

**REQUESTS TO APPROVE THE  
ACQUISITIONS OF THE  
OPERATIONS/BED RIGHTS OF:**

**Potomac Facilities:**

- 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**

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**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 rights<sup>1</sup> 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 owners of these 18 facilities are primarily 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 Maryland.

The set of transactions reviewed in this staff report are the Potomac facilities and involve the sale of operations and bed rights for eight nursing homes:

- Anchorage Healthcare Center (Wicomico County)
- Clinton Healthcare Center (Prince George’s County)
- Forestville Healthcare Center (Prince George’s County)
- Fort Washington Healthcare Center (Prince George’s County)
- Kensington Healthcare Center (Montgomery County)
- Marley Neck Health & Rehabilitation Center (Anne Arundel County)
- Silver Spring Healthcare Center (Montgomery County)
- South River Healthcare Center (Anne Arundel County)

### A. Applicants

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<sup>1</sup> “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.

The applicants to this request are facility-specific limited liability companies that are all ultimately owned by the same configuration of trusts, detailed in the table below. Full organizational charts for the eight facilities are located at Appendix 2. None of the proposed owners are a private equity company.

**Trust Ownership Structure**

<b>Trust Name</b>	<b>Ownership Percentage</b>	<b>Trustee</b>	<b>Grantor</b>	<b>Beneficiaries</b>
Gold MD Trust	31.005%	Jack Shelby	Heather Scheiner	Issue
Silver MD Trust	31.005%	Jack Shelby	Julie Lichtschein	Issue
Copper MD Trust	10%	Jack Shelby	Chanie Kohn	Issue
BUAH MD Trust	8%	Jack Shelby	Michal Rodkin	Issue
AYSAN MD Trust	4.99%	Chaya Lomintz	Not provided	Not provided
Summit Lane Trust	4.99%	Perry Dinter	Not provided	Not provided
AFH MD	4.99%	Perry Dinter	Not provided	Not provided
CDP Maritime	4%	Chaya Lomintz	Not provided	Not provided
RGO Maritime	1%	Laura Gottlieb	Not provided	Not provided

**Applicant Contractors**

After the acquisition of these facilities, the applicant will enter into an administrative services agreement with Health Consulting Services (HCS) for the operations of the facilities. HSC will also serve as an administrative contractor for the Western facilities. Menachem Kosman and Moshe Pruzansky are the owners of Health Consulting Services (HCS). Mr. Pruzansky and Mr. Kosman are also the managers of the holding company for the companies that owns each of the Potomac facilities.

Precision Healthcare Services, dba Dynamic Fiscal Services, LLC (Dynamic) provide consulting services to the applicants. The applicant states that Dynamic may or may not continue to be a consultant to the applicants after the transactions have closed; however, they will not have a role in ownership or management of these facilities. Robert Meisner and Michal Rodkin own Dynamic. Robert Meisner manages a limited liability company holding an indirect ownership interest in the real property applicants for the Potomac facilities.

**B. Proposed Acquisitions**

The anticipated date of transfer is April 1, 2026. The applications for operations/bed rights have companion applications for the real property of the same facilities. The acquisition is structured so that the purchase price is allocated to the real property rather than the operations or bed rights; for this reason, individual purchase prices for each facility are not included with the metrics in Appendix 1 to this report

but can be found in Appendix 1 to the companion Real Property reports. The real property 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 the tenant operator. Applicants included a letter from the lender, MonticelloAM, LLC, verifying the financial feasibility of the transactions. Additionally, the applicants for the operations and 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.

**Facilities to be acquired - operations/bed rights - Facility Size, CMS Rating, and Occupancy Overview**

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

A complete listing of ownership before and after the transaction is in Appendix 3.

**C. Procedural History**

- Applications were received November 14, 2025.
- Completeness questions were sent to the applicants December 16, 2025.
- Acquisition notices to residents and staff were posted December 29, 2025. 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.

- Completeness responses from the applicants were received on January 9, 2026.

#### **D. Comments by State Agencies**

In accordance with regulations, a memorandum 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.

### **E. Comments By Public**

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 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 the public interest analysis section.

## 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.**

In this application, the trustees are the individuals who hold the authority to make decisions for the trusts. No trustees, managers or other affiliates own or operate a nursing home in Maryland. Jack Shelby, the trustee controlling a combined 80% indirect interest in the applicants, has had ownership interest in nine facilities in Texas and 23 in Florida within the last three years. Details on each of these facilities is included in Attachment B of the report.

Health Consulting Services, who plans to provide administrative services, is owned by Mr. Kosman and Mr. Pruzansky. They also hold ownership interest in four facilities in Washington: Deanwood Rehabilitation and Wellness Center (1star), Unique Rehabilitation and Health Center (3 stars), Serenity Rehabilitation and Health Center (3 stars) and Inspire Rehabilitation and Health Center (3 stars).

**(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.**

Commission staff reviewed the Texas and Florida facilities in which Jack Shelby has an ownership interest. Overall, the trustee's Texas facilities hold an average CMS star rating of 3.73 stars. Of the

nine Texas facilities owned by Mr. Shelby, three currently fall below the three-star average threshold: Palo Pinto Nursing Center (1.6), Whitehall Rehab and Nursing (2.2), and Park View Care Center (2.4). The applicants report that each facility has identified the causes of its lower rating and have implemented corrective measures to ensure continued improvement and quality of care. Palo Pinto had poor survey results because nursing staff lacked knowledge of their job duties. The facility will search for a new Director of Nursing (DON). Until a new DON is hired and trained corporate nursing and operations staff will cover the facility. Whitehall has had lapses in clinical oversight and care coordination that impacted resident outcomes. In response, the facility has implemented a detailed improvement plan emphasizing fall prevention, timely wound care, and medication review. Park View had a low star rating because of the lack of established systems, limited oversight, and deferred capital improvements under prior management. Since then, leadership has carried out extensive corrective actions, including replacing much of the staff and key department heads, implementing consistent training and monitoring processes, and completing critical facility upgrades to ensure regulatory compliance.

Of the 23 Florida facilities owned by Mr. Shelby, ten are rated below average. Four have a rating of one star (The Club Healthcare and Rehabilitation Center at the Villages, Sunset Lake Healthcare and Rehabilitation Center, North Beach Healthcare and Rehabilitation Center and Park Meadows Healthcare and Rehabilitation Center) and six have a rating of two stars (Rockledge Healthcare and Rehabilitation Center, Apollo Healthcare and Rehabilitation Center, Gardens Healthcare and Rehabilitation Center, Greenbrier Healthcare and Rehabilitation Center, Lexington Healthcare and Rehabilitation Center, and Lehigh Healthcare and Rehabilitation Center). The applicants report that each facility has identified the causes of its lower rating and have implemented corrective measures to ensure continued improvement and quality of care. The facility performance improvement plans include a focus on staffing, inspections, and quality measures.

Of the HSC facilities only Deanwood has an overall CMS star rating below three stars. Per the CMS care compare website, this facility has not had an annual survey since 2022 however the facility has had complaint surveys in 2024 and 2025. In 2024, Deanwood Rehabilitation and Wellness Center failed to provide appropriate treatment and care according to orders, resident's preferences and goals and ensure that the nursing home area is free from accident hazards. These citations were related to an outdated baseline care plan policy and a DNR form that was not signed by the social worker. In 2025, the facility failed to provide appropriate treatment and care according to orders, resident's preferences and goals, ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's wellbeing and safeguard resident-identifiable information and/or maintain medical records on each resident that in accordance with accepted professional standards. All three of these harm tags were regarding a Trazadone medication error that the physician was not made aware of. Also in 2025 the facility received harm tags because it failed to honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and support for daily living safely. This citation was because of dust buildup in resident rooms, dirty privacy curtains, sticky floors, dirty trash bins, stained toilets, and flies in the facility. The facility submitted a plan of correction for each citation, which was reviewed and accepted.

**(c) 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 a special focus facility designation, or a deficiency involving serious or immediate threat, actual harm, or immediate jeopardy to a resident. The applicant shall describe what measurable efforts it has taken to address the deficiencies.**

As seen in Attachment B to this report, there were 13 Florida facilities and four Texas facilities owned by the trustee, Jack Shelby, that were the subject of an enforcement action, a special focus facility designation, or a deficiency involving serious or immediate threat, actual harm, or immediate jeopardy to a resident. The facilities created mandatory plans of corrections that focused on policy revisions, training, monitoring to ensure compliance and enhanced quality assurance programs.

**(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.**

None of the facilities that the applicants have an ownership interest in were the subject of a lawsuit.

**(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).**

Attachment B to the application reports the percentage of residents and staff receiving COVID, flu, and pneumonia vaccinations at each of the facilities listed under paragraph (a). Most of the facilities reporting on the flu vaccine had very high vaccination rates, usually 100%. The COVID vaccination percentages vary between 0% to 60%. The pneumonia vaccine is given to residents only, not staff, but similar to the flu it also has a high rate of administration, usually 100%.

**(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.**

All applicants state that this question is not applicable. Neither the applicants nor any affiliated entity of the trustees owns or operates Maryland nursing homes.

**(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**
- (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**

Applicants provided the dates of the quality assurance meetings in the Texas facilities owned by Jack Shelby located in Attachment B to the report. They also included one Florida facility, Bristol SNF in the report. Additionally, the applicants state that after acquisition they will enter into an administrative services agreement with Health Consulting Services who will oversee the implementation of all quality assurance policies at the facilities and attached sample quality assurance policies and procedures.

In response to a completeness question, the applicants provided Attachment S to the applications which documents quality assurance improvements implemented at the Texas facilities where Jack Shelby has ownership interest. These facilities include Whitehall Rehab and Nursing, Advanced Rehabilitation and Healthcare of Bowie, Clyde Nursing Center, Crowell Nursing Center, Palo Pinto Nursing Center, Prairie House Living Center, Santa Fe Health and Rehabilitation Center, Seymour Rehabilitation and Healthcare, and Park View. Additionally, one Florida Facility, Bristol SNF was included. The applicants state that Jack Shelby no longer holds ownership interest in the other Florida facilities, so quality assurance plans could not be obtained. The applicants provided resolution agreements for the rest of the Florida facilities but it remained unclear whether or not there was still ownership interest.

**Staff Analysis**

Although the overall quality scores for Florida are slightly below average, Texas is slightly above and the two together average around the three star score (3.06 stars).<sup>2</sup> In comparison, the applicants past performance is slightly higher than the eighteen CommuniCare facilities which currently average 2.38 stars. The low star ratings of the CommuniCare facilities underscore the need for quality assurance plans to monitor quality improvements in these nursing homes. For these eight facilities in the Potomac region the current average is 3.125 stars. In terms of the inspection results for the facilities in which Jack Shelby has ownership, the corrective action plans for all deficiencies provided reasonable plans on how the facility would improve its staffing, quality measures and monitoring; all corrective action plans were accepted by the State. Because Jack Shelby has divested in all but one of the Florida facilities, quality assurance plans were only obtained for one Florida facility, Bristol SNF. Although the applicants

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<sup>2</sup> To control for variation among states that results from differences in practices, the star ratings are based on the ranked performance of facilities within a state. The star ratings are curved, wherein 5-star ratings are reserved for the 10 percent of nursing homes that received the highest score, and 1- star ratings are reserved for the 20 percent of nursing homes that scored the lowest. The remaining 70 percent of nursing homes are evenly assigned 2, 3, and 4 stars.

provided resolutions for the Florida facilities showing Mr. Shelby was no longer involved, not all of the resolutions had dates or signatures. Given the low quality of some of the CommuniCare facilities to be acquired, and the lack of quality assurance plans from many of the facilities in other states, Commission staff recommends a condition that is focused on quality improvement located in the Staff Recommendation section of this report.

## **(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. 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 applicants 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 the bed rooms. 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 applicants have not provided any analysis that would demonstrate alternatives, such as, reducing capacity, which could be done by selling the beds or moving the beds between facilities. 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.”

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)**

**Current Multi-Bed Configuration**

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

**Facility Data**

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

Request: The facility’s non-compliant capacity is 40 multi-bedded rooms sourced from 3 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 underserved populations, specifically: in house dialysis services, a dementia care floor and a behavioral care program. They also offer five day per week coverage by a psychiatric nurse practitioner, and a group and individual therapy program through *Brighter Days*.

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

Analysis: The proposed plan leaves 29 triple 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.<sup>3</sup> Staff thinks the facility could eliminate an

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<sup>3</sup> 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

additional 11 triple bedrooms without impeding access. This could result in the elimination of 11 beds, raising occupancy to 90%, maximizing capacity and ensuring access for Medicaid and otherwise underserved communities

Staff recommendation: The Commission staff recommends granting a partial waiver for this facility, requiring

1. The facility must continue to provide in-house dialysis, and behavioral health care managed by a nurse practitioner.
2. The facility must maintain 80% Medicaid participation rate.

Forestville Healthcare Center (162 beds)

**Current Multi-Bed Configuration**

**Facility Data**

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

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. Granting a wavier would ensure continuity of care and ongoing access for residents while prioritizing capacity to accommodate the needs of Medicaid-enrolled and otherwise underserved communities. Although this facility has several multi bed rooms, the facility has an average quality rating of three stars, suggesting that the current room configurations do not contribute to quality and safety concerns.

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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.

Staff Recommendation: The Commission staff recommends granting a waiver for this facility, allowing the facility to maintain current bed configurations, subject to the following conditions:

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

Marley Neck Health and Rehabilitation Center (95 beds)

**Current Multi-Bed Room Configuration**

Category	Private	Semi-Private	Triple	Quad	Total Multi-Bed Rooms
Beds	1	86	0	8	8
Bedrooms	1	43	0	2	2

**Facility Data**

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

Request: The facility’s non-compliant capacity is 2 multi-bedded rooms sourced from 2 quad rooms. The architect states that the feasibility study indicates that the building configuration prevents elimination of non-compliant capacity.

Analysis: The proposed plan leaves 2 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, subject to the conditions located in the Staff Recommendation section of this report:

**(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 link to this information is:**

**[https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs\\_Itc/hcfs\\_Itc.aspx](https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_Itc/hcfs_Itc.aspx)**

## Staff Analysis

Each of the CommuniCare facilities currently maintains a Medicaid percentage rate that meets or exceeds the threshold for either county or HPR whichever is less. Access to Medicaid beds are essential to care for the vulnerable populations in nursing homes, providing financial support, skilled nursing services, and supporting both residents and families with dignity. The applicants agree to maintain an 80% Medicaid participation rate with the exception of Marley Neck Health & Rehabilitation which agrees to maintain compliance with the Commission's posted Medicaid thresholds after the acquisitions. As part of the acquisition process the applicants will continue to submit Medicaid utilization data to the Commission for the next three years.

### **(4) Public Interest.<sup>4</sup>**

**An applicant shall demonstrate the proposed acquisition is in the public interest and will benefit residents, employees and the community.**

The applicants submitted plans describing commitments to quality care, employee stability, and community engagement. They state that they will stabilize and upgrade facility assets to preserve an essential community resource. The facilities maintain high occupancy and serve a high proportion of Medicaid residents.

The applicants commit to providing equitable, high-quality care to all residents, regardless of race, ethnicity, disability, sexual orientation, gender, socioeconomic status, geography, language, or other factors affecting access and outcomes. To support quality care, the applicants executed administrative services contracts with Health Consulting Services, which will develop and oversee facility policies. (Application, Attachment F). The applicants also plan on facility renovations to improve the resident environment, separate from the elimination of multi-bedded rooms.

To support workforce stability, the applicants intend to retain 100% of non-management frontline staff. They also do not plan to replace Administrators or Directors of Nursing; if leadership changes occur, management will ensure appropriate new leadership training and licensure compliance. The applicants will provide ongoing staff training and professional development. The proposed acquiring entities notified current staff via FAQs that it does not plan to reduce wages or benefits and will honor seniority.

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<sup>4</sup> "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.

The applicant provided multiple letters of community support from residents, families, physicians and other facilities that they have linkages with. The applicants state that the facilities will continue existing community engagement activities such as needs assessments to identify specific health care needs and challenges faced by the target population, as well as collaboration with local organizations, community leaders, and local hospitals to gain insight into the needs and preferences of the community. The applicants do not anticipate adverse effects on other community providers, as the transactions will not change the number of licensed beds.

Staffing and hospital readmissions are important measures to consider when evaluating whether a new operator will provide quality and accessible services. Jack Shelby has current ownership interest in nine nursing homes in Texas and one in Florida. The applicant supplied the total nursing home hours per patient per day (HPPD) from 2019- 2025 in these facilities. (Completeness, Attachment P). The data shows that after Jack Shelby acquired the Texas facilities, the total nursing staff hours increased in all nine facilities. Even though, Shelby's Texas' facilities increased their numbers, their 2025 average of all the facilities is 3.50, which is lower than the 2025 national average of 3.97. The applicants note that they face ongoing issues with post-COVID staffing shortages and increased resident acuity.

In Attachment Q, the applicants provided four tables assessing hospital admissions and readmissions. First the rates of potentially preventable hospital readmissions within 30 days increased nationally from 7.67 in 2021 to 10.72 in 2025. Among the Jack Shelby facilities, eight of 32 (25%) performed below the national average (lower numbers are better for this measure). Secondly, for short-stay resident rehospitalizations, 13 of 32 facilities (41%) performed below the 2025 national average of 23.7 percent (lower numbers are better for this measure). For outpatient emergency department visits among short-stay residents, 20 of 32 facilities (63%) performed below the national average of 12 percent (lower numbers are better for this measure). Lastly, for hospitalizations per 1,000 long-stay resident days, performance was evenly split, with 16 facilities above and 16 below the national average of 1.9 (lower values indicate better performance for this measure).

### **Staff Analysis**

In this standard the applicants discuss how the proposed acquisitions will be in the public interest and the positive impact on quality care, employee stability, and community engagement. During the acquisition review the applicants distributed FAQs to the employees and provided dates for meeting with staff. Additionally, the Commission received three comments in writing from family members of residents. One questioned whether the Veterans insurance contract would remain in place, a second comment stated that if the care improved he was for the acquisition and if it declined he was against it. Commission staff followed up with both families. Finally, the Commission received an anonymous comment that detailed concerns about the transaction such as the lack of transparency of the applications and the proposed operator's history of quality performance. Because the comments were submitted anonymously, the Commission was unable to follow up with the author.

Lastly, three families-Kohn, Lichtschein, and Scheiner have ownership interest in both the operations and the real property acquisition 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, a consultant in this transaction and also holds an ownership interest in the real property transaction. An overlap of interests between operations,

real estate, and contractors creates incentives to overpay fees to consultants or overpay in rent, devoting less resources to patient care. Staff recommend a condition requiring regular reporting around the financial interests of overlapping parties for transparency.

### **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.)**

### Operations

### Owners

Jack Shelby is the trustee for the HCS facilities and the direct owner for the Shelby facilities. Mr. Shelby has ownership interest in nine Texas nursing home facilities and 23 Florida nursing home facilities. Jack Shelby does not have nursing home ownership in Maryland. Both Florida and Texas will be used for the analysis in Attachment B of the report.

### Grantors

Heather Scheiner, Indirect Ownership-Sands at South Beach Care Center, 42 Collins Avenue Miami Beach, Florida- five stars

Julie Lichtschein, Indirect Ownership, Meadow Park Rehabilitation and Health Care Center, LLC, 78-10 164<sup>th</sup> Street, Flushing, New York.- three stars

Chanie Kohn, Indirect Ownership, Chanie Kohn has no documented nursing home ownership

Michal Rodkin, Indirect Ownership, Michal Rodkin has no documented nursing home ownership

Meir Silberberg- no documented nursing home ownership

## 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).**

### Facility Survey Analysis – Texas\*\*\*

Facility	Overall Star Rating	Survey Dates (Last 3 Years)	Citations	Harm Tags / Deficiencies Identified
Advanced Rehabilitation and Healthcare of Bowie	4.8	November 13, 2024; September 27, 2023	7; 7	Ensure that the nursing home area is free from accident hazards; protect each resident from all types of abuse; report suspected abuse in a timely manner; develop policies to prevent abuse, neglect, and theft.
Clyde Nursing Center	5.0	April 24, 2025; March 6, 2024; February 9, 2023	1; 2; 5	None
Crowell Nursing Center	5.0	February 12, 2025; January 10, 2024	6; 3	None
Palo Pinto Nursing Center	1.6	August 25, 2024; May 31, 2023	11; 9	Ensure that the nursing home area is free from accident hazards; implement a care plan that meets all resident needs.
Park View Care Center*	2.4	December 5, 2024; October 27, 2023	13; 24	Protect each resident from all types of abuse (multiple citations); develop policies to prevent abuse, neglect, and theft.
Prairie House Living Center**	4.6	November 14, 2024; September 21, 2023	4; 5	None
Santa Fe Health & Rehabilitation Center	4.0	February 21, 2025; January 25, 2024	5; 7	None
Seymour Rehabilitation and Healthcare	4.0	April 8, 2025; February 29, 2024	3; 8	None
Whitehall Rehab & Nursing***	2.2	November 13, 2024	7; 7	Ensure that the nursing home area is free from accident hazards; protect each resident from all types of abuse; report suspected abuse in a timely manner; develop policies to prevent abuse, neglect, and theft.

CMS Data accesses 11/21/25

\*additional details in the applicant's 18 applications

\*\*average number of health citations in Texas 8.9

\*\*\* The average of the overall star rating for the most recent five quarterly refreshes is 3.73 stars

Jack Shelby Owned Facilities – Florida Survey Analysis\*\*

Facility	Overall Star Rating	Survey Dates (Last 3 Years)	Citations	Harm Tags / Deficiencies Identified
Bristol SNF LLC	N/A	N/A	N/A	Special Focus Facility (SFF) designation – No survey data available.
The Club Healthcare and Rehabilitation Center at The Villages	2	January 30, 2025; October 19, 2023	9; 9	None
Woodland Grove Healthcare	5	January 30, 2025; March 16, 2023	0; 3	None
Kendall Lakes Healthcare and Rehab Center, LLC	5	August 21, 2025; April 18, 2024	1; 3	None
Sunset Lake Healthcare and Rehabilitation Center LLC*	1	April 16, 2025; March 9, 2023	15; 9	Protect residents from abuse; ensure accident hazards are removed; administer the facility effectively; establish a quality assurance program to review deficiencies and corrective actions.
North Beach Healthcare and Rehabilitation Center, LLC	1	January 9, 2025; August 31, 2023	10; 16	Protect residents from abuse; implement abuse prevention policies; ensure accident hazards are removed; administer the facility effectively; establish a quality assurance program to review deficiencies and corrective actions.
Rockledge Healthcare & Rehabilitation Center LLC	2	April 3, 2025; July 13, 2023	8; 21	None
Apollo Healthcare & Rehabilitation Center, LLC	2	June 8, 2024	8	None
Village Place Healthcare and Rehabilitation Center LLC*	1	June 20, 2024	12	Protect residents from abuse; ensure accident hazards are removed; ensure nurses and aides demonstrate appropriate competencies; administer the facility effectively.
The Ponce Therapy Care Center and Rehab LLC	4	October 26, 2023	5	None
Park Meadows Healthcare & Rehabilitation Center LLC	1	November 15, 2024; June 29, 2023	13; 7	Ensure accident hazards are removed; provide food that meets resident dietary needs; administer the facility effectively; implement a quality assurance program to correct deficiencies.

<b>Facility</b>	<b>Overall Star Rating</b>	<b>Survey Dates (Last 3 Years)</b>	<b>Citations</b>	<b>Harm Tags / Deficiencies Identified</b>
Villa Healthcare & Rehabilitation Center LLC	4	September 28, 2023	8	None
Gardens Healthcare & Rehabilitation Center, LLC	3	January 25, 2024	5	Provide proper transfer/discharge notifications including appeal rights; allow residents to return following hospitalization or therapeutic leave.
Greenbriar Healthcare Rehabilitation and Nursing Center	3	July 17, 2025; June 8, 2023	5; 10	Ensure accident hazards are removed and adequate supervision is provided to prevent accidents.
The Lodge Healthcare and Rehabilitation Center LLC	3	February 27, 2025; November 16, 2023	10; 6	Provide food options accommodating allergies, intolerances, and resident preferences.
Wilton Manors Healthcare & Rehabilitation Center LLC	4	March 21, 2024	6	Provide appropriate treatment and care according to physician orders and resident preferences.
Lexington Healthcare and Rehabilitation Center LLC	3	July 17, 2025; March 22, 2023	15; 10	Ensure accident hazards are removed and provide adequate supervision to prevent accidents.
Lehigh Acres Healthcare & Rehab Center LLC	2	June 21, 2025; October 26, 2023	9; 11	Ensure accident hazards are removed; ensure staff competencies; administer the facility effectively; protect residents from abuse and neglect.
Isle Healthcare & Rehabilitation Center LLC	3	May 22, 2025; June 29, 2023	4; 2	Honor resident rights to request or refuse treatment and establish advance directives.
Carlton Shores Healthcare and Rehabilitation Center, LLC	5	April 4, 2024	1	None
South Campus Nursing and Rehab LLC	3	July 24, 2024; March 15, 2023	10; 11	None
North Lake Nursing and Rehab LLC	2	May 16, 2024; March 2, 2023	14; 7	Ensure accident hazards are removed and adequate supervision is provided to prevent accidents.
Terrace Healthcare & Rehabilitation Center LLC	5	October 4, 2024; June 7, 2023	4; 7	None

CMS Data accessed 12/3/25

\*average number of health citations in Florida 7.4

\*\*The average of the overall star rating for the most recent five quarterly refreshes is 2.97 stars

**Abuse citations Texas facilities:**

PARK VIEW CARE CENTER

On 7/16/25 the facility was cited for actual harm because of a failure to protect residents from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect. There was complaint filed for resident to resident physical abuse. The physical abuse that occurred was not documented on an undated care plan. The two residents were separated and assessed for pain by the nurse.

**Abuse citations Florida facilities:**

**SUNSET LAKE HEALTHCARE AND REHABILITATION CENTER**

On 10/8/24 there was an evacuation before a hurricane. The transport that arrived did not have the proper lifts for wheelchair bound residents and there was no room for a female resident who was on a stretcher. EMS was called to assist and lifted her on the transport. When the transport arrived at safe location the resident was lifted by two therapy staff out of the transport and the right foot came in contact with the ground causing a fracture. The Administrator did not immediately report the incident, leading to resident neglect.

**VILLAGE PLACE HEALTHCARE AND REHABILITATION CENTER**

On 4/17/25 a cognitively impaired resident was found on the floor of the bedroom. The nurse did not document the fall or assess the resident. On 4/18/25 the resident verbalized pain in hip and knee to PT but it was not reported to nursing. The same day the Unit Manager ordered an x-ray which was never done but marked completed. On 4/24/25 the resident was transferred to the hospital. Then at the hospital a CT scan showed multiple fractures. The facility failure to implement processes to prevent neglect created a likelihood of serious harm, serious injury or death of the resident and other residents from complication of falls, including untreated fractures which could result in severe pain, severe bone infection, delayed healing, and deformity.

**Vaccination Report – Texas Facilities**

<b>Facility</b>	<b>Flu (Residents)</b>	<b>Flu (Staff)</b>	<b>COVID-19 (Residents)</b>	<b>COVID-19 (Staff)</b>	<b>Pneumonia (Residents)</b>	<b>Pneumonia (Staff)</b>
Advanced Rehabilitation and Healthcare of Bowie	0.0%	6.8%	0.5%	0.0%	0.0%	N/A
Clyde Nursing Center	0.0%	3.9%	2.5%	0.5%	0.0%	N/A
Crowell Nursing Center	0.0%	4.0%	8.0%	0.0%	0.0%	N/A
Palo Pinto Nursing Center	0.0%	N/A	4.2%	0.8%	0.0%	N/A
Park View Care Center	6.6%	3.6%	0.0%	0.0%	9.4%	N/A
Prairie House Living Center	0.0%	4.6%	6.3%	0.0%	0.0%	N/A
Santa Fe Health & Rehabilitation Center	0.0%	4.7%	2.9%	0.1%	0.0%	N/A
Seymour Rehabilitation and Healthcare	0.0%	1.1%	2.9%	0.0%	9.4%	N/A
Whitehall Rehab & Nursing	0.0%	3.4%	2.9%	0.0%	0.0%	N/A

## Vaccination Report – Florida Facilities

Facility	Flu (Residents)	Flu (Staff)	COVID-19 (Residents)	COVID-19 (Staff)	Pneumonia (Residents)	Pneumonia (Staff)
The Bristol Care Center	100.0%	7.5%	8.6%	0.8%	94.0%	N/A
Club Healthcare and Rehabilitation Center	0.0%	8.2%	0.0%	0.0%	100.0%	N/A
Woodland Grove Healthcare & Rehabilitation Center	100.0%	36.3%	34.9%	1.2%	99.4%	N/A
Kendall Lakes Healthcare and Rehab Center	100.0%	20.9%	29.5%	0.0%	100.0%	N/A
Sunset Lake Healthcare and Rehabilitation Center	100.0%	41.4%	10.2%	76.8%	100.0%	N/A
North Beach Healthcare and Rehabilitation Center	100.0%	25.5%	0.0%	0.0%	99.7%	N/A
Rockledge Healthcare & Rehabilitation Center	100.0%	20.0%	0.0%	0.0%	98.7%	N/A
Apollo Healthcare & Rehabilitation Center	100.0%	5.7%	0.0%	0.6%	100.0%	N/A
Village Place Healthcare and Rehabilitation Center	N/A	20.0%	0.0%	0.0%	100.0%	N/A
The Ponce Therapy Care Center and Rehab	100.0%	1.7%	0.0%	0.0%	97.6%	N/A
Park Meadows Healthcare & Rehabilitation Center	100.0%	23.0%	0.0%	0.0%	99.6%	N/A
Villa Healthcare & Rehabilitation Center	100.0%	26.4%	11.1%	1.7%	100.0%	N/A
Gardens Healthcare & Rehabilitation Center	100.0%	34.8%	1.9%	0.0%	100.0%	N/A
Greenbriar Healthcare Rehabilitation and Nursing Center	100.0%	4.8%	28.9%	0.0%	100.0%	N/A

<b>Facility</b>	<b>Flu (Residents)</b>	<b>Flu (Staff)</b>	<b>COVID-19 (Residents)</b>	<b>COVID-19 (Staff)</b>	<b>Pneumonia (Residents)</b>	<b>Pneumonia (Staff)</b>
The Lodge Healthcare and Rehabilitation Center	100.0%	45.2%	9.6%	1.3%	100.0%	N/A
Wilton Manors Healthcare & Rehabilitation Center	100.0%	27.8%	7.3%	10.8%	99.0%	N/A
Lexington Healthcare and Rehabilitation Center	100.0%	21.8%	34.0%	0.0%	79.5%	N/A
Lehigh Acres Healthcare & Rehab Center	100.0%	18.2%	18.6%	10.0%	100.0%	N/A
Isle Healthcare & Rehabilitation Center	100.0%	23.3%	46.7%	0.6%	100.0%	N/A
Carlton Shores Healthcare and Rehabilitation Center	100.0%	18.5%	30.8%	0.0%	100.0%	N/A
South Campus Care Center and Rehab	100.0%	10.0%	5.7%	0.6%	96.0%	N/A
North Lake Care Center and Rehab	100.0%	8.3%	58.1%	0.0%	100.0%	N/A
Terrace Healthcare & Rehabilitation Center	100.0%	13.7%	23.3%	14.8%	97.5%	N/A

**Influenza Vaccination Rates, Survey Findings, and Quality Assurance Review- HCS Washington DC Facilities**

<b>Facility</b>	<b>Overall Star Rating</b>	<b>Flu Vaccination Rates</b>	<b>Survey Findings / Notes</b>	<b>Quality Assurance (QAPI)</b>
Deanwood	1	Short-stay residents: 56.23%; Staff: 19.56%; Long-term care residents: 98.8%	Facility failed to provide appropriate treatment and care according to physician orders, resident preferences, and goals. The facility also failed to ensure the nursing home environment was free from accident hazards.	March 10, 2026 survey found the facility failed to maintain and implement an effective Quality Assurance and Performance Improvement (QAPI) program across all systems. The facility failed to develop plans of action to identify quality deficiencies. A Plan of Correction (POC) was submitted and approved by the State.
Inspire	3	Short-stay residents: 94.5%; Staff: 55.79%; Long-term care residents: 98.2%	August 9, 2023 survey found the facility failed to ensure the nursing home area was free from accident hazards and failed to provide adequate supervision to prevent accidents. A harm tag was issued after fall precautions were not followed and a resident was left unattended in a bathroom.	Plan of Correction accepted. The facility paid \$11,921 in federal fines during the last three years. No QAPI issues were identified in the most recent survey.
Serenity	3	Short-stay residents: 94.5%; Staff: 55.7%; Long-term care residents: 98.2%	The facility paid \$47,684 in federal fines over the last three years for deficiencies but received no harm tags.	No QAPI issues identified during the most recent survey.
Unique	3	Short-stay residents: 88.0%; Staff: 8.3%; Long-term care residents: 99.5%	November 27, 2024 Immediate Jeopardy citation issued for failure to ensure the nursing home environment was free from accident hazards and failure to provide adequate supervision. Residents were not following the smoking policy, including leaving unlit cigarettes on bedside tables and lighting cigarettes off each other in the courtyard.	The survey team verified implementation of the corrective plan onsite and the Immediate Jeopardy status was lifted. The corrective plan included updating the smoking policy, educating visitors, and requiring smoking aprons. Federal fines totaled \$48,887 in 2024 and \$13,042 in 2023. No QAPI issues identified during the most recent survey.

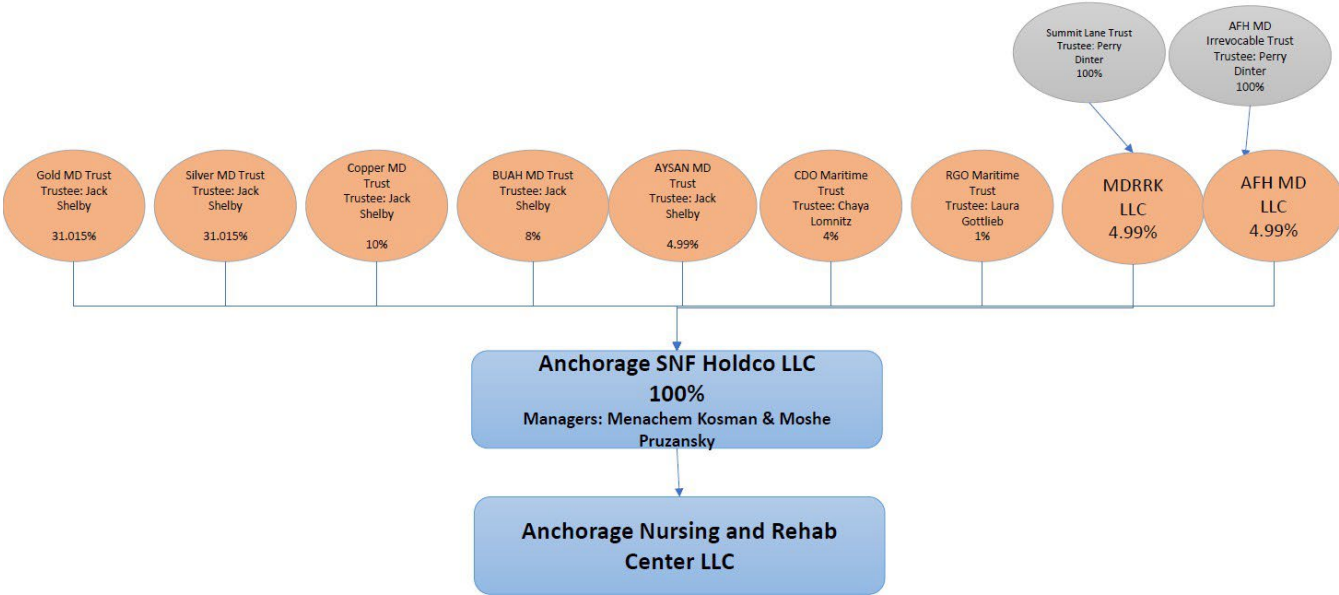
# Appendix 1

## Facility Information: Bed Counts, Admissions, and Financial Overview

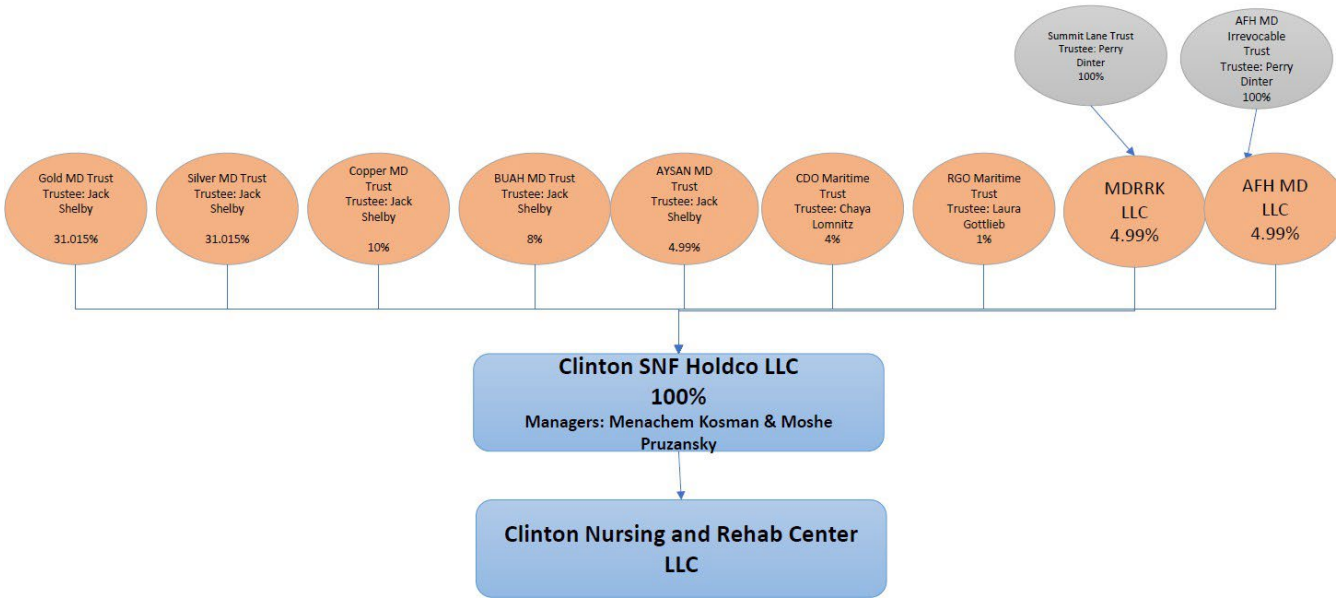
Facility Name and Address	Medicare Number	Medicaid Number	Jurisdiction Beds (%)	HPR Beds (%)	Facility Beds	Purchase Price	Admissions (Last Year)	Operating Revenue (Last Year)	Triple/Quad Beds
Anchorage Healthcare Center, 105 Times Square, Salisbury, MD 21804	215339	420839100	126 beds (23.7%)	247 beds (8.0%)	126	See real property applications	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	See real property applications	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	See real property applications	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	See real property applications	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	See real property applications	129	\$18,318,935	N/A
Marley Neck Health & Rehabilitation Center, 7575 East Howard Road, Glen Burnie, MD 21061	215138	414427900	206 beds (9.2%)	845 beds (6.1%)	95	See real property applications	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	See real property applications	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	See real property applications	280	\$16,363,827	N/A

## **Appendix 2: Organizational Charts**

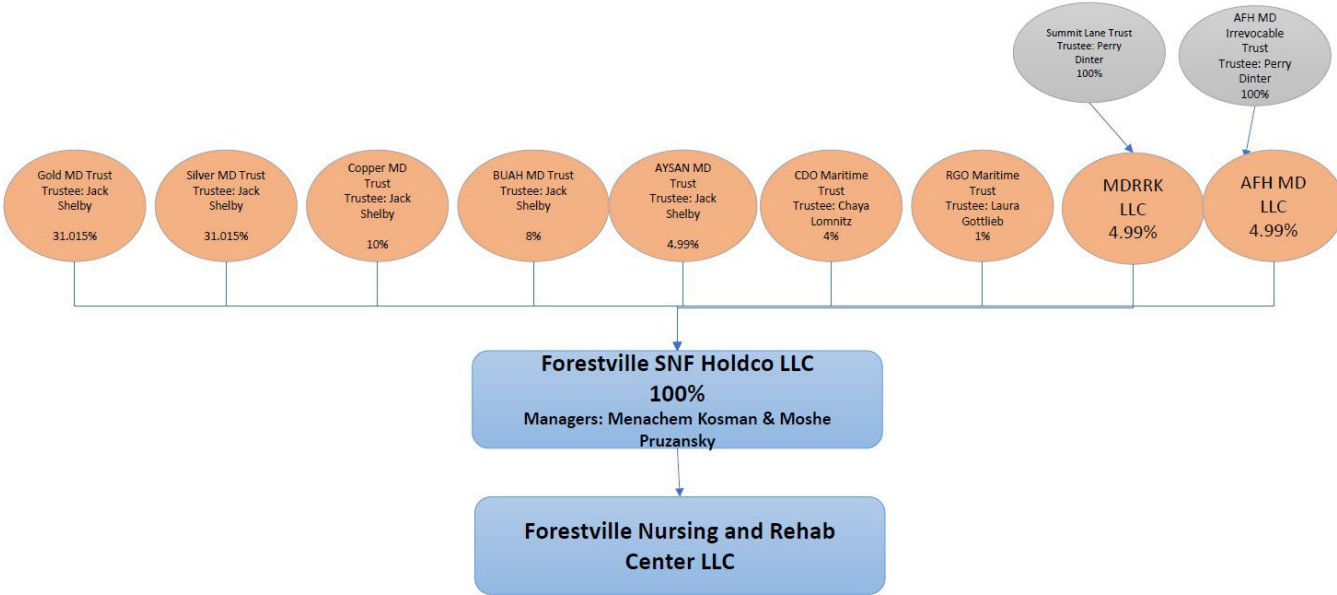
**Anchorage Nursing and Rehab Center LLC**



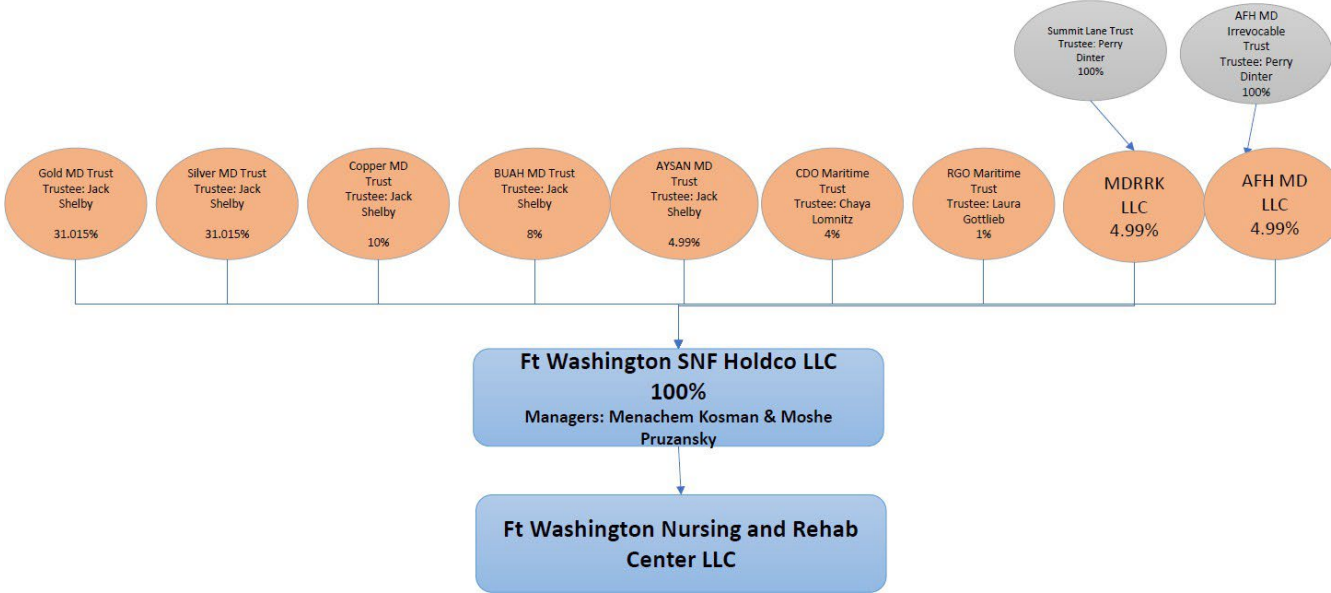
**Clinton Nursing and Rehab Center LLC**



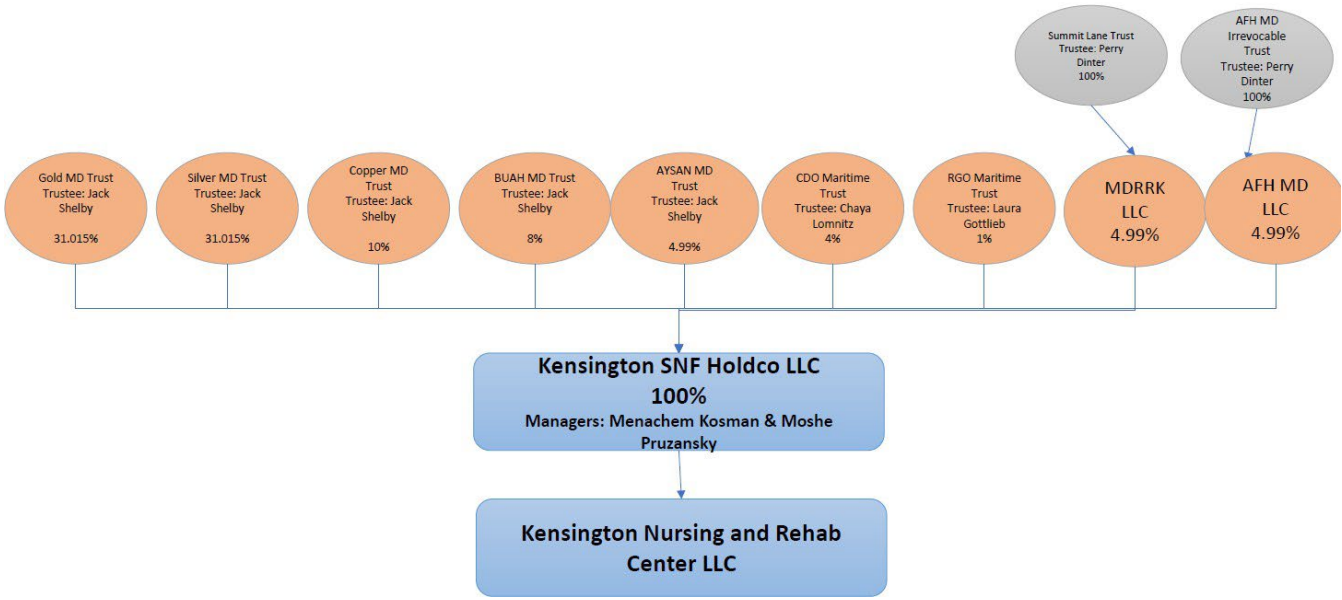
**Forestville Nursing and Rehab Center LLC**



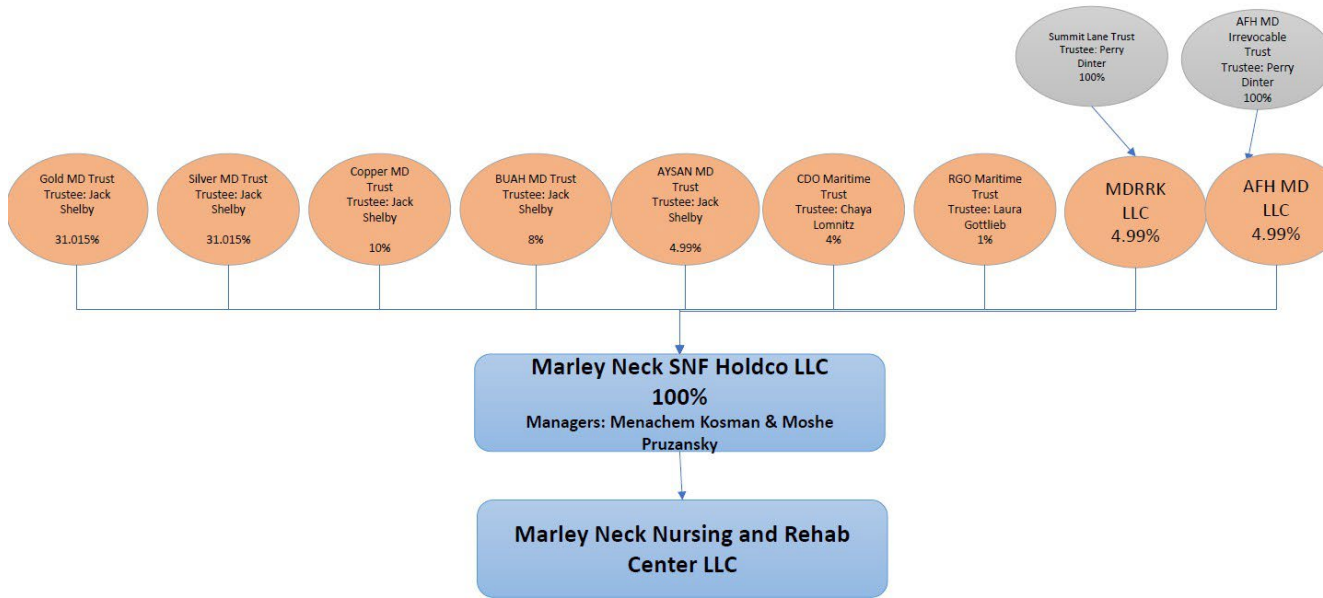
**Ft Washington Nursing and Rehab Center LLC**



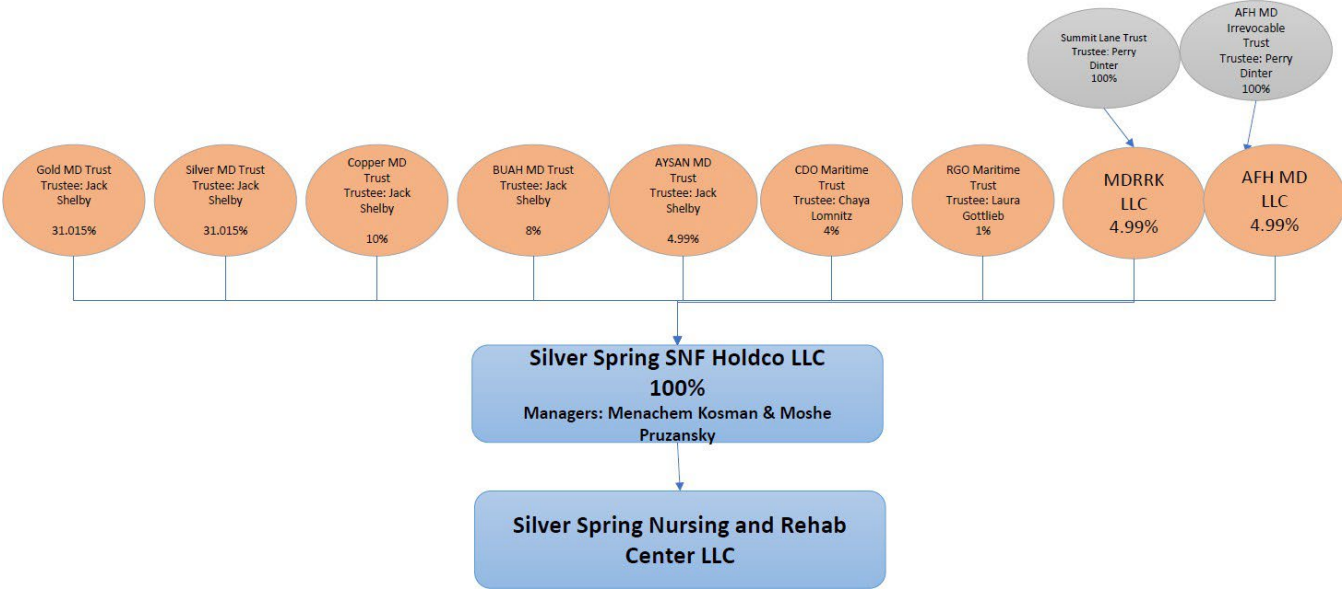
**Kensington Nursing and Rehab Center LLC**



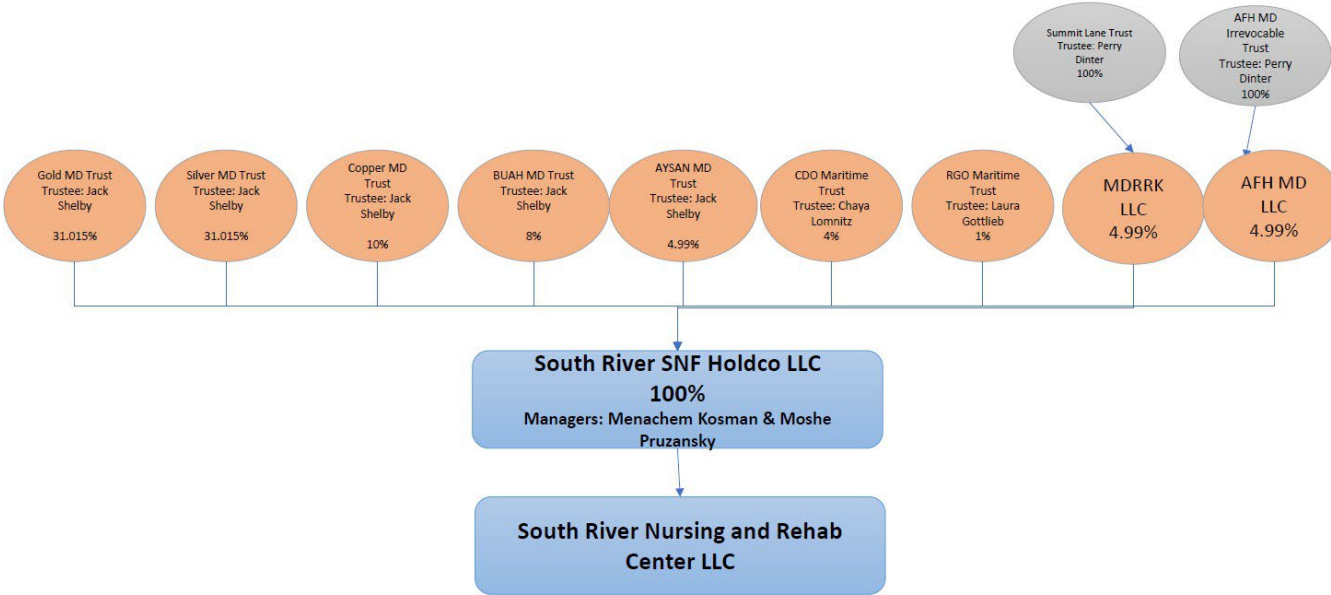
**Marley Neck Nursing and Rehab Center LLC**



**Silver Spring Nursing and Rehab Center LLC**



**South River Nursing and Rehab Center LLC**



### Appendix 3: Ownership and Operations Transactions by Facility

Facility	Transaction Type	Before	After
Anchorage Healthcare Center	Bed Rights	OHI Asset (MD) Salisbury, LLC	Anchorage Nursing and Rehab Center LLC
Anchorage Healthcare Center	Operations	ANCHORAGE SNF, LLC	Anchorage Nursing and Rehab Center LLC
Clinton Healthcare Center	Bed Rights	PV Realty – Clinton, LLC	Clinton Nursing Center LLC and Rehab
Clinton Healthcare Center	Operations	CLINTON NURSING, LLC	Clinton Nursing Center LLC and Rehab
Forestville Healthcare Center	Bed Rights	OHI Asset (MD) Forestville, LLC	Forestville Nursing and Rehab Center LLC
Forestville Healthcare Center	Operations	MARLBORO LEASING CO., LLC	Forestville Nursing and Rehab Center LLC
Fort Washington Healthcare Center	Bed Rights	Livingston Asset Co., LLC	Ft. Washington Nursing and Rehab Center LLC
Fort Washington Healthcare Center	Operations	LIVINGSTON LEASING CO., LLC	Ft. Washington Nursing and Rehab Center LLC
Kensington Healthcare Center	Bed Rights	PV Realty-Kensington, LLC	Kensington Nursing and Rehab Center LLC
Kensington Healthcare Center	Operations	Kensington Nursing, LLC	Kensington Nursing and Rehab Center LLC
Marley Neck Nursing & Rehabilitation Center	Bed Rights	Mneck Asset Ownership, LLC	Marley Neck Nursing and Rehab Center LLC
Marley Neck Nursing & Rehabilitation Center	Operations	HOWARD LEASING CO., LLC	Marley Neck Nursing and Rehab Center LLC
Silver Spring Healthcare Center	Bed Rights	New Hampshire Asset Co., LLC	Silver Spring Nursing and Rehab Center LLC
Silver Spring Healthcare Center	Operations	SILVER SPRING LEASING CO., LLC	Silver Spring Nursing and Rehab Center LLC

Facility	Transaction Type	Before	After
South River Healthcare Center	Bed Rights	OHI Asset (MD) Edgewater, LLC	South River Nursing and Rehab Center LLC
South River Healthcare Center	Operations	WASHINGTON (MD) LEASING CO., LLC	South River Nursing and Rehab Center LLC