

**REQUESTS TO APPROVE THE
ACQUISITIONS OF THE
REAL PROPERTY AND
IMPROVEMENTS OF:**

- Blue Point Healthcare Center**
- Ellicott City Healthcare Center**
- Fayette Health & Rehabilitation Center**
- Holly Hill Healthcare Center**
- Laurelwood Healthcare Center**
- Northwest Healthcare Center**

*** BEFORE THE
* MARYLAND HEALTH CARE
* COMMISSION
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STAFF REPORT AND RECOMMENDATION

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I. INTRODUCTION

As a result of 2024 legislation, the Executive Director of the Maryland Health Care Commission (MHCC or Commission) now has the authority to approve, approve with conditions, or deny nursing home acquisitions. Health-Gen. § 19-120.2. The Executive Director may also defer a decision on an acquisition request to the Commission. The Commission promulgated regulations in February 2025 incorporating the statutory requirements into its procedural regulations, at COMAR 10.24.01.21, and the State Health Plan chapter for nursing home services, COMAR 10.24.20. With nursing homes, different entities often own and control the real estate and improvements, operations, and bed rights¹ of the facility. An acquisition involving any component of a nursing home requires review.

The Executive Director deferred the decision on this acquisition request to the Commission.

This report is one of five reports covering a series of transactions involving the sale of the real estate, operations, and bed rights of all 18 nursing homes operated by CommuniCare Health Services in Maryland. CommuniCare is a privately held long-term care company that has been a major nursing home operator in Maryland for the past 10 years. The 18 facilities involved in this transaction span every region defined in the State Health Plan: Central Maryland (Anne Arundel, Howard and Baltimore Counties and Baltimore City), Southern Maryland (Prince George’s County), Montgomery County, Western Maryland (Carroll, Washington and Allegany Counties), and the Eastern Shore (Cecil and Wicomico Counties). The real property and bed rights for these facilities are largely owned by real estate investment trusts (REITs).

The proposed acquirers of these 18 facilities are owned by a variety of family trusts. The set of acquisitions are divided into three groups based on the specific configuration of proposed owners involved and geographic location: Baltimore Metro, Potomac, and Western. The set of transactions reviewed in this staff report are the Baltimore Metro facilities and involve the sale of real property and improvements for six nursing homes:

- Blue Point Healthcare Center (Baltimore City)
- Ellicott City Healthcare Center (Howard County)
- Fayette Health & Rehabilitation Center (Baltimore City)
- Holly Hill Healthcare Center (Baltimore County)
- Laurelwood Healthcare Center (Cecil)
- Northwest Healthcare Center (Baltimore City)

A. Applicants

The applicants to this request are facility-specific limited liability companies that are all ultimately owned by the same configuration of family trusts and individuals, detailed in the table below. Full organizational charts for the six facilities are located at Appendix 5. None of the proposed owners are a private equity company. A table outlining the current ownership of the real property and improvements and the post -transaction ownership can be found in Appendix 5.

¹ “Bed rights” are the legal rights associated with the Commission’s approval of nursing home beds, including the right to sell the beds to another person, but does not include approvals required by other State or federal entities.

Ownership	Mid level Owners	Managers	Ultimate Owners	Trustee
31.005	Gamfal, LLC	Teddy Lichtschein	Lichtschein Family 2012 Trust	Eliyah Zev Kohn & Julie Lichtschein
31.005	Scheiner Holdings, LLC	Eliezer Scheiner	Scheiner Family 2012 Trust	Eliyah Zev Kohn & Heather Scheiner
10	-	-	MD Silver Family Trust	Esther Stern
8	MF Group, LLC	Robert Meisner	MF Trust	Michal Rodkin
10	KF Capital Holdings, LLC	Eliyahu Zev Kohn	Kohn Family Trust	Chanie Kohn
			Chanie Kohn 2021 Family Trust	Eliyahu Zev Kohn
4.99	ML Investment Holdings, LLC		Michael Meisner	N/A
4	-	-	CPD Maritime Trust	Chaya Lomnitz
1	-	-	RGP Maritime Trust	Laura Gottlieb

None of the company or trust owners are directly affiliated with any other nursing homes; however, many of the trustees and managers have prior nursing home experience. Robert Meisner, the manager of an LLC with an 8% indirect ownership interest in the applicants, has ownership interest in a Maryland nursing home, Oakwood SNF in Baltimore County. The quality of the affiliated nursing homes is discussed in further detail in section II of this report.

Applicants state that none of the proposed real estate owners will operate the facilities and there is a strict landlord-tenant relationship between the real property applicants and the operator applicants under triple net leases.² The applicants state they will act solely in the capacity of a non-operating real estate owner and will not participate in, control, or influence the day-to-day operations of the facility. However, there is some overlapping ownership between the real property applicants and the operator applicants or other proposed vendors for the facilities. Esther Stern, for example, is the trustee for trusts holding an indirect 10% interest in both the operations and real property. CPD Maritime Trust and RGP Maritime trusts hold small indirect interests in both operations and real property. Julie Lichtschein is the grantor of a trust holding a 31.005% indirect interest in the operations and is the trustee for a trust holding 31.005% indirect interest in real property. Given the overlapping interests, staff required the proposed real property purchasers to submit full requests for approval.

² A commercial real estate agreement where in addition to rent, the tenant pays maintenance, taxes, and insurance. A copy of the proposed leases were attached to the applications.

Applicant contractors

Administrative services for each of the facilities will be provided by Hallmark Health Consulting Services. Apex Global Solutions will provide back office financial services. Other key contractors include PharmScript and Tender Touch Rehab.

Additionally, there is also a management agency that will be involved with the six facilities. TL Management LLC (TL) is a privately held real estate management company owned by Teddy Lichtschein and Eliezer Scheiner. Zevi Kohn is the CEO. TL provides back-office services for real estate clients. TL does not own real estate or operate nursing homes. There is overlap between the trust grantors and TL Management. The grantor Lichtschein Family 2012 Trust is Teddy Lichtschein and the grantor of Scheiner Family Trust is Eliezer Scheiner.

Robert Meisner exercises minority managerial control over a holding company which is in the ownership structure of the applicant. Robert Meisner is also the owner of Dynamic Fiscal Services, LLC (Dynamic). Dynamic is a consultant assisting with these 18 acquisitions Mr. Meisner has ownership interest in eight nursing homes located in Texas, Maryland, Virginia, and New Jersey.

B. Proposed Acquisitions

The anticipated date of transfer is April 1, 2026. The purchase price for each facility is listed in Appendix 1. The applicants will fund the purchase with a combination of a loan from a third-party institutional lender and capital contributed by the beneficial owners of applicants. Debt service will be paid from rent received from tenant operator. Applicants included a letter from the lender, MonticelloAM, LLC verifying the financial feasibility of the transactions. See Attachment E. Additionally, the applicants for the operations/bed rights included a letter from Benjamin Berger, CPA, demonstrating that the applicants have sufficient resources of five million for each facility to operate for 90 days. All facilities will take automatic assignment of the existing Medicare provider number.

C. Facilities to be Acquired

Name	Size	CMS rating	Medicaid %	Details
Blue Point	135 beds	1 star	86.6%	Abuse flag. Specializes in SUD residents and wound program
Fayette Health	156 beds	2 stars	83.9%	Specializes in SUD residents, and amputee program
Ellicott City	182 beds	1 star	75.9%	Under a monitoring agreement through settlement with OAG Medicaid Fraud unit
Holly Hill	75 beds	2 stars	81.5%	Abuse flag
Northwest	91 beds	2 stars	90%	Abuse flag. Specializes in SUD residents and behavioral health
Laurelwood	110 beds	1 star	77%	

Specific information about each facility can be found in Appendix 1 including: the licensed bed capacity of each facility, the number of admissions from the prior year, and the annual gross operating revenue.

D. Procedural History

- Acquisition notices to residents and staff were posted December 29, 2026. A copy of the notice for both operations and real property provided to residents, resident representatives, and employees of each facility was included in the applications. All applicants state that the notices were posted in prominent locations throughout the facility, hand delivered to residents and mailed to resident representatives. The applicants provided notice to the Commission when the notices were posted and accompanied each posting with an organizational chart of the new owners shown in Appendix 2 of this report.
- Real property applications were received January 16, 2026
- Completeness questions were sent to the applicants February 3, 2026
- Completeness responses from the applicants were received on February 18, 2026

E. Comments by State Agencies

A memo describing the transaction was sent to the Secretary of Health, the Attorney General, the Secretary of Aging, the State Long Term Care Ombudsman, and the Maryland Department of Health. No written comments were received.

F. Comments By Public

There were three written comments received by the public. The first family member wanted to know if the acquisition would improve the care at the facility and included current concerns about care at the

facility. Commission staff sent the concerns to the Office of Health Care Quality and followed up with the family. The second comment was a concern over whether the facility would still be enrolled in its Veterans contract for insurance. The applicants confirmed that they would continue to have the contract and Commission staff followed up with the family.

Lastly, the Commission received an anonymous comment that detailed multiple concerns about the transaction such as the lack of transparency of the applications and the proposed operator's history of quality performance. The comment is addressed in more detail in staff's public interest analysis.

II. REVIEW AND ANALYSIS OF ACQUISITION APPROVAL STANDARDS

10.24.20.06 SHP Nursing Homes Services: Acquisitions of Nursing Homes

A person seeking to acquire a nursing home shall meet the following acquisition approval standards.

(1) Quality.

An applicant shall meet the quality standard outlined in Regulation COMAR 10.24.20.05(A)(8): The applicant shall demonstrate that it will provide high quality of care, as determined by an assessment of the following information requested in(a)-(g).

- (a) An applicant shall report on its overall CMS Five Star Rating for all the nursing homes owned or operated by the applicant or a related or affiliated entity for three years or more, for the five quarterly refreshes for which CMS data is reported preceding the date of the applicant's letter of intent submission, or submission date for other Commission approval.**
 - (i) If the applicant or a related or affiliated entity owns or operates one or more nursing homes in Maryland, the CMS star ratings for Maryland facilities shall be used.**
 - (ii) If the applicant or a related or affiliated entity does not own or operate nursing homes in Maryland, the applicant shall select the state or states in which it owns the most facilities and the CMS star ratings for such facilities shall be used.**

None of the trusts or other direct and indirect owners of the applicants own or operate any nursing homes, so staff's analysis focuses on nursing homes owned or controlled by affiliates. Only one affiliate, Robert Meisner, has an ownership interest in a Maryland nursing home. Robert Meisner has a minority ownership interest in Oakwood SNF, located in Middle River, Baltimore County, Maryland. At the time of the application, the facility's average score was 1.6 stars over the last five quarterly refreshes, which is below average. However, at the time of this report the facility achieved three stars, which is an average rating. Commission staff requested an explanation of how Oakwood was able to improve. The applicants state that while Oakwood's overall 1.6-star rating was driven largely by legacy survey data, the facility demonstrates strong clinical quality performance and has a clear, structured plan in place to improve survey outcomes and staffing metrics. To substantiate, the applicants included their Quality Assurance minutes as

part of the completeness responses. Applicants state that with the aging-off of prior survey points and a successful survey, Oakwood saw meaningful improvement in its overall CMS Five-Star rating.

However, Robert Meisner exercises only minority managerial control over a holding company that will own eight percent after this transaction. For this reason, Commission staff reviewed affiliates for all the entities that will hold five percent or more of ownership interest after this transaction. The other affiliates include Zevi Kohn, Julie Lichtschein, Heather Sheiner, Elizer Scheiner and Teddy Lichtschein. CMS Five Star Ratings for each of the 45 facilities in which these affiliates have ownership interest is included in Appendix 3. The average overall star rating of the 45 facilities is 2.71 stars, which is slightly below the three-star average.

(b) If any facilities identified under paragraph (a) has an average star rating below 3 stars, the applicant shall provide a detailed quality rating analysis demonstrating good cause for not meeting the CMS star rating threshold and that the applicant is likely to provide adequate quality of care in the nursing home subject to the request.

Of the 45 facilities under subpart(a), 27 have a star rating of less than three stars. On February 18, 2026 the applicants provided a response to Commission questions for its real property applications. For subpart (b) of this standard, the applicants must provide a detailed quality rating analysis demonstrating good cause for not meeting the CMS star rating all facilities for any facility with a star rating of less than three. The applicants stated that the issues in the facilities were due to historical performance on inspections, staffing instability and performance on quality measures. The applicants provided an attachment which included an improvement plan for each of the 27 facilities. The plans included an explanation of how each facility would improve its star rating by holding facility leadership accountable for outcomes, improving survey performance by using mock surveys, and focus on targeted quality measures (falls, pressure ulcers, weight loss, readmissions to the hospital and anti-psychotic drug use).

(c) a special focus facility designation, or a deficiency involving serious or immediate threat, actual harm, or immediate jeopardy. The applicant shall address whether any nursing home currently or previously owned by the applicant or a related or affiliated entity, within or outside the State, for the period of 3 years immediately preceding the submission of the letter of intent or request for other Commission approval was the subject of an enforcement action, resident. The applicant shall describe what measurable efforts it has taken to address the deficiencies.

The 45 facilities used in the analysis of this subpart match those in Appendix 3 to this report and include persons with ownership interest and their related facilities.³ Of these 45 facilities, any that were tagged

³ Medicare SNFs and Medicaid nursing facilities need to disclose the data outlined in section 1124(c) upon initial enrollment and revalidation. Medicare SNFs will also have to: (1) report this information as part of any change of ownership pursuant to 42 CFR § 489.18; and (2) report any change to this data within the timeframes specified in 42 CFR § 424.516(e). These new section 1124(c) data elements include:

- Trustees.
- Additional Disclosable Parties (some new parties), such as people or entities that:
 - Exercise financial control over the SNF.
 - Lease or sublease real property to the SNF.
 - Own a whole or part interest equal to or exceeding 5% of the total value of such real property.

as having a special focus facility (SFF) designation, or a deficiency involving serious or immediate threat, actual harm, or immediate jeopardy were flagged by the applicant and included in Attachment C to the application which shows all the corrective actions taken.

There were two facilities with a SFF designation and both have now graduated from the program. The first is Williamsburg Post Acute & Rehabilitation which is now a three star (average) facility and has no harm tags. The second, Winfield Rehab & Nursing had issues with poor survey results, lack of staff education, unstable leadership and lack of teamwork. The applicants state that the facility was able to secure stable leadership, improve education for direct care staff, handle grievances timely, reduce staff turnover, and reduce agency use.

Both facilities sufficiently addressed deficiencies as evidenced by their graduation from the Special Focus Facility⁴ (SFF) program. However, although it is no longer a SFF, Winfield Health & Rehab continues to have harm tags and a below average one star rating. The harm tags show that the facility has failed to:

- Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment;
- Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents;
- Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody;
- Develop and implement policies and procedures to prevent abuse, neglect, and theft;
- Provide appropriate pressure ulcer care and prevent new ulcers from developing;
- Provide appropriate treatment and care according to orders, resident's preferences and goals; and
- Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.

(d) the applicant shall address whether any nursing home currently or previously owned by the applicant or a related or affiliated entity, within or outside the State, for the period of 3 years immediately preceding the submission of the letter of intent or request for other Commission approval was the subject of a lawsuit judgment or an arbitration finding, following a complaint filed by a resident, resident representative, or a government agency. The applicant shall provide an explanation of the circumstances surrounding the judgment or finding and subsequent actions taken.

The applicants state that one facility, Advanced Rehabilitation and Healthcare of Live Oak in Texas, had a lawsuit judgment for attorney fees and court costs following a complaint filed by a resident. The plaintiff

-
- Provide to the SNF administrative services, clinical consulting services, accounting or financial services, policies or procedures for any of the SNF's operations, or cash management services.
 - Organizational structures of additional disclosable parties, such as the additional disclosable party's board members.

⁴ CMS has a designation for SFF because these facilities have more problems than other nursing homes (about twice the average number of deficiencies). They have more serious problems than most other nursing homes (including harm or injury experienced by residents), and a pattern of serious problems that have persisted over a long period of time. The SFF program is intended to help these facilities improve by providing increased monitoring and guidance.

was awarded \$15,194. The nursing home paid the amount in full, the judgement was released, and the case is resolved.

(e) An applicant shall demonstrate appropriate infection prevention and control by providing the percent of residents receiving COVID, flu and pneumonia vaccinations, and the percent of staff receiving COVID, flu and pneumonia vaccinations at the nursing homes identified under (a).

The applicants provided the chart below that shows resident and staff vaccination rates for the flu, COVID, and pneumonia. See Attachment B below.

Attachment B: Part IV(1)(b)

Source

CCN	State	Facility	b. % of residents and staff receiving Flu, COVID and Pneumonia vaccines						c. Family Satisfaction Ratings			d. Percent Satisfied			
			Flu		COVID-19**		Pneumonia		2022	2023	2024	2022	2023	2024	
			Residents	Staff	Residents	Staff	Residents	Staff							
675424	TX	ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	94.0	44.0	27.7	0.0	99.7	N/A							
455849	TX	ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	100.0	36.8	30.5	3.0	100.0	N/A							
335826	NY	BUENA VIDA REHAB AND NURSING CENTER	92.0	38.2	8.6	0.0	78.3	N/A							
675038	TX	CLYDE NURSING CENTER	100.0	43.9	62.5	3.5	100.0	N/A							
455631	TX	COLONIAL MANOR NURSING CENTER	98.9	27.9	0.0	0.0	100.0	N/A							
675013	TX	CROWELL NURSING CENTER	100.0	14.0	98.0	0.0	100.0	N/A							
455929	TX	GRANBURY REHAB & NURSING	100.0	38.8	37.2	0.0	100.0	N/A							
675153	TX	HERITAGE HOUSE AT KELLER REHAB & NURSING	100.0	35.3	43.5	3.2	100.0	N/A							
335143	NY	MEADOW PARK REHABILITATION AND HEALTH CENTER L L C	94.9	70.5	12.7	3.8	100.0	N/A							
215181	MD	OAKWOOD SNF LLC	99.0	59.7	0.0	2.1	98.5	N/A	5.7	6.8	5.8	53.0%	52.6%	48.0%	
455961	TX	PALO PINTO NURSING CENTER	100.0	N/A	44.2	3.8	100.0	N/A							
455606	TX	PARK VIEW CARE CENTER	96.6	53.6	0.0	0.0	99.4	N/A							
675478	TX	PRAIRIE HOUSE LIVING CENTER	100.0	44.6	66.3	0.0	100.0	N/A							
335820	NY	REGAL HEIGHTS REHABILITATION AND HEALTH CARE CTR	94.9	86.8	71.5	1.4	84.4	N/A							
105229	FL	SANDS AT SOUTH BEACH CARE CENTER, THE	100.0	2.0	42.1	0.5	99.8	N/A							
455957	TX	SANTA FE HEALTH & REHABILITATION CENTER	100.0	44.7	32.9	1.1	100.0	N/A							
335015	NY	SCHERVIER NURSING CARE CENTER	95.4	50.0	N/A	N/A	95.2	N/A							
455572	TX	WEDGEWOOD NURSING HOME	98.8	21.2	0.0	0.0	100.0	N/A							
455475	TX	WHITE SETTLEMENT NURSING CENTER	96.6	63.5	3.2	0.0	100.0	N/A							
675624	TX	WHITEHALL REHAB & NURSING	100.0	43.4	32.9	0.0	100.0	N/A							
676219	TX	WINDCREST HEALTH & REHABILITATION	100.0	63.3	43.1	0.0	100.0	N/A							
675976	TX	WINFIELD REHAB & NURSING	100.0	26.2	0.0	0.0	98.0	N/A							

In Maryland the average flu vaccination rate is 72.12%. Oakwood, SNF is the only facility located in Maryland. For the flu, Oakwood SNF vaccinated 99 percent of residents and 59 percent of staff. For COVID, Oakwood SNF vaccinated 0 percent of residents and 2.1 percent of staff. Commission staff questioned this low number of COVID vaccination. In a response, the applicants provided updated data that 16.28 percent of residents received COVID vaccinations and 3.78 percent of staff received COVID vaccinations. The applicants state that staff and residents have the right to refuse COVID vaccinations. For pneumonia Oakwood SNF vaccinated 98.5 percent of residents.

(f) If the applicant or a related or affiliated entity owns or operates or previously owned Maryland nursing homes, it shall report its rating of overall care and percent satisfied for the most recent

three years on the MHCC Family Experience of Care Survey, reporting on any trends in the results. If the facility's average rating of overall care is below 7.0, the applicant shall document efforts to improve the facility's rating. If the facility's average percent satisfied overall rating is below 70 percent, the applicant shall document efforts to improve the facility's rating.

As stated above, there is only one affiliated nursing home located in Maryland. Oakwood SNF received an overall experience rating of 5.8 on the MHCC Nursing Home Family Satisfaction Survey for 2024. The score is based on 35 respondents. The applicants state that specific feedback from 12 respondents indicate that the facility and family perception of care was what caused lower scores. The applicants state that since 2024, the owner focus on quality has improved the rankings. CMS ratings for the facility have improved from an overall two stars in September 2025 to a current score of three stars in January 2026.

(g) Quality Assurance.

(i)An applicant shall demonstrate that it has an effective quality assurance program in each nursing home facility that is owned or operated by the applicant or a related or affiliated entity for the period of 3 years immediately preceding the submission of the request for other Commission approval by providing the Commission with a schedule of its quarterly Quality Assurance meetings.

(ii)An applicant that has never owned or operated a nursing home shall provide documentation that demonstrates a thorough understanding of assessing quality assurance in a long-term care facility or related facility/program. Include any documentation of a prior assessment that reviewed quality metrics, a review of operations, and regulatory compliance and include any subsequent follow up in the form of actions taken, results, or improvement plans.

The applicants provided a schedule of its Quality Assurance meetings showing compliance with meeting at least quarterly. At these meetings the nursing home leadership staff reviews incident reports, infection control, clinical data and any facility complaints to prevent future issues. The schedules are in Appendix 4.

Staff Analysis

The CMS five star rating system is a nationally recognized quality benchmark. Regarding the star ratings for affiliated nursing homes, the majority (60%) of facilities have a score below three stars, which is below average. In response to questions the applicants submitted a credible summary of the quality improvement plans for these 27 facilities. The quality assurance plans included how each facility would improve its star rating by holding facility leadership accountable for outcomes, improving survey performance by using mock surveys, and focus on targeted quality measures (falls, pressure ulcers, weight loss, readmissions to the hospital and anti-psychotic drug use).

Specifically for the Maryland facility, Oakwood SNF, it had a 1.6 average of star ratings over the last five refreshes but currently it has increased to three stars the time of this report, showing improvement.

For other quality measures, there was only one legal case disclosed in litigation history for Advanced Rehabilitation and Healthcare of Live Oak (Texas), which has been resolved. Additionally, overall there

are extremely low COVID vaccination rates when compared to the flu vaccination rates. Reporting on flu vaccines is a long-standing regulatory requirement and the industry in general is still catching up on its accurate reporting of COVID vaccines. In addition, vaccine distrust exists, particularly the COVID vaccines due to a variety of factors: ideological, cultural, and the unprecedented rapid development, which can explain the lower COVID vaccination rates. Staff recommends that the Commission find that this standard has been met with the following condition:

(2) Multi-bedded Rooms.

If the nursing home to be acquired contains any resident rooms with more than two beds, submit a detailed plan outlining how the applicant intends to eliminate the resident rooms containing more than two beds within 3 years of the acquisition approval.

Three Baltimore Metro facilities currently operate triple- or quad-occupancy rooms, or both—Blue Point Healthcare Center, Fayette Health and Rehabilitation, and Northwest Health Center. Applicants have requested waivers of the requirement to fully eliminate all rooms with more than two beds for all three facilities.

COMAR 10.24.20.06C(3) provides that the Executive Director may grant a waiver, partial waiver, or extension if the acquirer can demonstrate that the requirement to eliminate all resident rooms containing more than two beds would (1) impose significant financial loss; (2) unreasonable reduce the number of nursing home beds in the jurisdiction; or (3) impede access to underserved or difficult-to-place residents. In addition, the acquirer must demonstrate that it has taken, or will take, reasonable steps to reduce the room density, which may include limiting new admissions and reconfiguring room assignments to avoid assigning more than two residents to a room.

The real property applicants primarily rely on the operator applicants' waiver requests to support the need for a waiver. The real property applicants committed in completeness responses to directly funding improvements for the 3 facilities seeking a waiver for multi-bedded rooms. This commitment is stated to ensure the project's completion and regulatory compliance in the event the operator does not have the available capital or cannot secure a dedicated CapEx line to eliminate or reduce the number of resident rooms with more than two beds.

The operator applicants, however, primarily examined whether reconfiguration of existing space would allow them to reduce the number of resident rooms containing more than two beds and requested waivers for the facilities for which such reconfiguration would not eliminate the multi-bedded rooms. In support of their waiver requests, the applicants submitted a letter from an architect. The architect states that he used a laser scan to identify opportunities for the reconfiguration of bed. The architect also states he consulted various applicable building codes and requirements and that facilities with older layouts including triple and quadruple beds in a room can be challenging to modernize because the current rooms are often deeper and arranged differently. In a revised letter, the architect states the strategy was to eliminate any triple rooms first to bring more rooms into compliance. Additionally, the architect letter gives the following caveat: "the proposed reconfigurations...represent highly aggressive strategies that

push the absolute boundaries of each facility's footprint. Please be advised that these updated strategies are strictly preliminary and conceptual in nature.”

The applicants have not provided any analysis that would demonstrate they considered reducing capacity, which could be done by selling the beds or moving the beds between facilities. The proposed lease agreements discourage selling beds and require the operator applicants to reimburse the real property applicants if beds are lost or sold.

Staff have considered the waiver requests for each facility, including evidence and proposed plans submitted by the applicants, occupancy rates and capacity, Medicaid participation rates, quality ratings, and local occupancy rates. As further detailed below, Staff recommends granting or partially granting the waiver requests subject to conditions.

Blue Point Healthcare Center (135 beds)

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	5	66	48	16	64
Bedrooms	5	33	16	4	20

Facility Data

Occupancy	90.24%
Average Occupancy in jurisdiction	86.1% in Baltimore City
Medicaid participation rate	86.6%, threshold is 58.6% in Baltimore City
CMS star rating, abuse flag	1 star, abuse flag

Request: The facility’s non-compliant capacity is 20 multi-bedded rooms, sourced from 4 quads and 16 triples. The applicants state that Blue Point specializes in substance use disorder treatment, providing methadone and suboxone medication along with psychotherapy. The facility also has an organized program for severe wound care. The applicants propose to eliminate all quad rooms and one triple room but seek a waiver for the remaining 15 triple occupancy rooms.

Number of remaining multi-bedded rooms: 15 rooms (45 beds)

Analysis: The proposed plan leaves 15 rooms out of compliance, eliminating quad bedrooms and one triple, but maintaining 15 triple bedrooms. This facility has higher than local average occupancy rates and high Medicaid participation rates and serves a underserved population of residents suffering from substance use disorder. According to CMS, 94 out of 111 residents of this facility have diagnoses including substance use disorder.⁵ Quality is low at this facility, with an abuse flag; however, the elimination of quad bedrooms may facilitate improvements in quality and safety ratings. There is also high occupancy rates across Baltimore City. Given the structural limits at the facility, Staff is concerned that requiring an additional reduction of multi-bedded rooms would require the elimination of beds. Staff is concerned that eliminating beds would impede access for underserved populations.

⁵ <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/215340/health/complaint-inspection?date=2025-07-07>

Staff Recommendation: The Commission staff recommends granting the waiver request, permitting the applicants to retain the 15 triple rooms, subject to the following conditions:

1. The facility must continue to provide services to substance use disorder treatment and wound care.
2. The facility must maintain 80% Medicaid participation rate.

Fayette Health and Rehabilitation Center (156 beds)

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	0	100	12	44	56
Bedrooms	0	50	4	11	15

Facility Data

Occupancy	82.13%
Average Occupancy in jurisdiction	86.1% in Baltimore City
Medicaid participation rate	83.9%, threshold is 58.6% in Baltimore City
CMS star rating, abuse flag	2 stars

Request: The facility’s non-compliant capacity is 15 multi-bedded rooms sourced from 11 quad rooms and four triple Rooms. The architect states that Fayette can convert two quads into semi-private rooms but cannot expand due to site constraints. The applicants state that the facility has high occupancy and high Medicaid use, supporting the needs for these beds. Additionally, the facility specializes in residents with substance use disorder, providing methadone, suboxone, and psychotherapy. They also have an amputee program.

Number of remaining multi-bedded rooms: 13 rooms (48 beds)

Analysis: The proposed plan leaves 13 bedrooms out of compliance, eliminating only 2 quad bedrooms out of 11. Although this facility’s Medicaid participation rate is relatively high and the facility serves residents with substance use disorder and amputations, indicating service to underserved communities, occupancy rates are below the local jurisdiction average, suggesting there is unused capacity at this facility.

Staff thinks that the applicants could eliminate 6 additional quad rooms without jeopardizing access for underserved populations. While this could lead to the elimination of 12 beds from the facility’s capacity, occupancy would only increase to 90% based on current utilization. This approach maximizes capacity while ensuring access for Medicaid and otherwise underserved communities.

Recommendation: Commission staff recommends partially granting the applicants’ waiver request for this facility, requiring further elimination of 6 quad rooms, subject to the following conditions:

1. The facility must continue to provide services for substance use disorder treatment, provide methadone, suboxone, psychotherapy and care for residents who are amputees.

2. The facility must maintain 80% Medicaid participation rate.

Northwest Healthcare Center (91 beds)

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	2	56	21	12	33
Bedrooms	2	28	7	3	10

Facility Data

Occupancy	86.64%
Average Occupancy in jurisdiction	86.1% in Baltimore City
Medicaid participation rate	90.3%, threshold is 58.6% in Baltimore City
CMS star rating, abuse flag	2 star, abuse flag

Request: The facility’s non-compliant capacity is 10 multi-bedded rooms sourced from three quad rooms and seven triple rooms. The architect states that Northwest cannot make any progress toward eliminating its non-compliant beds and requests a full waiver from the Commission.⁶ The applicants state the facility specializes in caring for behavioral health and SUD populations.

Number of remaining multi-bedded rooms: 10 rooms (33 beds)

Analysis: The proposed plan leaves all 10 multi-bedded rooms out of compliance. This facility’s Medicaid participation rate is high, and occupancy rates are higher than the local average, indicating service to underserved communities and high demand for services. However, star ratings are low, with an abuse flag, indicating quality and safety may be compromised due to capacity and multi-bed room configurations. Staff thinks that the applicants could eliminate one additional quad room and one triple without jeopardizing access for underserved populations. While this could lead to the elimination of 3 beds from the facility’s capacity, occupancy would only increase to 90% based on current utilization. This approach maximizes capacity while ensuring access for Medicaid and otherwise underserved communities.

Recommendation: Commission staff recommends granting a partial waiver for this facility, requiring elimination of 1 quad and 1 triple, subject to the following conditions:

1. The facility must continue to provide services for substance use disorder and behavioral health residents.
2. The facility must maintain 80% Medicaid participation rate.

(3) Medicaid Participation.

Except for nursing home beds contained in a continuing care requirement community

⁶ In July 2023, CommuniCare requested a Determination of Coverage from the Commission to move the entire facility to a nearby site with an unused school. The Commission approved this request but the plan was never carried out. The prior plan of a full relocation, corroborates with the architect’s letter that states that the facility cannot be renovated to reduce multi-bedded rooms.

exempt from CON regulation under § 19-114(d)(2)(ii) of the Health-General Article, an applicant for acquisition approval shall agree to serve and maintain a proportion of Medicaid days at the acquired facility that is at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region, whichever is lower, calculated in accordance with COMAR 10.24.20.05A(2)(b).

The applicants state that the management of Medicaid patients will be the responsibility of the operators. The operator applicants agree to maintain compliance with the annual MHCC published Medicaid thresholds after the acquisitions.

Staff Analysis

The Commission publishes Medicaid participation rates on the Certificate of Need Nursing Home section of the Commission website at : https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/hcfs_ltc.aspx. The participation rates are based on weighted mean Medicaid participation (calculated as total county Medicaid days divided by total county patient days) minus 14.9%. Staff calculates these rates using data from the Commission's 2024 Long Term Care Survey, 2024 Nursing Home Bed Inventory Records and Maryland Medical Assistance Program's unaudited 2024 cost reports. Each of the six facilities to be acquired currently and historically has maintained a Medicaid percentage rate that meets or exceeds the threshold for either county or health planning region whichever is less. The applicants agree to maintain the same compliance after the acquisitions.

(4) Public Interest.⁷

- (a) An applicant shall demonstrate the proposed acquisition is in the public interest and will benefit residents, employees and the community.**
- (b) In addition to information provided by the applicant, the Commission shall consider comments submitted by: (i) Employees at the nursing home to be acquired; (ii) Residents at the nursing home to be acquired; (iii) Family members of residents at the nursing home to be acquired; (iv) The Secretary, or the Secretary's designee; and (v) The Attorney General, or the Attorney General's designee.**

For subpart (a) the applicants state that this acquisition is profoundly in the public's best interest and will benefit residents, employees and the community it serves. The transaction allows for the infusion of new capital and new ownership of the operations as set forth in the operator's application, which is in a separate staff report.

For subpart (b) there were no comments received from staff or residents. There were three written comments received by the public. The first family member wanted to know if the acquisition would improve the care at the facility and included current concerns about care at the facility. Commission staff

⁷ "Public interest" means the interests of the public in protecting competitive and accessible health care markets for prices, quality, choice, accessibility, and availability of all health care services for local communities, regions, or the State as a whole.

sent the concerns to the Office of Health Care Quality and followed up with the family. The second comment was a concern over whether the facility would still be enrolled in its Veterans contract for insurance. The applicants confirmed that they would continue to have the contract and Commission staff followed up with the family. Lastly, the Commission received an anonymous comment that detailed multiple concerns about the transaction such as the lack of transparency of the applications and the proposed operator's history of quality performance. There were no comments from The Secretary, or the Secretary's designee, The Attorney General, or the Attorney General's designee.

Staff Analysis

The infusion of new capital into the infrastructure of a facility can be beneficial and in the public interest depending on how the capital is used. In the applicants' response to the standard on multi-bedded rooms they state they will assist with the elimination of the multi-bedded rooms in the event the operator does not have the available capital or cannot secure a dedicated CapEx line to eliminate or reduce the number of resident rooms with more than two beds.

Additionally, the six facilities involved in this acquisition have high occupancy and high Medicaid usage rates, indicating that they play an important role in access to nursing home care, especially for Medicaid residents. Many of these facilities also serve underserved populations such as substance abuse disorders and behavioral issues.

Lastly, there is overlapping interests between the landlord applicants, operator applicants, and proposed vendors for the facilities. The applicants state the real estate landlords have structured the ownership in this transaction in such a way that the trustees holding controlling voting rights with respect to the real estate do not overlap with the trustees holding controlling voting rights with respect to the operations. However, three families-Kohn, Lichtschein, and Scheiner have ownership interest on both the operations and the real property side of this transaction. TL Management LLC (TL) is a privately held real estate management company owned by Teddy Lichtschein and Eliezer Scheiner. Zevi Kohn is the CEO. Additionally, Robert Meisner is both an owner of Dynamic who is consulting in this transaction and holds ownership interest in real property. Overlapping ownership, operation, and landlord interests can create incentives to overpay fees to contractors or rent to landlords, which can take money away from patient care.

III. STAFF RECOMMENDATION

Based on its review of the proposed applications, staff conclude that, subject to the recommended conditions below, the project complies with the acquisition standards in the State Health Plan, COMAR 10.24.20.06. Staff also conclude that the acquisition meets the applicable standards and is expected to have a positive impact.

In addition to the conditions recommended for specific facilities that receive a waiver or partial waiver of the requirement to eliminate resident rooms containing more than two beds, Commission staff recommend the following conditions on acquisition approval:

1. Within 90 days of the contract execution, applicants must submit a Quality Improvement Plan for the Commission staff's approval that is consistent with the CMS Quality Assurance and Performance

Improvement (QAPI) plan for each acquired facility in collaboration with the real property owners. The Plans must include actions to eliminate documented harm tags and a detailed budget of planned quality improvement investments. If a facility has an overall rating below three (3) stars in the CMS Nursing Home Compare rating system, the plan must include measurable performance improvement goals to raise quality scores and associated quality metrics to an overall rating of 3 stars.

- a. Each facility's plan, budget, and updates shall be single, consolidated submissions by the operations-acquiring entity. Commission staff will review the submitted Plans and budget and may recommend revisions prior to approval.
 - b. Applicants shall submit status updates on the Plan, including current expenditures on quality improvement, to the Commission every six months for the next three years, which the Commission may make public, in whole or in part.
 - c. The facility shall make demonstrable progress towards quality improvement to satisfy the terms of this condition.
2. Within 90 days of contract execution, applicants and affiliated entities must disclose any individuals that have a financial stake or managerial authority in both the applicant and any company that contracts with an acquired facility. Each disclosure shall identify: the name of the contracting entity, the services provided and associated fees, the individuals holding the financial interest and the value of the interest. If the payment for a specific contracted service exceeds fair market value, or upon the Commission's request, applicants must provide the Commission with an adequate justification for the payment. Applicants shall update this information on an annual basis as part of the post-acquisition report required by COMAR 10.24.20.06C(1).
3. For any facilities for which a waiver request was denied in whole or part, applicants must submit a detailed plan for how the applicant intends to eliminate or further reduce the resident rooms containing more than two beds within 90 days of contract execution.
4. If the applicant fails to meet any conditions on bed waiver approvals or conditions of the acquisition, the applicant may be subject to fines, penalties, and/or revocation of waivers of the requirement to fully eliminate rooms containing more than two beds.

APPENDIX 1

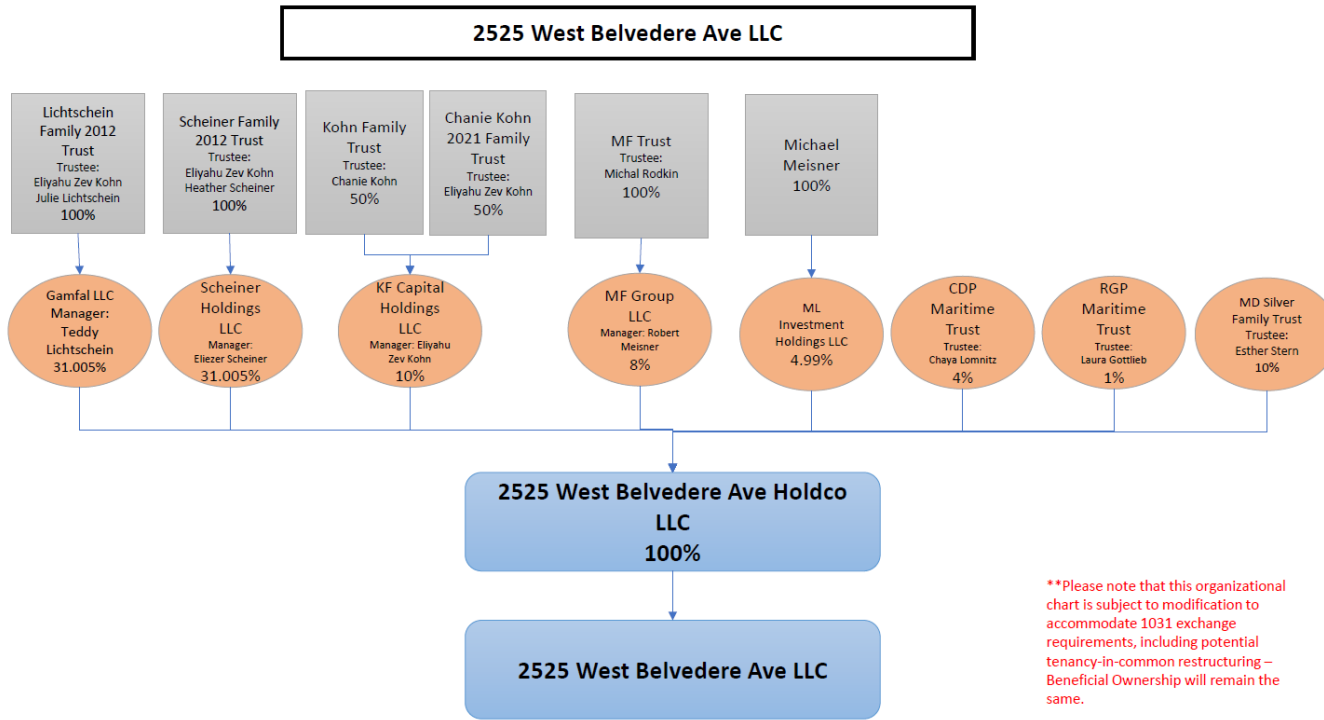
Facility Name, Address, Medicare/Medicaid Number, Bed Count and Purchase Price

Name and Address	Medicare/Medicaid	Jurisdiction/HPR Beds and %	Beds/Price/Number of Admissions/Operating Revenue Last Year	Triple/Quad Beds
Blue Point Healthcare Center 2525 West Belvedere Avenue Baltimore, MD 21215	Medicare – 215340 Medicaid – 420837400	Jurisdiction 226 beds and 7.7% HPR 845 beds and 6.1%	135 \$27,618,570 358 \$17,866,016	48 triple 16 quad
Ellicott City Healthcare Center 3000 North Ridge Road Ellicott City, MD 21043	Medicare – 215160 Medicaid – 414426100	Jurisdiction 182 beds and 21.4% HPR 845 beds and 6.1%	182 \$37,233,924 303 \$22,629,309	N/A
Fayette Health & Rehabilitation Center 1217 West Fayette Street Baltimore, MD 21223	Medicare – 215183 Medicaid – 414424400	Jurisdiction 231 beds and 3.5% HPR 845 beds and 6.1%	156 \$31,914,792 397 \$19,189,189	12 triple 44 quad
Holly Hill Healthcare Center 531 Stevenson Lane Towson, MD 21204	Medicare – 215204 Medicaid – 414068100	Jurisdiction 231 beds and 3.5% HPR 845 beds and 6.1%	75 \$15,343,650 113 \$10,316,686	N/A
Laurelwood Healthcare Center 100 Laurel Drive Elkton, MD 21921	Medicare – 215111 Medicaid – 424086300	Jurisdiction 121 beds and 20.6% HPR 247 beds and 8%	110 \$22,504,020 177 \$12,280,476	N/A
Northwest Healthcare Center 4601 Pall Mall Road Baltimore, MD 21215	Medicare – 215346 Medicaid – 420836600	Jurisdiction 226 beds and 7.7% HPR 845 beds and 6.1%	91 \$18,616,962 133 \$10,996,781	21 triple 12 quad

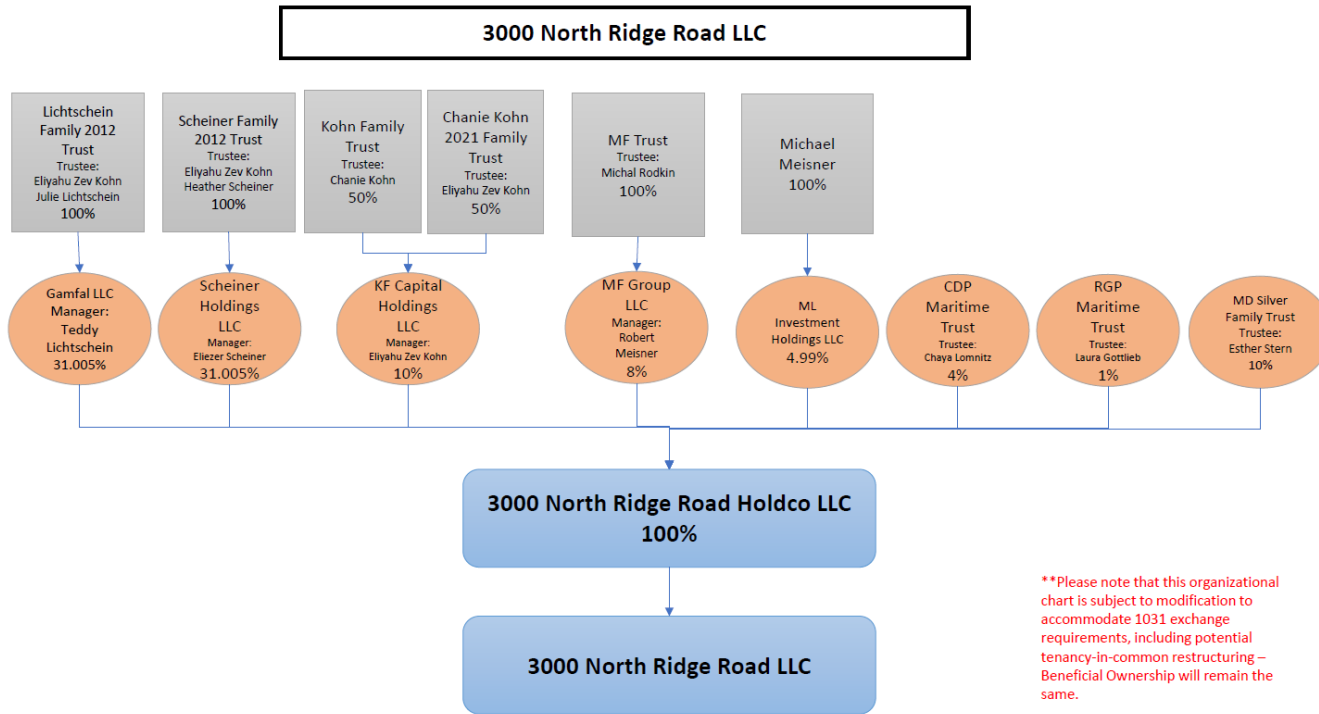
APPENDIX 2

Appendix 2

Blue Point Health and Rehabilitation Center

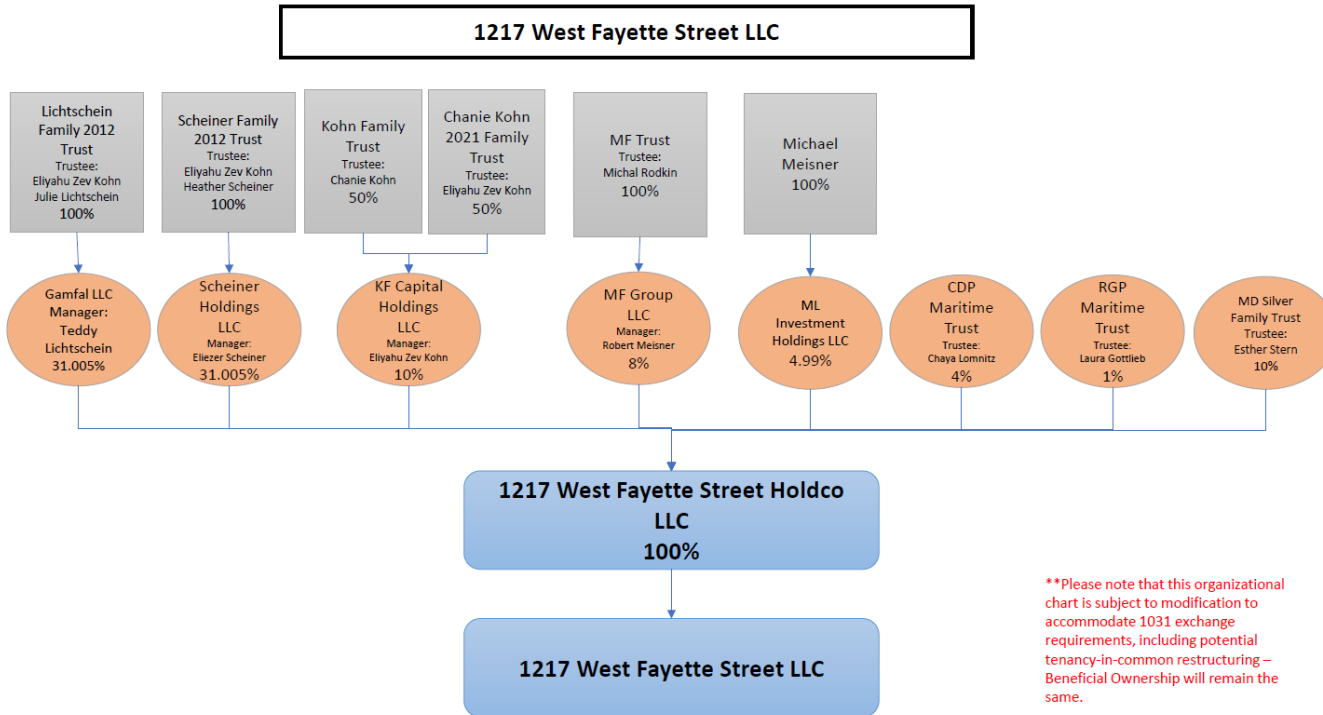


Ellicott City Health and Rehabilitation Center



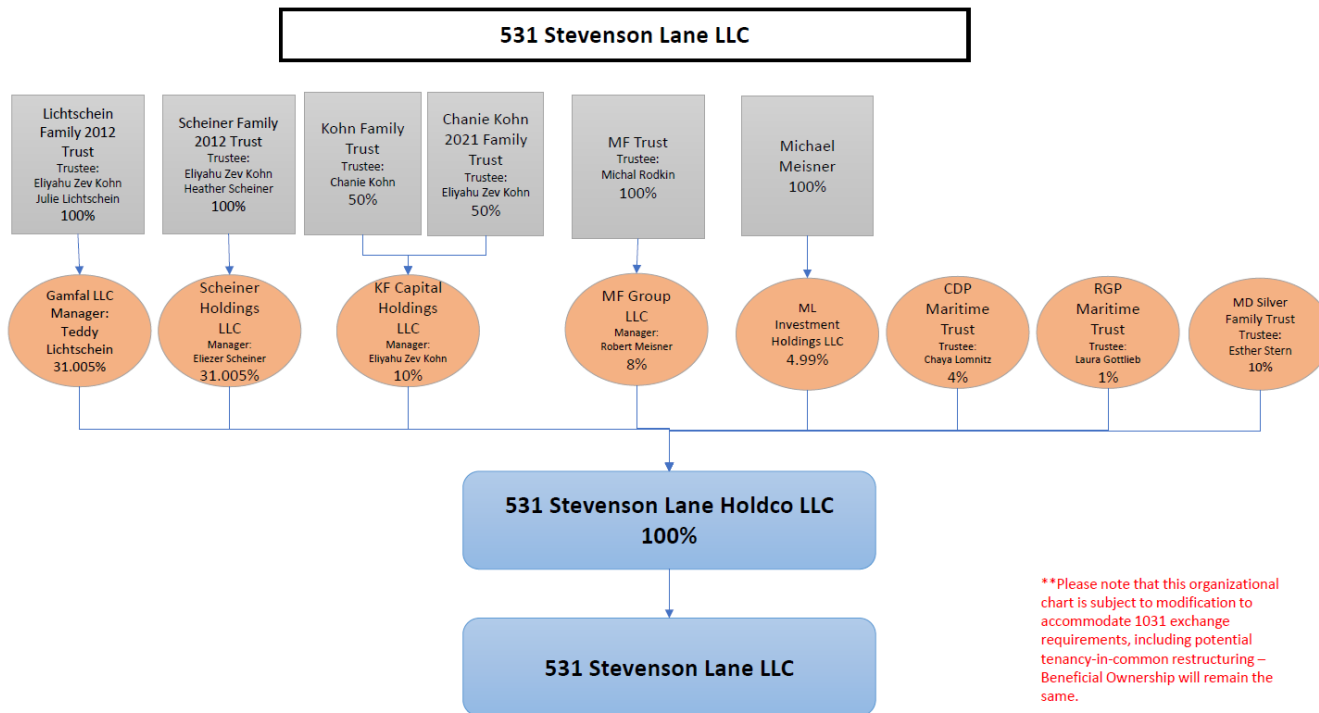
**Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.

Fayette Health and Rehabilitation Center



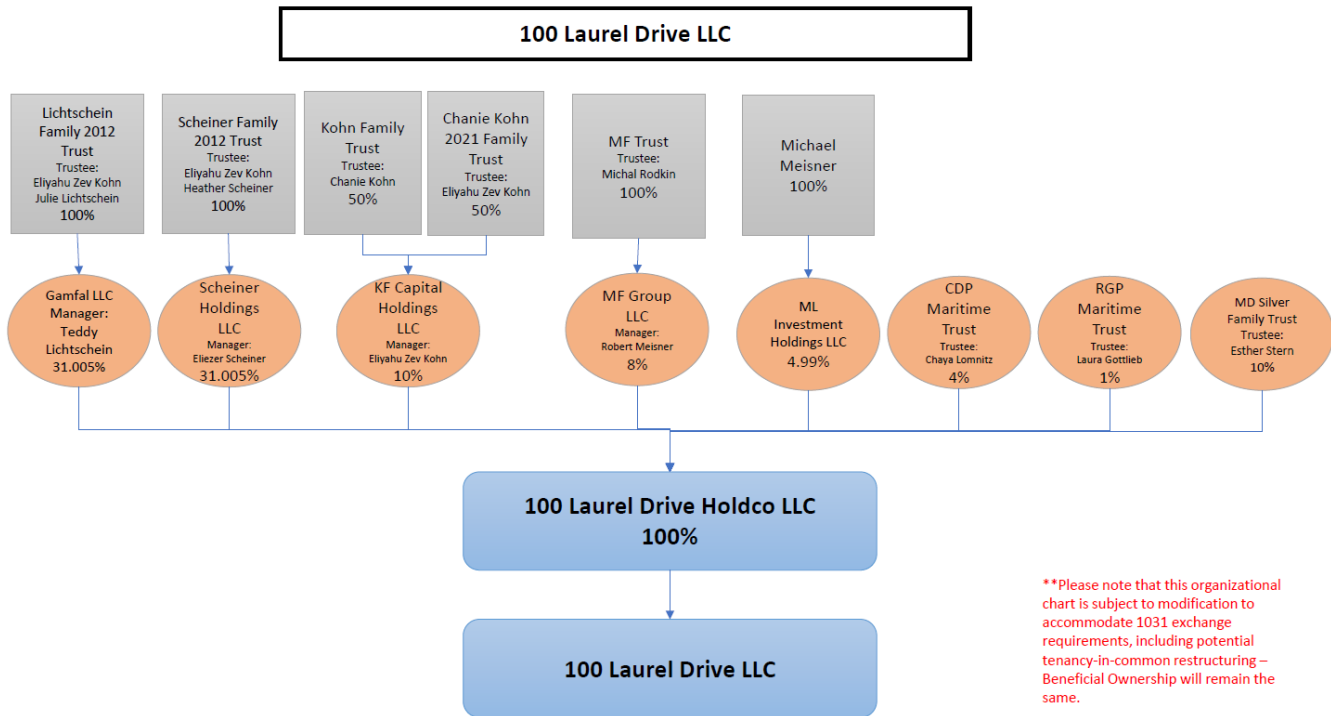
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Holly Hill Health and Rehabilitation Center



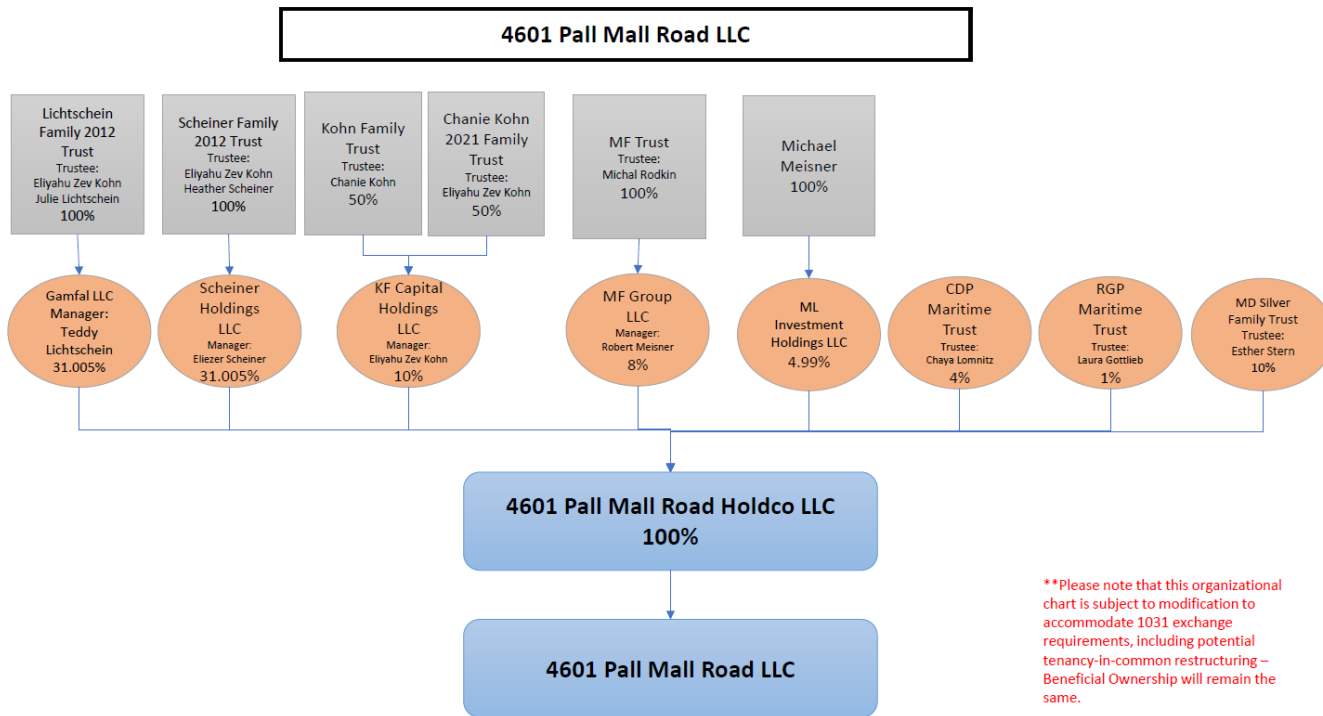
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Laurelwood Health and Rehabilitation Center



****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

North West Health and Rehabilitation Center



**Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.

APPENDIX 3

Nursing home ownership interest in the last three years for
Eliyahu Zev Kohn, Julie Lichtchein, Heather Scheiner, Teddy Lichtschein, Elizer Scheiner

R

CCN	State	Facility	a. Each facility's overall rating based on the most recent CMS 5-star quality rating system*					
			Q1 Sept. 2024	Q2 Nov. 2024	Q3 Mar. 2025	Q4 June 2025	Q5 Sept. 2025	5 Quart. Avg.
455731	TX	ADVANCED HEALTH & REHAB CENTER OF GARLAND	1	1	2	2	2	1.6
676496	TX	ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	3	2	3	3	3	2.8
675437	TX	ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	2	2	2	3	3	2.4
455931	TX	ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	4	4	4	5	5	4.4
675852	TX	ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA	4	3	3	4	4	3.6
675057	TX	BALCH SPRINGS NURSING HOME	4	2	4	4	4	3.6
676034	TX	BRADY WEST REHAB & NURSING	3	1	3	3	3	2.6
455985	TX	CLARKSVILLE NURSING HOME	3	3	4	5	5	4
675044	TX	COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	1	1	1	2	1	1.2
675020	TX	GREENVILLE HEALTH & REHABILITATION CENTER	1	1	1	1	1	1
455986	TX	HENDERSON HEALTH & REHABILITATION CENTER	1	1	1	1	3	1.4
676294	TX	HERITAGE HOUSE AT PARIS REHAB & NURSING	2	1	2	2	2	1.8
455560	TX	MCALLEN NURSING CENTER	3	3	2	2	1	2.2
675033	TX	MESQUITE TREE NURSING CENTER	3	3	4	4	4	3.6
675046	TX	ROSENBERG HEALTH & REHABILITATION CENTER	1	1	1	1	1	1
675042	TX	SEYMOUR REHABILITATION AND HEALTHCARE	2	4	4	5	5	4
675883	TX	SOUTHEAST NURSING & REHABILITATION CENTER	1	1	1	1	2	1.2
455579	TX	SULPHUR SPRINGS HEALTH AND REHABILITATION	2	2	2	2	2	2
455490	TX	THE LAKES AT TEXAS CITY	1	1	1	1	2	1.2
455996	TX	THE RENAISSANCE AT KESSLER PARK	2	2	3	3	3	2.6
675714	TX	TOMBALL REHAB & NURSING	1	2	2	1	1	1.4

R

CCN	State	Facility	a. Each facility's overall rating based on the most recent CMS 5-star quality rating system*					
			Q1 Sept. 2024	Q2 Nov. 2024	Q3 Mar. 2025	Q4 June 2025	Q5 Sept. 2025	5 Quart. Avg.
675424	TX	ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	1	2	2	3	3	2.2
455849	TX	ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	5	4	5	5	5	4.8
335826	NY	BUENA VIDA REHAB AND NURSING CENTER	5	5	5	4	5	4.8
675038	TX	CLYDE NURSING CENTER	5	5	5	5	5	5
455631	TX	COLONIAL MANOR NURSING CENTER	2	2	2	3	4	2.6
675013	TX	CROWELL NURSING CENTER	5	5	5	5	5	5
455929	TX	GRANBURY REHAB & NURSING	5	5	5	5	5	5
675153	TX	HERITAGE HOUSE AT KELLER REHAB & NURSING	5	5	5	5	5	5
335143	NY	MEADOW PARK REHABILITATION AND HEALTH CENTER LLC	4	5	4	4	4	4.2
215181	MD	OAKWOOD SNF LLC	2	1	2	1	2	1.6
455961	TX	PALO PINTO NURSING CENTER	3	1	2	1	1	1.6
455606	TX	PARK VIEW CARE CENTER	2	1	3	3	3	2.4
675478	TX	PRAIRIE HOUSE LIVING CENTER	5	5	4	4	5	4.6
335820	NY	REGAL HEIGHTS REHABILITATION AND HEALTH CARE CTR	3	2	2	3	3	2.6
105229	FL	SANDS AT SOUTH BEACH CARE CENTER, THE	3	3	3	3	3	3
455957	TX	SANTA FE HEALTH & REHABILITATION CENTER	3	3	4	5	5	4
335015	NY	SCHERVIER NURSING CARE CENTER	2	2	1	1	2	1.6
455572	TX	WEDGEWOOD NURSING HOME	2	2	3	2	2	2.2
455475	TX	WHITE SETTLEMENT NURSING CENTER	1	3	2	2	2	2
675624	TX	WHITEHALL REHAB & NURSING	3	2	2	2	2	2.2
676219	TX	WINDCREST HEALTH & REHABILITATION	4	3	4	5	5	4.2
675976	TX	WINFIELD REHAB & NURSING	3	2	2	1	1	1.8

R

CCN	State	Facility	a. Each facility's overall rating based on the most recent CMS 5-star quality rating system*					
			Q1 Sept. 2024	Q2 Nov. 2024	Q3 Mar. 2025	Q4 June 2025	Q5 Sept. 2025	5 Quart. Avg.
675134	TX	WHISPERING OAKS REHAB & NURSING	4	4	5	5	5	4.6
676007	TX	WILLOW REHAB & NURSING	1	1	1	1	1	1
Total Facilities w/ Avg. Rating < 3								27
455493	TX	VISTA HILLS HEALTH CARE CENTER (Sold in Feb 2024)						

APPENDIX 4

Appendix 4 Quality Assurance Schedules

Quality Assurance Meeting Schedules

ADVANCED HEALTH & REHAB CENTER OF GARLAND	Yes, 2nd week of every month
ADVANCED REHABILITATION & HEALTHCARE OF BURLESON	Yes, 2nd week of every month
ADVANCED REHABILITATION & HEALTHCARE OF LIVE OAK	Yes, 2nd Friday of every month
ADVANCED REHABILITATION AND HEALTHCARE OF ATHENS	Yes, 2nd week of every month
ADVANCED REHABILITATION AND HEALTHCARE OF BOWIE	Yes, 3rd week of every month
ADVANCED REHABILITATION AND HEALTHCARE OF VERNON	Yes, 2nd Wednesday of every month
ADVANCED REHABILITATION AND HEALTHCARE OF WICHITA	Yes, 1st Friday of every month
BALCH SPRINGS NURSING HOME	Yes, 2nd week of every month
BRADY WEST REHAB & NURSING	Yes, 2nd Thursday of every month
BUENA VIDA REHAB AND NURSING CENTER	Yes, quarterly
CLARKSVILLE NURSING HOME	Yes, 2nd week of every month
CLYDE NURSING CENTER	Yes, 3rd Tuesday of every month
COLONIAL MANOR ADVANCED REHAB & HEALTHCARE	Yes, 2nd Thursday of every month
COLONIAL MANOR NURSING CENTER	Yes, 3rd week of every month

CROWELL NURSING CENTER	Yes, 2nd Tuesday of every month
GRANBURY REHAB & NURSING	Yes, 1st Wednesday of every month
GREENVILLE HEALTH & REHABILITATION CENTER	Yes, 2nd week of every month
HENDERSON HEALTH & REHABILITATION CENTER	Yes, 2nd Friday of every month
HERITAGE HOUSE AT KELLER REHAB & NURSING	Yes, 2nd Wednesday of every month
HERITAGE HOUSE AT PARIS REHAB & NURSING	Yes, 2nd week of every month
MCALLEN NURSING CENTER	Yes, 2nd Tuesday of every month
MEADOW PARK REHABILITATION AND HEALTH CENTER LLC	Yes, quarterly
MESQUITE TREE NURSING CENTER	Yes, 2nd week of every month
OAKWOOD SNF LLC	Yes, monthly
PALO PINTO NURSING CENTER	Yes, 2nd Friday of every month
PARK VIEW CARE CENTER	Yes, 3rd Tuesday of every month
PRAIRIE HOUSE LIVING CENTER	Yes, 2nd Thursday of every month
REGAL HEIGHTS REHABILITATION AND HEALTH CARE CTR	Yes, last Thursday of every month
ROSENBERG HEALTH & REHABILITATION CENTER	Yes, 3rd Thursday of every month
SANDS AT SOUTH BEACH CARE CENTER, THE	Yes, last Thursday of every month
SANTA FE HEALTH & REHABILITATION CENTER	Yes, 2nd Tuesday of every month

SCHERVIER NURSING CARE CENTER	Yes, last Friday of every month
SEYMOUR REHABILITATION AND HEALTHCARE	Yes, 2nd Tuesday of every month
SOUTHEAST NURSING & REHABILITATION CENTER	Yes, 2nd Tuesday or Wednesday of every month
SULPHUR SPRINGS HEALTH AND REHABILITATION	Yes, 2nd week of every month
THE LAKES AT TEXAS CITY	Yes, 2nd Thursday of every month
THE RENAISSANCE AT KESSLER PARK	Yes, 2nd week of every month
TOMBALL REHAB & NURSING	Yes, 3rd Monday of every month
WEDGEWOOD NURSING HOME	Yes, 3rd Wednesday of every month
WHITE SETTLEMENT NURSING CENTER	Yes, 2nd or 3rd Friday of every month
WHITEHALL REHAB & NURSING	Yes, 2nd Thursday of every month
WILLOW REHAB & NURSING	Yes, 3rd Thursday of every month
WINDCREST HEALTH & REHABILITATION	Yes, 3rd Wednesday of every month
WINFIELD REHAB & NURSING	Yes, 3rd Tuesday of every month

Appendix 5

The following tables outline the current ownership of the bed rights and operations and the post -transaction ownership:

Blue Point Healthcare Center

Transaction	Before	After
Bed Rights	OHI ASSET (MD) BALTIMORE – WEST BELVEDERE, LLC	Blue Point Nursing and Rehab Center LLC
Operations	BLUE POINT SNF, LLC	Blue Point Nursing and Rehab Center LLC

Ellicott City Healthcare Center

Transaction	Before	After
Bed Right	OHI ASSET (MD) ELLICOTT CITY, LLC	Ellicott City Nursing and Rehab Center LLC
Operations	RIDGE (MD) LEASING CO., LLC	Ellicott City Nursing and Rehab Center LLC

Fayette Nursing & Rehabilitation Center

Transaction	Before	After
Bed Rights	FAYETTE ASSET OWNERSHIP, LLC	Fayette Nursing and Rehab Center LLC
Operations	FAYETTE LEASING CO., LLC	Fayette Nursing and Rehab Center LLC

Holly Hill Healthcare Center

Transaction	Before	After
Bed Rights	PV REALTY – Holly Hill, LLC	Holly Hill Nursing and Rehab Center LLC
Operations	HOLLY HILL NURSING, LLC LLC	Holly Hill Nursing and Rehab Center LLC

Laurelwood Healthcare Center

Transaction	Before	After
Bed Rights	CSE Elkton LLC	Laurelwood Nursing and Rehab Center LLC
Operations	LAUREL LEASING CO., LLC	Laurelwood Nursing and Rehab Center LLC

Northwest Healthcare Center

Transaction	Before	After
Bed Rights	OHI Asset (MD) BALTIMORE – Pall Mall, LLC	Northwest Nursing and Rehab Center LLC
Operations	NORTHWEST SNF, LLC	Northwest Nursing and Rehab Center LLC