

**CERTIFICATE OF NEED APPLICATION**  
**COMPREHENSIVE CARE FACILITY (NURSING HOME)**  
**BRINTON WOODS HEALTH CARE CENTER, LLC**

APRIL 6, 2018



**BRINTON WOODS**  
HEALTH & REHABILITATION CENTER AT WINFIELD  
*A LifeBridge Health Partner*



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Exhibits

1. Applicant Organizational Chart
2. Brinton Woods Senior Living Organizational Chart
3. Construction Drawings, Timeline and Marshall Swift Information
4. Organizational Chart – LBH Health Care Facilities
5. Community-based Services Information
6. Diagnosis Report
7. Korte Company Introduction to Senior Living Design and Construction
8. Skilled Nursing News Publication
9. The Advisory Board Publication on Telemedicine
10. Collaborative Agreements
11. Comprehensive Care Facilities in Carroll County Map
12. Examination of ER Visits
13. LBH Financial Statements
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15. CON History
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For internal staff use:

**MARYLAND  
HEALTH  
CARE  
COMMISSION**

\_\_\_\_\_  
MATTER/DOCKET NO.

\_\_\_\_\_  
DATE DOCKETED

**COMPREHENSIVE CARE FACILITY (NURSING HOME)  
APPLICATION FOR CERTIFICATE OF NEED**

***ALL APPLICATIONS MUST FOLLOW THE FORMATTING REQUIREMENTS DESCRIBED IMMEDIATELY BELOW. NOT FOLLOWING THESE FORMATTING INSTRUCTIONS WILL RESULT IN THE APPLICATION BEING RETURNED.***

**Required Format:**

**Table of Contents.** The application must include a Table of Contents referencing the location of application materials. Each section in the hard copy submission should be separated with tabbed dividers. Any exhibits, attachments, etc. should be similarly tabbed, and pages within each should be numbered independently and consecutively. **The Table of Contents must include:**

- **Responses to PARTS I, II, III, and IV of the COMPREHENSIVE CARE FACILITY (NURSING HOME) application form**
- **Responses to PART IV must include responses to the standards in the State Health Plan chapter, COMAR 10.24.08, applicable to the type of nursing home project proposed.**
  - All Applicants must respond to the general standards, COMAR 10.24.08.05A.
  - Applicants proposing *new construction or expansion* of comprehensive care facility beds, including replacement of an existing facility or existing beds, if new outside walls are proposed must also respond to all the standards in COMAR 10.24.08.05B.
  - Applicants only proposing *renovations within existing facility* walls using beds currently shown in the Commission's inventory as authorized to the facility must respond to all the standards in COMAR 10.24.08.05C in addition to the standards in .05A. Applicants for such renovations should not respond to the standards in .05B.
  - All Applicants must respond to the Review Criteria listed at 10.24.01.08G(3)(b) through 10.24.01.08G(3)(f) as detailed in the application form.
- **Identification of each Attachment, Exhibit, or Supplement**

Application pages must be consecutively numbered at the bottom of each page. Exhibits

attached to subsequent correspondence during the completeness review process shall use a consecutive numbering scheme, continuing the sequencing from the original application. (For example, if the last exhibit in the application is Exhibit 5, any exhibits used in subsequent responses should begin with Exhibit 6. However, a replacement exhibit that merely replaces an exhibit to the application should have the same number as the exhibit it is replacing, noted as a replacement.

## **SUBMISSION FORMATS:**

We require submission of application materials and the applicant's responses to completeness questions in three forms: hard copy; searchable PDF; and in Microsoft Word.

- **Hard copy:** Applicants must submit six (6) hard copies of the application to:  
Ruby Potter  
Health Facilities Coordinator  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215
- **PDF:** Applicants must also submit *searchable* PDF files of the application, supplements, attachments, and exhibits.<sup>1</sup> All subsequent correspondence should also be submitted both by paper copy and as *searchable PDFs*.
- **Microsoft Word:** Responses to the questions in the application and the applicant's responses to completeness questions should also be electronically submitted in Word. Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

Applicants are strongly encouraged to submit any spreadsheets or other files used to create the original tables (the native format). This will expedite the review process.

PDFs and spreadsheets should be submitted to [ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov) and [kevin.mcdonald@maryland.gov](mailto:kevin.mcdonald@maryland.gov).

**Note that there are certain actions that may be taken regarding either a health care facility or an entity that does not meet the definition of a health care facility where CON review and approval are not required. Most such instances are found in the Commission's procedural regulations at COMAR 10.24.01.03, .04, and .05. Instances listed in those regulations require the submission of specified information to the Commission and may require approval by the full Commission. Contact CON staff at (410) 764-3276 for more information.**

*A pre-application conference will be scheduled by Commission Staff to cover this and other topics. Applicants are encouraged to contact Staff with any questions regarding an application.*

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<sup>1</sup> PDFs may be created by saving the original document directly to PDF on a computer or by using advanced scanning technology

**PART I - PROJECT IDENTIFICATION AND GENERAL INFORMATION**

**1. FACILITY**

**Name of Facility:** Brinton Woods Health and Rehabilitation at Winfield<sup>2</sup>

**Address:**

1442 Buckhorn Road	Sykesville	21784	Carroll
Street	City	Zip	County

**2. Name of Owner** Brinton Woods Health Care Center, LLC

**If Owner is a Corporation, Partnership, or Limited Liability Company, attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share in the applicant and any related parent entities. Attach a chart that completely delineates this ownership structure.**

Please refer to **Exhibit 1** for the ownership structure of Brinton Woods Health Care Center, LLC.

**3. APPLICANT.** *If the application has a co-applicant, provide the following information in an attachment.*

**Legal Name of Project Applicant (Licensee or Proposed Licensee):** Brinton Woods Health Care Center, LLC

**Address:**

9515 Deereco Road, Suite 407 Street	Timonium	21093	MD	Balto.
	City	Zip	State	County
<b>Telephone:</b> 410-795-2737				

**4. NAME OF LICENSEE OR PROPOSED LICENSEE, if different from applicant:**

SAME

<sup>2</sup> This is the name of the facility at its current location, but the name of the facility may be changed after it is relocated to the Carroll Hospital campus.

**5. LEGAL STRUCTURE OF APPLICANT (and LICENSEE, if different from applicant).**

Check  or fill in applicable information below and attach an organizational chart showing the owners of applicant (and licensee, if different).

- A. Governmental
  - B. Corporation
    - (1) Non-profit
    - (2) For-profit
    - (3) Close  State & date of incorporation
  - C. Partnership
    - General
    - Limited
    - Limited liability partnership
    - Limited liability limited partnership
    - Other (Specify): \_\_\_\_\_
  - D. Limited Liability Company
  - E. Other (Specify): \_\_\_\_\_
- To be formed:
- Existing:

**6. PERSON(S) TO WHOM QUESTIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED**

**A. Lead or primary contact:**

**Name and Title:** Teresa Fletcher,  
Assistant Vice President

**Company Name** LifeBridge Health

**Mailing Address:**

200 Memorial Avenue Westminster MD 21157  
Street City Zip

Telephone: 410-469-5220  
E-mail Address (required): teresaf@carrollhospitalcenter.org

Fax: 410-601-9516



**If company name is different than applicant briefly describe the relationship**

LifeBridge Health is the majority owner of the Applicant. Please refer to **Exhibit 1** for the delineation of the ownership structure of the Applicant.

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**B. Additional or alternate contact:**

**Name and Title:** Marta Harting

**Company Name:** Venable LLP

**Mailing Address:**

750 E. Pratt Street  
Street

Baltimore MD 21202  
City Zip State

**Telephone:** 410-244-7400

**E-mail Address (required):**

[mdharting@venable.com](mailto:mdharting@venable.com)

**Fax:** 410-244-7442

**If company name is different than applicant briefly describe the relationship** Legal Counsel

**7. NAME OF THE OWNER OR PROPOSED OWNER OF THE REAL PROPERTY and Improvements (if different from the licensee or proposed licensee)**

**Carroll Hospital Center**

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**Address:**

200 Memorial Avenue  
Street

Westminster 21157 MD Carroll  
City Zip State County

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**If Owner is a Corporation, Partnership, or Limited Liability Company attach a description of the ownership structure identifying all individuals that have or will have at least a 5% ownership share in the in the real property and any related parent entities. Attach a chart that completely** \_\_\_\_\_

delineates this ownership structure.

**Applicant Response:** Please see **Exhibit 4** for the delineation of the LBH ownership structure that includes Carroll Hospital Center, the owner of the real property to which BW-W would be relocated with this project. Brinton Woods Senior Living, LLC is the owner of the real estate on which BW-W is currently operating. LBH is a majority (55%) owner of Brinton Woods Senior Living, LLC. The ownership structure of Brinton Woods Senior Living, LLC., is delineated in **Exhibit 2**.

**8. NAME OF THE Owner of the Bed Rights (i.e., the person/entity that could sell the beds included in this application to a 3<sup>rd</sup> party):**

**Legal Name of the Owner of the Rights to Sell the CCF Beds**

Brinton Woods Health Care Center, LLC

If the Legal Entity that has or will have the right to sell the CCF beds is other than the Licensee or the Owner of the Real Property Identified Above Provide the Following Information.

**Address:**

Street City Zip State County

**Telephone:** \_\_\_\_\_

**9. If a management company or companies is or will be involved in the clinical or financial management of the facility or will provide oversight of any construction or renovations proposed as part of this APPLICATION, identify each company or individual that will provide the services and describe the services that will be provided. Identify any ownership relationship between the management company and the owner of the facility and/or the real property or any related entity.**

Brinton Woods Management Company, LLC currently provides management services for BW-W, but may or may not provide management services for BW-W after it is relocated to the Carroll Hospital campus. LBH does not have an ownership interest in Brinton Woods Management Company, LLC. That entity is wholly owned by three of the individual minority owners of the Applicant.

**Address:**

9515 Deereco Road, Suite Timonium 21093 MD  
407 Baltimore

Street City Zip State County  
410-560-4925

**Telephone:** \_\_\_\_\_

**10. TYPE OF PROJECT**

The following list includes all project categories that require a CON pursuant to COMAR 10.24.01.02(A). Please mark all that apply in the list below.

If approved, this CON would result in (check as many as apply):

- (1) A new health care facility built, developed, or established
- (2) An existing health care facility moved to another site
- (3) A change in the bed capacity of a health care facility
- (4) A change in the type or scope of any health care service offered by a health care facility
- (5) A health care facility making a capital expenditure that exceeds the current threshold for capital expenditures found at:   
[http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_con/documents/con\\_capital\\_threshold\\_20140301.pdf](http://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_con/documents/con_capital_threshold_20140301.pdf)

## 11. PROJECT DESCRIPTION

**A. Executive Summary of the Project:** The purpose of this BRIEF executive summary is to convey to the reader a holistic understanding of the proposed project: what it is, why you need to do it, and what it will cost. A one-page response will suffice. Please include:

- (1) Brief Description of the project – what the applicant proposes to do
- (2) Rationale for the project – the need and/or business case for the proposed project
- (3) Cost – the total cost of implementing the proposed project

### APPLICANT RESPONSE:

**(1) Brief Description of Project.** Brinton Woods Health and Rehabilitation at Winfield (BW-W) is a long-term and subacute care facility located in Carroll County. Rated as a five-star facility by the Centers for Medicare and Medicaid, BW-W has been providing health and rehabilitation services for short-term rehabilitation and long-term skilled nursing care in Carroll County for more than 12 years. It has a total of 60 beds, six are private and the remaining 54 are semi-private.

In November 2017, LifeBridge Health (LBH) acquired a majority (55%) ownership interest, in the Applicant.<sup>3</sup> Please refer to **Exhibit 1** for the delineation of the ownership structure of the Applicant. This transaction was accompanied by plans to rebuild and relocate the aging BW-W facility to the campus of Carroll Hospital, an LBH partner.

Originally built in 1959, and acquired by the Applicant in 2006, BW-W is not only an aging facility, but is unable to expand or improve its current facility to better meet Life Safety Requirements. Because of the current site's property typography and the design of the current structure, at its current location BW-W cannot undergo the significant improvements and modernization that are required in order to meet the needs and expectations of patients and their families.

The Applicant is not seeking additional bed capacity. Rather, it is requesting approval for capital spending and the replacement and relocation of the existing facility. The relocation and

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<sup>3</sup> The transaction documents require LBH to purchase the remaining 45% interest in the Applicant and Brinton Woods Senior Living, LLC, in the future under certain circumstances.