

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

**Anchorage Healthcare Center
Clinton Healthcare Center
Forestville Healthcare Center
Fort Washington Healthcare Center
Kensington Healthcare Center
Marley Neck Health & Rehabilitation Center
Silver Spring Healthcare Center
South River 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 Potomac region facilities and involve the sale of real property and improvements for eight nursing homes:

- Anchorage Healthcare Center
- Clinton Healthcare Center
- Forestville Healthcare Center
- Fort Washington Healthcare Center
- Kensington Healthcare Center
- Marley Neck Health & Rehabilitation Center
- Silver Spring Healthcare Center
- South River Healthcare Center

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. None of the proposed owners are a private equity company.

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 Structure

Ownership Percentage	Mid-Level Owner	Manager	Ultimate Owner	Trustee
31.005%	Gamfal, LLC	Teddy Lichtschein	Lichtschein Family 2012 Trust	Elijah Zev Kohn and Julie Lichtschein
31.005%	Scheiner Holdings, LLC	Eliezer Scheiner	Scheiner Family 2012 Trust	Elijah Zev Kohn and Heather Scheiner
8%	MF Group, LLC	Robert Meisner	MF Trust	Michal Rodkin
10%	KF Capital Holdings, LLC	Eliyahu Zev Kohn	Kohn Family Trust	Chanie Kohn
10%	KF Capital Holdings, LLC	Eliyahu Zev Kohn	Chanie Kohn 2021 Family Trust	Eliyahu Zev Kohn
4.99%	ML Investment Holdings, LLC	Not listed	Michael Meisner	N/A
4.99%	MDRRK, LLC	Not listed	Summit Lane Trust	Perry Dinter
4.99%	AFH MD LLC	Not listed	AFD MD Irrevocable Trust	Perry Dinter
4%	CDP Maritime Trust	Not listed	CDP Maritime Trust	Chaya Lomnitz
1%	RGP Maritime Trust	Not listed	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

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.

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. 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, the proposed real property purchasers were required to submit a full application for approval.

Applicant contractors

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

Additionally, there is also a management agency that will be involved with the eight 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

Facility Size, CMS Rating, and Occupancy Overview				
Facility Name	Bed Size	CMS Rating	Occupancy Rate	Details
Anchorage Healthcare Center	126 beds	2 stars	67.1%	Lower quality rating; rural location.
Clinton Healthcare Center	267 beds	2 stars	85.64%	Offers in-house dialysis, dementia care, and behavioral health services; approximately 88.3% Medicaid residents.
Forestville Healthcare Center	162 beds	3 stars	96.5%	High occupancy rate of 96.5%; approximately 75.9% Medicaid residents.
Fort Washington Healthcare Center	150 beds	4 stars	96.2%	Above-average CMS quality rating; approximately 68.9% Medicaid residents.
Kensington Healthcare Center	140 beds	3 stars	99.9%	Average CMS quality rating with very high occupancy.
Marley Neck Health & Rehabilitation Center	95 beds	5 stars	96.15%	Smaller facility with high quality rating; only two non-compliant rooms; approximately 59.6% Medicaid residents.
Silver Spring Healthcare Center	100 beds	2 stars	87.3%	Below-average CMS quality rating.
South River Healthcare Center	111 beds	4 stars	92.2%	Above-average CMS quality rating.

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 public comments received. A 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. Another 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 in 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 applicant trusts, direct or indirect owners own or operate any nursing homes. 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 holds only minority managerial control in the 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 ownership interest post 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 identified in response to subpart (a), 27 have a star rating of less than three stars. On February 18, 2026 the applicants provided a detailed quality rating analysis in response to Commission questions for its real property applications. For subpart (b) of this standard, the applicants must demonstrate good cause for not meeting the CMS star rating for any facility with a star rating of less than three. The applicants stated that the issues in the facilities were attributed to historical performance on inspections, staffing instability and performance on quality measures. The applicants provided documentation in the acquisition application of an improvement plan for each of the 27 facilities. The plans provided details 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 in the analysis of this subpart are set forth in Appendix 3 of this report and include persons with ownership interest and their related facilities.³ Of these 45 facilities, any that were tagged 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 applicants and included in Attachment C to the application and shows the corrective actions taken.

There were two facilities, Williamsburg Post Acute & Rehabilitation and Winfield Rehab & Nursing with a SFF designation. Both facilities have now graduated from the program. Williamsburg Post Acute & Rehabilitation is currently a three star (average) facility and has no harm tags. Winfield Rehab & Nursing identified issues were poor survey results, lack of staff education, unstable leadership and lack of teamwork. The applicants state that the facility has now secured stable leadership, improved 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 Rehab & Nursing 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.

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.
 - 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.

Winfield Rehab & Nursing has submitted a plan of correction for all deficiencies that was accepted by the State.

(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, in Live Oak, Texas, had a lawsuit judgment for attorney fees and court costs following a complaint filed by a resident. The plaintiff was awarded \$15,194. The nursing home paid the amount in full, 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. Oakwood SNF vaccinated 99 percent of residents and 59 percent of staff for the flu. For COVID, Oakwood SNF vaccinated 0 percent of residents and 2.1 percent of staff. Commission staff questioned the low COVID vaccination rate. In response to Commission questions, 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.

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 indicates that the facility and family perception of care was the cause of 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 their 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. This highlights the need for a quality assurance condition to monitor progress. In response to staff 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 focusing 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 star rating average 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, 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 COVID vaccines due to a variety of factors: ideological, cultural, and the unprecedented rapid development, which may explain the lower COVID vaccination rates.

(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 Potomac facilities currently operate triple- or quad-occupancy rooms, or both—Clinton Healthcare Center, Forestville Healthcare Center and Marley Neck Health & Rehabilitation 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) unreasonably 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. However, the real property applicants committed 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 process to identify opportunities for bed reconfiguration. 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. The architect stated 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 relocation of beds between facilities in the same jurisdiction. The proposed lease agreement discourages selling beds and requires 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.

Clinton Healthcare Center (267 beds)

Request: The facility’s non-compliant capacity is 40 multi-bedded rooms sourced from three quad rooms and 37 triple rooms. The preliminary feasibility study shows that Clinton can only eliminate 11 non-compliant rooms, because structural constraints prevent further reduction. The applicant states the facility serves an underserved population specifically: offers in house dialysis services, a floor for dementia care (not a state-certified unit) and a behavioral care program. They also offer a program and a five day per week coverage by psychiatric nurse practitioner, group therapy, individual therapy, etc. also through *Brighter Days*. Staff have received training on this program.

Number of remaining multi-bedded rooms: 29 rooms (87 beds)

Analysis: The proposed plan leaves 29 bedrooms out of compliance. Although this facility’s Medicaid participation rate is relatively high, indicating service to underserved communities, occupancy rates are below the local jurisdiction average, suggesting there is unused capacity at this facility. In addition, this facility’s star ratings are low, with an abuse flag, suggesting that a further reduction in non-compliant rooms may support increases in quality and safety.⁵

Staff recommendation: The Commission staff recommends granting a partial waiver for this facility, requiring the reduction of an additional 11 triple bedrooms. This could result in the elimination of 11 beds, raising occupancy to 90%, maximizing capacity and ensuring access for Medicaid and otherwise underserved communities

Conditions:

The facility must continue to provide in-house dialysis, and behavioral health care managed by a nurse practitioner.

The facility must maintain 80% Medicaid participation rate.

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	8	136	111	12	123
Bedrooms	8	68	37	3	40

Applicants’ Proposed Adjusted Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	8	172	87	0	87
Bedrooms	8	86	29	0	29

⁵ Commission Docket Number 22-16-EX014 Clinton and Forestville. Docket Number 23-16-EX015 Clinton and Fort Washington were both Exemption from Certificate of Need requests by CommuniCare In 2022 and 2023 CommuniCare filed and was granted these two Exemptions from CON review in an effort to eliminate the triple and quadruple beds in its Prince George’s County facilities. This was part of a larger plan CommuniCare had to eliminate triple and quadruple beds from all 18 Maryland facilities. Since the time of these two initial approvals, CommuniCare relinquished its Exemption from a CON for the Clinton and Forestville project. The other project involving Clinton and Fort Washington has not been relinquished but was granted an extension from its performance requirements until April 2026.

Facility Data

Occupancy	85.64%
Average Occupancy in jurisdiction	92% in Prince George’s County
Medicaid participation rate	88.3%, threshold is 38.9% in Prince George’s County
CMS star rating, abuse flag	2 stars, abuse flag

Forestville Healthcare Center (162 beds)

Request: The facility’s non-compliant capacity is 31 multi-bedded rooms sourced from 31 Triple Rooms. The applicants state that they plan to move four beds from Forestville to the Fort Washington facility, where dining space can be reconfigured, which would eliminate four triple rooms.

Number of remaining multi-bedded rooms: 27 rooms

Analysis: The proposed plan leaves 27 rooms out of compliance. However, this facility’s Medicaid participation rate is relatively high, indicating service to underserved communities, and occupancy rates are at nearly 100% capacity. There is a concern that further reducing capacity at this facility could impede access to post-acute care for low-income seniors. Although this facility has several multi bed rooms, the facility has an average quality rating, suggesting that the current room configurations do not contribute to quality and safety concerns.

Staff Recommendation: The Commission staff recommends granting a waiver for this facility, allowing the facility to maintain current bed configurations. This would ensure continuity of care and ongoing access for residents while prioritizing capacity to accommodate the needs of Medicaid-enrolled and otherwise underserved communities.

Conditions:

The facility must maintain 80% Medicaid participation rate.

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	1	68	93	0	93
Bedrooms	1	34	31	0	31

Applicants’ Proposed Multi-bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	1	76	81	0	81
Bedrooms	1	38	27	0	27

Facility Data

Occupancy	96.5%
Average Occupancy in jurisdiction	92% in Prince George's County
Medicaid participation rate	75.9%, threshold is 38.9% in Prince George's County
CMS star rating, abuse flag	3 stars

Marley Neck Health and Rehabilitation Center (95 beds)

Request: The facility's non-compliant capacity is two multi-bedded rooms sourced from two quad rooms. The architect states that the feasibility study indicates that the building configuration prevents elimination of non-compliant capacity.

Number of remaining multi-bedded rooms: two rooms (8 beds)

Analysis: The proposed plan leaves two rooms out of compliance, with no proposed changes. This facility's Medicaid participation is not significantly higher than the county average, although occupancy rates are high, indicating a high level of need in the community. Although this facility has two quad bedrooms, their quality ratings are high, which does not suggest that the current room configurations contribute to quality and safety concerns. In addition, although not mentioned by the applicant, this facility has fewer than 100 beds, lower than the national average, which suggests that bed reduction may lead to financial hardship.

Staff Recommendation: The Commission staff recommends granting a waiver for this facility with no conditions.

Current Multi-Bed Configuration

	Private	Semi	Triple	Quad	Multi-bed Total
Beds	1	86	0	8	8
Bedrooms	1	43	0	2	2

Applicants' Proposed Adjusted Multi-Bed Configuration

No changes.

Facility Data

Occupancy	96.15%
Average Occupancy in jurisdiction	87.3%
Medicaid participation rate	59.6%, threshold is 40% in Anne Arundel County
CMS star rating, abuse flag	5 stars

(3) Medicaid Participation.

Except for nursing home beds contained in a continuing care requirement community 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 calculate 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 eight 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.⁶

- (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) nursing home to be acquired; (iv) The Secretary, or the Secretary's designee; and (v) The**

⁶ "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.

Attorney General, or the Attorney General's designee.

For subpart (a) the applicants state that this acquisition is 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. A family member wanted to know if the acquisition would improve the care at the facility and include 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. Another 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

Applicants state that they will assist in the elimination of multi-bedded resident rooms if the operator lacks sufficient capital or cannot secure a dedicated capital expenditure line to support these improvements. The availability of additional capital to support infrastructure improvements, including the reduction or elimination of multi-bedded rooms, would enhance resident privacy, infection control, and overall quality of the physical environment. Staff find that the potential for these improvements is beneficial and consistent with the public interest.

In addition, the eight facilities involved in this transaction have consistently high occupancy rates and serve a high proportion of Medicaid residents, indicating that they play an important role in maintaining access to nursing home care in their respective service areas. Several of the facilities also serve residents with complex needs, including individuals with substance use disorders and behavioral health conditions. Continued operation and financial stability of these facilities is therefore important to maintaining access to care for vulnerable and underserved populations.

Staff also reviewed the ownership and governance structure associated with the transaction. While the applicants state that the real estate ownership and operational control are structured so that the trustees holding controlling voting rights over the real estate do not overlap with those holding controlling voting rights over the operations, several individuals and entities have financial interests across multiple components of the transaction. Specifically, members of the Kohn, Lichtschein, and Scheiner families hold ownership interests in both the operating and real estate entities. TL Management LLC, a real estate management company owned by Teddy Lichtschein and Eliezer Scheiner, with Zevi Kohn serving as CEO, is involved in the management of the real property. In addition, Robert Meisner, an owner of Dynamic and a proposed consultant in the transaction, also holds an ownership interest in certain real property associated with the facilities.

While these overlapping financial interests warrant transparency and ongoing oversight, the recommended

conditions requiring disclosure of related-party transactions and financial interests provide a mechanism for monitoring these relationships. Subject to these conditions, Staff concludes that the proposed acquisition is consistent with the quality and public interest standards in the State Health Plan and is likely to have a positive impact on the continued operation and improvement of the facilities.

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.

ATTACHMENT A

Identify each person with an ownership interest in the acquiring entity or a related or affiliated entity; the percentage of ownership interest of each such person; and the history of each such person's experience in ownership or operation of health care facilities. Include the names and addresses of all healthcare facilities owned or operated by each individual within the last three years. (This form is designed in WORD so that those completing it can expand the number of rows, as necessary.)

1. Zevi Kohn, is a beneficial owner of the applicant, is also personally a minority owner of three skilled nursing facilities.
2. Julie Lichtschein, is a minority beneficial owner and is also personally a minority owner of one skilled nursing facility
3. Heather Scheiner is a minority beneficial owner of the applicant and is personally a minority owner of one skilled nursing facility
4. 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. Mr. Meisner has ownership interest in eight nursing homes located in Texas, Maryland, Virginia, and New Jersey.
5. Eliezer Scheiner exercises minority managerial control over holding companies which are in the ownership structure of the applicant and has a minority ownership interest in certain skilled nursing facilities, the majority of which are in Texas.
6. Teddy Lichtschein has a minority ownership interest in certain skilled nursing facilities, the majority of which are in Texas.
7. Chanie Kohn-no previous nursing home ownership
8. Michal Rodkin-no previous nursing home ownership

For these eight owners there has been ownership interest in 67 facilities within the last three years. The complete list is included in the Quality standard, subpart a.

ATTACHMENT B

(If the acquiring entity owns facilities in Maryland, use only Maryland facilities in the analysis. If the acquiring entity does not own Maryland facilities, choose the State or states with the largest number of facilities for the analysis).

1. There are 45 facilities listed in this report under 10.24.20.05(8) subpart (a) and used in subpart (b).
2. The star ratings for each facility under subpart (a) are listed in Appendix 3 to this report.
3. Applicants state that all facilities operate under a formal Quality Assurance and Performance Improvement (QAPI) program designed to support regulatory compliance, resident safety, and continuous quality improvement. Each facility conducts a monthly, QAPI meeting that includes a review of quality measures, survey trends, incidents, infections, staffing metrics, and identified risks. In addition to the scheduled monthly meetings, ad hoc QAPI meetings are held throughout the month in response to any identified issues. QAPI includes facility leadership and regional oversight team members, providing an added layer of monitoring, and accountability.
4. Any citations G level or higher are included in Attachment C to the applications.
5. Findings under subparts (c) and (d) are in the Quality standard of this report.
6. Vaccination findings under the Quality standard for subpart (e) are included in a chart in this report.
7. Oakwood SNF is the only Maryland facility and its performance on the Family Experience of Care survey is included in the Quality standard of this report subpart f.

Appendix 1 HCS

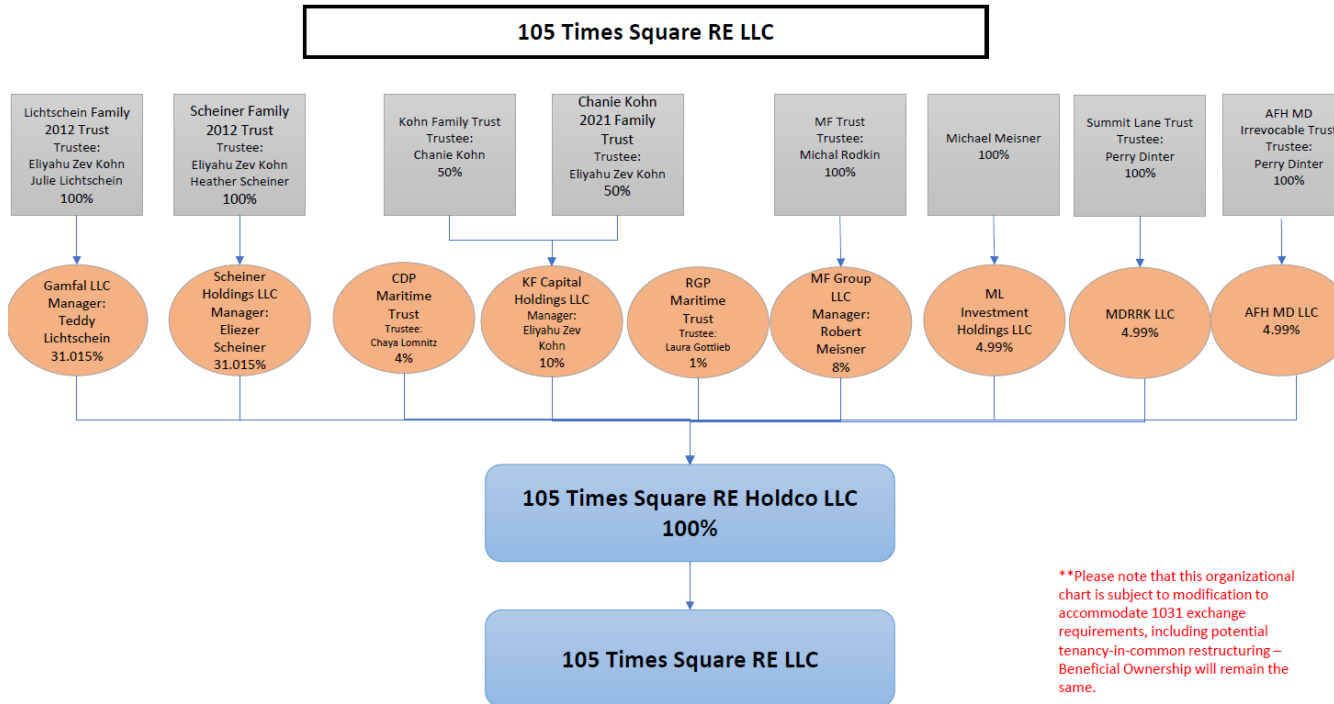
Facility Name, Address, Medicare/Medicaid Numbers, Bed Counts, and Purchase Price

Facility Name and Address	Medicare Number	Medicaid Number	Jurisdiction Beds (%)	HPR Beds (%)	Facility Beds	Purchase Price	Admissions (Last Year)	Operating Revenue (Last Year)	Triple/Quad Beds
Anchorage Healthcare Center, 105 Times Square, Salisbury, MD 21804	215339	420839100	126 beds (23.7%)	247 beds (8.0%)	126	\$25,777,332	181	\$13,821,829	N/A
Clinton Healthcare Center, 9211 Stuart Lane, Clinton, MD 20735	215231	411115000	579 beds (18.3%)	579 beds (12.7%)	267	\$54,623,394	434	\$26,529,351	111 triple; 12 quad
Forestville Healthcare Center, 7420 Marlboro Pike, Forestville, MD 20747	215020	414431700	579 beds (18.3%)	579 beds (12.7%)	162	\$33,142,390	287	\$19,753,501	93 triple
Fort Washington Health Center, 12021 Livingston Road, Fort Washington, MD 20744	215146	414429500	579 beds (18.3%)	579 beds (12.7%)	150	\$30,687,300	316	\$20,339,389	48 quad
Kensington Healthcare Center, 3000 McComas Avenue, Kensington, MD 20895	215043	411117600	222 beds (3.5%)	222 beds (3.5%)	140	\$28,641,480	129	\$18,318,935	N/A

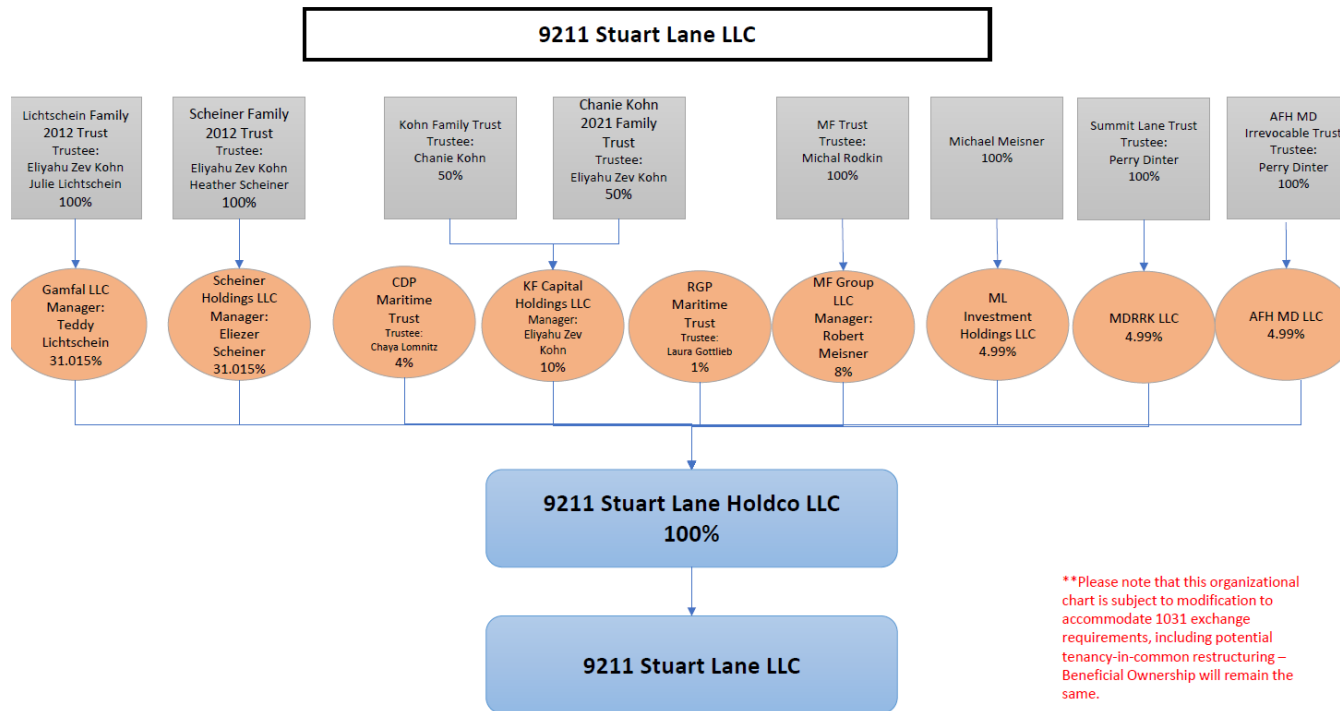
Facility Name and Address	Medicare Number	Medicaid Number	Jurisdiction Beds (%)	HPR Beds (%)	Facility Beds	Purchase Price	Admissions (Last Year)	Operating Revenue (Last Year)	Triple/Quad Beds
Marley Neck Health & Rehabilitation Center, 7575 East Howard Road, Glen Burnie, MD 21061	215138	414427900	206 beds (9.2%)	845 beds (6.1%)	95	\$19,435,290	374	\$14,077,904	8 quad
Silver Spring Healthcare Center, 13908 New Hampshire Ave., Silver Spring, MD 20904	215065	414428700	222 beds (3.5%)	222 beds (3.5%)	92	\$18,821,544	167	\$9,129,665	16 quad
South River Healthcare Center, 144 Washington Road, Edgewater, MD 21037	215297	414425200	206 beds (9.2%)	845 beds (6.1%)	111	\$22,708,602	280	\$16,363,827	N/A

Appendix 2

Anchorage Nursing and Rehabilitation Center

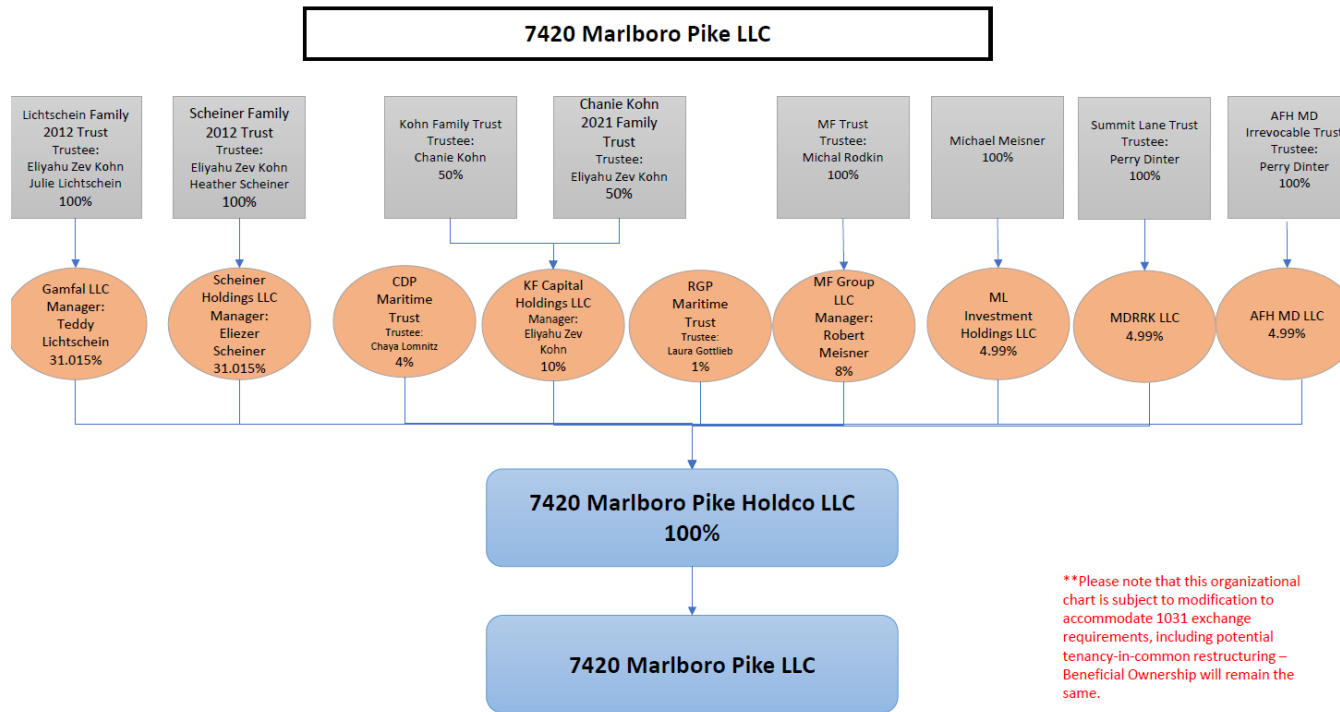


Clinton Nursing and Rehabilitation Center



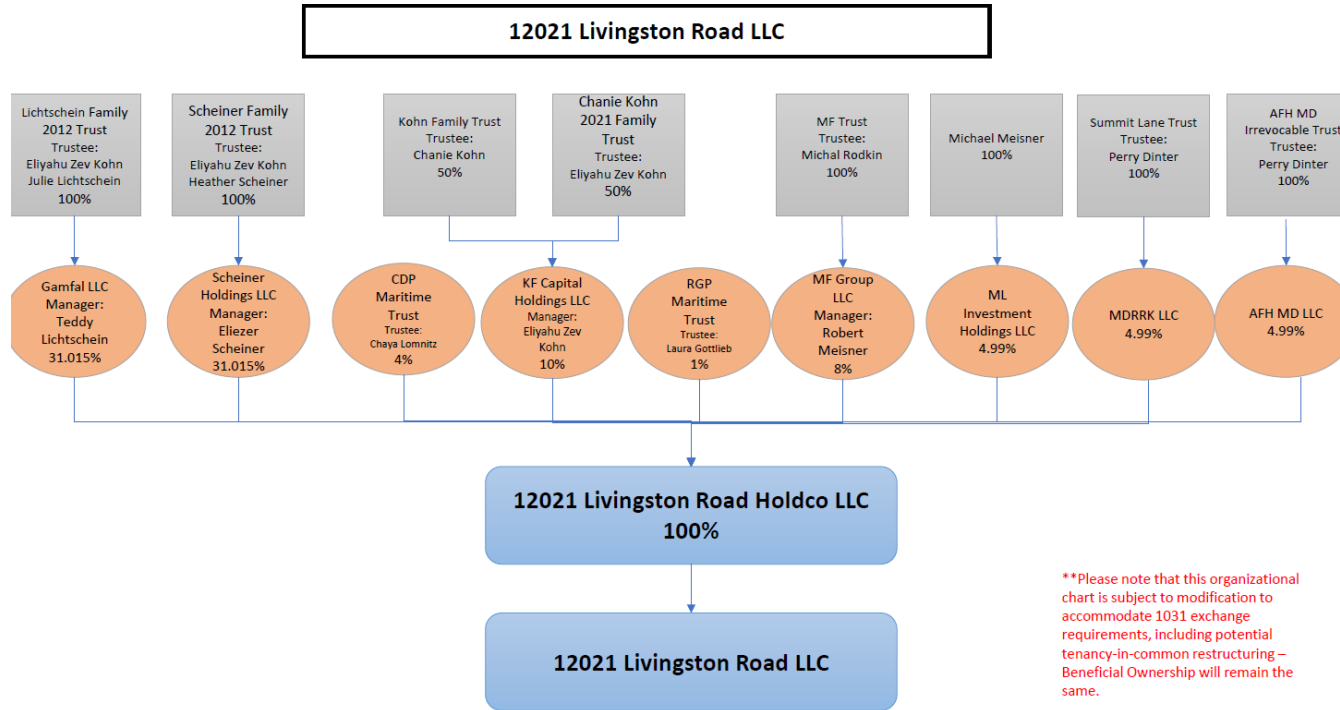
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Forestville Nursing and Rehabilitation Center



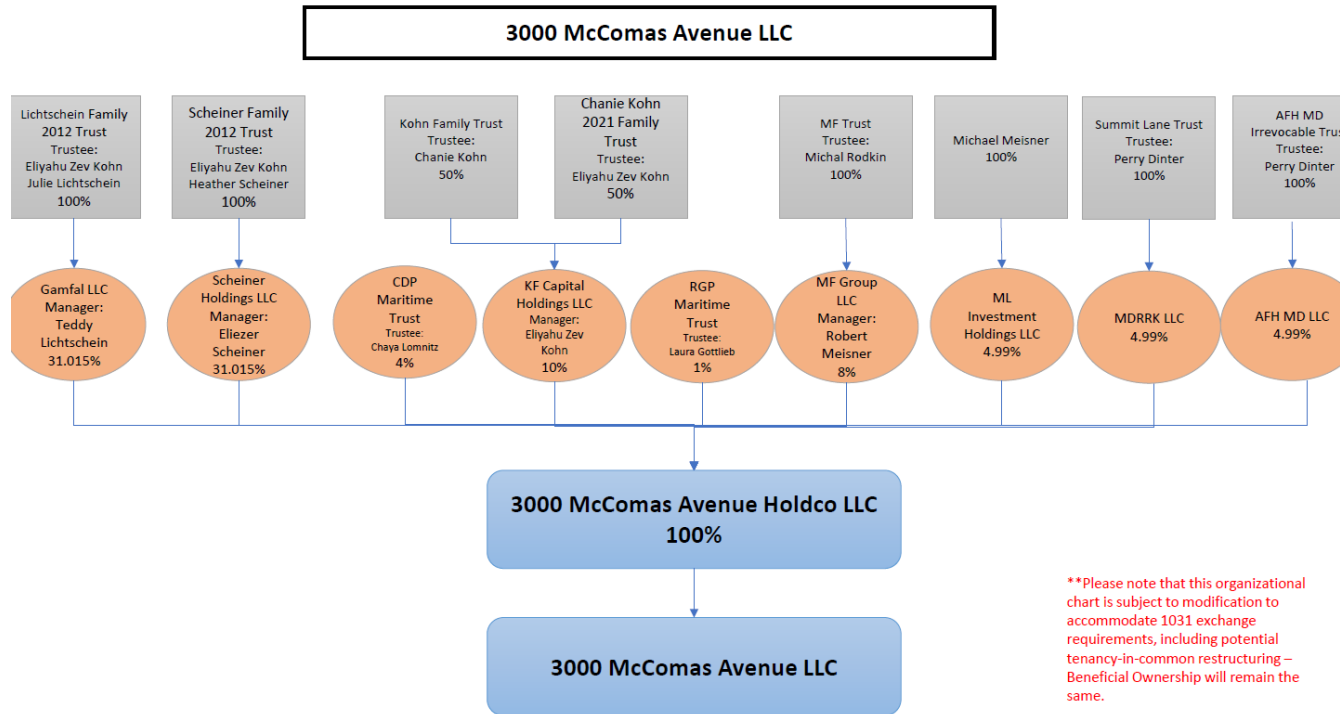
**Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.

Fort Washington Health and Rehabilitation Center



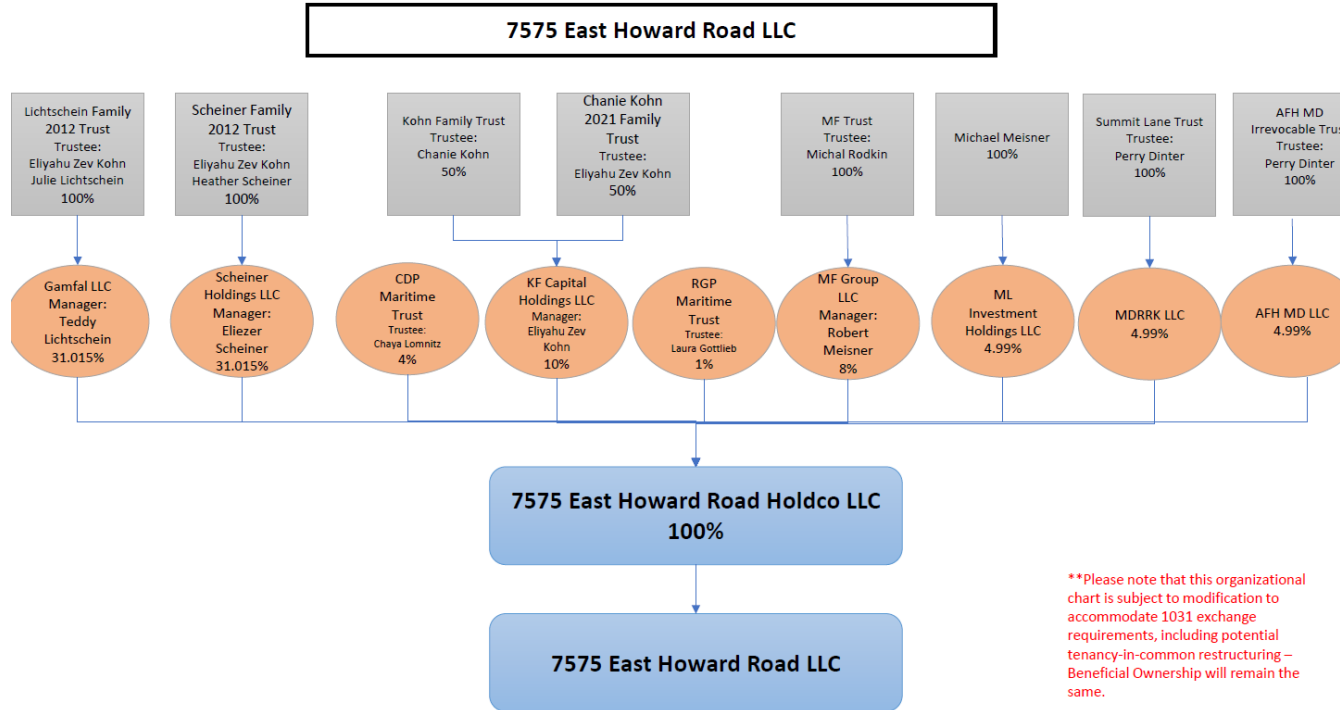
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Kensington Health and Rehabilitation Center



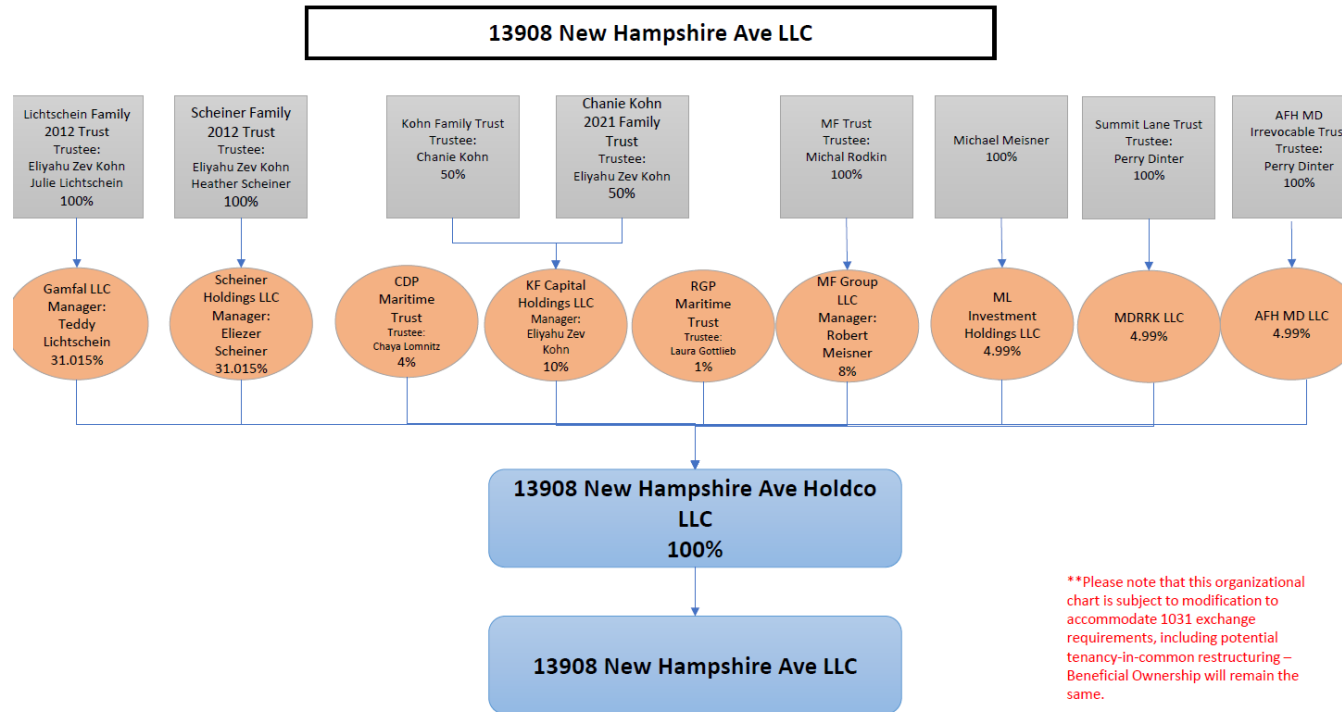
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Marley Neck Health and Rehabilitation Center



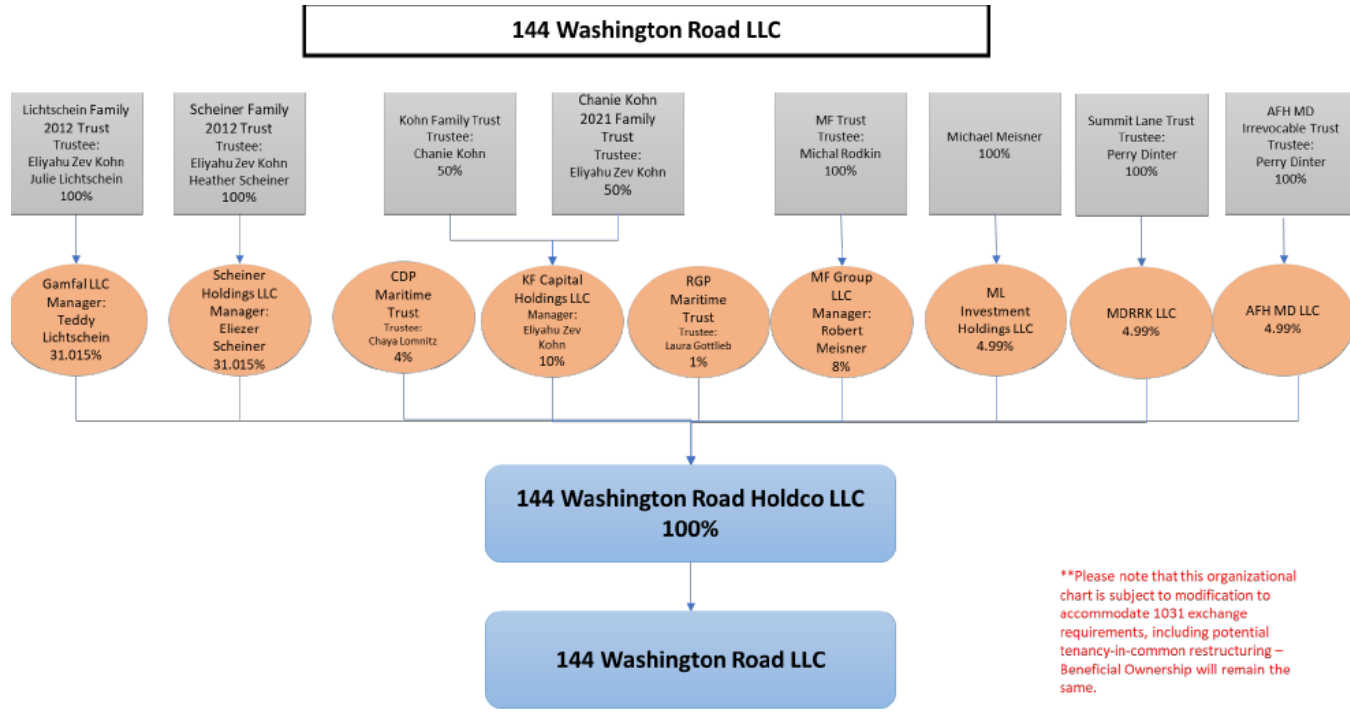
****Please note that this organizational chart is subject to modification to accommodate 1031 exchange requirements, including potential tenancy-in-common restructuring – Beneficial Ownership will remain the same.**

Silver Spring 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.**

South River 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: Part IV, Question 1(a) nursing home ownership interest in the last three years
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)						

Appendix4 Quality Assurance Meeting Schedule

The applicants provided the QA schedules for each facility.

Quality Assurance (QAPI) Meeting Schedules

Facility	Quality Assurance Meeting Schedule
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

Facility	Quality Assurance Meeting Schedule
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 Center	Yes, last Thursday of every month
Rosenberg Health & Rehabilitation Center	Yes, 3rd Thursday of every month
The Sands at South Beach Care Center	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**Facility Ownership Pre- and Post-Transaction (Real Property)**

Facility	Transaction Type	Before	After
Anchorage Nursing and Healthcare Center	Real Property	OHI Asset (MD) Salisbury, LLC	105 Times Square RE LLC
Clinton Healthcare Center	Real Property	PV Realty – Clinton, LLC	211 Stuart Lane LLC
Forestville Healthcare Center	Real Property	OHI Asset (MD) Forestville, LLC	7420 Marlboro Pike LLC
Fort Washington Healthcare Center	Real Property	Livingston Asset Co., LLC	12021 Livingston Road LLC
Kensington Healthcare Center	Real Property	PV Realty-Kensington, LLC	3000 McComas Avenue LLC
Marley Neck Nursing & Rehabilitation Center	Real Property	Mneck Asset Ownership, LLC	7575 East Howard Road LLC
Silver Spring Healthcare Center	Real Property	New Hampshire Asset Co., LLC	13908 New Hampshire Ave LLC
South River Healthcare Center	Real Property	OHI Asset (MD) Edgewater, LLC	144 Washington Road LLC