



April 5, 2024

Mr. Jeff Kagan  
709 Kersey Road  
Silver Spring, Maryland 20902

**Re: Hillhaven SNF Operator, LLC**  
**dba Sterling Care Hillhaven (Hillhaven)**  
**Prince George's County – Docket No.**  
**24-16-2469**

Dear Mr. Kagan:

Commission staff has reviewed a Certificate of Need (CON) application from Hillhaven to add 32 beds to its facility in a newly constructed wing of the building and a set of follow up questions. There are areas in the follow up questions submitted which were found by staff to be incomplete, and therefore please provide responses to the following questions:

**Cost-Effective Alternatives:**

1. Staff requested an alternative to waiver beds; however, none was provided. Waiver beds would not have been an alternative to the project because there would not be space in the existing building footprint, Please provide another alternative considered as part of the project planning and its cost-effectiveness.

**Tables:**

2. The renovation of 1,300 square feet was omitted from Table B. Although your response states it because it is a small amount of space, it is required to be included in Table B.
3. The previous request asked about the patient days. In Table E, there are 28 admissions in 2025 totaling 3407 patient days (an average of 122 days per patient)-however, in 2026 there are 156 admissions totaling 10,512 patient days (an average of 68 days per patient). Please explain the difference including the basis for the average number of patient days in 2025 is more than double the average number of patient days in 2026.

Mr. Kagan  
Hillhaven  
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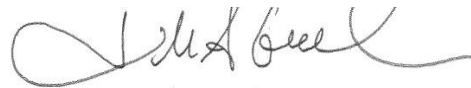
4. The rehab contract in Exhibit 17 shows that the facility pays \$4300 a month for management services but there is no entry for a contractual employee. Does the facility receive a partial FTE for these management services from Rehab Advisors?

Please submit four copies of the responses to the above questions and requests for additional information within ten working days of receipt. Also submit the response electronically, in both Word and PDF format, to Ruby Potter ([ruby.potter@maryland.gov](mailto:ruby.potter@maryland.gov)) and [mhcc.confilings@maryland.gov](mailto:mhcc.confilings@maryland.gov). If additional time is needed to prepare a response, please let me know at your earliest convenience.

As with the request itself, all information supplementing the request must be signed by person(s) available for cross-examination on the facts set forth in the supplementary information, who shall sign a statement as follows: "I hereby declare and affirm under the penalties of perjury that the facts stated in this application and its attachments are true and correct to the best of my knowledge, information, and belief."

Should you have any questions regarding this matter, please contact me at (410) 764-3371.

Sincerely,



Jeanne Marie Gawel, Acting CON Chief

cc:

Nancy Lane, Consultant  
Wynee Hawk, Director Health Care Facilities Planning and Development  
Ruby Potter, MHCC  
Moirra Lawson, Program Manager, MHCC  
Caitlin Tepe, AAG  
Alexa Bertinelli, AAG  
Dr. Matthew Levy, Health Officer, Prince George's County Health Department

