3,951
Circulation	9,205	6,173	9,222	0	15,378
Exterior Walls	0	2,376	0	0	2,376
Sub-Total Level 1	58,837	53,232	54,623	8,201	120,270
LEVEL 2					
Public Space / Lobby	0	2,665	281	0	2,665
Meditation	165	403	0	0	568
Surgery Services	27,295	26,420	21,589	0	53,715
Endoscopy	0	5,860	0	0	5,860
Imaging - CT / US	841	0	0	841	1,682
Information Technology (IT) & Information System	1,006	0	809	0	1,006
Cardiac Cath / Interventional Radiology	3,332	0	10,435	0	3,332
Non-Invasive Cardiology / PFT	592	0	2,358	0	592
Pharmacy - Inpatient	3,780	0	6,450	0	3,780
Respiratory Therapy	473	0	500	0	473
GME	0	0	746	0	0
Mechanical / Electrical	1,531	1,153	196	1,531	4,215
Vertical Circulation	2,001	988	0	2,001	4,990
Circulation (Horizontal)	6,576	4,801	7,554	0	11,377
Exterior Walls	0	1,740	0	0	1,740
Sub-Total Level 2	47,592	44,030	50,918	4,373	95,995
LEVEL 3					
Public Space	0	2,630	0	0	2,630
Labor & Delivery / Triage / C-Section	0	26,060	0	0	26,060
On-call	0	1,262	0	0	1,262
Mechanical / Electrical	0	5,187	0	0	5,187
Vertical Circulation	0	988	0	0	988
Circulation	0	2,420	0	0	2,420
Exterior Walls	0	1,712	0	0	1,712
Sub-Total Level 3	0	40,259	0	0	40,259
LEVEL 4					
Public Space	0	1,024	0	0	1,024
Postpartum / Antepartum	0	16,124	0	0	16,124
Level II Continuing Care Nursery and Well Baby Nursery / Resp. Therapy	0	2,905	0	0	2,905
Respiratory Therapy	0	264	0	0	264
Mechanical / Electrical	0	967	0	0	967
Vertical Circulation	0	988	0	0	988
Circulation	0	964	0	0	964
Exterior Walls	0	1,234	0	0	1,234
Sub-Total Level 4	0	24,470	0	0	24,470
PENTHOUSE					
Penthouse	0	20,958	0	0	20,958
Sub-Total Penthouse	0	20,958	0	0	20,958
Total	106,429	182,949	105,541	12,574	301,952

TABLE C. 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input type="checkbox"/>	<input type="checkbox"/>
Class D	<input type="checkbox"/>	<input type="checkbox"/>
Type of Construction/Renovation*		
Low	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories	5	2

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement	NA	NA
First Floor	53,232	54,623
Second Floor	44,030	50,918
Third Floor	40,259	0
Fourth Floor	24,470	NA
Penthouse	20,958	NA
Total Square Footage	182,949	105,541
Average Square Feet	36,590	52,771
Perimeter in Linear Feet	Linear Feet	
Basement	NA	NA
First Floor	1,093	0
Second Floor	814	0
Third Floor	1,207	0
Fourth Floor	693	0
Penthouse	646	0
Total Linear Feet	4,453	0
Average Linear Feet	891	0
Wall Height (floor to eaves)	Feet	
Basement	NA	NA
First Floor	16	16
Second Floor	16	16
Third Floor	16	NA
Fourth Floor	16	NA
Penthouse	18	NA
Average Wall Height	16.4	16.0
OTHER COMPONENTS		
Elevators	List Number	
Passenger	4	NA
Freight	2	NA
Sprinklers	Square Feet Covered	
Wet System	182,949	105,541
Dry System	NA	NA
Other	Describe Type	
Type of HVAC System for proposed project	VAV Air Handling Systems	Replace entire systems with new VAV Air Handling Systems
Type of Exterior Walls for proposed project	Assembly of brick masonry, metal panels and glass.	

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

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

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation	\$1,013,977	\$0
Utilities Connections	\$935,583	\$0
Subtotal included in Marshall Valuation Costs	\$1,949,560	\$0
Site Demolition Costs	\$0	\$0
Storm Drains	\$0	\$0
Rough Grading / Erosion Control	\$0	\$0
Site Utility Relocation	\$0	\$0
Paving / Site Roads / Hardscape	\$1,006,010	\$0
Site Signage	\$50,000	\$0
Landscaping	\$150,000	\$0
Walls	\$0	\$0
Site Lighting	\$200,000	\$0
Site Development (Railings, Bike Rack, Fixed Benches etc)	\$30,000	\$0
Subtotal On-Site excluded from Marshall Valuation Costs	\$1,436,010	\$0
OFFSITE COSTS		
Offsite Road Repairs	\$0	\$0
Extending Utilities to Site Line	\$0	\$0
Jurisdictional Hook-up and Impact Fees	\$850,000	\$0
Subtotal Off-Site excluded from Marshall Valuation Costs	\$850,000	\$0
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$2,286,010	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$4,235,570	\$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.

TABLE E. 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.

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

	New Construction	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$ 113,894,270		\$ 113,894,270
(2) Fixed Equipment	in above		in above
(3) Site and Infrastructure	\$ 1,949,561		\$ 1,949,561
(4) Architect/Engineering Fees	\$ 8,109,068		\$ 8,109,068
(5) Permits (Building, Utilities, Etc.)	\$ 3,416,828		\$ 3,416,828
SUBTOTAL	\$ 127,369,727	\$ -	\$ 127,369,727
b. Renovations			
(1) Building	\$ 49,613,831		\$ 49,613,831
(2) Fixed Equipment (not included in construction)	\$ 1,438,000		\$ 1,438,000
(3) Architect/Engineering Fees	\$ 4,961,383		\$ 4,961,383
(4) Permits (Building, Utilities, Etc.)	\$ 1,488,415		\$ 1,488,415
SUBTOTAL	\$ 57,501,629		\$ 57,501,629
c. Other Capital Costs			
(1a) County 3rd Party Inspections (Building, Utilities, Etc.)	\$ 856,900		\$ 856,900
(1b) Regulatory & Environmental Permitting	\$ 1,466,813		\$ 1,466,813
(2a) Paving (Roadways, Parking, Etc.)	\$ 1,006,000		\$ 1,006,000
(2b) Exterior Signs	\$ 50,000		\$ 50,000
(2c) Landscaping	\$ 150,000		\$ 150,000
(2d) Site Lighting	\$ 200,000		\$ 200,000
(2e) Site Development (Railings, Bike Rack, Fixed Benches etc)	\$ 30,000		\$ 30,000
(2f) Jurisdictional Hook up Fees	\$ 850,000		\$ 850,000
(2g) Arch / Eng. Fees for Non-MVS Cap Costs From Table D	\$ 100,500		\$ 100,500
(3a) Additional Service Elevators (2)	\$ 305,000		\$ 305,000
(3b) Atrium Premium	\$ 322,000		\$ 322,000
(3c) Canopies	\$ 475,000		\$ 475,000
(3d) Temporary Entrance During Construction Closure	\$ 400,000		\$ 400,000
(3e) Constrained Site	\$ 2,450,000		\$ 2,450,000
(3f) General Conditions - Schedule/Phasing Impact	\$ 1,120,000		\$ 1,120,000
(3g) Green Building / LEED Premium	\$ 5,250,000		\$ 5,250,000
(3h) MBE Premium Premium (4%)	\$ 2,900,000		\$ 2,900,000
(3i) Prevailing Wage (4%)	\$ 2,900,000		\$ 2,900,000
(3j) Arch / Engineering Fees for Other Capital Costs	\$ 1,999,410		\$ 1,999,410
(4a) Movable Equipment (Inc. Furnishings)	\$ 8,750,000		\$ 8,750,000
(4b) Minor Clinical Equipment Equipment	\$ 4,730,000		\$ 4,730,000
(4c) Technology - Data/Communication/AV	\$ 3,750,000		\$ 3,750,000
(4d) Technology - Safety and Security Systems	\$ 1,150,000		\$ 1,150,000
(4e) Technology - Clinical Systems (IoMT)	\$ 4,125,000		\$ 4,125,000
(4f) Pneumatic Tube System	\$ 1,010,600		\$ 1,010,600
(5) Contingency Allowance	\$ 22,575,000		\$ 22,575,000
SUBTOTAL	\$ 68,922,223	\$ -	\$ 68,922,223
TOTAL CURRENT CAPITAL COSTS	\$ 253,793,579	\$ -	\$ 253,793,579
d. Land Purchase	\$ -	\$ -	\$ -
e. Inflation Allowance	\$ 29,100,650	\$ -	\$ 29,100,650
TOTAL CAPITAL COSTS	\$ 282,894,229	\$ -	\$ 282,894,229
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees	\$ 3,060,000		\$ 3,060,000
b. Bond Discount			\$ -
c. CON Application Assistance			\$ -
c1. Legal Fees			\$ -
c2. Other (Specify/add rows if needed)			\$ -
d. Non-CON Consulting Fees			\$ -
d1. Legal Fees			\$ -
d2. Other (Specify/add rows if needed)			\$ -
e. Debt Service Reserve Fund			\$ -
f. Other (Specify/add rows if needed)			\$ -
SUBTOTAL	\$ 3,060,000	\$ -	\$ 3,060,000
3. Working Capital Startup Costs			
TOTAL USES OF FUNDS	\$ 285,954,229	\$ -	\$ 285,954,229
B.			
1. Cash	\$ 33,060,000		\$ 33,060,000
2. Philanthropy (to date and expected)	\$ 5,000,000		\$ 5,000,000
3. Authorized Bonds	\$ 152,894,229		\$ 152,894,229
4. Interest Income from bond proceeds listed in #3	\$ 0		\$ -
5. Mortgage	\$ 0		\$ -
6. Working Capital Loans	\$ 0		\$ -
7.			
a. Federal			\$ -
b. State	\$ 95,000,000		\$ 95,000,000
c. Local	\$ 0		\$ -
8. Other (Specify/add rows if needed)	\$ 0		\$ -
TOTAL SOURCES OF FUNDS	\$ 285,954,229	\$ -	\$ 285,954,229
	<i>Hospital Building</i>	<i>Other Structure</i>	<i>Total</i>
1. Land	LH DCMC		\$ -
2. Building	LH DCMC		\$ -
3. Major Movable Equipment	LH DCMC		\$ -
4. Minor Movable Equipment	LH DCMC		\$ -
5. Other (Specify/add rows if needed)	LH DCMC		\$ -

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

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For each of 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 all assumptions used. Applicants must explain why the assumptions are reasonable.

Indicate CY or FY	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
	FY2021	FY2022	FY2023 Annual	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	168	184	178	178	178	178	178	178	178	178
b. ICU/CCU	22	22	22	22	22	22	22	22	22	22
Total MSGA	190	206	200	200	200	200	200	200	200	200
c. Pediatric										
d. Obstetric							20	20	20	20
e. Acute Psychiatric			16	16	16	16	16	16	16	16
Total Acute	190	206	216	216	216	216	236	236	236	236
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Dedicated Observation)										
TOTAL LICENSED BEDS	190	206	216	216	216	216	236	236	236	236
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	73.2%	69.6%	77.2%	86.4%	82.1%	77.6%	73.8%	69.8%	70.2%	70.6%
b. ICU/CCU	95.9%	64.6%	61.2%	69.2%	69.2%	69.3%	69.7%	70.1%	70.5%	70.9%
Total MSGA	75.8%	69.1%	75.5%	84.5%	80.7%	76.7%	73.3%	69.8%	70.2%	70.6%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.7%	49.3%	58.9%	70.2%
e. Acute Psychiatric	0.0%	0.0%	21.8%	83.3%	83.9%	84.5%	85.1%	85.1%	85.1%	85.1%
Total Acute	75.8%	69.1%	71.5%	84.4%	80.9%	77.3%	69.5%	69.1%	70.2%	71.5%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	75.8%	69.1%	71.5%	89.1%	85.6%	82.0%	73.8%	73.5%	74.6%	76.0%
6. OUTPATIENT VISITS										
a. Emergency Department	32,970	36,140	36,222	33,039	33,062	33,085	33,273	33,463	33,654	33,845
b. Same-day Surgery	4,150	3,705	3,772	4,159	4,162	4,164	4,188	4,212	4,236	4,260
c. Laboratory	4,854	3,879	4,861	4,864	4,868	4,871	4,874	4,878	4,881	4,884
d. Imaging	520	763	521	521	521	522	522	523	523	523
e. Other (Clinic)	3,705	2,161	2,060	3,713	3,715	3,718	3,739	3,760	3,782	3,803
TOTAL OUTPATIENT VISITS	46,199	46,648	47,435	46,295	46,328	46,360	46,597	46,835	47,075	47,317
7. OBSERVATIONS**										
a. Number of Patients	3,927	3,823	3,664	3,935	3,938	3,941	3,963	3,986	4,008	4,031
b. Hours	95,745	101,760	126,760	95,945	96,011	96,078	96,626	97,176	97,730	98,287

* Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner, may or may not be provided in a distinct area of the hospital.

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, 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 are reasonable.

Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables							
Indicate CY or FY	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
1. DISCHARGES							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric				556	1,460	1,754	2,090
e. Acute Psychiatric							
Total Acute	0	0	0	556	1,460	1,754	2,090
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL DISCHARGES	0	0	0	556	1,460	1,754	2,090
2. PATIENT DAYS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric				1,363	3,596	4,301	5,123
e. Acute Psychiatric							
Total Acute	0	0	0	1,363	3,596	4,301	5,123
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL PATIENT DAYS	0	0	0	1,363	3,596	4,301	5,123
3. AVERAGE LENGTH OF STAY							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric				2.5	2.5	2.5	2.5
e. Acute Psychiatric							
Total Acute							
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL AVERAGE LENGTH OF STAY				2.5	2.5	2.5	2.5
4. NUMBER OF LICENSED BEDS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric							
e. Acute Psychiatric				20	20	20	20
Total Acute				20	20	20	20
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS				20	20	20	20
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA							
c. Pediatric							
d. Obstetric				18.7%	49.3%	58.9%	70.2%
e. Acute Psychiatric							
Total Acute				18.7%	49.3%	58.9%	70.2%
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL OCCUPANCY %				18.7%	49.3%	58.9%	70.2%
6. OUTPATIENT VISITS							
a. Emergency Department							
b. Same-day Surgery							
c. Laboratory							
d. Imaging							
e. Other (Specify/add rows of needed)							
TOTAL OUTPATIENT VISITS							
7. OBSERVATIONS**							
a. Number of Patients							
b. Hours							

*Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. 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). Table J should reflect current dollars (no inflation). Projections should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY) to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the source of the data used.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document how the facility will generate excess revenues over total expenses consistent with the Financial Feasibility standard				
Indicate CY or FY	FY2027	FY2028	FY2029	FY2030	FY2031
1. REVENUE					
a. Inpatient Services	\$ 9,624,128	\$ 24,633,717	\$ 29,536,897	\$ 34,895,152	\$ 39,456,249
b. Outpatient Services					
c. Capital Policy Reimbursement	\$ 4,161,451	\$ 4,161,451	\$ 4,161,451	\$ 4,161,451	\$ 4,161,451
Gross Patient Service Revenues	\$ 13,785,579	\$ 28,795,168	\$ 33,698,348	\$ 39,056,603	\$ 43,617,700
c. Allowance For Bad Debt	\$ 409,601	\$ 1,009,984	\$ 1,206,112	\$ 1,420,442	\$ 1,602,886
d. Contractual Allowance	\$ 1,331,203	\$ 3,282,450	\$ 3,919,863	\$ 4,616,436	\$ 5,209,379
e. Charity Care					
Net Patient Services Revenue	\$ 12,044,775	\$ 24,502,734	\$ 28,572,373	\$ 33,019,725	\$ 36,805,436
f. Other Operating Revenues (Specify)					
NET OPERATING REVENUE	\$ 12,044,775	\$ 24,502,734	\$ 28,572,373	\$ 33,019,725	\$ 36,805,436
2. EXPENSES					
a. Salaries & Wages (including benefits)	\$ 5,710,762	\$ 8,644,285	\$ 9,679,126	\$ 10,752,493	\$ 11,880,580
b. Contractual Services	\$ 3,345,727	\$ 5,023,249	\$ 4,846,909	\$ 4,670,647	\$ 4,528,446
c. Interest on Current Debt					
d. Interest on Project Debt	\$ 4,170,900	\$ 8,176,365	\$ 8,001,597	\$ 7,816,972	\$ 7,621,932
e. Current Depreciation					
f. Project Depreciation	\$ 3,943,958	\$ 7,887,916	\$ 7,887,916	\$ 7,887,916	\$ 7,887,916
g. Current Amortization					
h. Project Amortization					
i. Supplies	\$ 770,342	\$ 2,250,708	\$ 2,697,153	\$ 3,171,039	\$ 3,479,941
j. Other Expenses (Specify)					
TOTAL OPERATING EXPENSES	\$ 17,941,688	\$ 31,982,522	\$ 33,112,700	\$ 34,299,067	\$ 35,398,815
3. INCOME					
a. Income From Operation	\$ (5,896,913)	\$ (7,479,788)	\$ (4,540,327)	\$ (1,279,341)	\$ 1,406,621
b. Non-Operating Income					
SUBTOTAL					
c. Income Taxes					
NET INCOME (LOSS)	\$ (5,896,913)	\$ (7,479,788)	\$ (4,540,327)	\$ (1,279,341)	\$ 1,406,621
4. PATIENT MIX					
a. Percent of Total Revenue					
1) Medicare					
2) Medicaid	34.0%	34.0%	34.0%	34.0%	34.0%
3) Blue Cross	18.0%	18.0%	18.0%	18.0%	18.0%
4) Commercial Insurance	44.0%	44.0%	44.0%	44.0%	44.0%
5) Self-pay	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	3.0%	3.0%	3.0%	3.0%	3.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days					
Total MSGA					
1) Medicare					
2) Medicaid	34.0%	34.0%	34.0%	34.0%	34.0%
3) Blue Cross	18.0%	18.0%	18.0%	18.0%	18.0%
4) Commercial Insurance	44.0%	44.0%	44.0%	44.0%	44.0%
5) Self-pay	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	3.0%	3.0%	3.0%	3.0%	3.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain reasonable.

	Projected Years (ending at least two years after project completion and full occupancy order to document that the hospital will generate excess revenues over total expenses Financial Feasibility standard.				
Indicate CY or FY	FY2027	FY2028	FY2029	FY2030	FY2031
1. REVENUE					
a. Inpatient Services	\$ 10,748,153	\$ 28,281,049	\$ 34,859,693	\$ 42,336,690	\$ 49,210,833
b. Outpatient Services					
c. Capital Policy Reimbursement	\$ 4,647,477	\$ 4,777,606	\$ 4,911,379	\$ 5,048,898	\$ 5,190,267
Gross Patient Service Revenues	\$ 15,395,630	\$ 33,058,656	\$ 39,771,072	\$ 47,385,588	\$ 54,401,100
d. Allowance For Bad Debt	\$ 457,439	\$ 1,159,525	\$ 1,423,463	\$ 1,723,357	\$ 1,999,160
d. Contractual Allowance	\$ 1,486,677	\$ 3,768,458	\$ 4,626,255	\$ 5,600,911	\$ 6,497,269
e. Charity Care					
Net Patient Services Revenue	\$ 13,451,514	\$ 28,130,673	\$ 33,721,354	\$ 40,061,320	\$ 45,904,671
f. Other Operating Revenues (Specify/add rows of needed)					
NET OPERATING REVENUE	\$ 13,451,514	\$ 28,130,673	\$ 33,721,354	\$ 40,061,320	\$ 45,904,671
2. EXPENSES					
a. Salaries & Wages (including benefits)	\$ 6,427,513	\$ 10,021,095	\$ 11,557,382	\$ 13,224,211	\$ 15,049,963
b. Contractual Services	\$ 3,621,523	\$ 5,546,073	\$ 5,458,407	\$ 5,365,105	\$ 5,305,796
c. Interest on Current Debt					
d. Interest on Project Debt	\$ 4,514,716	\$ 9,027,368	\$ 9,011,098	\$ 8,979,244	\$ 8,930,308
e. Current Depreciation					
f. Project Depreciation	\$ 3,943,958	\$ 7,887,916	\$ 7,887,916	\$ 7,887,916	\$ 7,887,916
g. Current Amortization					
h. Project Amortization					
i. Supplies	\$ 901,191	\$ 2,738,330	\$ 3,412,759	\$ 4,172,870	\$ 4,762,540
j. Other Expenses (Specify/add rows of needed)					
TOTAL OPERATING EXPENSES	\$ 19,408,900	\$ 35,220,781	\$ 37,327,561	\$ 39,629,346	\$ 41,936,523
3. INCOME					
a. Income From Operation	\$ (5,957,387)	\$ (7,090,108)	\$ (3,606,208)	\$ 431,975	\$ 3,968,148
b. Non-Operating Income					
SUBTOTAL	\$ (5,957,387)	\$ (7,090,108)	\$ (3,606,208)	\$ 431,975	\$ 3,968,148
c. Income Taxes					
NET INCOME (LOSS)	\$ (5,957,387)	\$ (7,090,108)	\$ (3,606,208)	\$ 431,975	\$ 3,968,148
4. PATIENT MIX					
a. Percent of Total Revenue					
1) Medicare					
2) Medicaid	34.0%	34.0%	34.0%	34.0%	34.0%
3) Blue Cross	18.0%	18.0%	18.0%	18.0%	18.0%
4) Commercial Insurance	44.0%	44.0%	44.0%	44.0%	44.0%
5) Self-pay	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	3.0%	3.0%	3.0%	3.0%	3.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days					
1) Medicare					
2) Medicaid	34.0%	34.0%	34.0%	34.0%	34.0%
3) Blue Cross	18.0%	18.0%	18.0%	18.0%	18.0%
4) Commercial Insurance	44.0%	44.0%	44.0%	44.0%	44.0%
5) Self-pay	1.0%	1.0%	1.0%	1.0%	1.0%
6) Other	3.0%	3.0%	3.0%	3.0%	3.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

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.

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 PROJECTION (CURRENT	
	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)											
Management	37.2	261,330	\$ 9,721,494	2.8	\$ 190,589	\$533,648			\$0	40.0	\$10,255,142
						\$0			\$0	0.0	\$0
Total Administration	37.2		\$9,721,494	2.8		\$533,648			\$0	40.0	\$10,255,142
Direct Care Staff (List general categories, add rows if needed)											
Registered nurses	280.6	196,941	\$55,261,765	51.9	\$ 142,138	\$7,376,955	4.2	\$123,432	\$513,478	336.7	\$63,152,198
Nursing assistive personnel	198.7	80,906	\$16,076,065	4.2	\$59,473	\$249,788	1.6	\$55,097	\$89,257	204.5	\$16,415,109
Licensed practical (vocational) nurses	13.9	89,984	\$1,250,774						\$0	13.9	\$1,250,774
Total Direct Care	493.2		\$72,588,604	56.1		\$7,626,743	5.8		\$602,735	555.1	\$80,818,081
Support Staff (List general categories, add rows if needed)											
All Other Personnel	133.8	127,031	\$16,996,740	8.4	\$ 64,121	\$538,612			\$0	142.2	\$17,535,353
Service	99.2	70,926	\$7,035,827	13.3	\$ 64,174	\$853,518				112.5	\$7,889,344
Techs	59.6	135,619	\$8,082,919	6.3	\$ 96,893	\$610,424	2.9	\$85,273	\$248,998	68.8	\$8,942,341
Professionals	16.8	222,668	\$3,740,830	12.0	\$ 143,135	\$1,717,617				28.8	\$5,458,447
Total Support	309.4		\$35,856,316	40.0		\$3,720,171	2.9		\$248,998	352.3	\$39,825,485
REGULAR EMPLOYEES TOTAL	839.8		\$118,166,414	98.9		\$11,880,562	8.7		\$851,733	947.4	\$130,898,709
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
Total Administration											
Direct Care Staff (List general categories, add rows if needed)											
Total Direct Care Staff											
Support Staff (List general categories, add rows if needed)											
Providers											
Total Support Staff											
CONTRACTUAL EMPLOYEES TOTAL											
Benefits (State method of calculating benefits below):											
Benefits are assumed to be 17%											
TOTAL COST	839.8		\$118,166,414	98.9		\$11,880,562	8.7		\$851,733		\$130,898,709

EXHIBIT 2

38364 414

SUBJECT TO TRANSFER AND RECORDATION TAXES BASED UPON THE ASSESSED VALUE OF \$3,876,300

DEED

THIS DEED (this "Deed"), dated as of June 25, 2016, from MAGNOLIA GARDENS LIMITED LIABILITY COMPANY, a Maryland limited liability company ("Grantor"), to DOCTOR'S HOSPITAL, INC., a Maryland corporation ("Grantee").

WITNESSETH, That in and for the consideration of Ten Dollars (\$10.00), in hand paid and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Grantor hereby grants and conveys, in its "as is" condition, to Grantee, its successors and assigns, to have and to hold in fee simple, its right, title and interest in and to that property situate in Prince George's County, Maryland in the 21st Election District, State of Maryland as described on Exhibit A hereto (the "Property");

BEING all of the same property as was conveyed by deed dated February 28, 1996 to the within named Grantor and recorded among the Land Records of Prince George's County, Maryland on March 1, 1996, in Liber 10629, at folio 444;

TOGETHER WITH any buildings and improvements on the Property, and the rights, alleys, ways, waters, easements, privileges, appurtenances, and advantages, to the same belonging or appertaining thereto, including, without limitation, the easements benefitting the Property set forth in the Declaration of Easements recorded in the Land Records of Prince George's County, Maryland in Liber 32755, at folio 453;

TO HAVE AND TO HOLD the property hereby conveyed unto the Grantee, its successors and assigns, in fee simple, forever;

AND GRANTOR DOES NOT COVENANT OR WARRANT TITLE TO THE PROPERTY;

AND this Deed may be executed in counterparts.

PRINCE GEORGE'S COUNTY GOVT.
RECEIPT DATE 07/11/2016
ACCOUNT # 2355063
REVIEWER ID 006
RECEIPT # 9
PG DEED TAX 54,268.20
MD DEED TAX 21,320.75
PG TRUST #1 .00
MD TRUST #1 .00
PG TRUST #2 .00
MD TRUST #2 .00
PG TRUST #3 .00
MD TRUST #3 .00
PG TRUST #4 .00
MD TRUST #4 .00
AGRI TAX .00
TOTAL 75,588.95

LR - Deed (w Taxes)
Recording only \$120.00
Grantor/Grantee Name:
MAGNOLIA
GARDENS/DOCTORS
HOSPITAL
Reference/Control #:
LR - Deed (with Taxes)
Surcharge 40.00
LR - Deed State
Transfer Tax 19,381.50
LR - Non-Resident Tax
- linked 0.00
SubTotal: 19,441.50
Total: 19,441.50
07/11/2016 03:38
CC16-AS
#6504109 CC0703 -
Prince George's
County/CC07.03.02 -
Register 02

Harbor City Research, Inc.
201 N. Charles St., Suite 900
Baltimore, MD 21201
V298556 7948

Clerk of the
Circuit Court

2016 JUL 11 PM 3:39

PR GEO CO MD #03

38364. 415

IN WITNESS WHEREOF, Grantor has executed this Deed as of the date first above written.

WITNESS:

GRANTOR:

**MAGNOLIA GARDENS LIMITED
LIABILITY COMPANY**

By: Doctor's Community Health Ventures,
Inc., Member

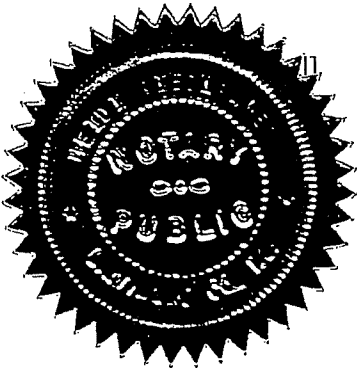
By: *Camille Bash* (SEAL)
Name: Camille Bash
Title: Authorized Representative

STATE OF Maryland)
) SS:
COUNTY OF Baltimore)

I HEREBY CERTIFY, that on this 13th day of June, 2016 before me, the undersigned, a Notary Public of the State aforesaid, duly qualified and commissioned as such, personally appeared Camille Bash, known to me (or satisfactorily proven) to be the duly authorized representative of Doctor's Community Health Ventures, Inc., whose name is subscribed to the within instrument and who acknowledged that she executed the foregoing Deed as the duly authorized representative of Doctors Community Health Ventures, Inc. for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal on the day and year first above mentioned.

Heidi Riedbauer
Notary Public
My Commission Expires: 10/8/2016



38364 416

By: Magnolia JV LLC, Member

By: Michael Berg (SEAL)
Name: Michael Berg
Title: Authorized Representative

STATE OF New Mexico)
) SS:
COUNTY OF Bernalillo)

I HEREBY CERTIFY, that on this 10 day of June, 2016 before me, the undersigned, a Notary Public of the State aforesaid, duly qualified and commissioned as such, personally appeared Michael Berg, known to me (or satisfactorily proven) to be the Authorized Representative of Magnolia JV LLC, whose name is subscribed to the within instrument and who acknowledged that he executed the foregoing Deed as the Authorized Representative of Magnolia JV LLC for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal on the day and year first above mentioned.

Denise Quintana
Notary Public
My Commission Expires: 6-11-19

[Notarial Seal]



OFFICIAL SEAL
DENISE QUINTANA
NOTARY PUBLIC STATE OF NEW MEXICO
My commission expires: 6-11-19

38364 417

CERTIFICATION

I HEREBY CERTIFY THAT I, the undersigned, an attorney at law who has been admitted to practice before the Maryland Court of Appeals, has prepared the within instrument.


Edward L. Wender

GRANTEE'S MAILING ADDRESS:

Doctor's Hospital, Inc.
8118 Good Luck Road
Lanham, Maryland 20706

AFTER RECORDING RETURN TO:

Edward L. Wender, Esquire
Venable LLP
750 East Pratt Street
Baltimore, Maryland 21202

EXHIBIT A

38364 418

LEGAL DESCRIPTION

BEING Part of Lot "4", as shown on a plat of subdivision entitled, "MAGNOLIA SPRINGS", recorded among the Land Records of Prince George's County, Maryland, in Plat Book SDH 3 at Plat No. 65, and being more particularly described as follows:

BEGINNING for the same at an iron pin set on the easterly or North 02° 46' 10" West, 1260.66 foot line of the aforesaid Lot "4" distant 631.06 feet southerly from the northerly end thereof, and running thence reversely with a part of said line

1. South 02° 45' 29" east, 582.26 feet to an iron pin set on the northerly right Right of Way Line of Good Luck Road, as shown on Prince George's County Public Works Right of Way Plats No. 664 and 665; thence with said northerly Right of Way Line
2. 199.28 feet along the arc of a curve, deflecting to the left, having a radius of 840.63 feet and a chord bearing North 83° 04' 43" West, 198.81 feet to an iron pin set on the westerly or North 02° 25' 50" West, 1187.62 foot line of said Lot "4", thence with a part of said line
3. North 02° 25' 09" West, 549.54 feet to an iron pin set; thence crossing said Lot "4"
4. North 87° 28' 00" East 192.73 feet to the place of beginning; containing 109,232 square feet or 2.5076 acres of land.

BEING all of that same property as was conveyed by Deed dated February 28, 1996 from Genesis Health Ventures of Lanham, Inc., a Pennsylvania Corporation to Magnolia Gardens Limited Liability Company, a Maryland Limited Liability Company, and recorded among the Land Records of Prince George's County, Maryland on March 1, 1996 in Liber 10629 at folio 444.

SAVING AND EXCEPTING THEREFROM, 1,197 square feet as conveyed unto Prince George's County by Deed recorded February 23, 2007 in Liber 27239 at folio 001.

Tax Account #21-2355063

NOW DESCRIBED, pursuant to an ALTA Survey, made by Ben Dyer Associates, dated, March 2014 as follows:

BEING Part of Lot "4", as shown on a plat of subdivision entitled, "MAGNOLIA SPRINGS", recorded among the Land Records of Prince George's County, Maryland, in Plat Book SDH 3 at Plat No. 65, and being more particularly described as follows, and as now surveyed:

BEGINNING for the same at a point on the easterly or North 02°46'10" West, 1260.66 foot line of the aforesaid Lot "4" distant 631.06 feet southerly from the northerly end thereof, and running thence reversely with a part of said line

1. South 02°45'29" East, 576.00 feet to a point on the northerly Right of Way Line of Good Luck Road, as shown on Prince George's County Public Works Right of Way Plats No. 664 and 665; thence with said northerly Right of Way Line
2. 199.19 feet along the arc of a curve, deflecting to the left, having a radius of 846.63 feet and a chord bearing North 83°08'54" West, 198.73 feet to a point on the westerly or North 02°25'50" West, 1187.62 foot line of said Lot "4", thence with part of said line
3. North 02°25'08" West, 543.54 feet to a point; thence crossing said Lot "4"

38364 420

4. . North 87°27'00" East 192.73 feet to the place of beginning, containing 108,035 square feet or 2.4801 acres of land.

BEING all of that same property as was conveyed by Deed dated February 28,1996 from Genesis Health Ventures of Lanham, Inc. a Pennsylvania Corporation to Magnolia Gardens Limited Liability Company, a Maryland Limited Liability Company, and recorded among the Land Records of Prince George's County, Maryland on March 1, 1996 in Liber 10629 at folio 444, saving and excepting therefrom, 1,197 square feet as conveyed unto Prince George's County by Deed recorded February 23, 2007 in Liber 27239 at folio 001.

AND TOGETHER with Easements for the right to use 35 parking spaces located on the Eastern Surface Parking Facilities, easements for utilities and encroachment easements, as more particularly described in a Declaration of Easement recorded in Liber 32755 at folio 453.

Tax Account #21-2355063

SA_CE64_38673. Date available 07/28/2016. Printed 02/24/2017.

PRINCE GEORGE'S COUNTY CIRCUIT COURT (Land Records) SJH 38364, p. 042.

PRINCE GEORGE'S COUNTY CIRCUIT COURT

PRINCE GEORGE'S COUNTY CIRCUIT COURT (Land Records) SJH 38364, p. 0421, MSA_CE64_38673. Date available 07/28/2016. Printed 02/24/2017.

38364 421

**MARYLAND
FORM
WH-AR**

**Certification of Exemption from Withholding Upon
Disposition of Maryland Real Estate Affidavit of
Residence or Principal Residence**

2016

Based on the certification below, Transferor claims exemption from the tax withholding requirements of §10-912 of the Tax-General Article, Annotated Code of Maryland. Section 10-912 provides that certain tax payments must be withheld and paid when a deed or other instrument that effects a change

in ownership of real property is presented for recordation. The requirements of §10-912 do not apply when a transferor provides a certification of Maryland residence or certification that the transferred property is the transferor's principal residence.

1. Transferor Information

Name of Transferor

MAGNOLIA GARDENS LIMITED LIABILITY COMPANY

2. Reasons for Exemption

Resident Status

I, Transferor, am a resident of the State of Maryland.

Transferor is a resident entity as defined in Code of Maryland Regulations (COMAR)03.04.12.02B(11), I am an agent of Transferor, and I have authority to sign this document on Transferor's behalf.

Principal Residence

Although I am no longer a resident of the State of Maryland, the Property is my principal residence as defined in IRC 121 (principal residence for 2 (two) of the last 5 (five) years) and is currently recorded as such with the State Department of Assessments and Taxation.

Under penalty of perjury, I certify that I have examined this declaration and that, to the best of my knowledge, it is true, correct, and complete.

3a. Individual Transferors

Witness

Name

Signature

3b. Entity Transferors

Witness/Attest

Denise Quintana

MAGNOLIA GARDENS LIMITED LIABILITY COMPANY

Name of Entity

by: Magnolia JV LLC, Member

By

Michael Berg

Name

Authorized Representative

Title

PRINCE GEORGE'S COUNTY CIRCUIT COURT (Land Records) SJH 38364, p. 04z. SA_CE64_38673. Date available 07/28/2016. Printed 02/24/2017.

State of Maryland Land Instrument Intake Sheet
Baltimore City County PRINCE GEORGE'S
Information provided is for the use of the Clerk's Office, State Department of Assessments and Taxation, and County Finance Office Only.
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38364 422

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Form sections 1-11 including: 1 Type(s) of Instruments, 2 Conveyance Type Check Box, 3 Tax Exemptions, 4 Consideration and Tax Calculations, 5 Fees, 6 Description of Property, 7 Transferred From, 8 Transferred To, 9 Other Names to Be Indexed, 10 Contact/Mail Information, 11 Assessment Information.

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EXHIBIT 3

**FULL SCALE DRAWINGS (AT 1/16 SCALE) FILED
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Luminis Health SM

DOCTORS COMMUNITY MEDICAL CENTER

8118 Good Luck Road,
Lanham, MD 20706

006663.00
[Acute Care Pavilion & Capital Improvements CON]
13 Mar 2023

CANNONDESIGN

250 West Pratt Street Suite 2100
Baltimore, MD 21201
P: 410.234.1155
F: 410.234.1180

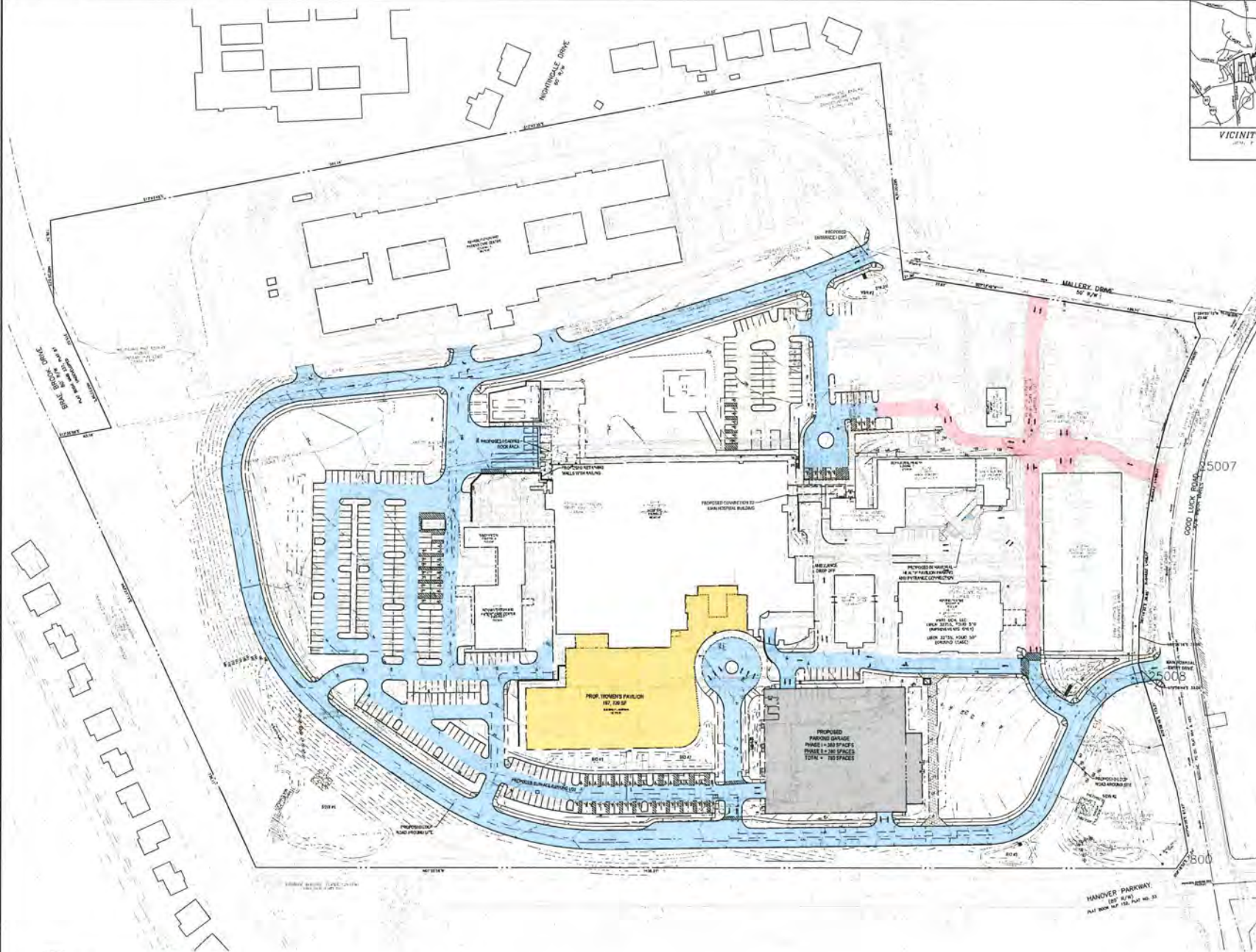
BOSTON NEW YORK BALTIMORE WASHINGTON DC BUFFALO TORONTO COLUMBUS PITTSBURGH DALLAS
CHICAGO ST. LOUIS IRVINE SAN FRANCISCO DENVER HOUSTON LOS ANGELES PHOENIX PASADENA MUMBAI

Consultants:

ATWELL, LLC
Civil Engineering
11721 Woodmore Rd, Suite 200
Mitchellville, MD 20721
P 301.430.2000

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C003	LEVEL 04 CONCRETE PLAN
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C198	LEVEL 199 CONCRETE/MECH PLAN
C199	LEVEL 200 CONCRETE/MECH PLAN



LEGEND



LAYOUT LEGEND



GENERAL NOTES

1. THE TOPOGRAPHY SHOWN ON THIS PLAN IS FROM CG SOURCES AND IS NOT REFLECTIVE OF FIELD SURVEYS.
2. THIS PROPERTY IS SUBJECT TO A FOREST CONSERVATION (FCO) PRESERVATION REQUIREMENT ADJUSTMENT, WHICH MAY ALSO REQUIRE THE REMOVAL OF AREAS FROM FOREST CONSERVATION. ALL SUCH CONFORMANCE WITH THE LATEST COUNTY REGULATIONS PERTAINING TO THE RE-ESTABLISHMENT AND/OR OFFSITE MITIGATION FOR FOREST PRESERVATION.
3. SPECIMEN TREES IDENTIFIED HEREON ARE FROM BEST AVAILABLE DATA AND MAY NOT REFLECT ALL SPECIMEN TREES LOCATED ON THE PROPERTY.
4. TO THE EXTENT THEY COULD BE IDENTIFIED BY PUBLIC RECORD AS THIS ONE, UTILITIES FOR EXISTING UTILITIES ARE SHOWN ON THIS BASE. IF ANY ARE KNOWN TO EXIST ON AND THROUGHOUT THE PROPERTY MULTIPLE OTHER UTILITIES THAT ARE NOT ENCLOSED WITHIN UTILITIES BEFORE ANY FINAL DEVELOPMENT, THESE UTILITIES SHOULD BE INVESTIGATED FOR THEIR LOCATION AND IF SO NEEDED, THEIR REMOVAL TO BE RELOCATED.
5. DEVELOPMENT/REDEVELOPMENT OF THE PROPERTY WILL REQUIRE COMPLIANCE WITH, AT A MINIMUM:
 - a. CONFORMANCE WITH THE LATEST COUNTY SORM/WATER MANAGEMENT REGULATIONS.
 - b. CONFORMANCE TO THE COUNTY LANDSCAPE MANUAL, INCLUDING THE ADOPTION OF SUPPLEMENTAL LANDSCAPE PLAN THE COUNTY DEEMS NECESSARY DURING THE REVIEW AND APPROVAL PROCESS.
 - c. REVISED FOREST CONSERVATION (FCV) PLAN.

DOCTOR'S HOSPITAL, INC.	1,301,225 SQUARE FEET OF 29,872 ACRES
WINDOLIN GARDENS REAL ESTATE, LLC	443,131 SQUARE FEET OR 10,122 ACRES
TOTAL:	1,744,357 SQUARE FEET OR 40,994 ACRES

OWNER:
DOCTOR'S HOSPITAL, INC.
1030 LUCK ROAD
LANARK MD 21783

APPLICANT:
LUMBAID HEALTH
2000 MARKET STREET
200 MEDICAL PARKWAY
ATLANTA GA 30329

CERTIFICATE OF NEED - EXHIBIT A
LANDS OF
DOCTOR'S HOSPITAL, INC

DISTRICT No. 21
PRINCE GEORGES COUNTY, MARYLAND



A100 SITE IMPROVEMENT PLAN		35
PREPARED BY: H&B ENGINEERING ASSOCIATES, INC. 12700 WOODBRIDGE DRIVE WOODBRIDGE, VA 22192 TEL: (703) 499-1000 FAX: (703) 499-1001 WWW.H&B-VA.COM		
DATE:	REVISION:	SCALE:

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LANHAM, MD 20708

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NSR RESOURCES, INC.
CANNODESIGN
14115 Junction Pike
P.O. Box 215
Pikesville, MD 21111
410.841.2111

NEW EXISTING

NEW EXISTING

PROPOSED
PARKING
GARAGE

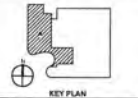
COURTYARD

SCOPE AREA LEGEND

- NEW CONSTRUCTION
- RENOVATION
- NOT IN SCOPE

LEVEL 01 PLAN
1/10/2018

WELSH, L. 21 FEB 2018
Per: Designer Rev: 004



LEVEL 01 SCOPE PLAN

Project No.: 08020-01 Designer: Chester

CON101

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1415 North 40th Street
PO Box 200
Pikesville, MD 21076
410.881.2244

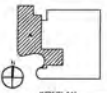


SCOPE AREA LEGEND

- NEW CONSTRUCTION
- NEW CONSTRUCTION (OPEN TO BELOW)
- RENOVATION
- NOT IN SCOPE

1 LEVEL 02 PLAN
1/2" = 1'-0"

Rev.	Description	Date
1	RELEASE 1	21 FEB 2021



KEY PLAN

LEVEL 02 SCOPE PLAN

Project No. 082220-01 Drawing No. CON102

CON102

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 082220-01-000

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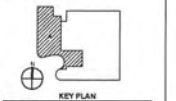
250 West Pratt Street Suite 2100
Baltimore, MD 21201
P 410.251.1111
F 410.251.1100

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BDR BUILDERS, INC.
Civil Engineer
16115 Junction Pike
P.O. Box 241
Pawcatuck, MD 21151
410.881.2334



SCOPE AREA LEGEND
 NEW CONSTRUCTION
 NOT IN SCOPE
1 LEVEL 03 PLAN
1/20" = 1'-0"

RELEASE 1 OF 10
 Proj. Description: CON103



LEVEL 03 SCOPE PLAN

Project No. 000201.01 Drawing No. CON103

CON103

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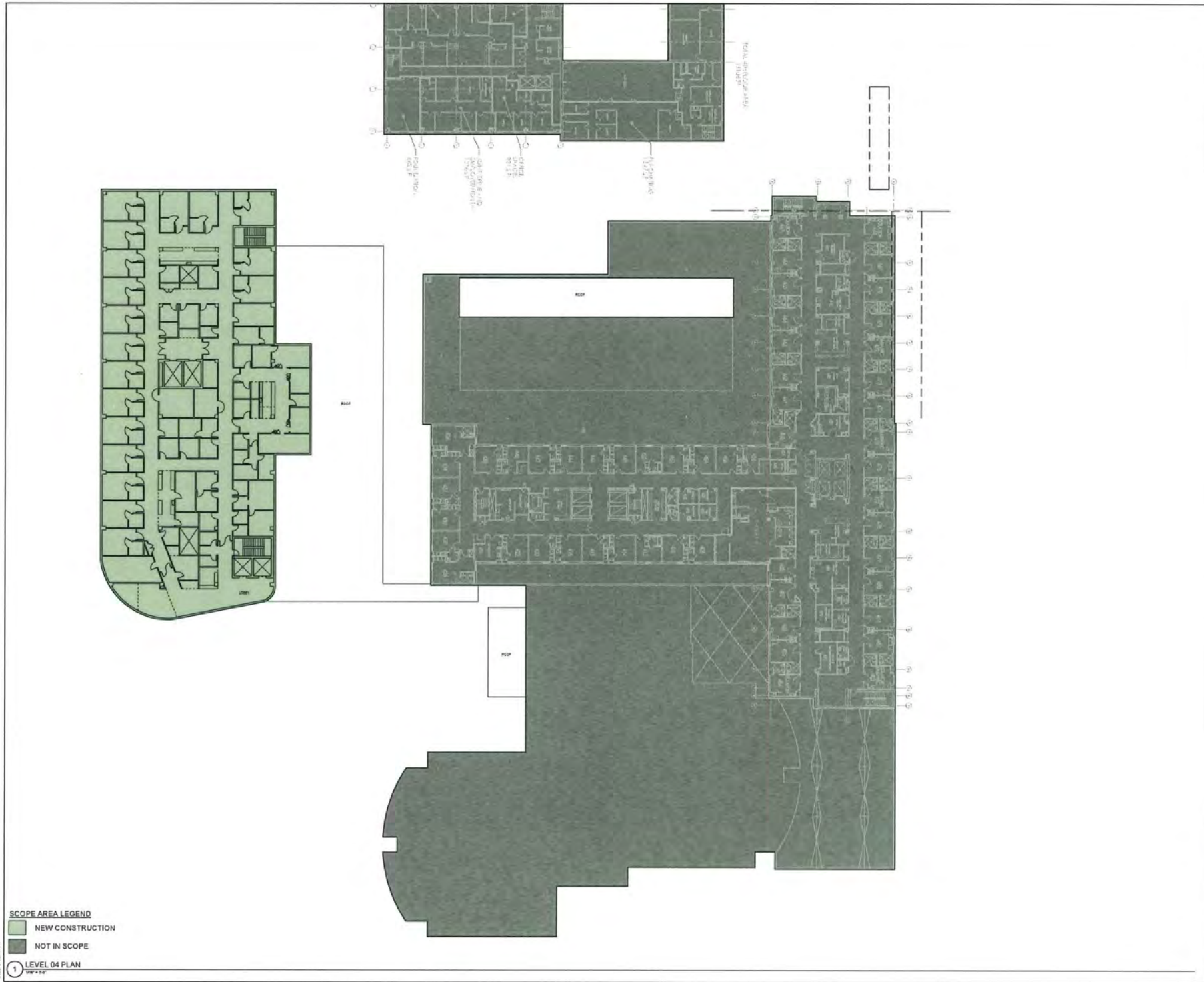
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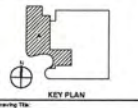
MTS RESOURCES, INC.
1415 E. Joppa Pike
P.O. Box 245
Pikesville, MD 21111
410.483.1344



SCOPE AREA LEGEND
 NEW CONSTRUCTION
 NOT IN SCOPE

1 LEVEL 04 PLAN
 DWG 7-12

RELEASE 1 22 FEB 2015
 Rev. Description Qty



KEY PLAN

Drawing Title: **LEVEL 04 SCOPE PLAN**

Project No.: 08020211 Checked By: Cheetar

CON104

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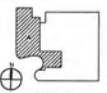
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PHARM, MD 21151
410.841.3241

RELEASE 1 22 FEB 2025
Rev. Enclosure 004

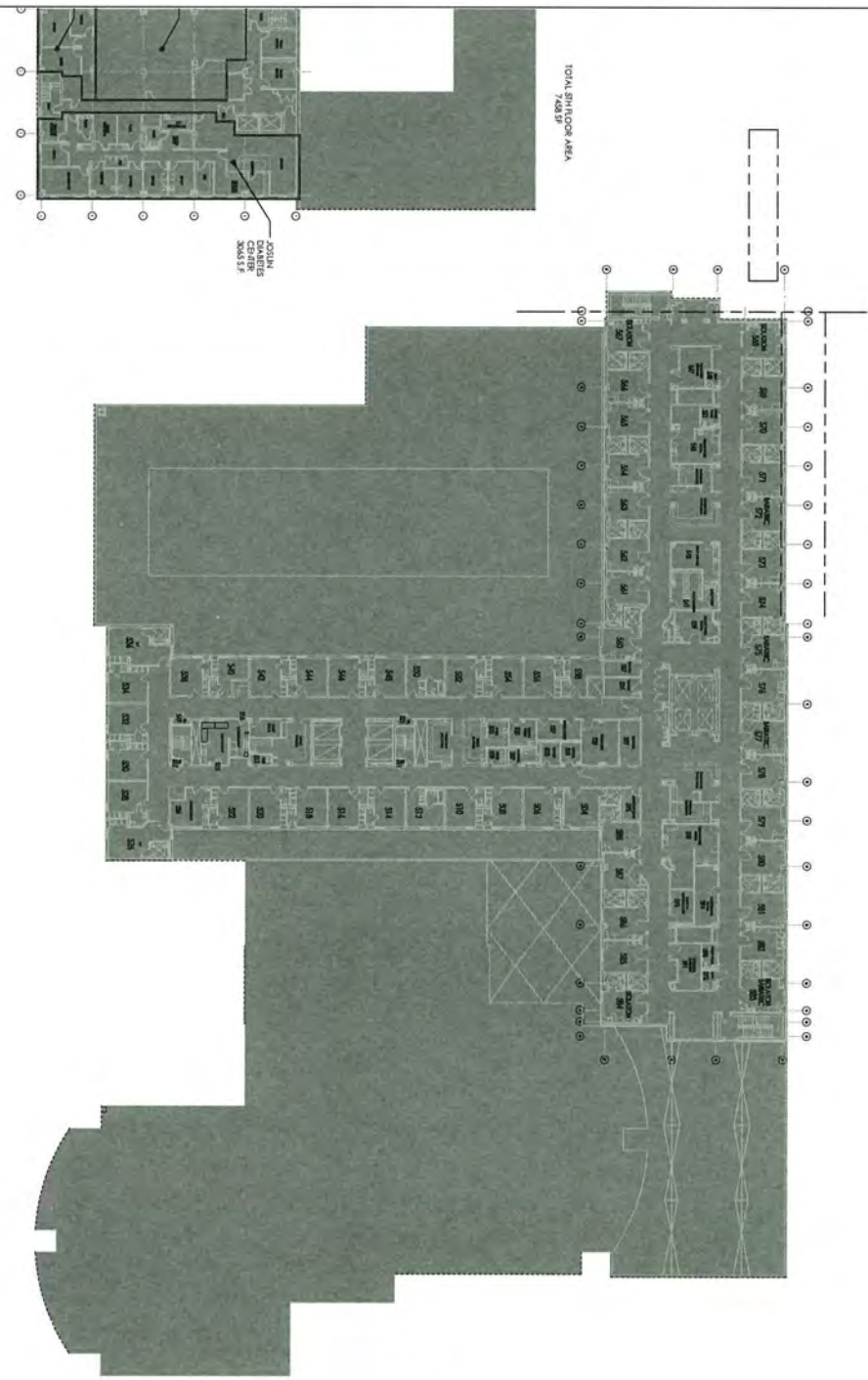


KEY PLAN

LEVEL 05 SCOPE PLAN

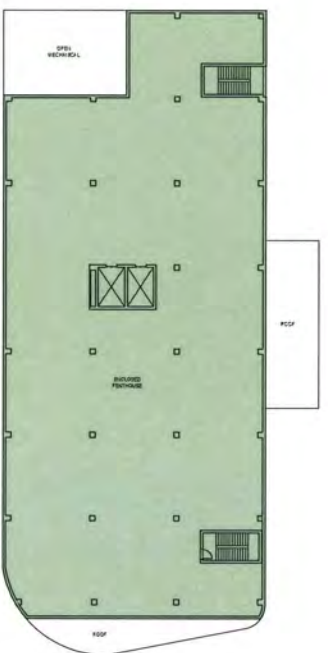
Project No. 090218.02 Checked by: Checker

CON105



COMMON
CENTERS
CORRIDOR
3000.571

TOTAL SHUNGOO AREA
1,049.51



SPEL
MECHANICAL

ENCLOSURE
PENTHOUSE

MEP

MEP

SCOPE AREA LEGEND

- NEW CONSTRUCTION
- NOT IN SCOPE

1 PENTHOUSE PLAN
1/2" = 1'-0"

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 09/2020 13/27/21

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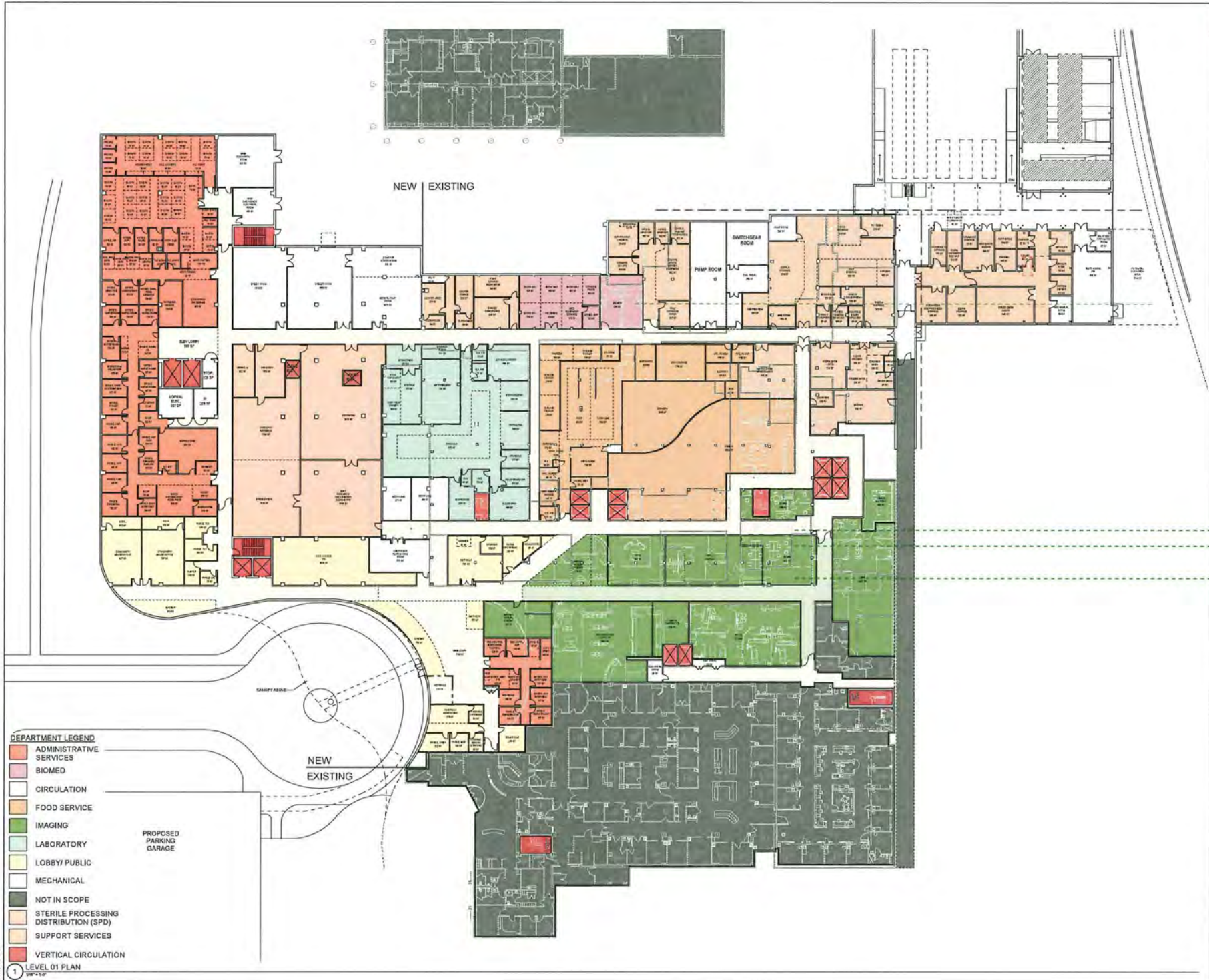
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P 410.224.1100
F 410.224.1100

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1918 REDBURNER, INC.
114 E. Baltimore
PO Box 225
Huntersville, NC 28041
410.822.2288



DEPARTMENT LEGEND

- ADMINISTRATIVE SERVICES
- BIOMED
- CIRCULATION
- FOOD SERVICE
- IMAGING
- LABORATORY
- LOBBY PUBLIC
- MECHANICAL
- NOT IN SCOPE
- STERILE PROCESSING DISTRIBUTION (SPD)
- SUPPORT SERVICES
- VERTICAL CIRCULATION
- LEVEL 01 PLAN

PROPOSED
PARKING
GARAGE

REVISION 1 21 FEB 2021
Rev. Description Date

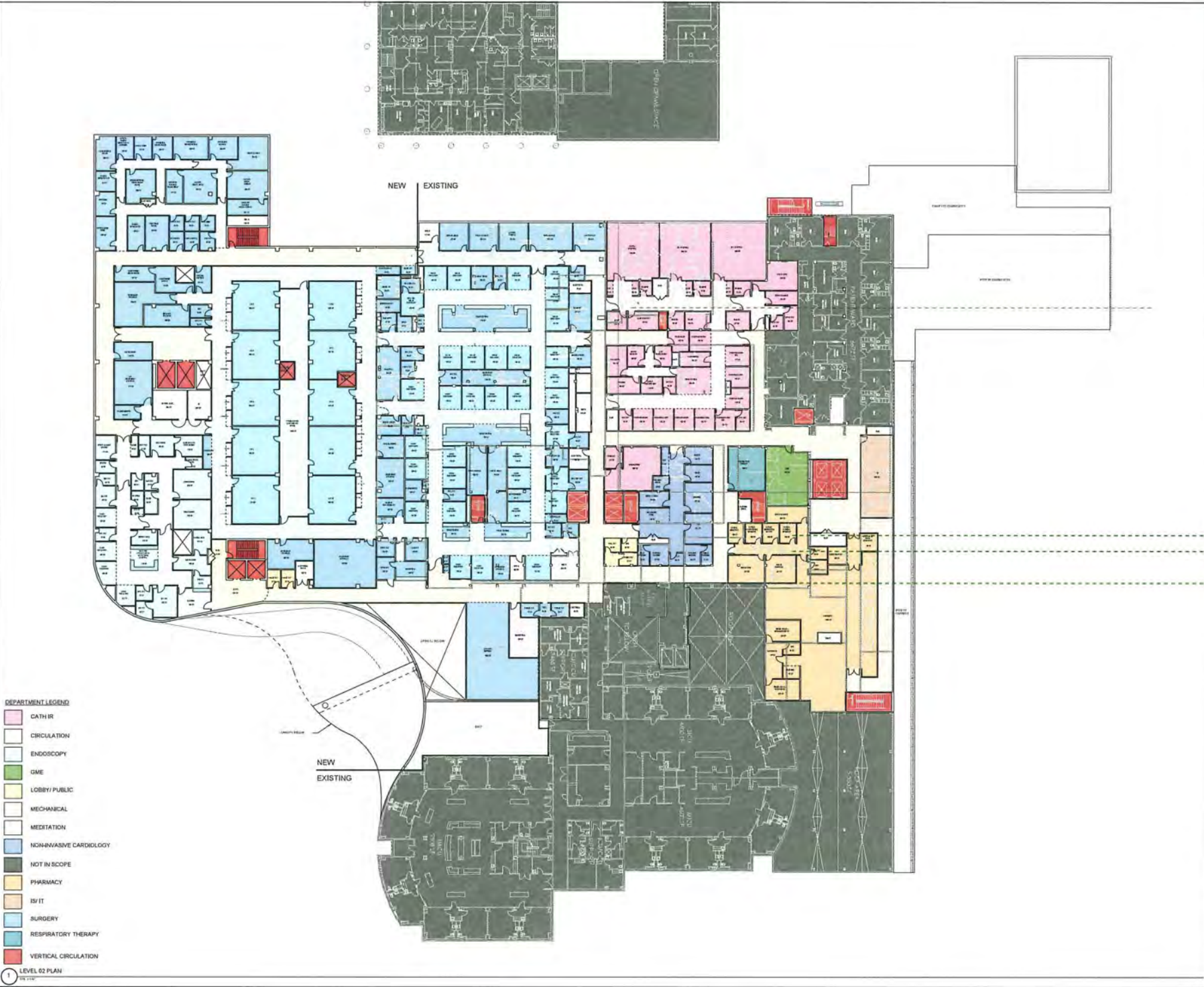


LEVEL 01 CON
DEPARTMENT PLANS

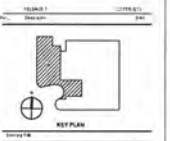
Project#: 06228.07 Date: 02/21/21
Drawing Title: Level 01 Department Plans

CON201

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- DEPARTMENT LEGEND**
- CATH IR
 - CIRCULATION
 - ENDOSCOPY
 - GME
 - LOBBY PUBLIC
 - MECHANICAL
 - MEDITATION
 - NON-INVASIVE CARDIOLOGY
 - NOT IN SCOPE
 - PHARMACY
 - IS/IT
 - SURGERY
 - RESPIRATORY THERAPY
 - VERTICAL CIRCULATION
- 1 LEVEL 02 PLAN



LEVEL 02 CON
DEPARTMENT PLANS

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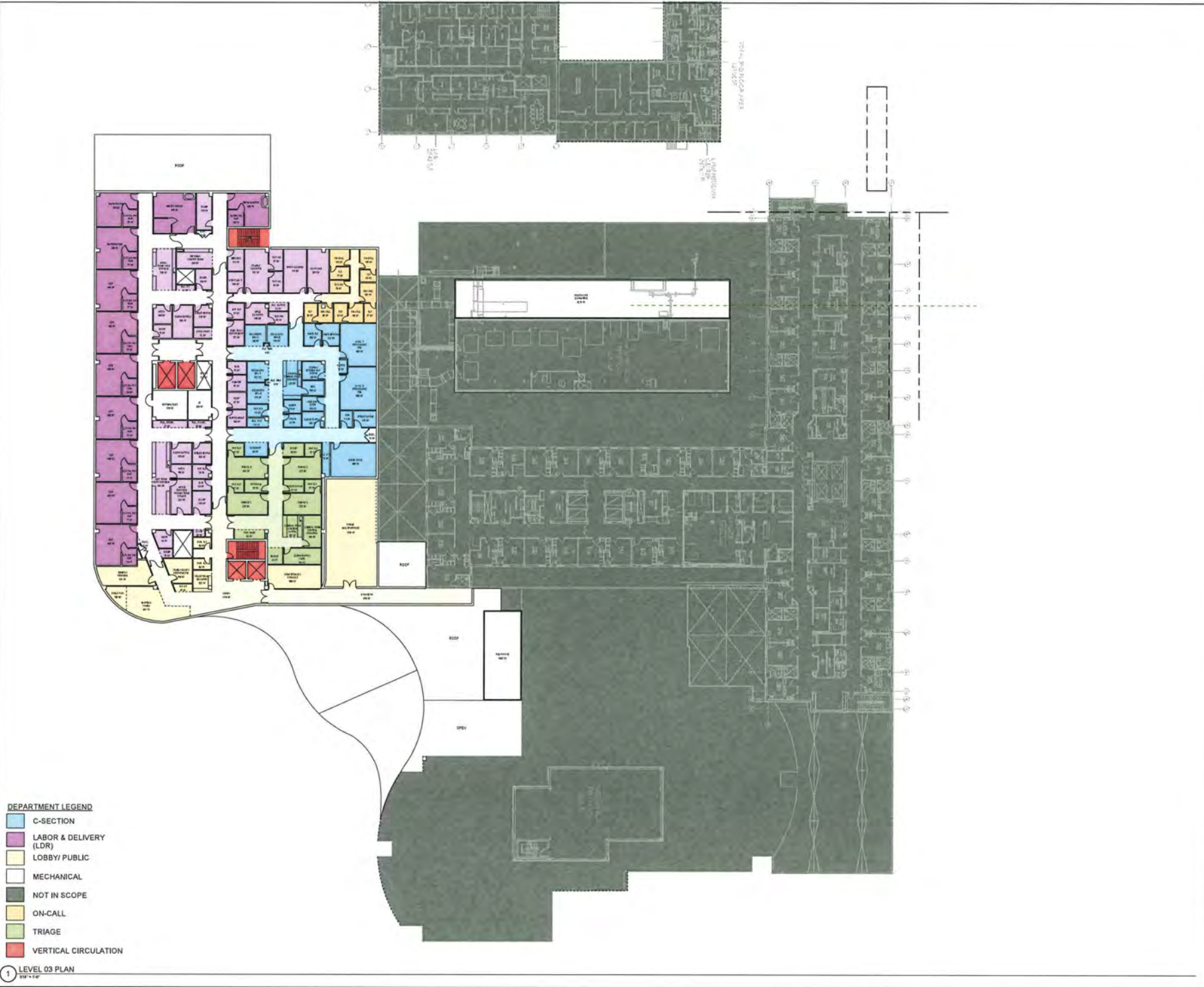
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F 410.224.1100

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SRB RESOURCES, INC.
AECOM
14115 Joppa Pike
PO Box 200
Pikesville, MD 21111
410.831.2000



- DEPARTMENT LEGEND**
- C-SECTION
 - LABOR & DELIVERY (LDR)
 - LOBBY/ PUBLIC
 - MECHANICAL
 - NOT IN SCOPE
 - ON-CALL
 - TRIAGE
 - VERTICAL CIRCULATION

1 LEVEL 03 PLAN
REV 11-02

RELEASE 1 31 FEB 2015
Rev. Description Date



Drawing Title
**LEVEL 03 CON
DEPARTMENT PLANS**

Project No. 080202.01 Checked by: Director

CON203

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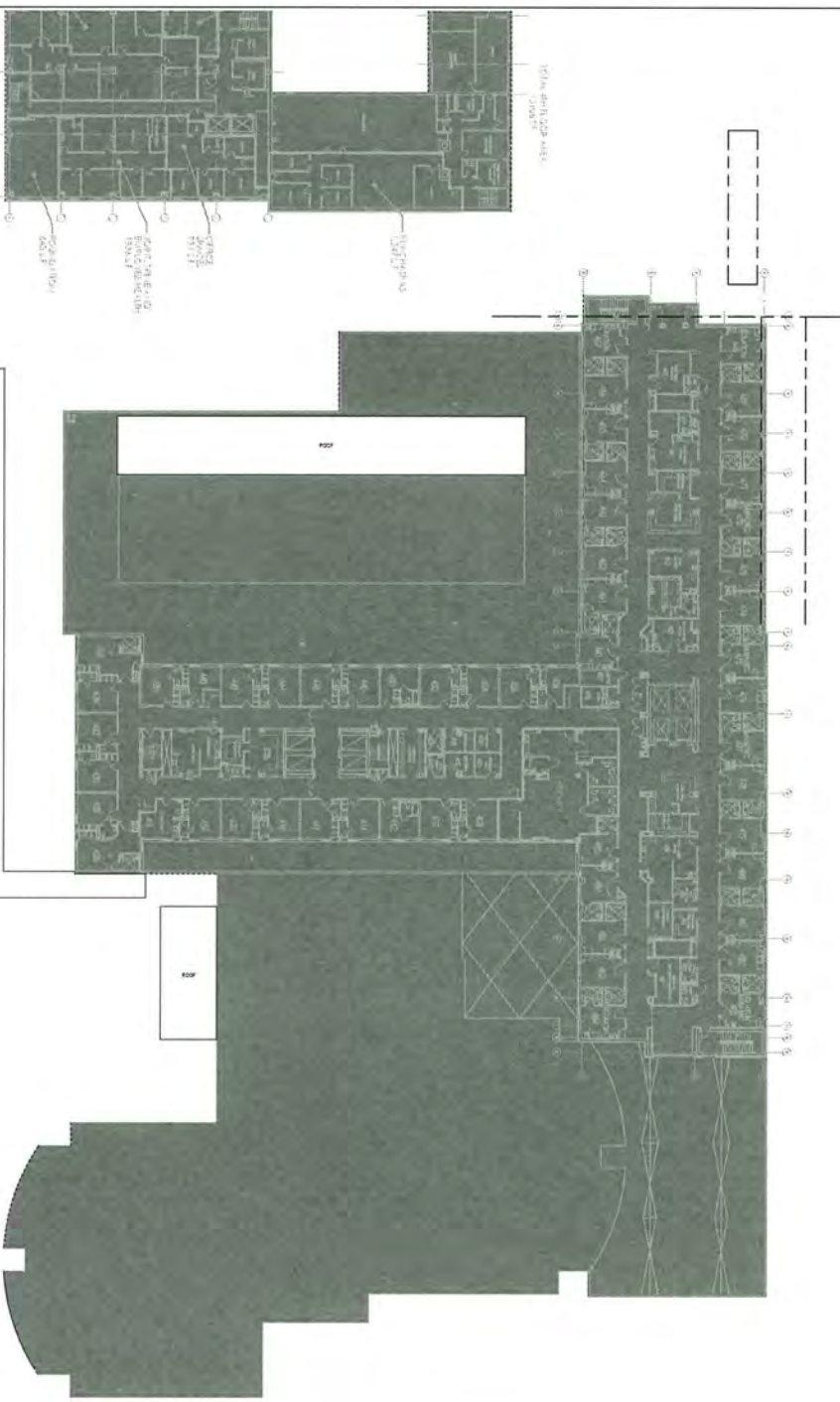
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214 East
14117 Junction Pike
P.O. Box 201
Pikesville, MD 21111
410.283.2388

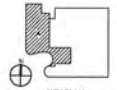


- DEPARTMENT LEGEND**
- LOBBY PUBLIC
 - MECHANICAL
 - NOT IN SCOPE
 - NURSERY
 - ON-CALL
 - PHARMACY
 - POSTPARTUM
 - RESPIRATORY THERAPY
 - VERTICAL CIRCULATION

1 LEVEL 04 PLAN
1/20" = 1'-0"

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 302.203.1337 (P)
 302.203.1337 (F)

RELEASE 1 28 FEB 2013
Per: [] Date: []



KEY PLAN

**LEVEL 04 CON
DEPARTMENT PLANS**

Project No: 000204.02 Checked By: CWB

CON204

DOCTORS COMMUNITY MEDICAL CENTER

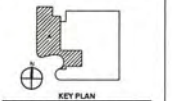
8118 GOOD LUCK ROAD, LANHAM, MD 20708

CANNONDESIGN

210 West Park Road Suite 2100
Baltimore, MD 21201
P 410.224.1075
F 410.224.1080

www.cannondesign.com
MTR HOLDINGS, INC.
214 E. Calverton
14115 Joppa, MD, Pa
PO Box 278
Pikesville, MD 21113
410.841.3344

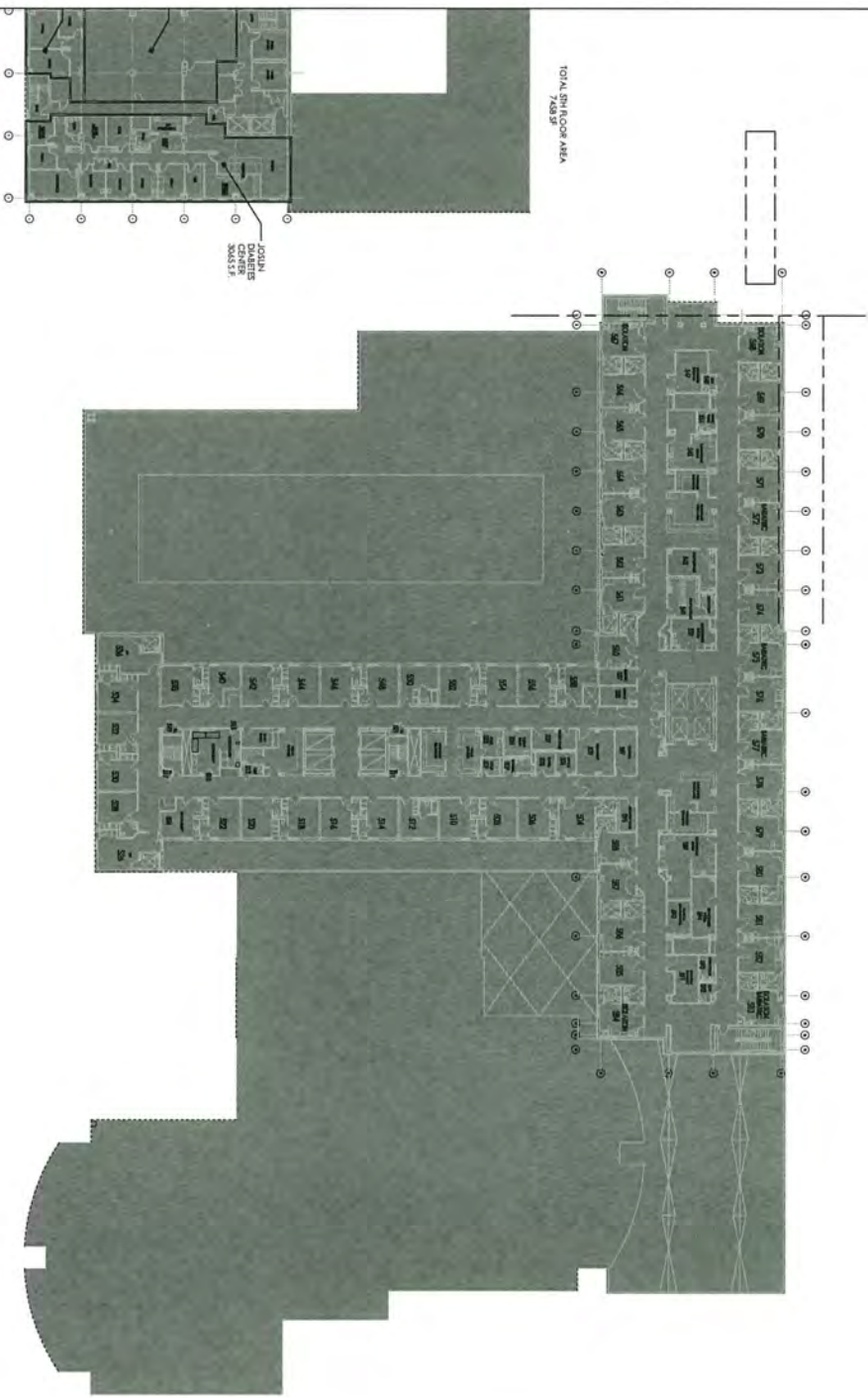
RELEASE 1 21 FEB 2021
Rev. Date



LEVEL 05 CON DEPARTMENT PLANS

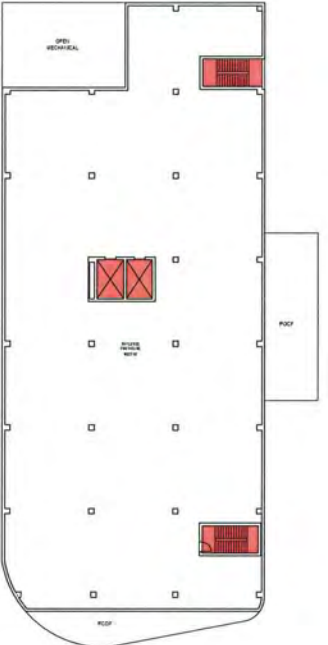
Project No. 000201.07 Checked by: Checker

CON205



JOINT SERVICE CORRIDOR

TO MAIN SCOPE AREA



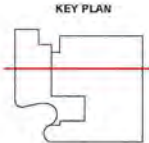
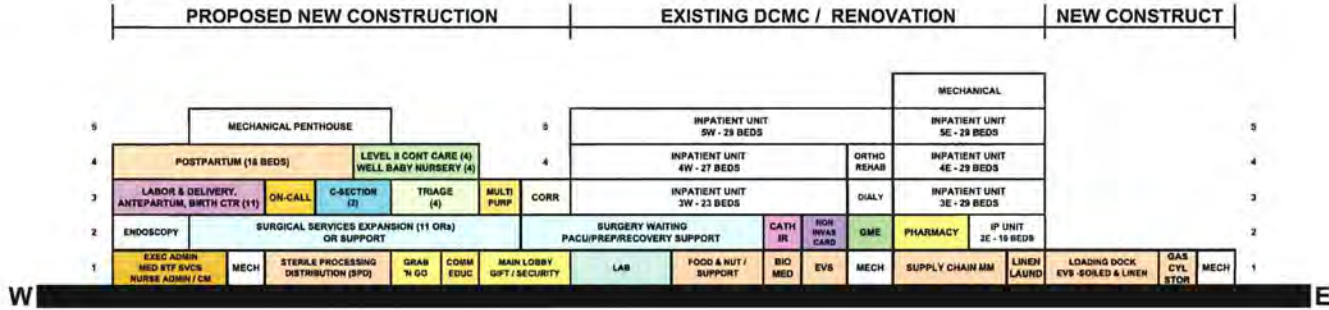
DEPARTMENT LEGEND

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- MECHANICAL (EXTERIOR)
- NOT IN SCOPE
- VERTICAL CIRCULATION

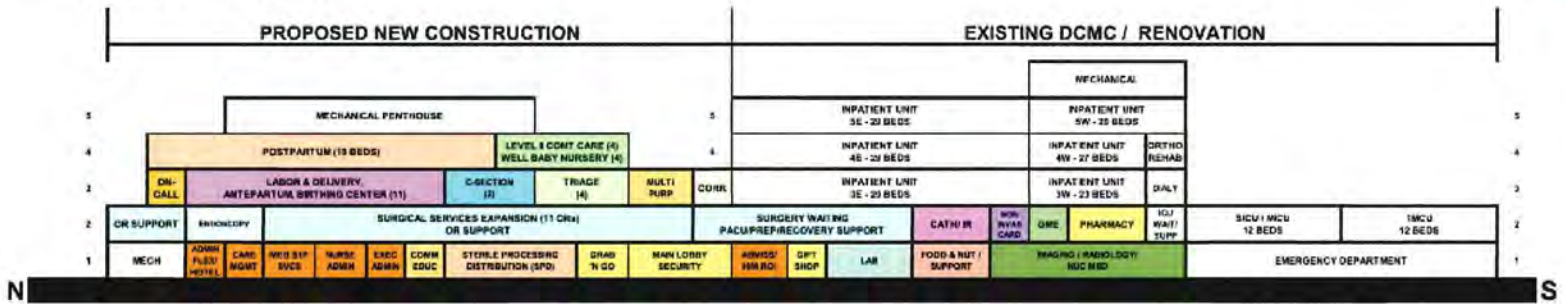
1 PENTHOUSE PLAN
1/16" = 1'-0"

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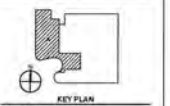
**STACKING DIAGRAM
EAST - WEST VIEW**



**STACKING DIAGRAM
NORTH - SOUTH VIEW**



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**DOCTORS
COMMUNITY
MEDICAL
CENTER**

8118 GOOD LUCK ROAD,
LANHAM, MD 20706

CANNONDESIGN

234 West Park Road Suite 2100
Bethesda, MD 20814
P. 410.224.1111
F. 410.224.1100

www.cannondesign.com

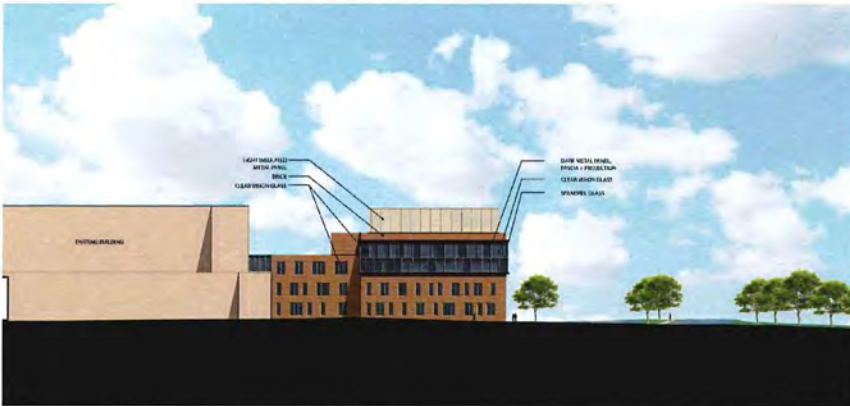
808 BROADLEAF BLVD.,
SUI 400
14115 Joppa Pike
P.O. Box 200
Pikesville, MD 21113
410.831.2300



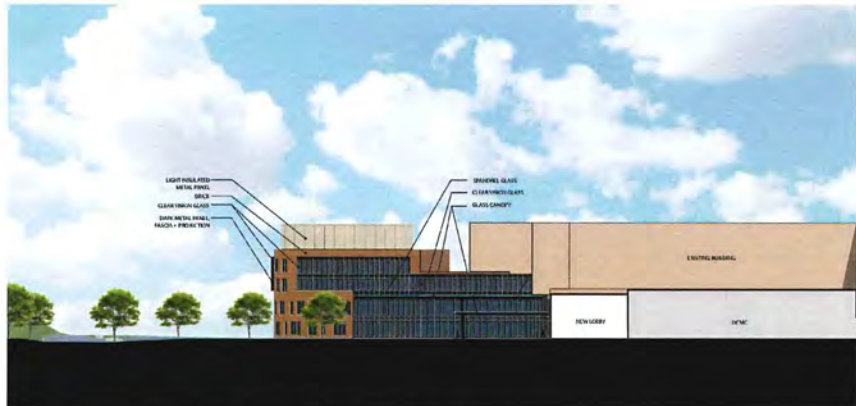
ELEVATION - EAST FACADE



ELEVATION - WEST FACADE



ELEVATION - NORTH FACADE



ELEVATION - SOUTH FACADE

RELEASE L 12.01.2015
Per: [redacted] Date: [redacted]



EXTERIOR ELEVATIONS

Project No: 08224.07 Checked by: Chester

CON501

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1/15/2015 10:45 AM

EXHIBIT 4

Luminis Health Corporate Structure – Current State 2022

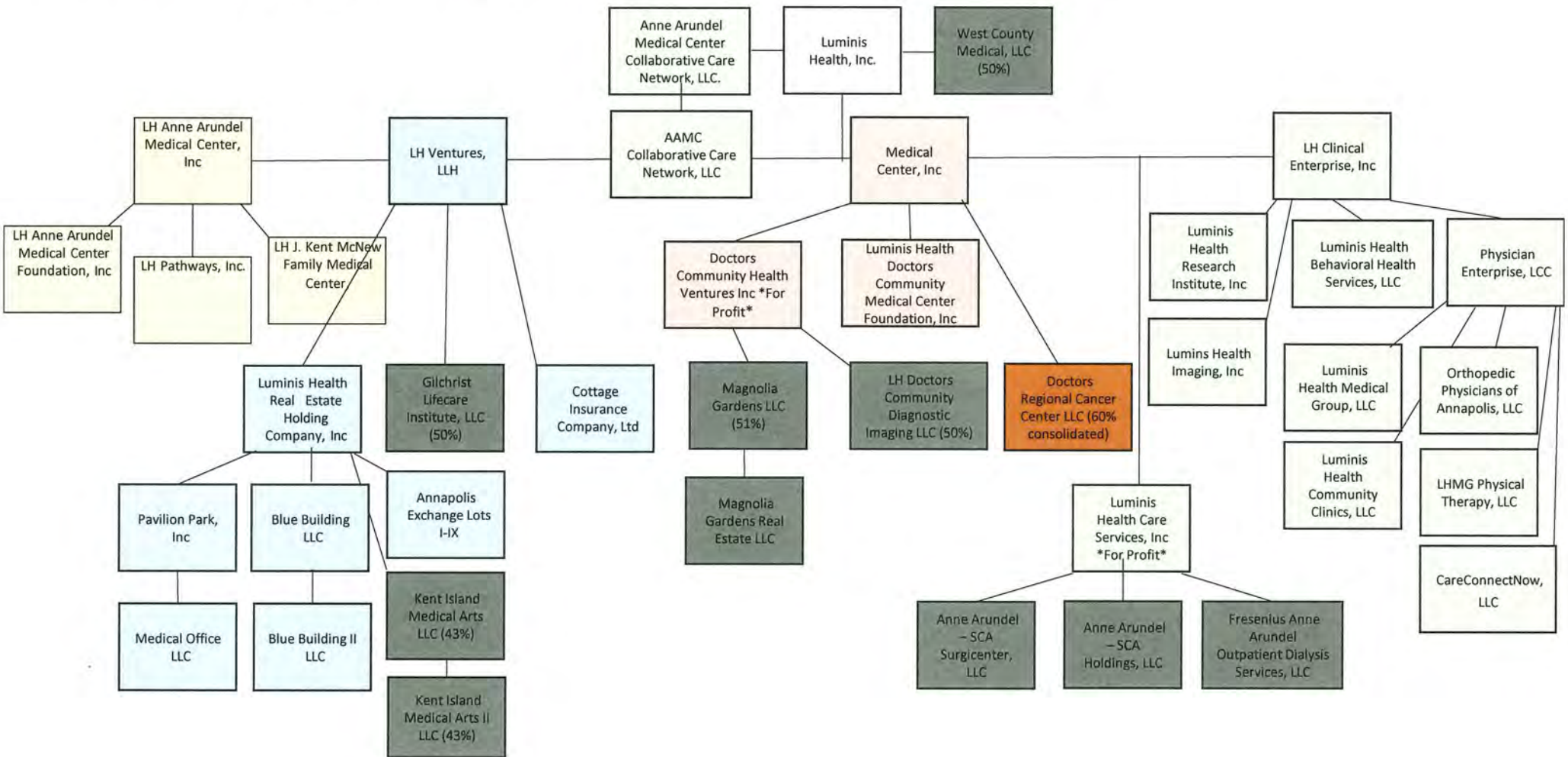


EXHIBIT 5

Luminis Health Doctors Community Medical Center: Self Disclosure to the Office of Inspector General, U.S. Department of Health and Human Services—January 2023

- Outcome: Settlement Agreement
- Action/Monitoring Completed: Luminis Health Doctors Community Medical Center and a third party provider of radiology services entered into a settlement agreement without any further action or monitoring obligations imposed upon any party.

Luminis Health Doctors Community Medical Center: Maryland Office of Health Care Quality Survey-February 2021.

- Outcome: Survey findings are pending.

Luminis Health Doctors Community Medical Center: Joint Commission Preliminary Denial of Accreditation –January 2015.

- Outcome: Action Plans accepted and awarded full Accreditation May 2015.
- Action/Monitoring Completed: Established evidence of acceptable compliance with Joint Commission standards cited to include standards pertaining to governing body and surgical services.

Luminis Health Anne Arundel Medical Center: Billing Errors with Anticoagulation Outpatient Clinic-

- Outcome: Settlement including five-year corporate integrity agreement effective on June 26, 2019.
- Action/Monitoring Completed: Luminis Health Anne Arundel Medical Center has successfully executed all the requirements set forth in the Corporate Integrity Agreement. The first year Annual Report was submitted and accepted by the Office of Inspector General with no further requests for information or follow up questions.

Luminis Health Anne Arundel Medical Center: 3-Month Temporary Hold on Medicare Deemed Status-July 2015

- Outcome: No Penalties (Action Plan accepted, restored full Deemed Status October 2015).
- Action/Monitoring Completed: Documentation and monitoring of Patient Rights conditions of participation.

Luminis Health Anne Arundel Medical Center: 3-Month Temporary Hold on Medicare Deemed Status-May-2013

- Outcome: No penalties (Action Plan accepted, restored full Deemed Status July 2013).
- Actions/Monitoring: Documentation and monitoring initiative to improve language and interpretation services for patients with limited English proficiency.
- Note: Self-Reported December 2012.

Luminis Health Anne Arundel Medical Center: Radiation Misadministration-February 2008

- Outcome: Monetary Fine.
- Actions/Monitoring Completed: Developed an Emergent Radiation Oncology Protocol.
- Note: Self-Reported.

Luminis Health Anne Arundel Medical Center: Joint Commission Conditional Accreditation Status-July 2003

- Outcome: Action Plans accepted and awarded full Accreditation March 2004.
- Actions/Monitoring Completed: Established evidence of acceptable compliance with 5 Type 1 Recommendations (Medical Record Documentation, Medication Range Orders, Data Analysis, Departmental Scope of Services, and Job Description Performance Competencies).

Luminis Health Anne Arundel Medical Center: Medicare/Tricare Billing Claims for Infusion Therapy

- Outcome: Settlement including five-year corporate integrity agreement (closed 2003) plus fine.
- Actions/Monitoring Completed: Appointment of Compliance Officer/Committee, Annual Corporate Compliance Education, Implementation of Corporate Compliance Program.
- Note Identified April 1999.



May 4, 2015

Re: # 6287
CCN: #210051
Program: Hospital
Accreditation Expiration Date: February 09, 2016

Philip B. Down
President and CEO
Doctors Community Hospital
8118 Good Luck Road
Lanham, Maryland 20706-3596

Dear Mr. Down:

This letter confirms that your January 13, 2015 unannounced for-cause survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on March 27, 2015, March 30, 2015 and April 14, 2015, the successful on-site unannounced Abatement Survey event conducted on February 05, 2015, the successful on-site unannounced Medicare Deficiency Follow-up event conducted on February 27, 2015, and the successful on-site unannounced Contingent Follow-up event conducted on May 01, 2015, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of May 02, 2015. We congratulate you on your effective resolution of these deficiencies.

§482.12 Governing Body
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective May 02, 2015. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

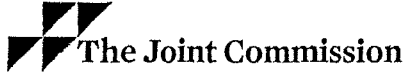
This recommendation applies to the following location(s):

Doctors Community Hospital
d/b/a Doctors Community Hospital
8118 Good Luck Road, Lanham, MD, 20706

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 3 /Survey and Certification Staff

**ANNE ARUNDEL MEDICAL CENTER
CORPORATE INTEGRITY AGREEMENT
Executive Summary**

A. AAMC Corporate Integrity Agreement Requirements Overview

1. Preamble

Effective June 26, 2019, Anne Arundel Medical Center (AAMC) entered into a Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the United States Department of Health and Human Services (HHS). Under Section V of the CIA, AAMC is obligated to submit an Implementation Report within 120 days after the Effective Date and an Annual Report within 60 days after the close of the Reporting Period.

2. Scope and Term of CIA

Anne Arundel Medical Center - The period of the compliance obligations assumed by AAMC under this CIA shall be five years from the effective date of this CIA. The "Effective Date" shall be the date on which the final signatory of this CIA executes this CIA. Each one-year period, beginning with the one-year period following the Effective Date, shall be referred to as a "Reporting Period."

3. Corporate Integrity Obligations

1. Compliance Officer

Under Section III. A.1. of the CIA, AAMC is obligated to appoint an individual to serve as AAMC's full-time, permanent Compliance Officer.

2. Compliance Committee

Under Section III. A.2. of the CIA, AAMC is obligated to review and revise its Compliance Committee as necessary to meet the requirements of the CIA. In accordance with the CIA, AAMC's Corporate Compliance Committee is chaired by the Chief Compliance Officer and is comprised of senior executives of relevant departments that support the CCO in fulfilling her responsibilities.

3. AAMC Board Compliance Obligations

Under Section III. A.3. of the CIA, the Board Audit and Compliance Committee is comprised of independent members and is responsible for the review and oversight of matters related to compliance with Federal health care program requirements and the obligations of the CIA. The Board Audit and Compliance Committee meets quarterly and oversees the performance of the Chief Compliance Officer and the Corporate Compliance Committee, and fulfills the responsibilities of the CIA as defined under Section III. A.3. The AAMC Audit and Compliance Board of Trustees must adopt a resolution, signed by each member summarizing its review and oversight of the AAMC Compliance with Federal health care program requirements.

4. Management Certifications

Under Section III. A.4 of the CIA, in addition to the responsibilities set for in the CIA for all Covered Persons, certain AAMC employees (Certifying Employees) are obligated to monitor and oversee activities within their areas of authority and shall annually certify that the applicable AAMC departments are in compliance with applicable Federal health care program requirements and the obligations of this CIA.

B. AAMC Written Standards

Pursuant to Section III. B. of the CIA, AAMC must review and revise, as necessary, its written Policies and Procedures regarding the operation of AAMC's compliance program, including the compliance program requirements outlined in the CIA and AAMC's compliance with Federal health care program requirements. The following are a list of compliance policies and procedures:

1. **Code of Conduct Policy (AAMC Policy ADM1.1.68)** AAMC's Corporate Compliance Plan (Plan) outlines the Standards of Conduct, which all AAMC employees are required to follow.
2. **Detecting and Preventing Fraud, Waste, Abuse and Misconduct (ADM1.1.59)** This policy, relates to the Federal False Claims Act, the Federal Program Fraud Civil Remedies Act and the Maryland Medicaid Fraud law.
3. **Conflict of Interest (ADM 1.1.82)** This policy describes the standards and responsibilities for addressing potential or real conflicts of interest or unethical or unlawful practices, and is designed to ensure that health care, education, research, investment and other activities are conducted free from undue influence or the perception of such influence arising from outside obligations.
4. **Whistleblower Protections (ADM 1.1.99)** The Whistleblower Policy is designed to separately articulate and ensure that AAMC fosters a culture of non-retaliation and non-retribution particularly with regard to staff who report, in good faith, actual or suspected non-compliance with laws, regulations, policies and the AAMC Corporate Compliance Plan and/or the Code of Conduct.
5. **Discrimination and Harassment Policy (HR8.2.01)** This policy outlines AAMC's process for reporting, responding and investigating complaints of discrimination and harassment.
6. **Compliance Screening Policy (ADM1.1.83)** The Compliance Screening Policy is in order to verify that all present employees, new hires, Medical Staff Members, and contractors are not designated as excluded individuals by the Office of the Inspector General (OIG) List of Excluded

Individuals/Entities (LEIE) under the U.S. Department of Health and Human Services (DHHS).

7. **Compliance Hotline and Reporting Policy (ADM1.1.641)** The Compliance Hotline and Reporting Policy, describes the reporting mechanisms for employees, medical staff members/house staff, volunteers and vendors to disclose issues to AAMC, including potential violations of policies, procedures and compliance objectives. As indicated in the policy, the reporting mechanism includes a confidential option for an individual to seek guidance and to disclose information about issues without fear of retaliation.
8. **Corporate Compliance Investigative Resolution Process Policy (ADM.1.1.60)** The Corporate Compliance Investigative Resolution Process policy describes the framework and procedures for investigating compliance related issues, as appropriate, through the Corporate Compliance Department.
9. **Corporate Compliance Risk Assessment and Internal Review Policy (ADM 1.1.86)** The Corporate Compliance Risk Assessment and Internal Review Policy describes the processes used to identify, measure, prioritize, and develop an internal audit plan and a compliance plan to address the risks associated with AAMC's participation in the Federal health care programs. This policy is designed to promote an organizational culture encouraging a commitment to compliance with laws, rules and regulations.
10. **Access, Use, and Disclosure of Protected Health Information Policy (MR7.1.01)** The Access, Use, and Disclosure of Protected Health Information policy addresses the access, use, and disclosure of PHI by workforce members, members of the medical staff, business associates, and patients is in accordance with applicable federal and state laws.

C. Training and Education

Pursuant to Section III. C. of the CIA, AAMC is obligated to provide certain training and education to certain Covered Persons.

1. Covered Persons Training

Under Section III.C.1 of the CIA during the Implementation Period, AAMC developed a written training plan that outlines the steps AAMC will take to ensure that all Covered Persons receive at least annually regarding AAMC's CIA requirements,

2. Board Training

Under Section III.C.2 of the CIA, within 90 days of the Effective Date of the CIA AAMC was obligated to provide training to each member of the Board of Trustees (Board). The training specifically addressed the unique responsibilities of health care Board members, including risks, oversight areas, and strategic approaches to conducting oversight of a health care entity.

3. Training Records

Under Section III.C.3 of the CIA, AAMC will make available, upon request of the OIG, training materials and records verifying the Covered Persons and Board members have timely received the training required.

D. Independent Review Organization (IRO)

Under Section III.D of the CIA, AAMC entered into an agreement with an Independent Review Organization (IRO) within 90 days of the Effective Date of the CIA to perform a Claims Review.

AAMC entered into an Agreement for Services of an Independent Review Organization with FTI. The Agreement provides that annually, for each Reporting Period, FTI shall perform an internal review to whether AAMC is complying with specific requirements under this CIA (50 Anti-coagulation Claims and 50 Claims from another hospital department to be named by the OIG), and will follow all applicable Medicare, state Medicaid, and TRICARE program rules and reimbursement guidelines. The IRO prepares a report based upon each Review it performs.

E. Independence and Objectivity Certification

Under the CIA, AAMC is required to provide certifications from the IRO regarding its professional independence and objectivity with respect to AAMC.

F. Risk Assessment and Internal Review Process

Under Section III.E of the CIA, AAMC has developed and implemented centralized annual risk assessment and internal review process policy to identify and address risks associated with AAMC's participation in the Federal health care programs, including but not limited to the risk associated with the submission of claims for items and services furnished to Medicare, Medicaid, and TRICARE program beneficiaries. AAMC's risk assessment and internal review process provides that, on an annual basis, compliance, legal, and department leaders: (1) identify and prioritize risks; (2) develop an internal audit work plan related to the identified areas; (3) implement the internal audit work plan; (4) develop corrective action plans in response to the results of any internal audits performed; and (5) track the implementation of the corrective action plan in order to assess the effectiveness of such plans.

G. Disclosure Program

Under Section III.F of the CIA, AAMC has developed and implemented a Disclosure Program that includes multiple lines of communication to the Compliance department to include a compliance telephone hotline, a compliance email, direct contact numbers for the Chief Compliance Officer, and a Compliance website link for reporting. All reporting can be anonymous and are policies emphasize a non-retribution and non-retaliation culture.

AAMC's Chief Compliance Officer completes an investigation on every report made to the compliance department. In addition, the corporate compliance department maintains a disclosure log that logs a summary of each disclosure, the determination of risk, the status of the investigation and any corrective action taken.

H. **Ineligible Persons**

Under Section III.G of the CIA AAMC is obligated to implement screening requirements to ensure that all Screened Persons are not Ineligible Persons.

I. **AAMC's Locations**

Under the CIA, AAMC is obligated to provide a list of AAMC's locations, the corresponding name under which each location is doing business and the corresponding phone numbers and fax numbers. In addition, AAMC is obligated to provide each location's Medicare Provider number(s), provider identification number(s), and/or supplier number(s) and the name and address of each Medicare contractor to which AAMC currently submits claims.

J. **AAMC's Corporate Structure**

Under the CIA, AAMC is required to provide a description of AAMC's corporate structure.

K. **Certification by Compliance Officer and Chief Executive Officer**

Under Section V. C. 2 of the CIA, the Implementation Report and Annual Report shall include certification by the Compliance Officer and the Chief Executive Officer.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Consortium/ Division of Survey & Certification

October 2, 2015

Ms. Victoria Bayless, Administrator
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Dear Ms. Bayless:

Re: CMS Certification Number: **210023**

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the Maryland Office Of Health Care Quality survey that ended on June 1, 2015, we find that **Anne Arundel Medical Center** is now in compliance with all of the Medicare conditions of participation.

Anne Arundel Medical Center can again be recognized as meeting Medicare requirements by virtue of its accreditation by the Joint Commission (JC). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the Maryland Office Of Health Care Quality. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

A handwritten signature in black ink that reads "Pat McNeal". The signature is written in a cursive style.

Pat McNeal
Principal State Representative
Certification and Enforcement Branch

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

July 9, 2013

Ms. Victoria Bayless, Administrator
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Dear Ms Bayless:

Re: CMS Certification Number: 210023

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the Maryland Office of Health Care Quality survey that ended on July 2, 2013, we find that Anne Arundel Medical Center is now in compliance with all of the Medicare Conditions of Participation.

Anne Arundel Medical Center can again be recognized as meeting Medicare requirements by virtue of its accreditation by the Joint Commission (JC). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the Maryland Office of Health Care Quality. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat McNeal". The signature is written in a cursive, flowing style with some loops and flourishes.

Pat McNeal
Principal State Representative
Certification and Enforcement Branch



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

June 25, 2004

Caroline Rader
Corporate Compliance Officer
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Re: Corporate Integrity Agreement – Close Out Letter

Dear Ms. Rader:

Anne Arundel Medical Center, (Medical Center) entered into a Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the Department of Health and Human Services on April 29, 1999. The CIA required the establishment of a Corporate Integrity Program (compliance program) to be in effect for five years from the date of the execution of the CIA and obligated the Medical Center to implement certain corporate integrity provisions (e.g., training, writing policies, audits, etc.) during that time period. Pursuant to the terms of this CIA, the five years have expired and the corporate integrity provisions have been fulfilled.

During the term of its corporate integrity requirements, the Medical Center submitted annual reports to the OIG summarizing the status of their compliance program that appeared to meet the basic requirements of the CIA. The OIG has completed its review of your most recently submitted annual report and found that it satisfied all the basic requirements of the CIA. The OIG recognizes that once our monitoring obligations cease, the Medical Center is under no obligation to maintain its compliance program in its current structure. However, the OIG encourages the Medical Center to continue its current compliance efforts as structured and if possible, expand the resources and presence of its compliance program as the Medical Center continues to develop and mature into a major regional health institution. Although the Medical Center appears to have implemented an efficient compliance program over the last five years, your organization is in the best position to validate the legitimacy, integrity and suitability of its effectiveness.

Page 2 - Caroline Rader

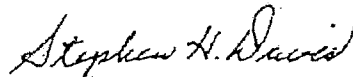
The OIG cannot equivocally confirm that such reports demonstrated that the Medical Center implemented an effective compliance program. It is a health care provider's responsibility to formulate policies, procedures and practices that are tailored to its own operations and demands, and that are comprehensive enough to ensure compliance with all Federal and State health care program requirements.

Although the terms for the Medical Center's corporate integrity obligations have concluded, you should be aware that the OIG may find it necessary to make further inquiries into your claim submissions and if necessary, take corrective action should it discover at a subsequent time that (1) there were potential material violations with regard to the Medical Center's compliance with the terms of its corporate integrity program during the life of the CIA, or (2) the information provided to the OIG in the Medical Center's annual reports was material inaccurate.

At the next monthly update, the Medical Center will be removed from the OIG's List of Settlement Agreements with Integrity provisions on the OIG's website. The OIG makes no representations in this letter as to the Medical Center's compliance practice that may be subject to ongoing investigations. Furthermore, our comments do not reflect our assessments of any legal claims made against the Medical Center.

Please feel free to contact me at 202-619-2580 if you have any questions.

Respectfully,



Stephen H. Davis
Office of Counsel to the Inspector General



Joint Commission

on Accreditation of Healthcare Organizations

Setting the Standard for Quality in Health Care

*file
GCATS
Accreditation*

March 11, 2004

Martin L. Doordan
President and CEO
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Dear Mr. Doordan:

The Joint Commission is pleased to inform you that your organization's Conditional Accreditation status will be updated to Accredited based on the results of your recently completed follow-up survey. This accreditation status applies to all services offered by your organization that have been surveyed by the Joint Commission.

Your accreditation remains effective from the day after the last day of your original survey and will be continued for the balance of your current accreditation cycle.

We direct your attention to several Joint Commission policies relating to accreditation. Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or the health care services you provide. Any other reports or focused survey visits concerning other type I recommendations related to your accreditation award must also be satisfied in order to maintain your accreditation.

We wish to advise you that a copy of this correspondence, including the integral enclosures, is being provided to the Centers for Medicare and Medicaid Services. This information-sharing arrangement was created by Section 6019[a] of the Omnibus Budget Reconciliation Act of 1989, (PL 101-239) which requires hospitals using their Joint Commission accreditation for Medicare certification purposes to authorize Joint Commission release of a copy of their most recent accreditation survey, and any other information related to the survey, to the Department (upon the request of the Department). The Department's request to us for this information was issued by CMS letter of August 27, 1990.

Congratulations on the improvements, which have been made in your organization's compliance status with the standards of the Joint Commission.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation Operations

cc: James McEneaney, Chairman, Board of Directors
Michael Lapenta, MD, President of Medical Staff

JCAHO
Hospital Accreditation Services
Accreditation Decision Grid

Organization: Anne Arundel Medical Center 6241
2001 Medical Parkway
Location: Annapolis, Maryland 21401

Survey Date: March 2, 2004
Survey Type: Conditional Follow-up Survey

PATIENT-FOCUSED FUNCTIONS

Patient Rights and Organizational Ethics

Patient Rights	
Organizational Ethics	

Assessment of Patients

Initial Assessment	1
Pathology and Clinical Laboratory Services - Waived Testing	
Reassessment	
Care Decisions	
Structures Supporting the Assessment of Patients	
Additional Requirements for Specific Patient Populations	

Care of Patients

Planning and Providing Care	
Anesthesia Care	
Medication Use	1
Nutrition Care	
Operative and Other Procedures	
Rehabilitation Care and Services	
Special Procedures	1

Education

Patient and Family Education and Responsibilities	
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Continuum of Care

Continuum of Care	
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ORGANIZATIONAL FUNCTIONS

Improving Organization Performance

Design	
Data Collection	
Aggregation and Analysis	1
Performance Improvement	

Leadership

Planning	1
Directing Departments	
Integrating and Coordinating Services	
Role in Improving Performance	1

Management of Environment of Care

Planning	1
Implementation	
Other Environmental Considerations	
Measuring Outcomes Of Implementation	

Management of Human Resources

Human Resources Planning	
Orientation, Training, and Education of Staff	1
Assessing Competence	1
Managing Staff Requests	

ORGANIZATIONAL FUNCTIONS CONTINUED

Management of Information

Information Management Planning	
Patient-Specific Data and Information	
Aggregate Data and Information	
Knowledge-Based Information	
Comparative Data and Information	

Surveillance, Prevention and Control of Infection

Surveillance, Prevention, and Control of Infection	
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STRUCTURES WITH FUNCTIONS

Governance

Governance	
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Management

Management	
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Medical Staff

Organization, Bylaws, Rules, and Regulations	
Credentialing	

Nursing

Nursing	
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Special Type 1 Recommendations

Accreditation Participation Requirements	1
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Rating Scale

1=Evidence of good compliance
2=Evidence of acceptable compliance
3=Insufficient evidence of acceptable compliance (least deficient)

4=Insufficient evidence of acceptable compliance (more deficient)
5= Insufficient evidence of acceptable compliance (most deficient)
N=Not Applicable



Joint Commission

on Accreditation of Healthcare Organizations

Setting the Standard for Quality in Health Care

Official Accreditation Decision Report

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
OFFICIAL ACCREDITATION DECISION REPORT

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

ORGANIZATION IDENTIFICATION NUMBER 6241

DATE OF SURVEY

March 2, 2004

SURVEYOR

Laurence C. Wegienka, MD

PROGRAM

Hospital Accreditation Program

Prepared By:

Nikkiba T. Jones

ACCREDITATION DECISION

The type I recommendations which required a follow-up survey visit on the above date have been removed. The findings of this survey indicate that your organization satisfied the requirements of these type I recommendations and is no longer in Conditional Accreditation.

The results of this conditional follow up survey do not affect any other type I recommendation requirements that may exist on your current accreditation status.

STATEMENT OF CONDITIONS

This accreditation decision is based, in part, on your organization's acceptable use of the Statement of Conditions relating to compliance with the Life Safety Code. Continued accreditation is, in part, contingent upon your maintenance of a current and accurate Statement of Conditions and implementation of any corrective actions outlined in Part 4 of the Statement of Conditions (including compliance with the identified time frames for achievement). The Statement of Conditions procedure also requires you to notify the Joint Commission in writing of any significant inability to implement the Plan for Improvement as identified in Part 4 of the Statement of Conditions and/or any substantial changes to the Statement of Conditions that was submitted to the Joint Commission at the time of survey.

CLEARED TYPE I RECOMMENDATION TOPICS

The following topics, reviewed as a part of this Type I recommendation response, have been found in compliance.

Hospital Accreditation Program

1. Special Procedures
2. Initial Assessment
3. Aggregation and Analysis
4. Role in Improving Performance
5. Orientation, Training, and Education of Staff
6. Medication Use
7. Planning
8. Assessing Competence
9. Accreditation Participation Requirements

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401
Organization Identification Number 6241
Page 2

*** No Recommendations ***

EXHIBIT 6

**LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER, INC.
BOARD OF TRUSTEES**

**Resolution Supporting the Application for a Certificate of Need to Provide
Obstetrical and Perinatal Services at
Luminis Health Doctors Community Medical Center**

WHEREAS, Luminis Health Doctors Community Medical Center ("LHDCMC") is seeking a Certificate of Need from the Maryland Health Care Commission to establish inpatient obstetrical services at the Hospital; and

WHEREAS, the data shows that less than 18% of Prince George's County residents delivered their babies in a Prince George's hospital; and

WHEREAS, Prince George's County has one of the highest birth rate in Maryland; and

WHEREAS, the data shows that Prince George's County has a low number of obstetricians in the County compared to the size of its population and without a deliberate focus to grow obstetrical services in Prince George's County, there will be an insufficient number of obstetricians to meet the growing obstetrical needs; and

WHEREAS, LHDCMC intends to improve obstetrical and perinatal care in Prince George's County and to offer the residents of Prince George's County the ability to deliver their babies close to home; and

WHEREAS, to accomplish its goal of providing perinatal and neonatal services in Prince George's County, LHDCMC will be investing substantial resources to create inpatient labor, delivery, post-partum and special care neonatal units at the Hospital; and

WHEREAS, the Maryland Health Care Commission has established the State Health Plan for Facilities and Services: Acute Hospital Inpatient Obstetric Services, COMAR 10.24.12; and

WHEREAS, each hospital providing obstetric services in Maryland shall comply with the essential requirements for its level of perinatal program, as defined in the most current version of the Maryland Perinatal System Standards; and

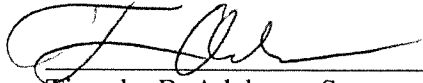
WHEREAS, LHDCMC is seeking to become a Level II perinatal program as defined by the Maryland Perinatal System Standards.

NOW, THEREFORE, BE IT:

RESOLVED, that Board of Trustees is committed to the establishment of inpatient perinatal and neonatal services at LHDCMC and committed to complying with the Maryland Perinatal System Standards specific to a Level II perinatal program. Such commitment will be demonstrated by allocating appropriate resources to the perinatal and neonatal programs, including physical, personnel and budgeting resources.

Signed this 24th day March 24, 2023:

Luminis Health Board of Trustees



Timothy B. Adelman, Secretary

EXHIBIT 7



ADM1.1.91 - Patient Financial Services – Hospital Financial Assistance, Billing & Collection

Dates Previously Reviewed/Revised: N/A
Newly Reviewed By: F&A 9/2012, BOT 9/2012,
HPRC 1/2015, BOT 6/2019
Approval Date: 6/2019 **Effective Date:** 7/2019

Owner: Director, Patient Financial Services

Approver Title: Chief Financial Officer

On file

Approval Signature _____

Scope: This policy applies to hospital services provided at Anne Arundel Medical Center (hospital), Doctors Community Medical Center (hospital), and Pathways only. This policy does not cover other providers, including all physicians who deliver emergency and medically necessary care at Luminis Health (Hospitals) And Pathways.

Policy Statement: To promote access to all medical services regardless of an individual's ability to pay, to provide a method of documenting uncompensated care, and to ensure fair treatment and access for all applicants.

Purpose:

- To ensure the hospital communicates patient responsibility amounts fairly and consistently.
- To provide an opportunity to resolve questions regarding charges or insurance benefits paid.
- To ensure the hospital meets the requirements of Maryland standards for hospital billing and collection practices.
- To provide an opportunity to resolve questions regarding charges or insurance benefits paid.
- To define the hospital's decision-making process for collection or legal action referral.
- To ensure the hospital meets the requirements of Maryland standards for hospital billing and collection practices.

Definitions: None

Policy/Procedure:

Hospital Financial Assistance Communications:

- The Financial Assistance Signage is conspicuously displayed in English & Spanish in the Emergency Department, Cashiering & Financial Counseling.
- Financial Assistance Policy and a printable Uniform Financial Assistance application are posted on the Luminis Health (Hospitals) And Pathways website.
- The Financial Assistance Policy is included in each patient guide located in the inpatient rooms.
- Registration staff and Financial Coordinators are trained to refer patients for financial assistance.

- The financial assistance application is available at all registration points – but in particular, the Emergency Department.
- A brochure, "What you need to know About Paying for Your Health Services," is available at every patient access point. Patient Financial Services developed the brochure with guidance from Public Relations. This brochure includes information surrounding financial assistance/contact points and is available in English/Spanish. Also, it is posted on Luminis Health (Hospitals) And Pathways' website.
- All inpatients must receive the "What you need to know about paying for your health services" brochure as part of the admission packet.
- Informational "business cards" are available through the patient access/registration staff to provide to the uninsured or any individual concerned about paying their hospital bill, directing them to the hospital Financial Counseling office for assistance.
- Hospital Patient Financial Service staff receive extensive training on the revenue cycle. They are incentivized to obtain certifications (AAHAM Technical (CRCS)) demonstrating their knowledge of billing and revenue cycle protocols.

Financial Assistance:

- A patient's payment for reduced-cost care shall not exceed the amount generally billed (AGB) as determined by the Health Services Cost Review Commission's (HSCRC) approved rates.
- PROVIDERS NOT COVERED BY FINANCIAL ASSISTANCE POLICY
Unless otherwise specified, the Anne Arundel Medical Center Financial Assistance Policy does not apply to physicians or certain other medical providers who care for you while you are in the hospital. This includes emergency room doctors, anesthesiologists, radiologists, hospitalists, pathologists, and other providers. These doctors will bill you separately from the hospital bill. This policy does not create an obligation for the hospital to pay for the services of these physicians or other medical providers. The public may obtain a copy of this list by printing from the link below or contacting the Luminis Health (Hospitals) And Pathways Financial Counseling office.
[Providers excluded from the Anne Arundel Medical Center Financial Assistance policy \(PDF\)](#)
- PROVIDERS COVERED BY FINANCIAL ASSISTANCE POLICY
This policy applies to services provided by Anne Arundel Medical Center (facility charges) only. Medical professionals who care for you in the hospital will bill you separately for their services (professional charges). Professional billing has a separate policy, and this Financial Assistance Policy does not cover their bills.
- Patients may apply for Financial Assistance by the methods listed below.
 - By calling Luminis Health (Hospitals) And Pathways at 443-481-6500
 - Patients may apply in person at the Financial Advocacy Office, which is located in the Ambulatory Care Pavilion on the first floor of Luminis Health (Hospitals) And Pathways' main campus between 8:30 a.m. and 4:00 p.m., Monday through Friday
 - The Financial Advocacy Office will mail a free copy of Luminis Health (Hospitals) and Pathways' financial assistance policy and financial assistance application to any patient who requests those documents
 - Patients may apply on the internet at:
https://www.aahs.org/uploadedFiles/Contents/Hot_Documents/Maryland-State-Uniform-Financial-Assistance-Application.pdf
 - Applications are available in English and en Español

- Determination of Probable Eligibility: Within two business days following a patient's request for financial assistance, application for medical assistance, or both, the hospital must decide on potential eligibility.
- Upon approval of the financial assistance application, all service dates twelve (12) months before and twelve months after shall be included in the adjustment. Service dates outside this twenty-four-month window may be included if approved by a Supervisor, Manager, or Director of the Patient Financial Services Department.
- Luminis Health (Hospitals) and Pathways provide 100% financial assistance to individuals with a household income at or below 200% of the US Poverty guideline but deemed ineligible for any County, State, or Federal Medicaid or other funding programs.
- Luminis Health (Hospitals) And Pathways provide 100% financial assistance to individuals enrolled in a means-tested State or Local program. Patients who provide proof of enrollment in one of these programs do not have to complete an application or submit supporting documentation of income to be approved for financial assistance.
- A patient qualified for Medical Assistance (Medicaid) is automatically deemed to qualify for financial assistance under this policy. The amount due from a patient on these accounts may be written off for financial aid with Medicaid eligibility verification. Standard documentation requirements will be waived.
- Luminis Health (Hospitals) And Pathways provide a sliding fee scale for individuals with a household income at or below 330% of the US poverty guideline but deemed ineligible for any County, state, federal, or other funding programs. The sliding scale provides 80% financial assistance to individuals up to 230% of the poverty guideline; 60% financial assistance to individuals up to 260%, 40% financial assistance to individuals up to 300%; and 20% financial assistance to individuals up to 330%.
- Luminis Health (Hospitals) And Pathways provide financial assistance to the uninsured and patients with a demonstrated inability to pay their deductibles, copayments, and balance after insurance.
- Patients who own liquid assets of more than \$30,000 are not eligible for financial assistance.
- The Medical Center excludes assets such as:
 - Equity in the patient's primary residence
 - The first \$15,000 of monetary assets
 - The value of transportation necessary to generate an income
 - Certain retirement benefits such as a 401k, where the IRS has granted preferential tax treatment as a retirement account including but not limited to deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans where the patient would pay taxes to include penalties by cashing in the benefit
- Patients who choose to become voluntary self-pay patients do not qualify for Financial Assistance for the amount owed on any account they have elected to self-pay.
- For all income levels, Luminis Health (Hospitals) And Pathways will consider exceptional circumstances, such as the amount of the bill compared to income and the cumulative impact of all medical bills from Anne Arundel Medical Center. Maryland regulations regarding financial hardship will be followed to determine if a unique circumstance is valid.
- Luminis Health (Hospitals) And Pathways developed an initiative with the Anne Arundel (AA) County Department of Health to help provide free prenatal diagnostic testing for uninsured, unregistered immigrants. These individuals are not eligible for any Medicaid program.

- Luminis Health (Hospitals) And Pathways participate with an AA County-specific program (REACH) administered through the AA County Department of Health to provide free care to low-income uninsured or under-insured individuals (below 200% of the US Poverty Guideline). These individuals come to Luminis Health (Hospitals) And Pathways on an elective basis and are prescreened by the local Department of Social Services.
- Diagnostic and treatment services are provided free of charge to referrals from the Luminis Health (Hospitals) And Pathways Outreach Free Clinic initiative located in downtown Annapolis.
- Payment plans are interest-free. Payment plans greater than four months will be handled by an external vendor.

Billing:

Patient Statement of Charges:

- A Summary Bill of charges formally referred to as the Uniform Summary Bill is mailed to every inpatient within 15 days of discharge from the hospital. This contains information on the insurance company billed and how to contact the Patient Financial Services office for questions or assistance.
- Uninsured patients receive this Summary as well.
- Each bill for outpatient services includes detailed charge information on the first request for payment.
- The patient may request a copy of their detailed itemized bill at any time.
- The HSCRC requires Patient Billing Information sheet data to be printed on the Uniform Summary Bill and the back of all patient billing statements.
- A representative list of services and charges is available to the public on the hospital's website and in written form. The hospital website is updated quarterly with the most recent average charge amount per case for each service.
- Requests and all inquiries for current charges for specific procedures/services will be directed to the ACP Financial Coordinator or, if applicable, the particular department Financial Coordinator. The Coordinator will communicate with the patient and the patient's care provider to provide the best possible estimate of charges. Using the CPT code, service description, and/or other supply/hospitalization time charge estimates are based on a) a review of the chargemaster for the CPT code/service description and/or b) a review of the cost of similar surgical procedures/treatments/hospital stays. The patient will be informed cost quotes are estimates and could vary based on the actual procedure(s) performed, supplies used, hospital stay/OR time & changes in HSCRC rates. If the Coordinator requires guidance or additional information to provide the estimate, they will contact the Reimbursement Department. Every effort will be made to respond to the charge request within two business days, depending on the information needed to fulfill the patient's request.

Patient Balance Billing:

- From the point in which it is known that the patient has a balance for which they are responsible, the hospital begins billing the patient to request payment.
- Each patient receives a minimum of 3 requests for payment over 90 days.
- Each patient bill includes contact information for financial assistance and states where to call to request a payment plan.

- Each bill informs the patient they may receive bills from physicians or other professionals.
- Short- and Long-term interest-free payment plans are available. The hospital considers the balance of the bill and the patient's financial circumstances in determining the appropriate agreement.
- Should the patient contact the Patient Financial Services Customer Service unit regarding the inability to pay – financial assistance is offered, and the financial assistance screening process begins.

Collection Agency process:

- If there is no indication from the patient or a representative that they cannot pay and no attempt at payment or reasonable payment arrangements is made, the account is referred to a collection agency.
- The collection agency referral would typically occur between 90 – 110 days from the first request to the patient to pay, assuming the patient made no attempt to work out payment arrangements or indicated financial need.
- The final statement to the patient communicates the account will be referred to an external agency if the balance is not satisfied.

Collections:

- The Director of Patient Financial Services oversees the hospital's business relationship with the Collection Agency. The Patient Financial Services Department is responsible for determining that reasonable efforts have been made to determine whether an individual is eligible for financial assistance before initiating extraordinary collection actions (ECAs).

Extraordinary Collection Actions (ECAs)	Permits
Selling an individual's debt to another party	
Reporting adverse information about an individual to credit agencies	
Deferring, denying, or requiring a payment before providing medically necessary care because of non-payment of one or more bills for previously provided care	
Placing a lien on an individual's property (not executed unless the property is sold)	✓
Foreclosing on an individual's real property	
Attaching or seizing an individual's bank account or other personal property	
Commencing a civil action against an individual	✓
Causing an individual's arrest	
Causing an individual to be subject to a writ of body attachment	
Garnishing an individual's wages	✓

- If a financial assistance application is received within 240 days of the first post-discharge billing statement, and the account is with a collection agency. In that case, the agency will be notified to suspend all ECAs until the application and all appeal rights have been processed.
- Luminis Health (Hospitals) And Pathways does not utilize a credit reporting bureau.
- Luminis Health (Hospitals) And Pathways does not charge interest to patients.
- The collection agency performs a financial checkpoint before taking the next step to legal action, including potential eligibility for financial assistance under this policy.
- Luminis Health (Hospitals) And Pathways staff review each case before being referred for legal action.

- The collection agency is educated on how to make referrals to Luminis Health (Hospitals) And Pathways' financial counseling department for individuals indicating they have the inability to pay.
- The collection agency will establish payment arrangements in compliance with Luminis Health (Hospitals) And Pathways' interest-free commitment.
- As a last resort, Luminis Health (Hospitals) And Pathways will file suit for the collection of debts.
- If the court makes a judgment in the hospital's favor, a formal legal credit mark referred to as a "judgment" is placed on an individual's credit and remains intact for ten years. Once the full payment is made, the patient may request that the judgment reflects as satisfied on the credit rating.
- Luminis Health (Hospitals) And Pathways will file suit against estates and, in some cases, when appropriate, trust funds.
- Luminis Health (Hospitals) And Pathways actively enforce a lien against an individual's primary home.

References: Patient Protection and Affordable Care Act statutory section 501 (r)
IRS Notice 2015-46
Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Volume 77, No. 123, Part II, 26 CFR, Part 1

Cross References: None

EXHIBIT 8

Information About YouName _____
 First Middle Last

Social Security Number _____ - _____ - _____

Marital Status: Single Married Separated

Permanent Resident: Yes No

Home Address _____

Phone _____

City State Zip code

Country _____

Employer Name _____

Phone _____

Work Address _____

City State Zip code

Household members:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment plan? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient

EXHIBIT 9

Procedure Title	Final Determination of Financial Assistance		Procedure #	2.04
Effective Date	01/01/2021	Date of Last Revision	5/20/2021	
Leader Responsible	Senior Director, Patient Financial Services			

APPROVAL AND REVIEW

J. Karns
Senior Director, Patient Financial Services

5/20/21
Date

N/A
Manager of the Subject Area

Date

SCOPE

This departmental procedure applies to all employees of the Luminis Health Hospital Business Offices.

POLICY STATEMENT

Revenue Cycle Management has a fiduciary responsibility to ensure that all deductions from revenue are appropriate and have been thoroughly reviewed. Write-offs to Financial Assistance must be in accordance the Luminis Health Financial Assistance Policy (see related policies).

TERMS AND DEFINITIONS

TERM	DEFINITION
PFS	Patient Financial Service Departments of the Luminis Health Hospitals
HSCRC	Health Services Cost Review Commission of Maryland

Financial Assistance

PFS management will ensure that financial assistance write-offs adhere to the requirements of federal, State of Maryland laws and the HSCRC. The Vice President of Revenue Cycle will be notified when a balance due from one guarantor exceeding \$100,000 is written off to the financial assistance allowance code. PFS management will ensure that allowances to financial assistance are in compliance the health system's Financial Assistance Policy.

Final Determination of Eligibility shall compare the amounts from the patient's proof of income documents to the Federal Poverty Levels to determine whether or not the patient is eligible, and if so, at which level of assistance the patient is eligible. Patients enrolled in a means-tested State or Local program do not have to complete an application or provide proof of income. Patients who are Medical Assistance beneficiaries do not have to complete an application or provide proof of income.

For patients who do not qualify based on their income level, their level of medical debt will be evaluated to determine if they qualify as a financial hardship case.

EXCEPTIONS

Describe exceptions here.

If the Financial Counselor, Supervisor or Senior Manager believe that a patient should qualify for Financial Assistance and failure to complete the application process is the only barrier to granting financial assistance, the Senior Director, Patient Financial Services will be consulted for an exception to the policy.

Proof of Income may include, but are not limited to, the following.

- A. Recent Paystubs-must supply 2-3 (**for you and spouse/significant other**)
- B. Social Security Award Letter
- C. Retirement, Pension Award Letter
- D. US Department of Labor Unemployment Award Letter
- E. Workers Compensation Award Letter

I. ***If none of the above apply, please provide one of the following:***

- A. Employment Verification Form (attached)
- B. Verification of Assistance From Others (attached)
- C. Current year's tax returns (**Complete/All Pages**)
- D. W-2 Forms
- E. Bank statements (**6 Months**)

If a student, please submit proof of income for person supporting you and proof of scholarships/grants

Any other form of income verification the patient supplies which satisfies the Financial Counselor that the patient's income is substantiated may be approved by the Supervisor, Manager or Director.

RELATED POLICIES AND OTHER REFERENCES

ADM1.1.91 - Patient Financial Services – Hospital Financial Assistance, Billing & Collection

EXHIBIT 10

How to apply for financial assistance

We know that medical bills can be confusing, overwhelming and unexpected. We are here to help you navigate the financial obligations. Each hospital, Anne Arundel Medical Center and Doctors Community Medical Center have their own team.

Anne Arundel Medical Center

Download forms

<https://luminis.health/aamc-fa-application>

Call us

443-481-1401
Monday through Friday
9:00 a.m. and 4:00 p.m.

Visit us

Monday through Friday
8:30 a.m. and 4:30 pm
Financial Counselor's office
Anne Arundel Medical Center, North
Pavilion, Ambulatory care
Annapolis, MD 21401

Doctors Community Medical Center

Download forms

<https://luminis.health/dcmc-fa-application>

Call us

301-552-8093
Monday through Friday
9:00 a.m. and 4:00 p.m.

Visit us

Monday through Friday
8:30 a.m. and 4:30 pm
Financial Counselor's office
Doctors Community Medical Center
7404 Executive Place, Room 300A
Lanham, Maryland 20706

Contact the financial counseling team

- AAMC or MMC Financial Assistance: 443-481-1401
- DCMC Financial Assistance: 443-481-6445
- AAMC or MMC Medical Assistance (Medicaid) Application: 443-481-1401
- DCMC Medical Assistance (Medicaid) Application: 301-552-8116
- Estimate of your charges at AAMC or MMC: 443-481-1401
- Estimate of your charges at DCMC: 301-552-8187



Financial assistance with your hospital bill

Need help with your bill?

Medical bills can be confusing. We're here to help.

If, at any time, you have questions about obtaining financial assistance, your hospital bill, your rights and obligations regarding the bill, or applying for the Maryland Medical Assistance Program, please contact the AAMC Financial Counselors at 443-481-1401 or the DCMC Financial Counselors at 443-481-6445.

Maryland medical assistance program

To find out if you are eligible for Medical Assistance you may apply online at <https://www.marylandhealthconnection.gov/> or apply by telephone by calling the Maryland Health Benefits Exchange Consolidated Service Center. The toll-free number is (855) 642-8572 or TTY (855) 642-8573. You may also apply at your local health department or local department of social services.

Physician services

Physician services provided to inpatients and outpatients will be billed separately and are not included on your hospital billing statement.

Facility fee

Luminis Health is permitted to bill outpatients a fee, commonly referred to as a facility fee, for their use of hospital facilities, clinics, supplies and equipment, and non-physician services, including but not limited to the services of non-physician clinicians, in addition to physician fees billed for professional services in the hospital.

Estimates

You have a right to request and receive a written estimate of the total charges for the hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided and billed by the hospital. Some estimates for services are available online through the MyChart patient portal. Written estimates for AAMC/MMC may be obtained by calling the Financial Counseling Office at 1-443-481-1401. Written estimates for DCMC may be obtained by calling the Financial Assistance Department at 443-481-6445.

Appealing an unfavorable decision

Patients who feel they have been denied financial assistance inappropriately under this policy may contact the Health Education and Advocacy Unit of the Maryland Attorney General's Office.

- Email: heau@oag.state.md.us
- Telephone: 410-576-6300; En español 410-230-1712
- Address: 200 St. Paul Place 16th Floor, Baltimore, MD 21202-2021
- Fax: 410-576-6571
- Website: <https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>

Luminis Health financial assistance policy

Luminis Health, Inc. hospitals include Anne Arundel Medical Center (AAMC), Doctors Community Medical Center (DCMC) and J. Kent McNew Family Medical Center (MMC).

Luminis Health, Inc. (Luminis Health) provides medically necessary services regardless of an individual's ability to pay. You are receiving this information brochure because under Maryland law, this hospital must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are a low-income household.

Luminis Health provides 100% financial assistance to individuals with household income at or below 300% of the US Poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program. Luminis Health exceeds the legal requirement by providing financial assistance for individuals with household income on a sliding scale. The sliding scale provides 50% financial assistance to individuals up to 350% of the poverty guideline. Further assistance may be available for households that meet the definition of medical financial hardship under Maryland regulations.

Patients' rights and obligations

Rights:

- Those patients that meet the financial assistance policy criteria described above may receive assistance from Luminis Health in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request financial assistance (see back for more information).
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria (see back for more information).

Obligations:

- For those patients with the ability to pay their bill, it is the obligation of the patient to pay the hospital in a timely manner.
- Luminis Health makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is your responsibility to provide correct insurance information.
- If you do not have health insurance coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under Luminis Health's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office promptly (443-481-6500) to discuss the matter.

EXHIBIT 11



Patient HANDBOOK

PASSION FOR CARING

Welcome

TO DOCTORS COMMUNITY HOSPITAL

Thank you for trusting us with your care. Our team of doctors, nurses and other healthcare professionals are dedicated to providing you with patient-centered services within a compassionate and healing environment.

Our hospital was founded in 1975 by physicians who wanted county residents to have access to excellent medical services conveniently available in their neighborhood. What began as a single-building hospital in Lanham is now a network of care with offices located throughout the area. Moreover, our commitment to providing great care has earned us the highest ranking for hospital quality in Prince George's County as reported by the Centers for Medicare and Medicaid.

Along with our knowledgeable and skilled healthcare providers, we have state-of-the-art technology including the daVinci® surgical robotic system and 3-D mammography. Additionally, we help support your overall wellness goals by providing comprehensive services:

- | | | | |
|-----------------------------|-------------------|----------------------|---------------------|
| ✦ Ambulatory surgery | ✦ Emergency | ✦ Orthopedics | ✦ Surgery |
| ✦ Bariatric and weight loss | ✦ Endocrinology | ✦ Primary care | ✦ Transitional Care |
| ✦ Breast health | ✦ Family Medicine | ✦ Radiation oncology | ✦ Vascular health |
| ✦ Diabetes education | ✦ Imaging | ✦ Rehabilitation | ✦ Wound healing |
| ✦ Digestive disease | ✦ Infusion | ✦ Sleep | ✦ And more |

Our team is committed to providing you with exceptional care. If you have any suggestions about how we can better serve you, please call our **Patient Action Line** at extension 5555 from your bedside or 301-552-0899 on an outside telephone line. Additionally, you can email us at wecare@DCHweb.org.

Another way you can share your insights is by completing a Press Ganey Patient Experience Survey. If you receive this survey by mail, please take a few minutes to give us feedback about your hospital visit. Patient feedback is at the core of our health system's improvement process . . . we can't do it without you.

This booklet will help you understand what to expect during your stay with us. If you need any additional information at any time, every member of our team is willing to assist you.

On behalf of the entire Doctors Community Hospital family, we wish you a speedy recovery.



Paul Grenaldo
PRESIDENT

SECTION

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YOUR ROOM



Television and Telephone

Our free and interactive television, GetWellNetwork (GWN), is available in most hospital rooms. Upon discharge, you can also access some of the free health-related videos on your smart devices and computers. Remember to check the email address that you provided during the admissions process and follow the provided instructions.

As an inpatient, you must first view multiple patient safety educational videos. Afterwards, you can use our free television, on-demand movies, telephone and Wi-Fi services. For additional information about your room and television services, please talk with your nurse or refer to the document inserted in this handbook.

Your Bed

Your bed is equipped with side rails. Your nurse may raise them at night or other times to ensure your safety. Please call our staff for help lowering the rails. The bed also has a variety of positions that may make it higher than what you are accustomed to using at home. Please use your call bell or call your nurse and wait for help if you have difficulty getting in or out of bed, or if your condition may cause you to slip or fall. (Page 11 has information about preventing falls.)

Nurse Call Signal

You may call your nurse by dialing the number on the whiteboard in your room. You can also press the call button at your bedside any time you need a nurse. Your call will be answered through the intercom system at the nurses' station. Sensitive or "light-touch" call buttons can be provided upon request.

Emergency Call Light

Next to the toilet in each bathroom is an emergency pull-cord that should be used only if you need immediate help. Someone will quickly come to assist you. It is not an intercom system.

Personal Items

The hospital will not assume any liability for personal items retained in your possession, including glasses, dental plates, hearing aids or other prosthetic devices, laptops, tablets, jewelry, cellphones, currency or clothing. Please keep only essential items (e.g., sleeping apparel, toiletries, etc.) in your room. Personal grooming supplies are available upon request. Have a family member, friend or caregiver take your personal property and valuables home when you are admitted. If necessary, security can store valuables in the hospital's safe. Our valuables pick-up service is available 24 hours a day. To retrieve your items from security, contact the operator by dialing "0" on your room telephone or ask your nurse to call security for you.



You may not bring personal electrical appliances (e.g., fans, televisions, hair dryers, radios, etc.) to the hospital. Although these appliances are safe for use at home, many are not compatible with the hospital's environment and could create a fire hazard. Battery-operated appliances are permitted. Fans are not permitted in any circumstances for infection-control reasons.

Cellphone Use

While cellphones can be used in most areas of the hospital, they cannot be used in the critical care units due to the interference they cause with the hospital's electronic equipment. The hospital does not replace lost or damaged cellphones. Please send your cellphones home with a friend, family member or caregiver.

Your Medications

Doctors Community Hospital has specific regulations regarding medications taken during your hospital stay. No medications may be kept at the bedside. Medications must be sent home immediately or logged in and sent to the pharmacy to be secured. These medications will be returned to you at discharge.

During your stay at the hospital, the Pharmacy Department provides most medications ordered by your physician. However, in some situations, your doctor may write an order for you to use your own medication. This usually occurs when those medications are not normally stocked in our pharmacy. Under no circumstances will you be allowed to self-administer your medications.

- ✦ Bring your medications from home and give it to the nurse as soon as possible. Please be sure the original pharmacy labels are on the medication bottles.
- ✦ The pharmacy will inspect and verify the medications. Medications approved for use will be locked in the unit's medication cabinet. The nurse will administer the medications at the times ordered by your physician. These medications will be returned to you upon discharge.

Please contact the unit charge nurse if you have any questions.

Environmental Services

A member of the housekeeping staff will clean your room once a day between the hours of 7:30 a.m. and 4 p.m. However, emergency housekeeping service is available 24 hours a day. If you need additional housekeeping services, call the Environmental Services Department by dialing 8165 from your room telephone, and we will be happy to help you.

No Smoking Policy

Maryland state law prohibits smoking within a healthcare facility. Doctors Community Hospital has a smoke-free campus policy for all buildings, grounds and parking lots. Thank you for refraining from smoking indoors and outdoors.

Nicotine patches are available if you smoke. Please discuss this option with your nurse, who can request an order from your physician.

B

YOUR COMFORT & NEEDS



Meals

Within 12 to 24 hours of your admission, a nutrition attendant from Food and Nutrition Services may visit you. The nutrition attendant will help you make your meal choices based upon the diet that has been prescribed by your physician. A menu and first meal will be delivered as soon as your doctor permits. If you are a vegetarian or have any religious or cultural observations that affect your diet, please provide this information during your interview.

Three meals are served each day. While actual serving times vary according to your room location in the hospital, approximate meal times are:

✦ BREAKFAST	7:00 a.m. – 8:00 a.m.
✦ LUNCH	11:30 a.m. – 12:30 p.m.
✦ DINNER	5:00 p.m. – 6:00 p.m.

We take great pride in service excellence. If your meal does not meet your expectations, please call Food and Nutrition Services by dialing 8161 from your room telephone between the hours of 6:00 a.m. and 7:00 p.m.

Individual meal schedules may be interrupted due to special procedures or testing. In these cases, every effort will be made to have a meal delivered to you as soon as your doctor permits.

Family and friends may bring you food once your physician approves. Any food that is not eaten must be taken home or discarded. No food can be stored at the hospital unless it is provided by Food and Nutrition Services and its packaging is unopened.

Visiting Guidelines

Doctors Community Hospital visitors will receive visitation privileges consistent with your preferences and subject to the hospital's justification of clinical restrictions. Some of these restrictions include:

- ✦ A court order limiting or restraining contact
- ✦ Behavior presenting a direct risk or threat to you, hospital staff or others in the immediate environment
- ✦ Behavior disruptive to the functioning of the patient care unit
- ✦ Reasonable limitations regarding the number of visitors at one time
- ✦ Your risk of infection by the visitor
- ✦ Visitor's risk of infection by you
- ✦ Extraordinary protections because of a pandemic or infectious disease outbreak
- ✦ Substance abuse treatment protocols requiring restricted visitation
- ✦ Your need for privacy or rest
- ✦ Your undergoing a clinical intervention or procedure and the treating healthcare professional believes it is in your best interest to limit visitation

In all patient care areas except the Critical Care Center, visiting hours begin at 8 a.m. and end at 8 p.m. daily. Only two visitors per patient are permitted at a time. **Visitors must be at least age 12 or older.**

B

Critical Care Center visiting hours are 11 a.m.–3 p.m. and 4 p.m.–7 p.m. **Visitors must be at least age 13 or older.** When the announcement is made that visiting hours have ended, guests must leave the Critical Care Center waiting area. Exceptions can be made by the director of the Critical Care Center or the administrative nursing supervisor.

We do not restrict, limit or otherwise deny visitation on the basis of race, color, national origin, English proficiency, religion, sex, gender, sexual orientation or disability.

You may refuse or deny visitors at any time by letting the nursing staff know of your decision. Your decision can be shared through your representative and/or support person. If you believe that your visitation rights have been violated, you may file a complaint by calling 5555 from your bedside telephone or 301-552-0899 from an outside telephone.

Support Person

Access to a family member, friend or other trusted individual may provide you with emotional support and comfort during the course of your hospital stay. A support person must be age 18 or older. You may change your support person designee at any time. The support person can have access to you 24/7 unless deemed inappropriate by your healthcare team or his/her presence interferes with patient care. The support person exercises visitation rights when you are unable to do so.

Deliveries and Mail

Any mail or packages you receive during your stay will be delivered to your room. Please note that flowers and fruit baskets are not permitted in the Critical Care Center or when a patient is placed in isolation. Also, to protect individuals who have related allergies, latex balloons are not allowed in the hospital. Any mail you receive after being discharged from the hospital will be returned to the sender.

Pastoral Care

If you would like a member of the clergy to visit you, call Pastoral Care Services on your bedside telephone by dialing 8051. If your request is urgent, please dial “0” for assistance.

Multi-Faith Worship Center

Located near our cafeteria, the Multi-Faith Worship Center is a place for prayer and meditation. It is open to everyone 24 hours a day.

Vaccines and Screenings

In compliance with federal law, patients who meet certain criteria may receive influenza (flu) vaccines between September and March. Pap smears and mammogram education may be available for those who have not had one within the last year. Talk to your doctor or nurse about these programs and related education.

SERVING SPECIAL NEEDS

C

Language Interpreter Services

Foreign language interpreter services may be arranged through your nurse or the administrative nursing supervisor.

Services for the Hearing-Impaired

Interpreter services and teletype (TTY) access may be arranged through your nurse or the administrative nursing supervisor. All bedside televisions can be set for closed captioning.

Special Communication Needs

If you need communication devices that are required by the Americans with Disabilities Act, please contact your nurse, who can make arrangements for you.

PAIN MANAGE- MENT



Our Commitment

We are committed to working with you to control your pain or discomfort. Most pain medications are ordered as needed and not automatically given.

Good Communication Is Very Important

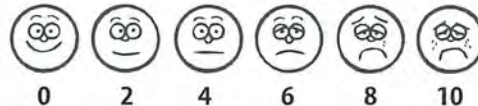
Never assume that your healthcare providers know you're in pain. If you are experiencing any kind of pain or discomfort, please let us know. We can help!

Communication Counts

Healthcare providers need to fully understand your situation before they can help. Speak clearly and calmly about what you're feeling and where it hurts. Writing down your symptoms may help you better explain. Never keep pain to yourself because you're fearful of not being believed or of uncovering a serious problem.

Use a Pain Scale

Help others understand your level of pain by rating it on a scale from 0 to 10 (0 = no pain and 10 = the most severe pain).



Describe Your Pain

Tell your healthcare provider exactly what your pain feels like. For example, it may be:

- ‡ Aching
- ‡ Burning
- ‡ Constant
- ‡ Deep
- ‡ Dull
- ‡ Heavy
- ‡ On-and-off
- ‡ Pounding
- ‡ Sharp
- ‡ Shooting
- ‡ Stabbing

Personal Pain Goals

Discuss your pain goals with your healthcare provider. Some patients prefer to tolerate some pain instead of taking higher doses of pain medications.



FOR YOUR CONVENIENCE

E

Gift Shop

A wide variety of merchandise is available in our gift shop, including cards, flowers, snacks, toiletries and gifts. Patients may not purchase food from the gift shop. The gift shop is located in the first-floor lobby and is open:

- ‡ MONDAY–FRIDAY 9:00 a.m. – 8:00 p.m.
- ‡ SATURDAY–SUNDAY 11:00 a.m. – 5:00 p.m.

The gift shop staff can be reached by dialing 8008 from your bedside telephone. The shop also provides a free delivery service and accepts online orders. For more details, please visit our website at DCHweb.org/giftshop.

Cafeteria and Vending Area

Our cafeteria—Good Luck Café—offers many hot and cold food selections, including a salad bar, soups, fresh fruit, daily chef specials and a self-serve deli bar. The café is located on the first floor next to the elevators. It is open seven days a week.

Patients may not purchase food from the cafeteria. We also have a vending area available 24 hours a day.

- ‡ BREAKFAST 6:30 a.m. – 10:15 a.m.
- ‡ LUNCH 11:00 a.m. – 2:00 p.m.
- ‡ LIMITED LUNCH 2:00 p.m. – 4:30 p.m.
- ‡ DINNER 4:30 p.m. – 7:00 p.m.

Newspapers

Local and national newspapers are available in the gift shop.

Notary Public

A notary public is available in the hospital. Please ask your nurse for assistance.

Parking

For your convenience, we offer free parking. Please let a member of our clinical team know whether you or a family member has a vehicle that may remain on our campus for more than 72 hours. They will share that information with Security.

YOUR HEALTH- CARE TEAM



All of your healthcare providers will introduce themselves and inform you of their roles in your care. Please ask for their names if introductions are not made.

Nursing Staff

We use a patient-focused care approach. A skilled group of registered nurses, licensed practical nurses, patient care technicians and assistants join other healthcare professionals to provide you with comprehensive care.

Private Physicians

Your physician, who has primary responsibility for your care, carefully directs your treatment plan. Other members of the staff work under his/her supervision to give you comprehensive care as well as therapeutic and diagnostic support. Your physician may also enlist the expertise of on-staff specialists or an immediately available house doctor.

Inpatient Team

This team may include: hospitalists (physicians), intensivists, licensed practitioners, nurse practitioners and physician assistants. You may be cared for by a member of our Inpatient Team during your hospitalization. They work directly with your family physician to provide you with the highest quality medical care.

Rapid Response Team

Doctors Community Hospital has a Rapid Response Team to provide immediate attention if there is a change in your condition. Please contact staff members if you experience any of the following:

- ✦ Very fast, slow or irregular heart rate
- ✦ Difficulty breathing
- ✦ Difficulty speaking or slurred speech
- ✦ Sudden bleeding
- ✦ Sudden weakness on one side
- ✦ Chest pain
- ✦ Changes in mental status
- ✦ Fainting

Therapists and Technicians

Specially trained in advanced methods, medical equipment and technology, our therapists and technicians assist in the detection, prevention and treatment of diseases or injuries.



YOUR SAFETY

G

Preventing Falls and Risk for Injury

All patients are at risk of falls when in the hospital. Your illness, treatments or procedures may leave you weak or unsteady. Some medications can also cause disorientation and weakness. These medications include:

- ✦ Blood pressure medication
- ✦ Pain medication
- ✦ Muscle relaxants
- ✦ Diuretics (water pills)
- ✦ Tranquilizers
- ✦ Seizure medications
- ✦ Sleeping pills
- ✦ Laxatives and enemas
- ✦ Psycho active medications

Falling also increases your risk of injury and may prolong your hospital stay and recovery period. High-risk factors for fall-related injuries may include:

- ✦ Being age 85 or older
- ✦ Having a conditions such as osteoporosis or a previous fracture
- ✦ Some medications such as blood thinners
- ✦ Undergoing a surgical procedure

REDUCE YOUR RISK

Extra effort may be required to avoid potential falls and related injuries. By following our guidelines, you and your family can help reduce your risk of falling. Always follow your physician's and nurse's instructions as to whether you must stay in bed, call for required assistance, etc. Our staff is always available and happy to assist you.

Safety Tips and Guidelines

- ✦ Use your call bell.
- ✦ Ask for help if you need to use the bathroom or if you feel dizzy or weak when getting out of bed. Remember, you are more likely to faint or feel dizzy after sitting or lying down for a long time.
- ✦ Remain lying down or seated while waiting for assistance. Someone will answer your call as soon as possible.
- ✦ Keep your bed in its lowest position.
- ✦ Keep the bed alarm on. You may have a bed or chair alarm on for safety. Do not turn it off. If you need help getting out of your bed or chair, please call for assistance.
- ✦ When getting out of bed or a chair, sit up for at least two minutes. Then rise carefully and slowly to avoid unsteadiness.
- ✦ Keep your telephone, personal items and assistive devices near you and within reach.
- ✦ Wear your glasses and hearing aids.
- ✦ Wear non-skid slippers/socks whenever you walk in your room or the hospital.
- ✦ If there is a spill or wet spot on the floor, notify us so we can clean it before a mishap occurs.
- ✦ Let our staff know if furniture or other objects should be moved or removed to clear your path.
- ✦ Be careful getting on and off the toilet. Use the handrails. Our staff can assist you when you need to use the bathroom.

CONSIDER YOUR OPTIONS

If you wish to have constant attention, one family member may remain with you during your stay. You may also hire, at your expense, a private duty nurse or patient sitter. If you are interested in these options, the manager of your unit is available to help you make arrangements.

Patient Safety Line

If you wish to report a safety concern, please contact your nurse or dial 7800 from your room telephone.

Food and Drug Interactions

Certain foods can interfere with medications you are taking. Some common interactions to keep in mind include:

Antireflux – Pantoprazole (Protonix), Esomeprazole (Nexium), Omeprazole (Prilosec), Dexlansoprazole (Kapidex, Dexilant), Lansoprazole (Prevacid) and Rabeprazole (AcipHex)

Take on an empty stomach 30 minutes before breakfast.

Carbidopa/Levodopa (Sinemet)

Avoid taking with high protein meals.

Warfarin – Coumadin

Avoid drastic changes in the consumption of foods high in vitamin K. These can include: beef liver, cabbage, kale, soybean oil, broccoli, collard greens, spinach, turnip greens, Brussels sprouts, green tea and other green leafy vegetables.

Diuretics – Water Pill

If you take diuretics that are potassium-depleting such as Furosemide (Lasix), Bumetanide (Bumex), Torsemide (Demadex) or Hydrochlorothiazide (Aquazide, Hydrocot, Microzide or Zide), ask your doctor if consumption of potassium-rich foods should be increased.

Foods high in potassium include:

- | | | | | |
|--------------|--------------------|--------------------|------------|------------------|
| ✦ Apricots | ✦ Brussels sprouts | ✦ Figs | ✦ Molasses | ✦ Spinach |
| ✦ Artichokes | ✦ Cantaloupes | ✦ Grapefruit juice | ✦ Oranges | ✦ Squash |
| ✦ Asparagus | ✦ Collard greens | ✦ Greens | ✦ Potatoes | ✦ Sweet potatoes |
| ✦ Avocados | ✦ Dates | ✦ Honeydews | ✦ Prunes | ✦ Tomatoes |
| ✦ Bananas | ✦ Dried beans | ✦ Milk | ✦ Pumpkins | ✦ V8 juice |
| ✦ Broccoli | | | ✦ Raisins | |



Alendronate (Fosamax), Risedronate (Actonel) and Ibandronate (Boniva)

Take 30 minutes before your first food or drink of the day. Take only with water. Sit upright or stand for at least 30 minutes after taking the medicine.

Levothyroxine (Synthroid, Levaxyl, Levothroid, Unithroid and Tiroint)

Take 30 minutes before breakfast on an empty stomach.

MAO Inhibitors-Tranylcypromine (Parnate), Selegiline (Eldepryl), Phenelzine (Nardil) and Linezolid (Zyvox)

Avoid draft beer; aged cheese; aged, smoked or cured meat; soy sauce and tofu.

Oral Diabetic Medications

- If you take glipizide (Glucotrol), repaglinide (Prandin) or nateglinide (Starlix), take the medication 15-30 minutes before meals.
- If you take glyburide (Diabeta or Micronase) or metformin (Glucophage, Fortamet, Riomet or Glumetza), take with meals.
- If you take pioglitazone (Actos), take with or without meals.
- If you take acarbose (Precose) or miglitol (Glyset), take with first bite of each main meal.

Iron Supplements

Take on an empty stomach with water. If an upset stomach occurs, take after meals or with food. Do not take tetracycline, doxycycline or antacids while taking iron supplements. Iron supplements may darken the color of your stool.

Levofloxacin (Levaquin), Ciprofloxacin (Cipro) and Doxycycline (Adoxa, Monodox, Oracea, Vibramycin and Avidoxy)

Take one hour before or two hours after dairy products, antacids, iron, calcium or zinc (including multivitamins). Avoid alcoholic beverages. Take only with water.

Statin-type Cholesterol Medications (Rosuvastatin [Crestor], Atorvastatin [Lipitor], Lovastatin [Mevacor], Pravastatin [Pravachol] and Simvastatin [Zocor])

Avoid drinking grapefruit juice when taking these medications.

This list does not include all food and drug interactions. If you have any questions, please consult your nurse, physician or pharmacist for assistance.

Medication Reconciliation

Medication mistakes can be prevented. Follow these basic tips to manage your medications safely:

- Share with your doctor and nurse a list of your current medications, including over-the-counter medications, vitamins, herbals and supplements. It is important to know dosages, how often you take them and when the last dose was taken.
- Remind your doctor about allergies you have or negative reactions you have had to any medications.
- Tell your nurse or doctor if you don't feel well after taking a medication. If you think you are having a reaction or experiencing side effects, call for help immediately.
- If a new medication is ordered, ask your doctor or nurse how it will help. Ask for written information, including its brand and generic names, and possible side effects.
- Whenever you are in doubt about a medication, ask your nurse, doctor or pharmacist for more information.
- Make sure your doctor or nurse checks your wristband and asks your name before giving you any medications.
- Before you leave the hospital, make sure you get a copy of your medication list. It should include all the medications you should take at home. Check it for accuracy. Ask questions. The list might not be the same as when you entered the hospital. After you have received the new list, remember to discard any old medication lists and update all records with your medical providers and/or retail pharmacies.

G

Fire Safety

If you hear a fire bell, please return to your room and stay there until given further instructions. Your room door will be closed, and the staff will notify you about any necessary evacuation plans. Our staff is skilled in fire protection and will transport you safely if needed.

Reduce the Spread of Infections – Clean Your Hands

Proper hand hygiene can significantly reduce the spread of infections. Follow these easy tips:

- ✦ Clean your hands when entering and exiting your room
- ✦ Clean your hands before and after touching or eating food
- ✦ Clean your hands after using the bathroom
- ✦ Use soap and warm water; then rub your hands together for at least 15 seconds before rinsing
- ✦ Use a hand sanitizer; then rub your hands together – especially under nails and between fingers – until they are dry

Infection Control

People of all ages and backgrounds may be carriers of infectious diseases. These illnesses may include multidrug-resistant, urinary catheter, central line and surgical site infections.

We take special precautions to prevent accidental exposure to these types of infections. Our personnel will wear protective clothing whenever exposure to your blood, bodily fluids or mucous membranes is likely. Also, signs will be placed on your room door whenever any specific infectious condition is identified and requires isolation. These signs will give additional guidelines for visitors and staff about infection control measures.

To prevent the possible transfer of infections, children younger than 12 are not permitted in many patient care areas. Education on safe infection control practices will be provided to you and your visitors.

Preventing Infection

Cover Your Mouth and Nose

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel three feet or more. Cover your mouth and nose to prevent the spread of infection to others.

Use a Tissue

Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands. If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, wash them right away.

Please do not have ill friends or family members visit during your stay.

Safety Steps Taken by Healthcare Providers

Doctors, nurses, technicians and other healthcare providers are exposed to many patients throughout the day. Guidelines developed by the Centers for Disease Control and Prevention (CDC) recommend that healthcare workers routinely use an alcohol-based hand rub to clean their hands between patient contacts and before certain procedures. Hand-washing with soap and water is still recommended whenever hands are visibly soiled. Healthcare providers may wear clean gloves when they perform their tasks. Please feel free to remind staff to clean their hands before caring for you.

Safe Antibiotic Use

We are committed to safe antibiotic use! As your healthcare providers, we pledge to give you the best care possible! To improve effectiveness and reduce the risk of resistance, we will avoid prescribing antibiotics and use them only when needed for the shortest duration possible.



PREPARING FOR DISCHARGE

H

Social Work Discharge Planning

Assistance is available to help you and your family deal with emotional, social and financial difficulties while in the hospital and during transitions home. If you require post-acute care in a rehabilitation center or skilled nursing facility, our Case Management Department will coordinate that care with your insurance provider. If a transfer to one of these facilities is necessary, a member of that team will talk with you and your family about local facilities and ask you for your preferences. If the facility you've selected cannot accept you, you will be asked to select an alternate facility.

To contact the Case Management Department, dial 8025 from your bedside telephone between 8 a.m. and 4 p.m. If someone is not immediately available, please leave a message. He/She will contact you as soon as possible.

Discharge Procedure

Your anticipated date of discharge will be posted on the whiteboard in your room. Once your date of discharge is confirmed, a family member or friend should be prepared to pick you up. Before leaving your hospital room, check all drawers and closets for any personal belongings.

Hospital Equipment

Certain equipment (e.g., wheelchairs, walkers, respiratory treatment machines, etc.) will be provided for your use during your stay free of charge. This equipment is hospital property and should not be removed from the building.

Valuables and Medications

The nursing staff will arrange to have security return held valuables to you 24/7. Also, your nurse and a security officer will inventory these items and complete the required paperwork. Ask your nurse for assistance with retrieving any medications you brought from home, which will be securely kept in the unit's medication cabinet or the Pharmacy Department. As a safety precaution, please do not leave any valuables in your vehicle. The hospital will not be held responsible for any items stolen while it is parked on campus.

Financial Planning

Your insurance coverage will be verified prior to your discharge. If a deposit is required, a financial counselor will contact you. For patients who have financial hardships, we will help you apply for medical assistance. Eligibility for medical assistance can usually be determined within 48 hours of admission. Medical assistance counselors are available between 8:30 a.m. and 5 p.m. Monday through Friday by dialing 8682 or 8116 from your bedside telephone. These counselors can also meet with you directly.

H

Payment

You may make deposits or pay for personal services by cash, check, money order or credit card. A two-percent discount on hospital charges is applied if payment is received upon admission or at the time of discharge. Payment may be made at the Cashier's Office on the second floor of the north building or at the registration desk in the Emergency Department after hours. If you have any questions regarding your bill, please call the Patient Billing Department at 800-889-6638 between 8:30 a.m. and 4 p.m., Monday through Friday.

Some physicians (e.g., radiologists, anesthesiologists, hospitalists, intensivists, pathologists, emergency doctors, etc.) are independent contractors and are not employees or agents of the hospital. **Doctors Community Hospital is not liable for their actions.** Additionally, these physicians bill separately for their services.

Financial Assistance Program

Financial assistance is available for patients who receive services from physicians employed by Doctors Community Health System (DCHS). Non-employed physicians follow their own policies and procedures.

You may qualify for free or partial care based on your family's gross income as applied to the Federal Poverty Guidelines. You can request to have a financial assistance application mailed to you by calling our Financial Assistance Department at 443-481-6445. Also, you can pick up an application at the following locations:

Doctors Community Hospital
Emergency Department-Registration and Outpatient Surgery Registration Offices
8118 Good Luck Road
Lanham, Maryland 20706

Please mail your completed application with proof of family income and expenses to:

Doctors Community Hospital
Patient Financial Services
8118 Good Luck Road
Lanham, Maryland 20706

All DCHS patients are charged the same fees regardless of their need for financial assistance.

I

YOUR RIGHTS AND RESPONSIBILITIES





List of Rights

Doctors Community Hospital considers you a partner in your care. When you are well-informed, participate in treatment decisions and communicate openly with your doctors and other health professionals, you help make your care as effective as possible.

We encourage respect for each individual's personal preferences and values. While you are a patient in the hospital, you have the right to:

1. Considerate and respectful care.
2. Be well-informed about your illness, possible treatments and likely outcome; and discuss this information with your doctor.
3. Know the names and roles of the people treating you.
4. Consent to or refuse treatment, as permitted by law, throughout your hospital stay. This consent includes the right to refuse or have withheld life-sustaining treatment and resuscitative measures. If you refuse a recommended treatment, you will receive other needed and available care.
5. Have an advance directive such as a living will or appointment of a healthcare agent. These documents express your choices about future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family and your doctor.
6. Know how medical information about you may be used and disclosed. You also have the right to request access to this information. These rights are further detailed in the Notice of Privacy Practices, which is available upon request.
7. Expect the hospital to give you necessary health services to the best of its ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives. You will not be transferred until the other institution agrees to accept you.
8. Know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, healthcare providers or insurers.
9. Consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital can otherwise provide.
10. Be told of realistic care alternatives when hospital care is no longer appropriate.
11. Know about hospital rules that affect you and your treatment as well as about charges and payment methods.
12. Have your pain assessed and receive appropriate pain relief measures.

Patient Grievance

Patients have the right to file complaints and expect timely responses. If you have a complaint, please speak directly with the nurse, doctor and/or manager at the time of your concern so we can assist in providing you with an immediate resolution. Also, you can file a complaint by calling the Patient Action Line at 301-552-0899 or writing a letter to: Doctors Community Hospital, Risk Management Department, 8118 Good Luck Road, Lanham, MD, 20706. Every effort will be made to resolve your concern within seven business days. We appreciate the opportunity to resolve your concerns and learn about opportunities to improve our services.

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Your Right to Decide – Advance Directives

Maryland law recognizes three ways of making healthcare decisions in advance, including those about treatments needed to sustain life:

- ✦ Written instructions authorizing the provision, withholding or withdrawal of health care
- ✦ Written appointment of an agent to make healthcare decisions for you
- ✦ Verbal statement to a physician documented in your medical record with instructions or an agent appointment

It is important that you discuss your wishes regarding your health care with your doctor and family. **If you have already executed these directives, be sure your doctor has a copy and give a copy to your nurse to be placed in your medical record. You may revoke these directives at any time. Should a situation arise when the hospital is unable or unwilling to honor your advance directives, it will be discussed with you.**

If you would like to have more information about these directives, talk with your nurse. Please be advised that although it is not necessary to have a lawyer to complete these documents, it is advisable that you consult a attorney should you have any legal concerns or questions.

Patient Action Line

We are committed to providing the highest quality of care, safety and service for our patients. If you wish to comment on your experience with us, please call any member of our executive management team at 301-552-8085. You may also contact our Patient Action Line at 301-552-0899, 5555 from your hospital bedside telephone or wecare@DCHweb.org.

If you have unresolved care or safety concerns, contact the Department of Health and Mental Hygiene Office of Healthcare Quality toll free at 877-402-8218 or The Joint Commission's Office of Quality Reporting at 800-994-6610.

List of Responsibilities

As a patient, you have the responsibility to:

- ✦ Provide complete information about your health, including past illnesses, hospital stays, use of medicine and other matters relating to your health.
- ✦ Ask questions when you do not understand any information or instructions. If you believe you cannot follow through with your treatment, you are responsible for telling your doctor.
- ✦ Be considerate of the needs of other patients, staff and the hospital.
- ✦ Provide information for your insurance, and work with the hospital to arrange payment when needed.
- ✦ Recognize the effect of your lifestyle on personal health.
- ✦ Follow hospital rules and regulations affecting your care and conduct.
- ✦ Be respectful of the property of others and of the hospital.



SPEAK UP

Taking Charge of Your Care

Your health is your business! We encourage you to SPEAK UP and become an involved member of your healthcare team. The SPEAK UP campaign outlined below gives you helpful tips about how you can become an active and involved participant in your care.

Speak up if you have questions or concerns. If you don't understand, ask again. It's your body, and you have a right to know.

- ✦ Speak up. Your health is too important to worry about being embarrassed if you don't understand something that your doctor or nurse has told you.
- ✦ Don't hesitate to tell your healthcare professional if you think he or she has confused you with another patient or if you think you are about to receive the wrong medication or treatment.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications from the right healthcare professionals. Don't assume anything.

- ✦ Tell your nurse or doctor if something doesn't seem quite right.
- ✦ Expect healthcare workers to introduce themselves.
- ✦ Make sure your nurse or doctor confirms your identity before he or she administers any medication or treatment.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan.

- ✦ Ask your doctor about his/her specialized training and experience.
- ✦ Gather information about your condition. Good sources include your doctor, your library, respected websites and support groups.
- ✦ Write down important facts your doctor tells you so you can look for additional information later.
- ✦ Read medical forms and make sure you understand them before you sign.

Ask a trusted family member or friend to be your advocate.

- ✦ Your advocate can ask questions you may not think of while under stress.
- ✦ Your advocate can also help remember answers to questions you have asked, and speak up for you if you cannot.
- ✦ Make sure this person understands your preferences for care and your wishes concerning resuscitation and life support.
- ✦ Review consents for treatments with your advocate and make sure you both understand exactly what you are agreeing to.

Know what medications you take and why you take them. Medication errors are the most common healthcare mistakes.

- ✦ Ask about the purpose of the medication you are prescribed and ask for written information about it, including its side effects.
- ✦ If you do not recognize a medication, verify that it is for you. Ask about any medications before they are administered to you.
- ✦ Tell your doctors and nurses about any allergies you have or negative reactions you have had to medications in the past.

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Use a hospital that has undergone a rigorous onsite evaluation, against established, state-of-the-art quality and safety standards such as that provided by The Joint Commission.

- ✦ Ask about the healthcare organization's experience in treating your type of illness. How frequently do they perform the procedure you need and what specialized care do they provide in helping patients get well?
- ✦ If you have more than one hospital or other facility to choose from, ask your doctor which one offers the best care for your condition.
- ✦ Before you leave the hospital or other facility, ask about follow-up care and make sure that you understand all of the instructions.
- ✦ Go to Quality Check at jointcommission.org to find out whether your hospital or other healthcare organizations are accredited.

Participate in all decisions about your treatment. You are the center of the healthcare team.

- ✦ You and your doctor should agree on exactly what will be done during each step of your care.
- ✦ Understand that more tests or medications may not always be better. Ask your doctor what a new test or medication is likely to achieve.
- ✦ Don't be afraid to seek a second opinion.
- ✦ Know who will be taking care of you, how long the treatment will last and how you should feel.

J

OUR CAMPUS





HEALTH SERVICES

K

Cardiac Rehabilitation

Doctors Community Hospital
Main Building
8118 Good Luck Road, 2nd Floor
Lanham, MD 20706
301-552-8692
DCHrehab.org

Center for Comprehensive Breast Care

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 110
Lanham, MD 20706
301-552-8524
DCHweb.org/breast

Center for Wound Healing and Hyperbaric Medicine

Doctors Community Hospital
North Building
8100 Good Luck Road, 2nd Floor
Lanham, MD 20706
240-965-3690
DCHwound.org

Capital Orthopaedic Specialists, LLC

Professional Building
5801 Allentown Road, Suite 200
Suitland, MD 20746
240-842-1435
DCHweb.org/ortho

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 200
Lanham, MD 20706
301-552-4284
DCHweb.org/ortho

Omni Building
4000 Mitchellville Road, Suite B116
Bowie, MD 20716
301-464-4503
DCHweb.org/ortho

Doctors Community Hospital/La Clínica Del Pueblo
2970 Belcrest Center Drive, Unit 301
Hyattsville, MD 20782
301-599-9500

Comprehensive Rehabilitation Services

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 205
Lanham, MD 20706
301-552-4284
DCHrehab.org

Omni Building
4000 Mitchellville Road, Suite B116
Bowie, MD 20716
DCHrehab.org
301-464-4503

5801 Allentown Road, Suite 200
Suitland, MD 20746
240-842-1435
DCHrehab.org

Endocrinology and Diabetes Care

Doctors Community Practices at Riverdale
6502 Kenilworth Avenue, Suite 100
Riverdale, MD 20737
301-927-0088
DCHdiabetes.org

Joslin Diabetes Education Affiliate at
Doctors Community Hospital
North Building

8100 Good Luck Road, 5th Floor
Lanham, MD 20706
301-552-8661
DCHdiabetes.org
(educational and support services only)

Doctors Community Practices at Laurel
13900 Baltimore Avenue
Laurel, MD 20707
301-725-5652
DCHdiabetes.org

Digestive Disease Center

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 010
Lanham, MD 20706
240-965-4413
DCHweb.org/digestive

Doctors Community Breast Center

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 215
Lanham, MD 20706
301-552-7805
DCHweb.org/surgicalservices

Doctors Community Rehabilitation and Patient Care Center

6710 Mallery Drive
Lanham, MD 20706
301-552-2000
DCHweb.org/transitionalcare

Doctors Community Surgical Associates

Bariatric and Weight Loss Center
Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 210
Lanham, MD 20706
240-965-4405
DCHweightloss.org

General Surgery
Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 210
Lanham, MD 20706
240-965-4405
DCHweb.org/surgicalservices

Thoracic Surgery
Doctors Community Hospital
8116 Good Luck Road, Suite 210
Lanham, MD 20706
240-965-4405
DCHweb.org/surgicalservices

Vascular Surgery
Doctors Community Hospital
8116 Good Luck Road, Suite 210
Lanham, MD 20706
240-965-4405
DCHweb.org/surgicalservices

Doctors Regional Cancer Center

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 005
Lanham, MD 20706
240-542-3060
DCHweb.org/drcc

4901 Tesla Drive, Suite A
Bowie, MD 20715
301-805-6860
DCHweb.org/drcc

Imaging Services

Doctors Community Hospital
Main Building
8118 Good Luck Road, 1st Floor
Lanham, MD 20706
301-552-8513 and 301-552-8039
DCHimaging.org

Diagnostic Imaging
Professional Office Building
8116 Good Luck Road, Suite 101
Lanham, MD 20706
301-459-7990
DCHimaging.org

Diagnostic Imaging
1100 Mercantile Lane, Suite 150
Largo, MD 20774
301-249-0022
DCHimaging.org

Infusion Center

Doctors Community Hospital
Main Building
8118 Good Luck Road, 3rd Floor
Lanham, MD 20706
301-552-8863
DCHweb.org/infusion

Health and Wellness Center

Safeway at Bowie Town Center
4101 Northview Drive
Bowie, MD 20716
301-383-2559
DCHweb.org/safeway



Lymphedema Center

Doctors Community Hospital
Main Building
8118 Good Luck Road, 1st Floor
Lanham, MD 20706
240-965-8410
DCHrehab.org

Outpatient Cardiac Rehabilitation

Doctors Community Hospital
Main Building
8118 Good Luck Road, Suite 205
Lanham, MD 20706
301-552-8692
DCHrehab.org

Outpatient Physical and Occupational Therapy

Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 205
Lanham, MD 20706
301-552-4284
DCHrehab.org

Outpatient Pulmonary Rehabilitation

Doctors Community Hospital
Main Building
8118 Good Luck Road, Suite 205
Lanham, MD 20706
301-552-8576
DCHrehab.org

Outpatient Vascular and Echocardiography Labs

Doctors Community Hospital
Main Building
8118 Good Luck Road, 2nd Floor
Lanham, MD 20706
301-552-8054
DCHrehab.org

Primary Care Services

Doctors Community Practices at Bowie
Omni Building
4000 Mitchellville Road, Suite B216
Bowie, MD 20716
301-262-0020
DCHweb.org/primarycare-bowie-B216

Doctors Community Practices at Bowie
Omni Building
4000 Mitchellville Road, Suite 422
Bowie, MD 20716
301-262-9872
DCHweb.org/primarycare-bowie-422

Doctors Community Practices at Crofton
2191 Defense Highway, Suite 201
Crofton, MD 21114
410-451-9091
DCHweb.org/primarycare-crofton

Doctors Community Practices at District Heights
6400 Marlboro Pike
District Heights, MD 20747
301-736-7000
DCHweb.org/primarycare-districtheights

Doctors Community Practices at Laurel
13900 Baltimore Avenue
Laurel, MD 20707
301-725-5652
DCHweb.org/primarycare-laurel

Doctors Community Practices at Riverdale
6502 Kenilworth Avenue, Suite 100
Riverdale, MD 20737
301-927-0088
DCHweb.org/primarycare-riverdale

Doctors Community Practices at Temple Hills
5859 Allentown Way
Temple Hills, MD 20728
240-563-1026
DCHweb.org/primarycare-templehills

Metropolitan Medical Specialists, LLC
Doctors Community Hospital
Professional Office Building
8116 Good Luck Road, Suite 300
Lanham, MD 20706
240-241-7474
DCHweb.org/primarycare-mms

Sleep Center

Doctors Community Hospital
North Building
8100 Good Luck Road, 6th Floor
Lanham, MD 20706
301-552-8561
DCHsleep.org

Speech and Language Therapy

Doctors Community Hospital
North Building
8100 Good Luck Road, 3rd Floor
Lanham, MD 20706
301-552-8144
DCHrehab.org



COMMUNITY RESOURCES

Education

Visit DCHweb.org for a complete list of our ongoing educational opportunities. Some include:

- ✦ Breast cancer support group
- ✦ Male caregiver support group
- ✦ Diabetes support group
- ✦ Women's heart disease support group
- ✦ Grief support group
- ✦ Lymphedema support group
- ✦ Sleep support group
- ✦ Stroke support group
- ✦ Weight loss seminars
- ✦ And many others

Volunteers

The hospital relies on the kindness of people like you to help further our tradition of passionately caring for the community. If you are similarly dedicated to helping others, consider becoming a volunteer at Doctors Community Hospital. We have programs for adults, youth and pastoral care volunteers. To learn more, contact our Volunteer Services Department at 301-552-8001 or DCHweb.org/volunteer.

Doctors Community Hospital Foundation

Many families in Prince George's County must choose between everyday needs and health care. Your donation can support various community outreach programs that can help people improve or maintain their health – regardless of their ability to pay. To learn how you can make a difference, call 301-552-8670, email foundation@DCHweb.org or visit DCH-foundation.org.

Mobile Health Clinic (Wellness On Wheels)

Wellness on Wheels is a mobile health clinic that travels to various locations. It is owned and supported by Doctors Community Hospital's experienced team of healthcare professionals.

It provides people ages 18 and older a wide range of free services:

- ✦ Diabetes screenings
- ✦ Cholesterol screenings
- ✦ Blood pressure screenings
- ✦ Medication reviews and education

Visit DCHweb.org/wow to view our schedule or call 301-DCH-4YOU to learn more.

HELPFUL NUMBERS

When calling from your room, dial the last four digits of the numbers below.

MAIN HOSPITAL

301-552-8118

Unless otherwise noted, locations are on our main campus in Lanham.

DEPARTMENT	LOCATION	PHONE
Bariatric and Weight Loss Center	Professional Office Building, Suite 210	240-965-4405
Business Office	7404 Executive Place, 3rd Floor, Lanham	301-552-8093
Capital Orthopaedic Specialists, LLC	Professional Office Building, Suite 200	301-599-9500
	Bowie	301-599-9500
	Camp Springs	301-599-9500
	Hyattsville	301-599-9500
Cashier	North Building, 2nd Floor	301-552-8114
Cardiac Rehabilitation	Main Building, 2nd Floor	301-552-8692
Center for Comprehensive Breast Care	Professional Office Building, Suite 110	301-552-8524
Center for Wound Healing and Hyperbaric Medicine	North Building, 2nd Floor	240-965-3690
Community Relations	North Building, 4th Floor	301-552-8060
Dialysis	Main Building, 3rd Floor	301-552-8170
Dietary Department	Main Building, 1st Floor	301-552-8161
Digestive Disease Center	Bowie	240-965-4413
	Professional Office Building, Suite 010	240-965-4413
Doctors Center for Ambulatory Surgery	North Building, 1st Floor	301-552-8880
	Riverdale	301-927-4200
Doctors Community Breast Center	Professional Office Building, Suite 215	301-552-7805
Doctors Community Rehabilitation and Patient Care Center	Lanham	301-552-2000
Doctors Community Surgical Associates (bariatric, general, thoracic and vascular)	Lanham	240-965-4405
Doctors Regional Cancer Center	Professional Office Building, Suite 005	240-542-3060
	Bowie	301-805-6860
Driver Rehabilitation	North Building, 3rd Floor Annex	301-552-8507
Endocrinology and Diabetes Care	Crofton	410-451-9091
	Lanham (diabetes education only)	301-552-8661
	Laurel	301-725-5652
	Riverdale	301-927-0088
Environmental Services (housekeeping)	Main Building, 1st Floor	301-552-8165
Executive Offices	Main Building, 1st Floor	301-552-8085
Financial Counselors (call by last name)	7404 Executive Place, 3rd Floor, Lanham	

Outpatient:	Inpatient:	72-hour Registration:	PRN on call:
A-D 301-552-8610	A-K 301-552-8639	A-Z 301-552-8625	A-Z 301-552-8625
E-J 301-552-8633	L-Z 240-542-3407		
K-R 240-965-3727			
S-Z 301-552-5138			

IMPORTANT NUMBERS

M

Community Crisis Services for Prince George's County (suicide hotline), **301-864-7095**

National Suicide Prevention Hotline, **800-273-8255**

Maryland Department of Human Services, **800-332-6347**

Family Crisis Center of Prince George's County, **301-779-2100**

24-hour hotline, **301-731-1203**

Maryland Department of Health and Mental Hygiene, **877-463-3464**

Maryland Network Against Domestic Violence, **800-MD-HELPS**

Maryland Department of Aging, **800-243-3425**

Maryland Helpline call, **211**

Tobacco Quitline, **800-QUIT-NOW**

M

DEPARTMENT	LOCATION	PHONE
GetWellNetwork Helpline	Main Building	301-552-7026
Gift Shop	Main Building, 1st Floor	301-552-8008
Guest Services	Main Building, 1st Floor	301-552-8009
Health and Wellness Center (Bowie Safeway)	4101 Northview Drive	301-383-2559
Imaging Department	Professional Office Building, 1st Floor (Inpatient)	301-459-7990
	Main Building, 1st Floor (Inpatient)	301-552-8039
	Largo (Outpatient)	301-249-0022
Infusion Center		301-552-8863
Intermediate Care	Main Building, 2nd Floor	301-552-8206
Lymphedema Center	Main Building, 1st Floor	240-965-8410
Medical Assistance Counselor	North Building, 2nd Floor	By last name A-L 301-552-8116 M-Z 301-552-8682
Medical Intensive Care	Main Building, 2nd Floor	301-552-8007
Medical Records (health information services)	Main Building, 1st Floor	301-552-8090
Multi-faith Worship Center	Main Building, 1st Floor	
Nursing Administration	Main Building, 1st Floor	301-552-8102
Nursing Stations	Main Building, 3rd Floor	301-552-8063
	Main Building, 4th Floor	301-552-8064
	Main Building, 5th Floor	301-552-8685
Outpatient and Surgery Registration	Main Building, 2nd Floor	301-552-5181 301-552-8504 301-552-8185
Outpatient Pulmonary Rehabilitation	Main Building, 2nd Floor	301-552-8576
Outpatient Registration/Critical Care	Main Building, 2nd Floor	301-552-7896 301-552-8623
Outpatient Rehabilitation Services (physical therapy and occupational therapy)	Professional Office Building, Suite 205	301-552-4284
Outpatient Vascular and Echocardiography Labs	Main Building, 2nd Floor	301-552-8692
Operator (hospital switchboard)	Main Building, 1st Floor	0
Pastoral Care Center		301-552-8051
Patient Action Line	Main Building, 1st Floor	301-552-0899 (x5555 in-house)
Patient Billing Questions	7404 Executive Place, 3rd Floor, Lanham	301-552-8093
Patient Accounts	7404 Executive Place, 3rd Floor, Lanham	301-552-8092
Patient Safety Line		301-552-7800
Pharmacy	Main Building	301-552-8020
Philanthropy	North Building, 4th Floor	301-552-8670
Physical and Occupational Therapy (inpatient)	Main Building, 1st Floor	301-552-8507
Post Surgical Care Unit	Main Building, 2 East	240-965-3621
Primary Care and Family Medicine	Bowie, Suite B216	301-262-0020
	Bowie, Suite 422	301-262-9872
	Crofton	410-451-9091
	District Heights	301-736-7000
	Laurel	301-725-5652
	Lanham	240-241-7474
	Riverdale	301-927-0088
	Temple Hills	240-563-1026
Pulmonary Function Laboratory	North Building, 6th floor	301-552-8576
Radiation Therapy	Doctors Regional Cancer Center	240-542-3060
	Professional Office Building, Main Floor	
Radiology Reception	Main Building, 2nd Floor	301-552-8513

DEPARTMENT	LOCATION	PHONE
Rehabilitation Services	Bowie Office (Physical Therapy)	301-464-4503
	Camp Springs Office (Physical Therapy)	240-842-1435
	Lanham Office (Physical Therapy and Occupational Therapy)	301-552-4284
Respiratory Care	Main Building, 2nd Floor	301-552-8076
Security		301-552-8118 Ext 7414 /7544
Sleep Center	North Building, 6th Floor	301-552-8561
Social Work	Main Building, 1st Floor	301-552-8025
Speech and Language Therapy (inpatient)	North Building, 4th Floor Annex	301-552-8134
Speech and Language Therapy (outpatient)	North Building, 3rd Floor	301-552-8144
Surgical Intensive Care	North Building, 3rd Floor Annex	301-552-8006
Thoracic Surgery	Professional Office Building, Suite 210	240-965-4405
Transitional Care	North Building	301-552-8628
TTY Phone (emergency center / MD relay number)	Main Building, 1st Floor	800-201-7165
Vascular Health Program	Professional Office Building, Suite 210	240-965-4405
Volunteer Services	North Building, 4th Floor	301-552-8001



Notes

Notes



STAY CONNECTED!



EXHIBIT 12

DCMC Financial Assistance Signage



- Location:
 - ED
 - Waiting Room Area #1
 - Wall Mounted
 - Between Offices
 - English & Spanish

DCMC Financial Assistance Signage



- Location:
 - ED
 - Waiting Room Area #2
 - Wall Mounted
 - Near TV, Phone Charging Station and Vending Machines
 - English & Spanish

DCMC Financial Assistance Signage



- Location:
 - ED
 - Registration Office #2
 - Window ledge

DCMC Financial Assistance Signage



- Location:
 - ED
 - Registration Office #1
 - Window ledge

DCMC Financial Assistance Signage



- Location:
 - Outpatient/Surgical Registration
 - Waiting Room
 - Corner
 - Wall Mounted
 - English & Spanish

DCMC Financial Assistance Signage



- Location:
 - Outpatient Critical Care Registration
 - Waiting Room
 - Corner
 - Check In area
 - Wall Mounted
 - English & Spanish

EXHIBIT 13

Maryland Acute Hospitals
Charity Care Write-offs to Total Operating Expenses
FY2021

Prov Num	Hospital Name	Regulated Charity Care Write-offs in 000's	Total Regulated Operating Expenses in 000's	Charity Care % of Operating Expenses	Rank	Quartile
210087	Adventist HealthCare Germantow	\$ 1,865	\$ 11,504	16.21%	1	Top
210004	Holy Cross	\$ 24,307	\$ 422,979	5.75%	2	Top
210017	Garrett Co Memorial	\$ 2,867	\$ 50,345	5.69%	3	Top
210027	Western Maryland	\$ 12,027	\$ 237,708	5.06%	4	Top
210011	St. Agnes Hospital	\$ 15,372	\$ 319,303	4.81%	5	Top
210008	Mercy Medical Cntr	\$ 22,257	\$ 497,408	4.47%	6	Top
210016	Adventist White Oak	\$ 11,912	\$ 276,626	4.31%	7	Top
210065	HC-Germantown	\$ 4,743	\$ 113,817	4.17%	8	Top
210333	Bowie FSE	\$ 511	\$ 14,104	3.62%	9	Top
210019	Peninsula Regional	\$ 12,740	\$ 363,703	3.50%	10	Top
210029	JH Bayview	\$ 22,241	\$ 637,179	3.49%	11	Top
214000	Sheppard Pratt	\$ 4,630	\$ 134,418	3.44%	12	Top
210003	UM-Prince George's Hospital	\$ 9,524	\$ 293,647	3.24%	13	Top
210051	Doctors Community	\$ 6,776	\$ 216,638	3.13%	14	Top
210039	Calvert Health Med Cntr	\$ 3,510	\$ 131,597	2.67%	15	Middle
210056	MedStar Good Samaritan	\$ 5,828	\$ 226,292	2.58%	16	Middle
210062	MedStar Southern MD	\$ 5,579	\$ 226,207	2.47%	17	Middle
210010	UM-SRH at Dorchester	\$ 683	\$ 28,083	2.43%	18	Middle
210028	MedStar St. Mary's	\$ 3,483	\$ 143,705	2.42%	19	Middle
210045	McCready Memorial	\$ 166	\$ 6,906	2.41%	20	Middle
210034	MedStar Harbor Hospital Cntr	\$ 3,598	\$ 157,385	2.29%	21	Middle
218992	UM-Shock Trauma	\$ 3,907	\$ 174,013	2.25%	22	Middle
210088	Queen Anne's FSE	\$ 129	\$ 5,762	2.25%	23	Middle
210018	MedStar Montgomery	\$ 3,347	\$ 150,595	2.22%	24	Middle
210015	MedStar Franklin Square	\$ 9,876	\$ 468,816	2.11%	25	Middle

210063	UM-St. Joseph Med Cntr	\$	6,368	\$	305,618	2.08%	26	Middle
210038	UMMC - Midtown	\$	3,929	\$	188,618	2.08%	27	Middle
210064	Levindale	\$	919	\$	45,061	2.04%	28	Middle
210024	MedStar Union Memorial	\$	7,264	\$	364,574	1.99%	29	Middle
210057	Shady Grove	\$	7,659	\$	385,177	1.99%	30	Middle
210022	Suburban	\$	5,868	\$	297,164	1.97%	31	Middle
210001	Meritus Medical Cntr	\$	5,965	\$	306,473	1.95%	32	Middle
210037	UM-SRH at Easton	\$	3,057	\$	160,590	1.90%	33	Middle
210048	Howard County General	\$	5,129	\$	269,575	1.90%	34	Middle
210058	UM-ROI	\$	1,884	\$	106,775	1.76%	35	Middle
210043	UM-BWMC	\$	6,901	\$	392,614	1.76%	36	Middle
210009	Johns Hopkins	\$	37,793	\$	2,262,771	1.67%	37	Middle
210005	Frederick Memorial	\$	4,833	\$	293,127	1.65%	38	Middle
210030	UM-SRH at Chestertown	\$	619	\$	37,842	1.64%	39	Middle
210006	UM-Harford Memorial	\$	1,430	\$	88,026	1.62%	40	Middle
210055	UM-Laurel Regional	\$	499	\$	33,033	1.51%	41	Middle
210049	UM-Upper Chesapeake	\$	3,671	\$	261,462	1.40%	42	Middle
210032	Union Hospital of Cecil Co	\$	1,764	\$	129,108	1.37%	43	Bottom
210061	Atlantic General	\$	1,100	\$	84,975	1.29%	44	Bottom
210013	Grace Medical center	\$	545	\$	46,732	1.17%	45	Bottom
210044	GBMC	\$	4,545	\$	398,389	1.14%	46	Bottom
210060	Ft. Washington	\$	614	\$	54,927	1.12%	47	Bottom
210002	UMMC	\$	16,970	\$	1,524,985	1.11%	48	Bottom
210035	UM-Charles Regional	\$	1,355	\$	126,657	1.07%	49	Bottom
214003	Brook Lane	\$	207	\$	19,849	1.04%	50	Bottom
210023	Anne Arundel Medical Cntr	\$	3,806	\$	539,079	0.71%	51	Bottom
210040	Northwest Hospital Cntr	\$	1,379	\$	222,860	0.62%	52	Bottom
214020	J. Kent McNew Family Medical Ce	\$	38	\$	7,306	0.52%	53	Bottom
210012	Sinai Hospital	\$	3,243	\$	672,695	0.48%	54	Bottom
210033	Carroll Co Hospital Cntr	\$	857	\$	202,087	0.42%	55	Bottom
213300	Mt. Washington Peds	\$	34	\$	53,449	0.06%	56	Bottom

EXHIBIT 13

Maryland Acute Hospitals
Charity Care Write-offs to Total Operating Expenses
FY2021

Prov Num	Hospital Name	Regulated Charity Care Write-offs in 000's	Total Regulated Operating Expenses in 000's	Charity Care % of Operating Expenses	Rank	Quartile
210087	Adventist HealthCare Germantow	\$ 1,865	\$ 11,504	16.21%	1	Top
210004	Holy Cross	\$ 24,307	\$ 422,979	5.75%	2	Top
210017	Garrett Co Memorial	\$ 2,867	\$ 50,345	5.69%	3	Top
210027	Western Maryland	\$ 12,027	\$ 237,708	5.06%	4	Top
210011	St. Agnes Hospital	\$ 15,372	\$ 319,303	4.81%	5	Top
210008	Mercy Medical Cntr	\$ 22,257	\$ 497,408	4.47%	6	Top
210016	Adventist White Oak	\$ 11,912	\$ 276,626	4.31%	7	Top
210065	HC-Germantown	\$ 4,743	\$ 113,817	4.17%	8	Top
210333	Bowie FSE	\$ 511	\$ 14,104	3.62%	9	Top
210019	Peninsula Regional	\$ 12,740	\$ 363,703	3.50%	10	Top
210029	JH Bayview	\$ 22,241	\$ 637,179	3.49%	11	Top
214000	Sheppard Pratt	\$ 4,630	\$ 134,418	3.44%	12	Top
210003	UM-Prince George's Hospital	\$ 9,524	\$ 293,647	3.24%	13	Top
210051	Doctors Community	\$ 6,776	\$ 216,638	3.13%	14	Top
210039	Calvert Health Med Cntr	\$ 3,510	\$ 131,597	2.67%	15	Middle
210056	MedStar Good Samaritan	\$ 5,828	\$ 226,292	2.58%	16	Middle
210062	MedStar Southern MD	\$ 5,579	\$ 226,207	2.47%	17	Middle
210010	UM-SRH at Dorchester	\$ 683	\$ 28,083	2.43%	18	Middle
210028	MedStar St. Mary's	\$ 3,483	\$ 143,705	2.42%	19	Middle
210045	McCready Memorial	\$ 166	\$ 6,906	2.41%	20	Middle
210034	MedStar Harbor Hospital Cntr	\$ 3,598	\$ 157,385	2.29%	21	Middle
218992	UM-Shock Trauma	\$ 3,907	\$ 174,013	2.25%	22	Middle
210088	Queen Anne's FSE	\$ 129	\$ 5,762	2.25%	23	Middle
210018	MedStar Montgomery	\$ 3,347	\$ 150,595	2.22%	24	Middle
210015	MedStar Franklin Square	\$ 9,876	\$ 468,816	2.11%	25	Middle

210063	UM-St. Joseph Med Cntr	\$	6,368	\$	305,618	2.08%	26	Middle
210038	UMMC - Midtown	\$	3,929	\$	188,618	2.08%	27	Middle
210064	Levindale	\$	919	\$	45,061	2.04%	28	Middle
210024	MedStar Union Memorial	\$	7,264	\$	364,574	1.99%	29	Middle
210057	Shady Grove	\$	7,659	\$	385,177	1.99%	30	Middle
210022	Suburban	\$	5,868	\$	297,164	1.97%	31	Middle
210001	Meritus Medical Cntr	\$	5,965	\$	306,473	1.95%	32	Middle
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210033	Carroll Co Hospital Cntr	\$	857	\$	202,087	0.42%	55	Bottom
213300	Mt. Washington Peds	\$	34	\$	53,449	0.06%	56	Bottom

EXHIBIT 14



MARYLAND Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Robert R. Neall, Secretary

May 7, 2019

Phillip Down, President and CEO
Doctors' Community Hospital
8118 Good Luck Road
Lanham, MD 20706

Dear Mr. Down,

Based on legislation passed during the 2018 legislative session, the Office of Health Care Quality has eliminated license fees and expiration date effective July 1, 2018. Therefore, we have issued new licenses to all facilities reflecting an effective date of July 1, 2018. Please continue to supply the findings of The Joint Commission's accreditation survey to the OHCQ at the address below:

Office of Health Care Quality
The Hospital and HMO QA Unit
7120 Samuel Morse Drive, Second Floor
Columbia, MD 21046

The Department of Health retains the authorities as specified in Health-General Article 19 and may revoke this license for failure to comply with its provisions. The license is the hospital's authority to operate an Acute General Hospital.

This license should be displayed in a conspicuous place, at or near the entrance to the hospital, plainly visible and easily read by the public.

Sincerely,

Anne Jones RN, BSN, MA

Acting Director, Hospital and HMO QA Unit

cc: Maryland Health Care Commission
Maryland Health Services Cost Review Commission
Office of Health Services
Prince George's Health Department
License File





**MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
7120 SAMUEL MORSE DRIVE, SECOND FLOOR
COLUMBIA, MARYLAND 21046-3422**

License No. 16022

Issued to:

Doctors' Community Hospital
8118 Good Luck Road
Lanham, MD 20706

Type of Facility: Acute General Hospital

Date Issued: July 1, 2018

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomoko May, MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

EXHIBIT 15

Luminis Health Doctors Community Medical Center

Luminis Health Doctors Community Medical Center

Lanham, MD

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

May 7, 2022

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, FAAN
Chair, Board of Commissioners

ID #6287
Print/Reprint Date: 08/08/2022


Jonathan B. Perlin, MD, PhD, MSHA, MACP, FAC
President and Chief Executive Officer

Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care services provided in accredited organizations. Information about accredited organizations may be provided directly to the Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



EXHIBIT 16

**Maryland Health Care Commission Quality Data
State Average and LHDCMC Data**

STAFF INFLUENZA VACCINATION RATES		
Metric	State Average 94.1%	Performance Improvement Action Plan
2021-2022 Influenza Vaccination Rate	LHDCMC 91.3%	<p>Action Plan for Increasing LHDCMC Staff Influenza Rate</p> <p>LHDCMC has been implementing mandatory employee/staff influenza vaccination for the past eight years. Employment is terminated if an employee does not receive the influenza vaccine by the determined deadline, and staff/volunteers/contractors are not allowed to conduct services onsite until their influenza vaccination requirement has been completed. Many factors may have influenced the vaccination rates:</p> <ul style="list-style-type: none"> ◦Employees may be out on medical leave during this time. ◦Employees may have delayed receiving their vaccine until cleared for a medical condition by their provider. <p style="text-align: center;">Action Plan to Increase Compliance/Reporting of Staff Influenza Rates:</p> <ol style="list-style-type: none"> 1. Improve education of employees/staff of the importance of receiving the influenza vaccination for the health and safety of patients, other staff, and family 2. Make egg-free vaccine available to those with egg allergies 3. Improve tracking of employee/staff influenza vaccination data <ol style="list-style-type: none"> a. Purchase of two scanning devices that will enable uploading of employee influenza vaccination data into employee health record (HRP) b. Utilization of new employee health record system which will allow for easier reporting 4. Improve communication with employees/staff <ol style="list-style-type: none"> a. Send early communication via email, department flyers, MSO flyer

		<ul style="list-style-type: none"> b. Send frequent reminders to those who have not yet received the vaccine <ul style="list-style-type: none"> 5. Incentivize departments who complete vaccination of employees/staff within a certain period of time 6. Develop easy mechanism for submitting outside influenza documentation <ul style="list-style-type: none"> a. Provide EHO (employee health office) email address where employees can send their flu shot document b. Provide resource/information for submission sent via email and on EHO website
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PATIENT SATISFACTION SURVERY (HCAHPS)

Metric	State Average 75.5%	Performance Improvement Action Plan
How often did doctors communicate well with patients?	LHDCMC 75.0%	Average
Metric	State Average 75.0%	Performance Improvement Action Plan
How often did nurses communicate well with patients?	LHDCMC 72.0%	Average
Metric	State Average 57.2%	Performance Improvement Action Plan
How often did staff explain about medicines before giving them to patients?	LHDCMC 55.0%	Average
Metric	State Average 52.0%	Performance Improvement Action Plan
How well do patients understand their care when they leave the hospital?	LHDCMC 41.0%	<ul style="list-style-type: none"> • Luminis Health (LH) System-wide Patient Experience Committee & localized performance improvement workgroups • Inclusion of Patient Family Advisory Council (PFAC) members into the decision-making process • Standardization and implementation of dyad rounding hospital-wide • Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team

		<ul style="list-style-type: none"> Improved patient discharge instruction packet "What matters to you today?" is asked of patients and that question is revisited daily, documented on white board and nursing plan of care (POC) flowsheet LH System-wide virtual nurse program in development; enhanced RN onboarding Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team Documentation of anticipated discharge date on white boards in patient room
Metric	State Average 85.3%	Performance Improvement Action Plan
Were patients always given information about what to do during their recovery at home?	LHDCMC 79.0%	<ul style="list-style-type: none"> Improved patient discharge instruction packet Inclusion of Patient Family Advisory Council (PFAC) members into the decision-making process Standardization and implementation of dyad rounding hospital-wide Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team Improved patient discharge instruction packet "What matters to you today?" is asked of patients and that question is revisited daily, documented on white board and nursing plan of care (POC) flowsheet LH System-wide virtual nurse program in development; enhanced RN onboarding Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team Documentation of anticipated discharge date on white boards in patient rooms Improved patient discharge instruction packet
Metric	State Average 57.1%	Performance Improvement Action Plan
How often did patients receive help quickly from hospital staff	LHDCMC 56.0%	Average
Metric	State Average 56.8%	Performance Improvement Action Plan

How often was the area around patients' rooms kept quiet at night?	LHDCMC 54.0%	Average
Metric	State Average 66.7%	Performance Improvement Action Plan
How often were the patients' rooms and bathrooms kept clean?	65.0%	Average
Metric	State Average 65.3%	Performance Improvement Action Plan
How do patients rate the hospital overall?	<ul style="list-style-type: none"> • 60.0% 	<ul style="list-style-type: none"> • Luminis Health (LH) System-wide Patient Experience Committee & localized performance improvement workgroups • Inclusion of Patient Family Advisory Council (PFAC) members into the decision-making process • Standardization and implementation of dyad rounding hospital-wide • Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team • Improved patient discharge instruction packet • "What matters to you today?" is asked of patients and that question is revisited daily, documented on white board and nursing plan of care (POC) flowsheet • LH System-wide virtual nurse program in development; enhanced RN onboarding • Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team • Documentation of anticipated discharge date on white boards in patient rooms
Metric	State Average 65.0%	Performance Improvement Action Plan
Would patients recommend the hospital to friends and family?	LHDCMC 61.0%	<ul style="list-style-type: none"> • Improved patient discharge instruction packet • Patient 'Thank You' cards provided at discharge • Signage in all inpatient rooms and in common areas throughout hospital in English and Spanish • Luminis Health (LH) System-wide Patient Experience Committee & localized performance improvement workgroups • Inclusion of Patient Family Advisory Council (PFAC) members into the decision-making process

		<ul style="list-style-type: none"> • Standardization and implementation of dyad rounding hospital-wide • Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team • Improved patient discharge instruction packet "What matters to you today?" is asked of patients and that question is revisited daily, documented on white board and nursing plan of care (POC) flowsheet • LH System-wide virtual nurse program in development; enhanced RN onboarding • Enhancement of patient care rounding technology tools within Epic to ease of access for the rounding care team • Documentation of anticipated discharge date on white boards in patient rooms
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CARDIAC CONDITIONS

Metric	State Average 12.2%	Performance Improvement Action Plan
Dying within 30 days after getting care in the hospital for a heart attack	14.1%	Average
Metric	State Average No data	Performance Improvement Action Plan
Fibrinolytic therapy received within 30 minutes	Not data	No data
Metric	State Average 1h 33m	Performance Improvement Action Plan
How long patients with chest pain or possible heart attack waited to be transferred to another hospital for a procedure	1h 33m	Average
Metric	State Average 4.8%	Performance Improvement Action Plan
How often patients die in the hospital after heart attack (with transfer)	12.3%	<ul style="list-style-type: none"> • 100% inpatient mortalities reviewed to identify gaps in care processes • Developed standardized mortality review tool, aligned with best standard practice, to conduct chart reviews and standardize data collection trending • Analysis of turnaround times, bottlenecks identified for resolution
Metric	State Average	Performance Improvement Action Plan

	14.8%	
Returning to the hospital after getting care for heart attack	14.6%	Average
Metric	State Average 11.1%	Performance Improvement Action Plan
Dying within 30 days after getting care in the hospital for heart failure	9.9%	Average
Metric	State Average 2.5%	Performance Improvement Action Plan
How often patients die in the hospital after heart failure	2.5%	Average
Metric	State Average 20.4%	Performance Improvement Action Plan
Returning to the hospital after getting care for heart failure	18.8%	Average
Metric	State Average 2.7%	Performance Improvement Action Plan
Death rate for CABG	No data	No Data
Metric	State Average 11.9%	Performance Improvement Action Plan
Rate of unplanned readmission for CABG	No data	No Data

EMERGENCY DEPARTMENT USE		
Metric	State Average	Performance Improvement Action Plan
	No data	
Rate of emergency department visits for patients receiving outpatient chemotherapy	No data	No data
Metric	State Average No data	Performance Improvement Action Plan
Rate of inpatient hospital admissions for patients receiving outpatient chemotherapy	No data	No data
Metric	State Average 3h 55m	Performance Improvement Action Plan
How long patients spent in the emergency department before being sent home	4h 33m	<ul style="list-style-type: none"> • ED Throughput: Super Track added <ul style="list-style-type: none"> ○ Ongoing reassessment and fine tuning • Super Track Vertical Patient Model: Go Live Dec 5th • Performance Improvement-led ED throughput workgroup (multidisciplinary) established to identify gaps and maximize efficiencies

Metric	State Average	Performance Improvement Action Plan
	2.3%	
Patients who left the emergency department without being seen	2.0%	Average

IMAGING TESTS		
Metric	State Average	Performance Improvement Action Plan
	3.6%	
Contrast material (dye) used during abdominal CT scan	67.8%	Reduce repeat scanning by 15% with monthly interdisciplinary monthly meeting) between radiology (physician and technologist) leadership and ED (nursing and physician) leadership with first meeting scheduled for Monday 3/22/21.
Metric	State Average	Performance Improvement Action Plan
	49.0%	
Patients who come to the hospital with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	No data	No data
Metric	State Average	Performance Improvement Action Plan
	4.3%	
Patients who had a low-risk surgery and received a heart-related test, such as an MRI, at least 30 days prior to their surgery through they do not have a heart condition	No data	No data
Metric	State Average	Performance Improvement Action Plan
	72.5%	
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	53.0%	Average
Metric	State Average	Performance Improvement Action Plan
	9.1%	
Percentage of patients who had an advanced breast screening on the same day or within 45 days of their initial mammogram or digital breast tomosynthesis (DBT) study	No data	No Data

INFECTIONS		
Metric	State Average	Performance Improvement Action Plan
Catheter Associated Urinary Tract Infections (CAUTI)	0.72	Average
Metric	State Average	Performance Improvement Action Plan
Central Line-Associated Blood Stream Infections (CLABSI)	0.70	Average
Metric	State Average	Performance Improvement Action Plan
Clostridioides Difficile Infections (CDI)	0.93	Average
Metric	State Average	Performance Improvement Action Plan
Methicillin-Resistant Staphylococcus Aureus Infections (MRSA)	1.08	Average
Metric	State Average	Performance Improvement Action Plan
Surgical Site Infections (SSI) – Abdominal Hysterectomy	No data	Average
Metric	State Average	Performance Improvement Action Plan
Surgical Site Infections (SSI) – Colon Surgery	1.29	Average
Metric	State Average	Performance Improvement Action Plan
Surgical Site Infections (SSI) – Hip Replacement	0.45	Average
Metric	State Average	Performance Improvement Action Plan
Surgical Site Infections (SSI) – Knee Replacement	No data	No Data

LUNG CONDITIONS		
Metric	State Average	Performance Improvement Action Plan
Dying within 30 days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	8.4%	Average
Metric	State Average	Performance Improvement Action Plan
	19.3%	

Returning to the hospital after getting for chronic obstructive pulmonary disease (COPD)	17.7%	Average
Metric	State Average No data	Performance Improvement Action Plan
Dying within 30 days after getting care in the hospital for pneumonia	No data	No Data
Metric	State Average 5.1%	Performance Improvement Action Plan
How often patients die in the hospital while getting care for pneumonia	6.4%	Average
Metric	State Average No data	Performance Improvement Action Plan
Returning to the hospital after getting care for pneumonia	No data	No Data

MOTHER and BABY		
Metric	State Average 2.0%	Performance Improvement Action Plan
Newborn deliveries scheduled 1-3 weeks earlier than medically necessary	No data	No Data

PATIENT SAFETY		
Metric	State Average 1.0	Performance Improvement Action Plan
How well this hospital keeps patients safe based on ten patient safety problems	0.9	Average
Metric	State Average 57.3%	Performance Improvement Action Plan
Percentage of patients who received appropriate care for severe sepsis and septic shock	71.0%	Better than Average
Metric	State Average 1.0	Performance Improvement Action Plan
Patients who died in the hospital after having one of six common procedures	1.0	Average
Metric	State Average 1.1	Performance Improvement Action Plan

Patients who died in the hospital after having one of six common conditions	1.1	Average
Metric	State Average 0.1	Performance Improvement Action Plan
How often a patient has a fall in the hospital that results in a hip fracture	0.0	Average
Metric	State Average 2.1	Performance Improvement Action Plan
How often a patient has bleeding or gets a blood clot after surgery that requires an additional procedure	2.7	Average
Metric	State Average 2.3%	Performance Improvement Action Plan
How often patients die in the hospital after bleeding from stomach or intestines	2.7%	Average
Metric	State Average 1.8%	Performance Improvement Action Plan
How often patients die in the hospital after fractured hip	0.0%	Average
Metric	State Average 0.6	Performance Improvement Action Plan
How often patients die in the hospital while getting care for a condition that rarely results in death	0.0	Average
Metric	State Average 3.7	Performance Improvement Action Plan
How often patients get a bloodstream infection after surgery	0.0	Average
Metric	State Average 0.8	Performance Improvement Action Plan
How often patients get pressure ulcers while getting care for another condition	0.7	Average
Metric	State Average 0.8	Performance Improvement Action Plan
How often patients have kidney failure requiring dialysis after a surgical procedure	0.0	Average
Metric	State Average 0.2	Performance Improvement Action Plan

How often the hospital accidentally makes a hole in a patient's lung	0.0	Average
Metric	State Average 1.7	Performance Improvement Action Plan
How often wounds split open after surgery on the abdomen or pelvis	11.2	<ul style="list-style-type: none"> • CDI team reviews complications for opportunities related to documentation, coding and process - forwards to Risk/Safety/Quality for process follow-up • Infection Prevention conducts causal analysis • Staff and patient education regarding post-operative care • Collaboration with Nutrition regarding education
Metric	State Average 14.5%	Performance Improvement Action Plan
Returning to the hospital for any unplanned reason within 30 days after being discharged	13.2%	<i>Better than Average</i>

STROKE		
Metric	State Average	Performance Improvement Action Plan
	13.5%	
Death rate for stroke patients	12.8%	Average
Metric	State Average	Performance Improvement Action Plan
	13.5%	
How often patients who came in after having stroke subsequently died in the hospital	7.2%	Average

SURGERY		
Metric	State Average	Performance Improvement Action Plan
	2.4%	
Complications after hip or knee replacement surgery	2.6%	Average
Metric	State Average	Performance Improvement Action Plan
	4.0%	
Returning to the hospital after getting hip or knee replacement surgery	5.1%	Average
Metric	State Average	Performance Improvement Action Plan
	1.0	
How often patients accidently get cut or have a hole poked in	0.9	Average

an organ that was not part of the surgery or procedure		
Metric	State Average 141.9	Performance Improvement Action Plan
How often patient die in the hospital because a serious condition was not identified and treated	157.6	Average
Metric	State Average 3.7	Performance Improvement Action Plan
How often patients in the hospital get a blood clot in the lung or leg vein after surgery	4.9	Average
Metric	State Average 5.2	Performance Improvement Action Plan
How often patients in the hospital had to use a breathing machine after surgery because they could not breathe on their own	0.0	Average
Metric	State Average 1.1	Performance Improvement Action Plan
Returning to the hospital within seven days of an outpatient surgery	1.0	Average
Metric	State Average 2.5%	Performance Improvement Action Plan
How often patient die in the hospital during or after surgery on the esophagus	No data	No Data

EXHIBIT 17

**PART V – COMAR 10.24.10 – ACUTE CARE HOSPITALS
.04B Project Review Standards**

Marshall Valuation Service Analysis

The LHDCMC includes both new construction and renovation. Each will be presented separately.

New construction of the Acute Care Pavilion will include four (4) levels and a penthouse: Level 1 - Public services, administrative services and Sterilization, Processing and Distribution (SPD); Level 2 - Surgical Services expansion and Endoscopy; Level 3 - Labor and Delivery services, Level 4 - Postpartum / Antepartum and a continuing care and well-baby nursery and Level 5 – enclosed mechanical penthouse.

Renovations of two levels of the existing Hospital space to improve existing hospital services. Level 1 - Clinical support, Imaging, administrative and support services; Level 2 - improvements to Surgical Services, Cath/IR, Non-Invasive Cardiology, GME and the Inpatient Pharmacy on Level 2.

I. Marshall Valuation Service Valuation Benchmark – New Construction

Type	Hospital	
Construction Quality/Class	Good/A	
Stories	5	
Perimeter Linear Feet	4,453	
Perimeter Linear Feet – Average	891	
Average Floor to Floor Height	16.4	
Square Feet	182,949	
Average Floor Area	36,590	
A. Base Costs		
	Basic Structure	\$485.00
	Elimination of HVAC cost for adjustment	0
	HVAC Add-on for Mild Climate	0
	HVAC Add-on for Extreme Climate	0
Total Base Cost		\$485.00
Adjustment for Departmental Differential Cost Factors		1.09988
Adjusted Total Base Cost		\$533.44
B. Additions		
	Elevator (if not in base)	\$0.00
	Other	\$0.00
Sub-total		\$0.00

Total		\$533.44
C. Multiplier		
Perimeter Multiplier		0.90828
	Product	\$484.52
Height Multiplier		1.1012
	Product	\$533.55
Multi-story Multiplier		1.010
	Product	\$538.88
D. Sprinklers		
	Sprinkler Amount	\$3.49
Sub-total		\$542.37
E. Update/Location Multipliers		
Current Cost Multiplier (11/21)		1.21
	Product	\$656.27
Location Multiplier (Silver Spring)		1.03
	Product	\$675.96
Calculated Square Foot Cost Standard		\$675.96

The MVS estimate for the project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by hospital department compared to the average cost for an entire hospital. The calculation of the average factor is shown below.

Department/Function	BGSF	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
Level 1				
Public Space / Lobby	3,370	Public Spaces	0.80	2,696
Community / Multipurpose Rm	1,703	Public Spaces	0.80	1,362
Café / Grab & Go	1,638	Public Spaces	0.80	1,310
Care Management	2,610	Offices	0.96	2,506
Executive Administration	3,087	Offices	0.96	2,964
Medical Staff Services	2,239	Offices	0.96	2,149
Nursing Administration	2,271	Offices	0.96	2,180
Admin Space / Hoteling	1,465	Offices	0.96	1,406
Security	1,027	Offices	0.96	986
Admissions / HIMS	1,619	Offices	0.96	1,554
Sterile Processing Distribution	9,008	Central Sterile Supply	1.54	13,872
EVS / Loading Dock	3,695	Housekeeping	1.31	4,840
Imaging / Nuclear Medicine	663	Radiology	1.22	809

Laboratory	260	Laboratories	1.15	299
Supply Chain	335	Storage and Refrigeration	1.60	536
Mechanical / Electrical	8,705	Mechanical Equipment	0.70	6,094
Vertical Circulation	988	Circulation, Shafts	0.60	593
Circulation	6,173	Circulation, Corridors	0.60	3,704
Exterior Walls	2,376		1.00	2,376
Level 2				
Public Space / Lobby	2,665	Public Spaces	0.80	2,132
Meditation	403	Public Spaces	0.80	322
Surgery Services	26,420	Operating Suite	1.59	42,008
Endoscopy	5,860	Operating Suite	1.59	9,317
Mechanical / Electrical	1,153	Mechanical Equipment	0.70	807
Vertical Circulation	988	Circulation, Shafts	0.60	593
Circulation	4,801	Circulation, Corridors	0.60	2,881
Exterior Walls	1,740		1.00	1,740
Level 3				
Public Space	2,630	Public Spaces	0.80	2,104
Labor & Delivery / Triage	20,426	Obstetric Suite	1.44	29,413
C-Section	5,634	Operating Suite	1.59	8,958
On-call	1,262	Offices	0.96	1,212
Mechanical / Electrical	5,187	Mechanical Equipment	0.70	3,631
Vertical Circulation	988	Circulation, Shafts	0.60	593
Circulation	2,420	Circulation, Corridors	0.60	1,452
Exterior Walls	1,712		1.00	1,712
Level 4				
Public Space	1,024	Public Spaces	0.80	819
Postpartum / Antepartum	16,124	Inpatient Unit	1.06	17,091
Nursery	2,905	Inpatient Unit	1.42	4,125
Respiratory Therapy	264	Radiology	1.22	322
Mechanical / Electrical	967	Mechanical Equipment	0.70	677
Vertical Circulation	988	Circulation, Shafts	0.60	593
Circulation	964	Circulation, Corridors	0.60	578
Exterior Walls	1,234		1.00	1,234
Level 5				
Penthouse	19,221	Mechanical Equipment	0.70	13,455
Exterior Walls	1,737	Exterior Wall/Shafts	0.70	1,216
Total	182,949	Adjustment Factor	1.09988	201,222

*Department Gross Square Feet (DGSF) has been converted to Building Gross Square Feet (BGSF).

II. Cost of New Construction

	Actual Cost	Per Square Foot
Building	\$135,033,933	\$738.10
Fixed Equipment	\$0	\$0.00
Site Preparation	\$1,949,561	\$10.66
Architectural Fees	\$9,588,845	\$52.41
Permits	\$4,051,018	\$22.14
Subtotal	\$150,623,357	\$823.31
Capitalized Construction Interest	\$0	\$0.00
Total	\$150,623,357	\$823.31

B. Extraordinary Cost Adjustments

This Project includes certain costs have been identified as “extraordinary” and are excluded from the comparison to the applicable MVS standard. These extraordinary construction costs are included in the construction budget, are shown on Table E. Excluding these extraordinary costs reduce the estimated project costs that are comparable to the MVS applicable calculated standard.

An explanation of these extraordinary costs includes the following:

Project Budget Item	Cost		Basis of Estimate
County 3rd Party Inspections (Building, Utilities, Etc.)	\$856,900	Building	Proportional allocation of estimated GC Costs
Regulatory & Environmental Permitting	\$1,466,813	Building	Proportional allocation of estimated GC Costs
Paving (Roadways, Parking , etc.)	\$1,006,000	Site	Allowance per conceptual plans.
Exterior Signs	\$50,000	Site	Allowance per conceptual plans.
Landscaping	\$150,000	Site	Allowance per conceptual plans.
Site Lighting	\$200,000	Site	Allowance per conceptual plans.
Site Development (Railings, Bike rack, fixed benches)	\$30,000	Site	Allowance per conceptual plans.
Jurisdictional Hook Up Fees	\$ 850,000	Site	Allowance per conceptual plans.
Arch / Eng. Fees for Non-MVS Cap Costs From Table D	\$100,500	Site	Allowance
Additional Service Elevators (2)	\$305,000	Building	MVS allowance for extra elevators. Quantity from

			conceptual plans
Atrium Premium	\$322,000	Building	Allowance per conceptual plans
Canopies	\$475,000	Building	Main entry quantity take off from conceptual plans
Pneumatic Tube System	\$1,010,600	Building	SF quantity take off from conceptual plans x allowance.
Temporary Entrance / During Construction Closure	\$400,000	Building	Allowance per conceptual plans
Constrained Site	\$1,450,000	Building	Allowance per conceptual plans.
Extended General Conditions – Schedule/Phasing Impact	\$1,120,000	Building	Proportional % allocation estimated GC Costs
Architectural / Engineering Fees for Other Capital Costs	\$1,999,410	Building	Proportional allocation of estimated A/E Costs
Movable Equipment (Inc. Furnishings)	\$5,750,000	Building	Allowance
Minor Clinical Equipment	\$2,730,000	Building	Allowance
Technology - Data/Communication/AV	\$2,550,000	Building	Allowance
Technology - Safety and Security Systems	\$1,150,000	Building	Allowance
Technology - Clinical Systems (IoMT)	\$3,125,000	Building	Allowance
Green Building / LEED Premium	\$4,725,000	Building	Premium provided per MVS Section 99, Page 1
MBE Premium	\$2,900,000	Building	Proportional allocation of estimated GC Costs
Prevailing Wage	\$0	Building	Proportional allocation of estimated GC Costs
Contingency Allowance	\$22,575,000		
Total Adjustments to Cost	\$57,297,223		

Explanation of Extraordinary Costs

Below are the explanations of the Extraordinary Costs that are not specifically excluded from the MVS average costs in the MVS Guide (at Section 1, Page 3), but are elements of this project that would not be in the average cost of a hospital project.

Signs, Canopy, Jurisdictional Hook-up Fees, Impact Fees, Paving and Roads, Storm Drains, Rough Grading, Landscaping, and Sediment Control & Stabilization

These costs are specifically excluded from the Marshall & Swift Valuation base square foot cost for a Class A – Good General Hospital per Section 1, page 3 of the MVS.

Two New Elevators, Shafts and Pits in the New Acute Care Pavilion

These designated elevators, one “clean” and one “dirty” elevator provide direct connectivity for the movement of supplies and materials between the new Surgical Services sterile core the new Sterile Processing Distribution (SPD) department located directly below the OR Suite.

Pneumatic Tube System

LHDCMC uses a pneumatic tube system to transport medications and lab samples throughout

the medical center. The new building will include tube stations on every clinical floor connecting back to the existing system and allowing for movement of these items to and from points in the medical center. Extensive coordination, design, and fabrication / installation work will be required to implement the system.

Temporary Entrances

The new building will connect to the existing hospital at/adjacent to the main entrance on Levels 1 and 2. This will necessitate closing that main entrance for a long, to be determined, period of time. LHDCMC will need to create a temporary entrance near that location to ensure that patients and staff members can still gain appropriate access to the facility. The temporary entrance will involve filling in an existing drop-off, deconstructing part of the exterior wall and canopy of the first floor and adding new security measures to ensure safety of visitors and staff.

Premium for Constrained Site

The site for the new building is in a constrained area of the campus, directly adjacent to an existing main entrance to the operating hospital building on the west side of campus immediately adjacent to surface parking, parking deck, loop road, and other existing hospital buildings and mechanical yards on the north side. The proposed building attaches to the existing lobby on Level 1 and adjacent to the existing Surgery suite on Level 2. This site will require close coordination with adjacent occupants, and premiums for overtime to shorten the duration of the work to reduce operational impacts and night / weekend work throughout the project. Based on the planning to date the budget assumes 2.5% of the construction cost.

Extended General Conditions – Phasing Impact

Phasing of multiple projects including the loading dock extend the construction schedule by 12 months to overall schedule.

Extended General Conditions - Schedule Impact

Based on phasing impact, assumes that there is additional time allocated for activity associated with the constrained site.

Premium for LEED Silver Construction

LHDCMC included a premium (based on Building Costs only) due to constructing this building to Green Building / LEED standards. The potential for a 0%-7% premium is recognized by MVS in Section 99, Page 1.

Premium for Minority Business Enterprise (MBE)

The LHDCMC project will be subject to include a premium for Minority Business Enterprises (MBE) that would not be in the average cost of hospital construction. The cost estimators and construction managers conservatively estimate that achieving the MBE goals will be a premium cost, compared to projects that do not include MBE subcontractors or suppliers.

Architectural & Engineering Fees for other Capital Costs

A&E Fees are typically a percentage of the total cost of Building and Site Preparation, including extraordinary costs. Consequently, like Capitalized Interest, if the extraordinary costs are removed from the comparison, the related A&E Fees should also be removed. This was accomplished by calculating the percent that the original A&E Fees comprised of the Building, Fixed Equipment, and Site Prep costs, multiplying that percentage times the sum of the adjusted Building, Fixed Equipment and Site Prep costs.

C. Adjusted Project Cost – New Construction

Eliminating all of the extraordinary costs reduces the project costs that should be compared to the MVS Benchmark.

	Project Cost	Per Square Foot
Building	\$125,033,933	\$683.44
Fixed Equipment		\$0.00
Site Preparation	\$1,949,561	\$10.66
Architectural Fees	\$8,888,845	\$48.59
Permits	\$3,751,018	\$20.50
Subtotal	\$139,623,367	\$763.18
Capitalized Construction Interest	\$0.00	\$0.00
Total	\$139,623,367	\$763.18

In addition to the new construction proposed for the LHDCMC project, approximately 105,541 DGSF of renovations are planned in the existing hospital facility. Below are the computations of the MVS factors as applied to the renovation portion of the project.

III. Marshall Valuation Service Valuation Benchmark – Renovation

Type		Hospital
Construction Quality/Class		Good/A
Stories		2
Perimeter Linear Feet		NA
Average Floor to Floor Height		16.0
Square Feet		105,541
Average Floor Area		52,771
A. Base Costs		
Basic Structure (11/21)		\$485.00
Elimination of HVAC cost for adjustment		0
HVAC Add-on for Mild Climate		0
HVAC Add-on for Extreme Climate		0
Total Base Cost		\$485.00
Adjustment for Departmental Differential Cost Factors		1.24202
Adjusted Total Base Cost		\$602.38
B. Additions		
Elevator (if not in base)		\$0.00
Other		\$0.00
Sub-total		\$0.00
Total		\$602.38
C. Multiplier		
Floor Area - Perimeter Multiplier		NA
Product		\$602.38
Height Multiplier		1.092
Product		\$657.80
Multi-story Multiplier		1.0
Product		\$657.80
D. Sprinklers		
Wet Sprinkler Amount		\$3.83
Sub-total		\$661.63
E. Update/Location Multipliers		
Current Cost Multiplier (11/21)		1.21

	Product	\$800.58
Location Multiplier (Silver Spring)		1.03
	Product	\$824.59
Calculated Square Foot Cost Standard		\$824.59

The MVS estimate for the project is impacted by the Adjustment for Departmental Differential Cost Factor. In Section 87 on page 8 of the Valuation Service, MVS provides the cost differential by hospital department compared to the average cost for an entire hospital. The calculation of the average differential cost factor is shown below.

Department/Function	DGSF*	MVS Department Name	MVS Differential Cost Factor	Cost Factor X DGSF
Level 1				
Imaging / Nuclear Medicine	14,907	Radiology	1.22	18,187
Laboratory	6,315	Laboratories	1.15	7,262
Supply Chain / Materials Management/EPS	5,345	Storage and Refrigeration	1.60	8,552
Bio-Medical Engineering	2,074	Service Dept	1.20	2,489
EVS / Linen / Laundry	3,294	Laundry	1.68	5,534
Gift Shop / Retail	1,137	Public Spaces	0.80	910
Food & Nutrition - Kitchen	2,600	Dietary	1.52	3,952
Food & Nutrition - Dining & Servery	6,240	Dining Room	0.95	5,928
Morgue	844	Storage and Refrigeration	1.60	1,350
Staff Lounge / Lockers	1,656	Employee Facilities	0.80	1,325
Mechanical / Electrical	989	Mechanical Equipment Shop	0.70	692
Circulation	9,222	Internal Circulation, Corridors	0.60	5,533
Level 2				
Public Space / Lobby	281	Public Spaces	0.80	225
Surgery Services	21,589	Operating Suite	1.59	34,327
Information Technology (IT) & Information Systems (IS)	809	Offices	0.96	777
Cardiac Cath / Interventional Radiology	10,435	Operating Suite	1.59	16,592
Non-Invasive Cardiology / PFT	2,358	Radiology	1.22	2,877
Pharmacy - Inpatient	6,450	Pharmacy	1.33	8,579
Respiratory Therapy	500	Radiology	1.22	610
GME	746	Offices	0.96	716
Mechanical / Electrical	196	Mechanical Equipment Shop	0.70	137
Circulation	7,554	Internal Circulation, Corridors	0.60	4,532
TOTAL	105,541		1.24202	131,084

IV. Comparison to the Marshall Valuation Service Valuation Benchmark

As noted below the project's cost per square foot in comparison to the MVS Benchmark. New construction slightly exceeds the benchmark. Renovation is below the benchmark.

New Construction

Type	Hospital	Computations
MVS Cost Standard	\$123,667,458	\$675.97
Current Construction Costs	\$139,623,357	\$763.18
Extraordinary Costs	\$57,297,243	\$313.19
Adjusted Current Construction Costs	\$82,326,114	\$449.99
Above/(Below) MVS Standard	(\$41,341,344)	(\$225.97)

Renovation

Type	Hospital	Computations
MVS Cost Standard	\$87,028,385	\$824.59
Current Construction Costs	\$57,501,629	\$544.83
Extraordinary Costs	\$0	\$0.00
Adjusted Current Construction Costs	\$57,501,629	\$544.83
Above/(Below) MVS Standard	(\$29,526,756)	(\$279.76)

	New Construction	Renovation
MVS Benchmark	\$675.97	\$824.59
The Project	\$449.99	\$544.83
Above/(Below) MVS Benchmark	(\$225.98)	(\$279.76)

EXHIBIT 18

Technical Notes

(a) LHDCMC service area definition

Luminis Health Doctors Community Medical Center (LHDCMC) is located in the central section of Prince George's County. The service area definition for the new program is the same service area as is defined for LHDCMC's overall hospital; LHDCMC aims to serve the same communities for Obstetrics care as it currently serves through its medical/surgical services. This population has demonstrated its satisfaction with LHDCMC and its alignment with the hospital. Therefore, LHDCMC expects its Obstetrics program to serve the same communities and LHDCMC expects to achieve comparable market share for its new Obstetrics service.

LHDCMC defines its hospital's primary and secondary service areas according to the prescribed methodology in the Maryland State Health Plan, using patient origin for approximately 60% and approximately 80% of its total discharges. All of the communities in the LHDCMC service area are located in Prince George's County, and the service area accounts for approximately 80% of the total Prince George's County population. The 25-zip code service area is validated by the patient origin data provided in the Application.

**Doctors Community Hospital
Current Service Area Definition
FY 2022**

<u>Zip Code</u>	<u>Community</u>	<u>Discharges</u>	<u>% DCH Discharges</u>	<u>Cumulative %</u>
20706	Lanham	1,104	12%	12%
20743	Capitol Heights	665	7%	20%
20785	Hyattsville	649	7%	27%
20784	Hyattsville	595	7%	34%
20774	Upper Marlboro	528	6%	39%
20770	Greenbelt	493	5%	45%
20737	Riverdale	372	4%	49%
20747	District Heights	340	4%	53%
20721	Bowie	312	3%	56%
20720	Bowie	240	3%	59%
PSA Subtotal		5,298	59%	59%
20715	Bowie	244	3%	62%
20716	Bowie	215	2%	64%
20740	College Park	213	2%	66%
20710	Bladensburg	199	2%	69%
20772	Upper Marlboro	186	2%	71%
20781	Hyattsville	153	2%	72%
20782	Hyattsville	153	2%	74%
20769	Glenn Dale	129	1%	75%
20748	Temple Hills	126	1%	77%
20746	Suitland	121	1%	78%
20708	Laurel	102	1%	79%
20744	Fort Washington	82	1%	80%
20735	Clinton	74	1%	81%
20705	Beltsville	71	1%	82%
20745	Oxon Hill	64	1%	83%
SSA Subtotal		2,132	24%	83%
All Other		1,564	17%	100%
Total		8,994	100%	100%

Source: HSCRC Discharge Abstract Database, FY 2022

(b) Obstetrics Discharges

Obstetrics discharges are defined by MDC14 (Pregnancy, Childbirth and the Puerperium), the definition established by the MHCC for purposes of this application. MDC 14 includes deliveries and non-delivery Obstetrics volume. Deliveries are documented to account for approximately 93% of the MDC 14 category.

(c) Data sources

Discharge data - This application draws on the HSCRC Abstract Database and the DCHA Discharge Database to establish the total regional market of OB discharges.

Population data – This application documents population estimates/forecasts prepared by Nielsen Claritas.