



**CERTIFICATE OF NEED APPLICATION FOR
COMPREHENSIVE CARE FACILITY BEDS
Responses to Incomplete Questions #2**

*Hillhaven SNF Operator, LLC
d/b/a Sterling Care Hillhaven (Hillhaven)
Prince George's County*

April 16, 2024

LETTER OF TRANSMITTAL

PDA

Cameron Village
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To: Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson avenue
Baltimore, Maryland 21215

Date: 4/4/2024 **Job Number:** 16-9098-23
Attention: Certificate of Need Section
RE: Sterling Senior Care Hillhaven CON Application

- WE ARE SENDING YOU:**
- Shop Drawings
 - Prints
 - Plans
 - Samples
 - Specifications
 - Change order
 - Copy of letter
 - Client Project Copy
 - Bound paper copies of Responses to Additional Questions Regarding CON Application for 32 Additional Beds

Copies	Date	No.	Description
4	4/16/2024		Bound paper copies of Responses to Additional Questions in MHCC request dated April 5, 2024 regarding Sterling Care Hillhaven , Prince George's County CON applicatoin for 32 additional CCF beds

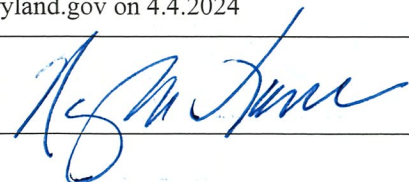
THESE ARE TRANSMITTED AS CHECKED BELOW:

- For approval
- For your use
- As requested
- For review and comment
- Approved as submitted
- Approved as noted
- Returned for corrections
-
- Resubmit copies for approval
- Submit copies for distribution
- Return corrected prints

Remarks: Follows electronic copy submitted to mhcc.confilings@maryland.gov on 4.4.2024

Copy To: Jeff Kagan, President Sterling Senior Care

Signed:



THIS DOCUMENT CONTAINS RESPONSES TO QUESTIONS FROM JEANNE-MARIE GAWEL TO JEFF KAGAN, APRIL 5, 2024.

RESPONSES ARE NUMBERED TO CORRESPOND TO QUESTIONS IN THE LETTER AND ARE ORGANIZED BY THE REFERENCED PART OF THE CERTIFICATE OF NEED APPLICATION.

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.

04/16/2024

Date


Jeff Kagan (Apr 16, 2024 14:15 EDT)

Signature of Owner or Board-Designated Official

President

Position / Title

Jeff Kagan

Printed Name

Signature Page

Final Audit Report

2024-04-16

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PART IV: CONSISTENCY WITH THE STATE HEALTH PLAN

- 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**

Apologies. Sterling Care Hillhaven considered this project at length before deciding to pursue the application for 32 beds. Among the alternatives considered were:

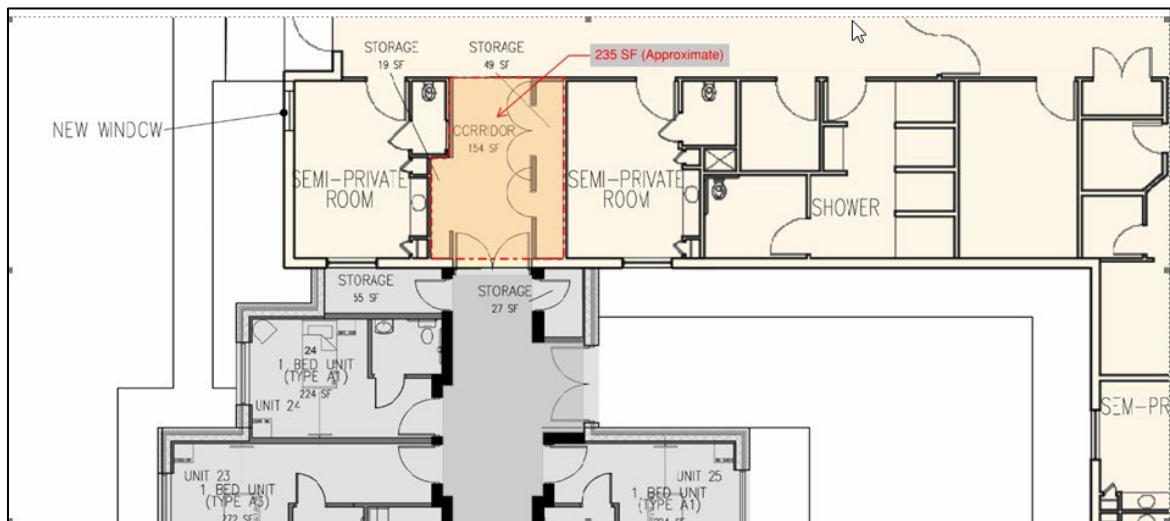
- Status Quo: a 66 bed CCF that is open for public admission and not subsidized by CCRC contracts is difficult to operate because it has limited economies of scale. Sterling Care has successfully managed current operations and maintains high occupancy, especially considering the limited number of private beds (10). However, juggling individual resident requirements is a constant challenge. This approach was rejected as less effective.
- Acquire CCF beds from another licensed entity. Sterling Care entered into a contract subject to CON approval to acquire such beds, anticipating that other entities would apply for some or all of the published Prince George's County bed need. Sterling Care Hillhaven filed an initial letter of intent anticipating that it might apply for a combination of purchased and published need beds. Because a purchase adds to project cost, we rejected this alternative when no other entity applied for the published need.
- Add more beds: Sterling Care also considered a larger expansion. Ideally, it would like a few more beds, given its location, growing demand from hospitals for post-acute placements and age of service area residents. The site and capacity of the facility's infrastructure set maximum CCF capacity limits in the 100-bed range. However, the published bed need is only 32 and purchasing only a few more beds is not economically feasible. For these reasons, Sterling Care selected the alternative of applying for the 32 beds published as Prince George's CCF need.

CON TABLE PACKAGE FOR NURSING HOMES (CCFS)

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.

Sterling Care asked our architects at Michael Graves for specific measurements on the space in the existing facility that will require renovation to form the connector corridor to the proposed new 32 bed CCF nursing unit. Revised Workbook Table B reflects a change to show 235 SF as renovation space for the connector corridor.

Figure 6: Section of floor plan showing renovation space to form connector corridor to new CCF unit.



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.

The number of admissions in 2025 on Table E is incorrect. We developed Table E on the assumption that the project would be open in June 2025 – a partial year of 30.3 weeks. We then assumed that beds would fill at the rate of 1.5 admissions a week in the first year. 30.3 weeks times 1.5 admissions a week is 45.5 or 46 admissions in 2025. In 2026, as noted in the assumptions, we increased admissions to 3 per week $3 * 52 = 156$. In 2027, as also noted in the assumptions, we assumed 2 admissions per week $2 * 52 = 104$. Admissions per week decline in 2027 as the building stabilizes with some long-term residents and the need to fill those beds to maintain 90% occupancy is less frequent.

Days per admission are higher in 2025 than in 2026 because we assumed that a significant portion of the initial (2025) admissions will be long term residents. As the facility continues to take additional residents in 2026, we assumed a more even mix of short term and long-term residents and therefore a lower average length of stay for each admitted resident. As noted in the preceding paragraph, in 2027 we assume resident days will be the same as in 2026. However, 2027 will have a lower rate of admissions as the building stabilizes with some long-term residents. We capped occupancy at 90 percent in these forecasts.

We have submitted a new workbook with a **revised replacement Table E** to reflect the updated admissions in 2025. The revised admissions do not affect any other assumptions / numbers in the workbook.

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?

The Rehab Advisors therapy contract is a Management Services agreement. The fee is a flat monthly fee that covers a package of consulting services that Rehab Advisors provides to support Sterling Care Hillhaven's employees. The package includes policies, performance metrics, statistics, functional outcomes, clinical pathways, risk factor education, monthly key performance indicators, telephone consults, quality reviews, etc. There is no FTE calculation associated with this package of management services.

Employed Hillhaven therapists report to one Hillhaven-employed Physical Therapist who is both a working therapist and a therapy manager at this facility.

TABLE A. BED CAPACITY BY FLOOR AND NURSING UNIT BEFORE AND AFTER PROJECT

<i>INSTRUCTION: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project. Applicants should add columns and recalculate formulas to address any rooms with 3 and 4 bed capacity.</i>										
Before the Project						After Project Completion				
Service Location (Floor/Wing)	Current Licensed Beds	Based on Physical Capacity				Based on Physical Capacity				
		Room Count			Physical Bed Capacity	Service Location (Floor/Wing)	Room Count			Physical Bed Capacity
		Private	Semi-Private	Total Rooms			Private	Semi-Private	Total Rooms	
COMPREHENSIVE CARE						COMPREHENSIVE CARE				
1st Floor, East Wing	66	10	28	38	66	1st Floor, East Wing	10	27	37	64
				0	0	1st Floor, New Wing	34	0	34	34
				0	0				0	0
				0	0				0	0
				0	0				0	0
SUBTOTAL Comprehensive Care	66	10	28	38	66	SUBTOTAL	44	27	71	98
ASSISTED LIVING						ASSISTED LIVING				
1st Floor, Memory Care	23	23	0	23	23	1st Floor, Memory Care	23	0	23	23
2nd Floor	17	17	0	17	17	2nd Floor	17	0	17	17
3rd Floor	22	22		22	22	3rd Floor	22		22	22
TOTAL ASSISTED LIVING	62	62	0	62	62	TOTAL ASSISTED LIVING	62	0	62	62
Other (Specify/add rows as needed)				0	0	Other (Specify/add rows as needed)			0	0
TOTAL OTHER						TOTAL OTHER				
FACILITY TOTAL	128	72	28	100	128	FACILITY TOTAL	106	27	133	160

TABLE B. PROPOSED NEW CONSTRUCTION AND RENOVATION SQUARE FOOTAGE

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

Gross Square Footage by Floor/Nursing Unit/Wing	DEPARTMENTAL GROSS SQUARE FEET				Total After Project Completion
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	
First Floor		17,720			17,720
Basement		7,114	0		7,114
Existing CCF Wing			235	47,392	47,627
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total	0	24,834	235	47,392	72,461

TABLE C. PROJECT BUDGET

INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application. If the project involves services other than CCF such as assisted living explain the allocation of costs between the CCF and the other service(s). NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds

	CCF Nursing Home	Other Service Areas	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building	\$5,448,442		\$5,448,442
(2) Fixed Equipment			\$0
(3) Site and Infrastructure	\$1,180,000		\$1,180,000
(4) Architect/Engineering Fees	\$396,250		\$396,250
(5) Permits (Building, Utilities, Etc.)	\$69,344		\$69,344
SUBTOTAL New Construction	\$7,094,036	\$0	\$7,094,036
b. Renovations			
(1) Building		\$51,558	\$51,558
(2) Fixed Equipment (not included in construction)			\$0
(3) Architect/Engineering Fees		\$3,750	\$3,750
(4) Permits (Building, Utilities, Etc.)		\$656	\$656
SUBTOTAL Renovations	\$0	\$55,964	\$55,964
c. Other Capital Costs			
(1) Movable Equipment	\$150,000		\$150,000
(2) Contingency Allowance	\$200,000		\$200,000
(3) Gross interest during construction period			\$0
(4) Other (Specify/add rows if needed)			\$0
SUBTOTAL Other Capital Costs	\$350,000	\$0	\$350,000
TOTAL CURRENT CAPITAL COSTS	\$7,444,036	\$55,964	\$7,500,000
d. Land Purchased/Donated			
e. Inflation Allowance			
TOTAL CAPITAL COSTS	\$7,444,036	\$55,964	\$7,500,000
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees			\$0
c2. Other (CON consulting fees)	\$50,000		
d. Non-CON Consulting Fees			\$0
d1. Legal Fees			
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$50,000	\$0	\$50,000
3. Working Capital Startup Costs			
			\$0
TOTAL USES OF FUNDS	\$7,494,036	\$55,964	\$7,550,000
B. Sources of Funds			
1. Cash	\$2,694,036	\$55,964	\$2,750,000
2. Philanthropy (to date and expected)			\$0
3. Authorized Bonds			\$0
4. Interest Income from bond proceeds listed in #3			\$0
5. Mortgage	\$4,800,000		\$4,800,000
6. Working Capital Loans			\$0
7. Grants or Appropriations			
a. Federal			\$0
b. State			\$0
c. Local			\$0
8. Other (Specify/add rows if needed)			\$0
TOTAL SOURCES OF FUNDS	\$7,494,036	\$55,964	\$7,550,000
Annual Lease Costs (if applicable)			
1. Land			\$0
2. Building	See Form F row 33, "Rent"		\$0
3. Major Movable Equipment			\$0
4. Minor Movable Equipment			\$0
5. Other (Specify/add rows if needed)			\$0

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

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030
1. ADMISSIONS										
a. Comprehensive Care (public)	1,167	345	405	210	227	312	312	312	312	312
b. Comprehensive Care (CCRC Restricted)	-	-	-	-	-	-	-	-	-	-
Total Comprehensive Care	1,167	345	405	210	227	312	312	312	312	312
c. Assisted Living	150	48	20	15	15	15	15	15	15	15
d. Other (Specify/add rows of needed)	-	-	-	-	-	-	-	-	-	-
TOTAL ADMISSIONS	1,317	393	425	225	242	327	327	327	327	327
2. PATIENT DAYS										
a. Comprehensive Care (public)	19,789	20,995	21,198	21,740	25,088	32,193	32,193	32,281	32,193	32,193
b. Comprehensive Care (CCRC Restricted)	-	-	-	-	-	-	-	-	-	-
Total Comprehensive Care	19,789	20,995	21,198	21,740	25,088	32,193	32,193	32,281	32,193	32,193
c. Assisted Living	15,927	18,836	20,738	20,877	20,820	20,820	20,820	20,877	20,820	20,820
d. Other (Specify/add rows of needed)	-	-	-	-	-	-	-	-	-	-
TOTAL PATIENT DAYS	35,716	39,831	41,936	42,617	45,907	53,013	53,013	53,158	53,013	53,013
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	66	66	66	66	85	98	98	98	98	98
b. Comprehensive Care (CCRC Restricted)										
Total Comprehensive Care Beds	66	66	66	66	85	98	98	98	98	98
c. Assisted Living	62	62	62	62	62	62	62	62	62	62
d. Other (Specify/add rows of needed)										

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030
TOTAL BEDS	128	128	128	128	147	160	160	160	160	160
4. OCCUPANCY PERCENTAGE										
a. Comprehensive Care (public)	82.1%	87.2%	88.0%	90.0%	81.2%	90.0%	90.0%	90.0%	90.0%	90.0%
b. Comprehensive Care (CCRC Restricted)	na	na	na	na	na	na	na	na	na	na
Total Comprehensive Care Beds	82.1%	87.2%	88.0%	90.0%	81.2%	90.0%	90.0%	90.0%	90.0%	90.0%
c. Assisted Living	70.4%	83.2%	91.6%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
d. Other (Specify/add rows of needed)	na	na	na	na	na	na	na	na	na	na
TOTAL OCCUPANCY %	76.4%	85.3%	89.8%	91.0%	85.8%	90.8%	90.8%	90.8%	90.8%	90.8%
5. OUTPATIENT (specify units used for charging and recording revenues)										
a. Adult Day Care	-	-	-	-	-	-	-	-	-	-
b. Other (Specify/add rows of needed)	-	-	-	-	-	-	-	-	-	-
TOTAL OUTPATIENT VISITS	-	-	-	-	-	-	-	-	-	-

Notes/Assumptions

- 1a. Current year is calculated based on 236 admissions through July 2023, annualized.
- 1a. Admissions in 2025 is projected based on 50% occupancy on the additional 32 beds starting in June 2025
- 1a. Admissions during projected years assumes 6 admissions per week on 98 beds
- 2a. 2023 Projected amount is based on actual financials through June
- 2a. * Assumes 90% occupancy in each year but for 2025 which assumes 90% on the current 66 beds for the entire year and an average of 50% on the new 32 beds for the last 7 months of the year.
- 2c. * Assumes 92% occupancy in years 2024-2030
- 2c. 2023 Projected amount is based on actual financials through June
- 3a. Project complete and admitting first residents in June 2025
- 3a. Beds in 2025 reflects the average throughout the year, assuming 66 beds through May and 98 beds starting in June

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029
1. ADMISSIONS							
a. Comprehensive Care (public)	-	-	46	156	104	104	104
b. Comprehensive Care (CCRC Restricted)	-	-	-	-	-	-	-
Total Comprehensive Care	0	0	46	156	104	104	104
c. Assisted Living	-	-	-	-	-	-	-
d. Other (Specify/add rows of needed)	-	-	-	-	-	-	-
TOTAL ADMISSIONS	0	0	46	156	104	104	104
2. PATIENT DAYS							
a. Comprehensive Care (public)	-	-	3,407	10,512	10,512	10,512	10,512
b. Comprehensive Care (CCRC Restricted)	-	-	-	-	-	-	-
Total Comprehensive Care	0	0	3,407	10,512	10,512	10,512	10,512
c. Assisted Living	-	-	-	-	-	-	-
TOTAL PATIENT DAYS	0	0	3,407	10,512	10,512	10,512	10,512
3. NUMBER OF BEDS							
a. Comprehensive Care (public)	-	-	19	32	32	32	32
b. Comprehensive Care (CCRC Restricted)	-	-	-	-	-	-	-
Total Comprehensive Care Beds	0	0	19	32	32	32	32
c. Assisted Living	-	-	-	-	-	-	-
d. Other (Specify/add rows of needed)	-	-	-	-	-	-	-
TOTAL BEDS	0	0	19	32	32	32	32
4. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: <i>Leap year formulas should be changed by applicant to reflect 366 days per year.</i>							
a. Comprehensive Care (public)	0.0%	0.0%	50.0%	90.0%	90.0%	89.8%	90.0%
b. Comprehensive Care (CCRC Restricted)	na	na	na	na	na	na	na
Total Comprehensive Care Beds	0.0%	0.0%	50.0%	90.0%	90.0%	89.8%	90.0%
c. Assisted Living	na	na	na	na	na	na	na
d. Other (Specify/add rows of needed)	na	na	na	na	na	na	na
TOTAL OCCUPANCY %	na	na	na	na	na	na	na
5. OUTPATIENT (specify units used for charging and recording revenues)							
a. Adult Day Care	-	-	-	-	-	-	-

TABLE E. UTILIZATION PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Account for all inpatient and outpatient volume that produce or will produce revenue. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 3 & 4, the number of beds and occupancy percentage should be reported on the basis of proposed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029
b. Other (Specify/add rows of needed)	-	-	-	-	-	-	-
TOTAL OUTPATIENT VISITS	-	-	-	-	-	-	-

Notes/Assumptions

- 1a. Assumes project complete and admitting first residents in June 2025
- 1a. Assume in 2025, the start up partial year, admissions are 1.5 per week over 30.3 weeks.
- 1a. Assumptions are based a calculation of 3 admissions per week on 32 beds in 2026 and 2 admissions per week on 32 beds, beginning in 2027.
- 1a. Admissions in 2025 is projected based on 50% occupancy on the additional 32 beds starting in June 2025
- 2a. Assumes 50% occupancy of the new beds in 2025 (June through December) and 90% occupancy on the new addition starting January 2026
- 3a. Beds in 2025 reflects the average throughout the year, assuming 32 new beds become available in June

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030
1. REVENUE										
a. Inpatient Services - Skilled Nursing	\$ 9,135,524	\$ 9,657,857	\$ 10,577,500	\$ 10,655,953	\$ 12,406,467	\$ 15,432,974	\$ 15,432,974	\$ 15,475,256	\$ 15,432,974	\$ 15,432,974
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Assisted Living	\$ 3,217,169	\$ 3,406,426	\$ 4,041,218	\$ 4,068,235	\$ 4,057,119	\$ 4,057,119	\$ 4,057,119	\$ 4,068,235	\$ 4,057,119	\$ 4,057,119
Gross Patient Service Revenues	\$ 12,352,693	\$ 13,064,283	\$ 14,618,718	\$ 14,724,187	\$ 16,463,586	\$ 19,490,094	\$ 19,490,094	\$ 19,543,491	\$ 19,490,094	\$ 19,490,094
d. Allowance For Bad Debt	\$ 85,600	\$ 234,000	\$ 306,800	\$ 311,782	\$ 335,853	\$ 387,835	\$ 387,835	\$ 388,898	\$ 387,835	\$ 387,835
e. Contractual Allowance	\$ 1,987,952	\$ 1,631,177	\$ 1,205,988	\$ 1,225,573	\$ 1,320,193	\$ 1,524,527	\$ 1,524,527	\$ 1,528,704	\$ 1,524,527	\$ 1,524,527
f. Charity Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Patient Services Revenue	\$ 10,279,141	\$ 11,199,106	\$ 13,105,930	\$ 13,186,832	\$ 14,807,540	\$ 17,577,731	\$ 17,577,731	\$ 17,625,889	\$ 17,577,731	\$ 17,577,731
g. Other Operating Revenues	\$ 2,791,218	\$ 2,426,231	\$ 1,260,840	\$ 1,281,316	\$ 1,380,239	\$ 1,593,867	\$ 1,593,867	\$ 1,598,234	\$ 1,593,867	\$ 1,593,867
NET OPERATING REVENUE	\$ 13,070,359	\$ 13,625,337	\$ 14,366,770	\$ 14,468,148	\$ 16,187,779	\$ 19,171,598	\$ 19,171,598	\$ 19,224,123	\$ 19,171,598	\$ 19,171,598
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 8,053,318	\$ 8,551,498	\$ 8,312,168	\$ 8,447,157	\$ 8,670,280	\$ 10,012,229	\$ 10,012,229	\$ 10,039,660	\$ 10,012,229	\$ 10,012,229
b. Contractual and Professional Services	\$ 352,871	\$ 439,450	\$ 447,110	\$ 447,110	\$ 447,110	\$ 447,110	\$ 447,110	\$ 447,110	\$ 447,110	\$ 447,110
c. Interest on Current Debt	\$ -	\$ -	\$ 64,704	\$ 64,704	\$ 64,704	\$ 64,704	\$ 64,704	\$ 64,881	\$ 64,704	\$ 64,704
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation	\$ 168,990	\$ 168,990	\$ 178,848	\$ 178,848	\$ 178,848	\$ 178,848	\$ 178,848	\$ 178,848	\$ 178,848	\$ 178,848
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 849,466	\$ 705,744	\$ 840,896	\$ 854,552	\$ 920,527	\$ 1,063,003	\$ 1,063,003	\$ 1,065,915	\$ 1,063,003	\$ 1,063,003
add: Food	\$ 304,799	\$ 361,690	\$ 400,952	\$ 407,463	\$ 438,921	\$ 506,856	\$ 506,856	\$ 508,245	\$ 506,856	\$ 506,856
add: Utilities / R&M	\$ 492,557	\$ 426,613	\$ 458,984	\$ 466,438	\$ 502,449	\$ 580,216	\$ 580,216	\$ 581,806	\$ 580,216	\$ 580,216
add: Property Taxes and Business Insurance	\$ 566,391	\$ 591,429	\$ 588,626	\$ 598,185	\$ 644,368	\$ 744,100	\$ 744,100	\$ 746,139	\$ 744,100	\$ 744,100
add: G&A	\$ 214,698	\$ 235,272	\$ 273,404	\$ 277,844	\$ 299,295	\$ 345,618	\$ 345,618	\$ 346,565	\$ 345,618	\$ 345,618
add: SNF Provider Tax	\$ 299,303	\$ 359,349	\$ 341,916	\$ 347,469	\$ 374,295	\$ 432,227	\$ 432,227	\$ 433,411	\$ 432,227	\$ 432,227
add: Management Fee (5%)	\$ 655,767	\$ 694,995	\$ 733,666	\$ 723,407	\$ 809,389	\$ 958,580	\$ 958,580	\$ 961,206	\$ 958,580	\$ 958,580
add: Rentals and Leases	\$ 44,821	\$ 37,468	\$ 45,150	\$ 45,883	\$ 49,426	\$ 57,076	\$ 57,076	\$ 57,232	\$ 57,076	\$ 57,076
add: RENT	\$ 1,765,956	\$ 1,765,956	\$ 1,837,908	\$ 2,219,910	\$ 2,424,510	\$ 2,710,950	\$ 2,710,950	\$ 2,718,377	\$ 2,710,950	\$ 2,710,950
j. Other Expenses	\$ 100,890	\$ 127,861	\$ 129,536	\$ 131,640	\$ 141,803	\$ 163,750	\$ 163,750	\$ 164,199	\$ 163,750	\$ 163,750
TOTAL OPERATING EXPENSES	\$ 13,869,827	\$ 14,466,316	\$ 14,653,868	\$ 15,210,611	\$ 16,161,566	\$ 18,460,908	\$ 18,460,908	\$ 18,509,235	\$ 18,460,908	\$ 18,460,908

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030
3. INCOME										
a. Income From Operation	\$ (799,468)	\$ (840,979)	\$ (287,098)	\$ (742,463)	\$ 26,213	\$ 710,690	\$ 710,690	\$ 714,888	\$ 710,690	\$ 710,690
b. Non-Operating Income										
SUBTOTAL	\$ (799,468)	\$ (840,979)	\$ (287,098)	\$ (742,463)	\$ 26,213	\$ 710,690	\$ 710,690	\$ 714,888	\$ 710,690	\$ 710,690
c. Income Taxes										
NET INCOME (LOSS)	\$ (799,468)	\$ (840,979)	\$ (287,098)	\$ (742,463)	\$ 26,213	\$ 710,690	\$ 710,690	\$ 714,888	\$ 710,690	\$ 710,690
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	43.6%	41.7%	45.9%	46.1%	46.2%	46.0%	46.0%	46.0%	46.0%	46.0%
2) Medicaid	16.9%	18.7%	16.3%	18.4%	21.5%	25.7%	25.7%	25.7%	25.7%	25.7%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance / Private / Self Pay	13.4%	13.6%	8.6%	7.9%	7.7%	7.5%	7.5%	7.5%		7.5%
5) Assisted Living	26.0%	26.1%	27.6%	27.6%	24.6%	20.8%	20.8%	20.8%	20.8%	20.8%
TOTAL	100.0%	100.0%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	92.5%	100.0%
b. Percent of Inpatient Days										
1) Medicare	24.1%	21.6%	24.9%	24.0%	24.0%	24.5%	24.5%	24.5%	24.5%	24.5%
2) Medicaid*	20.1%	20.8%	18.9%	20.5%	24.6%	30.2%	30.2%	30.2%	30.2%	30.2%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance / Private / Self Pay	11.2%	10.3%	6.8%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
5) Assisted Living	44.6%	47.3%	49.5%	49.5%	45.4%	39.3%	39.3%	39.3%	39.3%	39.3%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: As shown below, Medicaid days are above 40.1% of the total SNF Bed days (which meets the requirement of the Medicaid MOU). The amount shown above in "Percent of Inpatient Days (Medicaid) is a percentage of the total patient days, which includes the assisted living portion of the building.

Medicaid days as a percentage of total SNF days	36.23%	39.45%	37.36%	40.65%	45.10%	49.78%	49.78%	49.78%	49.78%	49.78%
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Budget Notes/Assumptions

- 1a. Revenue in 2025-2030 is projected based on 50% occupancy of the new beds in 2025 (June through December) and 90% occupancy on all beds starting January 2026
- 1a. Revenue in 2025-2030 is based on Medicare PPD of 690.27, Medicaid PPD of 312.22 and Other SNF Residents at 460.47 PPD
- 1c. AL Revenue is based on current PPD and census. Assumption is that census will stay 92%
- 1d. Assumes similar PPD as current, prorated for new census
- 1e. Assumes similar PPD as current, prorated for new census
- 1g. Includes Ancillary revenue, Miscellaneous revenue, Lease revenue, Move-In Fees and other SNF services and Charges. Assumes similar PPD as current, prorated for new census
- 2a. Salaries / wages outlined on 'Work Force' tab and includes therapists as FTE's. EE benefits includes bonus, health insurance, paid-time off, and other fringes plus payroll taxes projected at
- 2b. Assumes the same expense as current. Expense not based on census
- 2c. The operating company has an Line of Credit with Forbright Bank. Interest is based on the current average monthly expense of \$5,392
The applicant / Operating Company is not borrowing any new funds for the project. All loans are being borrowed by the property owner of the facility. Rent paid by the Operating company to
- 2d. the Property owner is to cover the debt service.
- 2e. Assumes the same expense as current. Expense not based on census
- 2f. Project Depreciation assumes a \$7.5 Million cost of construction, depreciated over 39 years.
- 2h. Project Amortization assumes a \$50,000 cost of legal and consulting fees, amortized over 15 years.
- 2i. Includes general supplies for dietary supplements, housekeeping, maintenance, and activities. Projected years assume similar PPD as current, prorated for new census

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. The table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table D reflecting changes in volume and with the costs of the Workforce identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projected revenue and expenses specifying all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with calculations detailed in the attachment and Contractual Allowance should not be included if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030

Assumes similar PPD as current, prorated for new census
 Assumes similar PPD as current, prorated for new census / bigger building
 General overhead including R&M, Real Estate Taxes, and Business Taxes projected at the current operating levels. Projected Years assume similar PPD as current, prorated for new census / bigger building
 Assumes similar PPD as current, prorated for new census
 Assumes similar PPD as current, prorated for new census
 5% of Total Revenue
 Assumes similar PPD as current, prorated for new census
 Rent payments are made from the Operating Company to the Property owner equal to 110% of the debt service due from the Property owner to Forbright Bank. An additional \$4.8M loan will be borrowed by the Property owner for construction costs, at which time the rent payments from the Operating Company to the Property will increase as well.
 2j. Assumes similar PPD as current, prorated for new census / bigger building

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
1. REVENUE							
a. Inpatient Services - Skilled Nursing	\$ 1,684,680	\$ 4,777,022	\$ 4,777,022	\$ 4,790,109	\$ 4,777,022	\$ 4,777,022	\$ 4,777,022
b. Outpatient Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Assisted Living	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gross Patient Service Revenues	\$ 1,684,680	\$ 4,777,022	\$ 4,777,022	\$ 4,790,109	\$ 4,777,022	\$ 4,777,022	\$ 4,777,022
d. Allowance For Bad Debt	\$ 24,071	\$ 76,053	\$ 76,053	\$ 76,261	\$ 76,053	\$ 76,053	\$ 76,053
e. Contractual Allowance	\$ 94,620	\$ 298,954	\$ 298,954	\$ 299,773	\$ 298,954	\$ 298,954	\$ 298,954
f. Charity Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Patient Services Revenue	\$ 1,565,989	\$ 4,402,015	\$ 4,402,015	\$ 4,414,075	\$ 4,402,015	\$ 4,402,015	\$ 4,402,015
g. Other Operating Revenues	\$ 98,923	\$ 312,551	\$ 312,551	\$ 313,407	\$ 312,551	\$ 312,551	\$ 312,551
NET OPERATING REVENUE	\$ 1,664,913	\$ 4,714,566	\$ 4,714,566	\$ 4,727,482	\$ 4,714,566	\$ 4,714,566	\$ 4,714,566
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 680,098	\$ 2,098,587	\$ 2,098,587	\$ 2,104,337	\$ 2,098,587	\$ 2,098,587	\$ 2,098,587
b. Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Interest on Current Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Project Depreciation	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308	\$ 192,308
g. Current Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333	\$ 3,333
i. Supplies	\$ 65,975	\$ 208,451	\$ 208,451	\$ 209,022	\$ 208,451	\$ 208,451	\$ 208,451
add: Food	\$ 31,458	\$ 99,392	\$ 99,392	\$ 99,665	\$ 99,392	\$ 99,392	\$ 99,392
add: Utilities / R&M	\$ 36,011	\$ 113,778	\$ 113,778	\$ 114,090	\$ 113,778	\$ 113,778	\$ 113,778
add: Property Taxes and Business Insurance	\$ 46,183	\$ 145,915	\$ 145,915	\$ 146,315	\$ 145,915	\$ 145,915	\$ 145,915
add: G&A	\$ 21,451	\$ 67,774	\$ 67,774	\$ 67,960	\$ 67,774	\$ 67,774	\$ 67,774
add: SNF Provider Tax	\$ 26,826	\$ 84,758	\$ 84,758	\$ 84,990	\$ 84,758	\$ 84,758	\$ 84,758
add: Management Fee (5%)	\$ 85,982	\$ 235,173	\$ 235,173	\$ 237,799	\$ 235,173	\$ 235,173	\$ 235,173

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.

	Projected Years (ending five years after completion) Add columns of needed.						
Indicate CY or FY	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
add: Rentals and Leases	\$ 3,542	\$ 11,192	\$ 11,192	\$ 11,223	\$ 11,192	\$ 11,192	\$ 11,192
add: RENT	\$ 368,280	\$ 491,040	\$ 491,040	\$ 492,385	\$ 491,040	\$ 491,040	\$ 491,040
j. Other Expenses	\$ 10,163	\$ 32,111	\$ 32,111	\$ 32,199	\$ 32,111	\$ 32,111	\$ 32,111
TOTAL OPERATING EXPENSES	\$ 1,571,610	\$ 3,783,812	\$ 3,783,812	\$ 3,795,625	\$ 3,783,812	\$ 3,783,812	\$ 3,783,812
3. INCOME							
a. Income From Operation	93,303	930,754	930,754	931,858	930,754	930,754	930,754
b. Non-Operating Income	-	-	-	-	-	-	-
SUBTOTAL	93,303	930,754	930,754	931,858	930,754	930,754	930,754
c. Income Taxes	-	-	-	-	-	-	-
NET INCOME (LOSS)	93,303	930,754	930,754	931,858	930,754	930,754	930,754
4. PATIENT MIX							
a. Percent of Total Revenue							
1) Medicare	61.3%	58.1%	58.1%	58.1%	58.1%	58.1%	58.1%
2) Medicaid	28.5%	32.4%	32.4%	32.4%	32.4%	32.4%	32.4%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance / Private / Self Pay	10.2%	9.5%	9.5%	9.5%	9.5%	9.5%	9.5%
5) Assisted Living	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
b. Percent of Inpatient Days							
1) Medicare	43.9%	40.3%	40.3%	40.3%	40.3%	40.3%	40.3%
2) Medicaid*	45.1%	49.8%	49.8%	49.8%	49.8%	49.8%	49.8%
3) Blue Cross	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4) Commercial Insurance / Private / Self Pay	11.0%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%
5) Assisted Living	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

* Medicaid days are above 40.1% of the total SNF Bed days (which meets the requirement of the Medicaid MOU).

Budget Notes/Assumptions

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

***INSTRUCTION** : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). This table should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the utilization projections in Table E and with the Workforce costs identified in Table H. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Revenue should be projected based on actual charges with detailed calculation by payer in the attachment. The contractual allowance should not be reported if it is a positive adjustment to gross revenue. Specify the sources of non-operating income.*

Indicate CY or FY	Projected Years (ending five years after completion) Add columns of needed.						
	CY 2025	CY 2026	CY 2027	CY 2028	CY 2029	CY 2030	CY 2031
1a.	Revenue in 2025-2030 is projected based on 50% occupancy of the new beds in 2025 (June through December) and 90% occupancy on all beds starting January 2026. Previous revenue reflected in 2025 of \$2,786,596 had been incorrectly calculated based on a 90% occupancy on all new beds in 2025. The correct Revenue in 2025 should be \$1,684,680 which is based on the 3,407 patient days reflected in Table E.						
1a.	Revenue in 2025-2030 is based on Medicare PPD of 690.23, Medicaid PPD of 312.22 and Other SNF Residents at 460.47 PPD						
1d.	Assumes similar PPD as current, prorated for new census						
1e.	Assumes similar PPD as current, prorated for new census						
1g.	Includes Ancillary revenue, Miscellaneous revenue, Lease revenue, Move-In Fees and other SNF services and Charges. Assumes similar PPD as current, prorated for new census						
2a.	Salaries / wages outlined on 'Work Force' tab and includes therapists as FTE's. EE benefits includes bonus, health insurance, paid-time off, and other fringes plus payroll taxes projected at current rates						
2b.	Assumes the same expense as current. Expense not based on census						
2d.	The applicant / Operating Company is not borrowing any new funds for the project. All loans are being borrowed by the property owner of the facility. Rent paid by the Operating company to the Property owner is to cover the debt service.						
2f.	Project Depreciation assumes a \$7.5 Million cost of construction, depreciated over 39 years.						
2h.	Project Amortization assumes a \$50,000 cost of legal and consulting fees, amortized over 15 years.						
2i.	Includes general supplies for dietary supplements, housekeeping, maintenance, and activities. Projected years assume similar PPD as current, prorated for new census Assumes similar PPD as current, prorated for new census Assumes similar PPD as current, prorated for new census / bigger building General overhead including R&M, Real Estate Taxes, and Business Taxes projected at the current operating leves. Projected Years assume similar PPD as current, prorated for new census / bigger building Assumes similar PPD as current, prorated for new census Assumes similar PPD as current, prorated for new census 5% of Total Revenue Assumes similar PPD as current, prorated for new census Rent payments are made from the Operating Company to the Property owner equal to 110% of the debt service due from the Property owner to Forbright Bank. An additional \$4.8M loan will be borrowed by the Property owner for construction costs, at which time the rent payments from the Operating Company to the Property will increase as well.						
2j.	Assumes similar PPD as current, prorated for new census / bigger building						

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 Equivalent (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

Job Category	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted)	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
<i>Administration (List general categories, add rows if needed)</i>											
Executive Director	1.00	\$198,000	\$198,000	-	-	\$0	-	-	\$0	1.0	\$198,000
Business Office Manager	1.00	\$91,789	\$91,789	-	-	\$0	-	-	\$0	1.0	\$91,789
Sales Director	1.00	\$74,999	\$74,999	-	-	\$0	-	-	\$0	1.0	\$74,999
Sales Coordinator	1.00	\$42,016	\$42,016	-	-	\$0	-	-	\$0	1.0	\$42,016
HR Support	1.00	\$87,250	\$87,250	-	-	\$0	-	-	\$0	1.0	\$87,250
Social Worker	1.00	\$74,263	\$74,263	-	-	\$0	-	-	\$0	1.0	\$74,263
Director of Wellness	1.00	\$163,909	\$163,909	-	-	\$0	-	-	\$0	1.0	\$163,909
Wellness Coordinator	1.00	\$92,000	\$92,000	-	-	\$0	-	-	\$0	1.0	\$92,000
Unit Manager 1	1.00	\$90,916	\$90,916	-	-	\$0	-	-	\$0	1.0	\$90,916
Unit Manager 2	1.00	\$76,000	\$76,000	-	-	\$0	-	-	\$0	1.0	\$76,000
AL Manager	1.00	\$93,359	\$93,359	-	-	\$0	-	-	\$0	1.0	\$93,359
ADON	1.00	\$105,994	\$105,994	-	-	\$0	-	-	\$0	1.0	\$105,994
Dining Service Director	1.00	\$67,185	\$67,185	-	-	\$0	-	-	\$0	1.0	\$67,185
Life Enrichment Coordinator	1.00	\$73,215	\$73,215	-	-	\$0	-	-	\$0	1.0	\$73,215
Activities Coordinator	1.00	\$41,600	\$41,600	-	-	\$0	-	-	\$0	1.0	\$41,600
MC Coordinator	1.00	\$41,600	\$41,600	-	-	\$0	-	-	\$0	1.0	\$41,600
Dietary Supervisor	1.00	\$52,000	\$52,000	-	-	\$0	-	-	\$0	1.0	\$52,000
Facilities Manager	1.00	\$73,840	\$73,840	-	-	\$0	-	-	\$0	1.0	\$73,840
Scheduler	1.00	\$73,000	\$73,000	-	-	\$0	-	-	\$0	1.0	\$73,000
Concierge	1.00	\$32,136	\$32,136	-	-	\$0	-	-	\$0	1.0	\$32,136
Total Administration	20.00	\$82,254	\$1,645,071	-	-	\$0	-	-	\$0	20.0	\$1,645,071
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
Nursing	18.00	\$63,833	\$1,148,994	6.00	\$63,833	\$382,998	-	-	\$0	24.0	\$1,531,992
Cert. Nursing Assistants	40.00	\$41,600	\$1,664,000	14.00	\$41,600	\$582,400	-	-	\$0	54.0	\$2,246,400
Med Techs	8.00	\$49,920	\$399,360	4.00	\$49,920	\$199,680	-	-	\$0	12.0	\$599,040
Physical Therapists	3.00	\$75,880	\$227,640	1.00	\$75,880	\$75,880	-	-	\$0	4.0	\$303,520
Occupational Therapists	2.00	\$100,693	\$201,386	1.00	\$100,693	\$100,693	-	-	\$0	3.0	\$302,079
Speech Therapists	2.00	\$114,400	\$228,800	1.00	\$114,400	\$114,400	-	-	\$0	3.0	\$343,200
Total Direct Care	73.00	\$74,388	\$3,870,180	27.00	\$74,388	\$1,456,051	-	-	\$0	100.0	\$5,326,231
<i>Support Staff (List general categories, add rows if needed)</i>											
Dietary Support	11.00	\$32,240	\$354,640	3.00	\$32,240	\$96,720	-	-	\$0	14.0	\$451,360
Housekeeping	10.00	\$32,448	\$324,480	3.00	\$32,448	\$97,344	-	-	\$0	13.0	\$421,824
Maintenance Techs	2.00	\$41,080	\$82,160	0.50	\$41,080	\$20,540	-	-	\$0	2.5	\$102,700
Total Support	23.00	\$35,256	\$761,280	6.50	\$35,256	\$214,604	-	-	\$0	29.5	\$975,884
REGULAR EMPLOYEES TOTAL	116.00	\$191,897	\$6,276,531	33.50	109,643.67	\$1,670,655	-	-	\$0	149.5	\$7,947,186

TABLE H. WORKFORCE INFORMATION

2. Contractual Employees											
<i>Administration (List general categories, add rows if needed)</i>											
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
Total Administration	-	\$0	\$0	-	\$0	\$0	-	-	\$0	0.0	\$0
<i>Direct Care Staff (List general categories, add rows if needed)</i>											
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
Total Direct Care Staff	-	\$0	\$0	-	\$0	\$0	-	-	\$0	0.0	\$0
<i>Support Staff (List general categories, add rows if needed)</i>											
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
	-	-	\$0	-	-	\$0	-	-	\$0	0.0	\$0
Total Support Staff	-	\$0	\$0	-	\$0	\$0	-	-	\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL	-	\$0	\$0	-	-	\$0	-	-	\$0	0.0	\$0
Benefits (State method of calculating benefits below) :											
Overtime / Shift Differential	5.0%	<i>of Nursing</i>	\$193,509			\$43,682					\$237,191
Payroll Tax	9.5%	<i>of Total Labor</i>	\$596,270			\$158,712					\$754,983
EE Benefits (PTO, Health Insurance, Other Fringes)	13.5%	<i>of Total Labor</i>	\$847,332			\$225,538					\$1,072,870
Benefits Total			\$1,637,111			\$427,932					\$2,065,043
TOTAL COST	116.0		\$7,913,642	33.50		\$2,098,587	-		\$0		\$10,012,229

TABLE I. Scheduled Staff for Typical Work Week

INSTRUCTION: Quantify the staff that will provide bedside care that would be counted toward the current minimum staffing as required by COMAR 10.07.02.12									
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Registered Nurses	30.00	30.00	15.00	75.00		30.00	30.00	15.00	75.00
L. P. N. s	30.00	30.00	15.00	75.00		30.00	30.00	15.00	75.00
Aides	-	-	-	-		-	-	-	-
C. N. A.s	69.00	69.00	48.00	186.00		69.00	69.00	48.00	186.00
Medicine Aides	14.00	14.00	-	28.00		14.00	14.00	-	28.00
Total	143.00	143.00	78.00	364.00		143.00	143.00	78.00	364.00
Licensed Beds at Project Completion				98		Licensed Beds at Project Completion			98
Hours of Bedside Care per Licensed Bed per Day				3.71		Hours of Bedside Care per Licensed Bed Per Day			3.71
Staff Category	Weekday Hours Per Day					Weekend Hours Per Day			
	Day	Evening	Night	Total		Day	Evening	Night	Total
Ward Clerks (bedside care time calculated at 50%)	8.00	-	-	8.00		-	-	-	-
Total Including 50% of Ward Clerks Time				4.00					-
Total Hours of Bedside Care per Licensed Bed Per Day				0.04		Total Hours of Bedside Care per Licensed Bed Per Day			0.00

Note: This schedule just takes into account the SNF portion of the building and the projected 98 SNF beds.

TABLE J. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, 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 type="checkbox"/>	<input type="checkbox"/>
Class B	<input type="checkbox"/>	<input type="checkbox"/>
Class C	<input checked="" 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 type="checkbox"/>
Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement	7,114	
First Floor	17,720	
Second Floor		
Third Floor		
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	Linear Feet	
Basement	394	
First Floor	857	
Second Floor		
Third Floor		
Fourth Floor		
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	Feet	
Basement	20	
First Floor	9	
Second Floor		
Third Floor		
Fourth Floor		
Average Wall Height		
OTHER COMPONENTS		
Elevators	List Number	
Passenger	None in the additon	
Freight	None in the additon	
Sprinklers	Square Feet Covered	
Wet System	First Floor & Basement: 24834	
Dry System	Attic: 17720	
Other	Describe Type	
Type of HVAC System for proposed project	Variable Refrigerant Flow (VRF) with Heat Recovery	
Type of Exterior Walls for proposed project	Brick Veneer & Siding with CMU Block & Metal Stud Backup walls	

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

<i>INSTRUCTION</i> : 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	\$25,000	
Utilities from Structure to Lot Line	\$0	
Subtotal included in Marshall Valuation Costs	\$25,000	
Site Demolition Costs	\$115,000	
Storm Drains / SWM	\$310,000	
Rough Grading	\$60,000	
Hillside Foundation		
Paving	\$160,000	
Exterior Signs	\$5,000	
Landscaping	\$100,000	
Walls	\$200,000	
Yard Lighting	\$30,000	
<i>Other (Specify/add rows if needed)</i>		
Subtotal On-Site excluded from Marshall Valuation Costs	\$980,000	
OFFSITE COSTS		
Roads/Sidewalk	\$115,000	
Utilities	\$60,000	
Jurisdictional Hook-up Fees		
<i>Other (Specify/add rows if needed)</i>		
Subtotal Off-Site excluded from Marshall Valuation Costs	\$175,000	
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$1,155,000	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$1,180,000	\$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.