

From: [Hagan, Cody](#)
To: [Lux, Mackinzey](#)
Subject: RE: CON #6085 RS
Date: Monday, March 11, 2024 2:21:51 PM
Attachments: [Arnold CON form1865 p1.pdf](#)
[Arnold CON form1865 p2.pdf](#)
[2316 ORD ARNOLD - CON FLOOR PLANS \(PRIVATE + SEMI-PRIVATE\) .pdf](#)

Mackinzey:

Below are our responses to your March 1 questions:

1. I believe we already resolved this issue. The budget we submitted was color-coded to distinguish where expenses were attributed.
2. Upon further inspection, we found errors in the Revenues and Expenses form provided. Attached are updated forms containing corrected information. As for utilization, we expect the following:
 - a. 2027: 24.8%
 - b. 2028: 78.1%
 - c. 2029: 93%
3. Attached are additional schematics that distinguish between private and semi-private rooms.
4. Revenues and expenses were rounded to the nearest dollar before being added to the revenues and expenses form.

If you have any further questions or need any clarification on the above, please don't hesitate to contact me.

All the best,
-Cody Hagan

Cody S. Hagan
Office: (816) 256-3181 | **Direct:** (816) 285-3055



www.gravesgarrett.com

1100 Main Street, Suite 2700
Kansas City, MO 64105

This electronic message is from a law firm. It may contain confidential or privileged information. If you received this transmission in error, please reply to the sender to advise of the error and delete this transmission and any attachments. IRS Circular 230 Disclosure: To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

From: Lux, Mackinzey <Mackinzey.Lux@health.mo.gov>

Sent: Friday, March 1, 2024 12:57 PM
To: Hagan, Cody <chagan@gravesgarrett.com>
Subject: CON #6085 RS

After reviewing #6085 RS, I need some additional information.

- Can you provide a more divided detail sheet? I am having trouble figuring out what costs go where.
- The utilization projections provided in Divider II, #12 show 48%, 86%, and 92% for years 2027-2029; however on the Revenues and Expenses form I calculate utilization to be 23%, 72.3%, and 87.01%. Since patient days were not provided in divider two, I am unable to determine the discrepancies.
- Provide cleaner schematics with semi-private and private labels.
- Were cents included on the revenues and expenses form?

**The population, number of beds and need calculation have not been verified by staff. If there is a discrepancy, we will notify you.*

This information is needed by Monday, March 11, 2024.

Mackinzey Lux

Assistant Program Coordinator, Certificate of Need
Department of Health and Senior Services
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102
OFFICE: 573-751-6403
FAX: 573-751-7894

EMAIL: mackinzey.lux@health.mo.gov

<http://health.mo.gov/information/boards/certificateofneed/index.php>

DHSS - Protecting Health and Keeping People Safe

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: mackinzey.lux@health.mo.gov or by calling (573) 751-6403.

From: [Hagan, Cody](#)
To: [Lux, Mackinzey](#)
Subject: RE: CON 6085
Date: Friday, April 5, 2024 10:46:07 AM

Mackinzey:

We agree with your findings.

All the best,
-Cody

Cody S. Hagan
Office: (816) 256-3181 | **Direct:** (816) 285-3055



www.gravesgarrett.com

1100 Main Street, Suite 2700
Kansas City, MO 64105

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From: Lux, Mackinzey <Mackinzey.Lux@health.mo.gov>
Sent: Tuesday, March 26, 2024 12:35 PM
To: Hagan, Cody <chagan@gravesgarrett.com>
Subject: CON 6085
Importance: High

Cody,

We reviewed the population-based need calculation presented in the CON application and agree with your population findings of 136,155. We found 3,331 (276 CON Approved & 3,055 Licensed) ALF/RCF beds in the 15-mile radius (attached). Therefore, we calculated a bed need of 72 ALF/RCF beds within 15 miles of the site. Please let me know if you agree or disagree with our findings.

This information is needed by Friday, April 5, 2024.

CAPITOL OFFICE
State Capitol
201 West Capitol Avenue
Room 118C-B
Jefferson City, MO 65101-
6806
Tele: (573) 751-3607
E-Mail:
Renee.Reuter@house.mo.gov



COMMITTEES
MEMEBER:
Budget
Subcommittee on
Appropriations- General
Administration
General Laws
Judiciary
Pensions

**MISSOURI HOUSE OF
REPRESENTATIVES**
Renee Reuter
State Representative
District 112

February 26, 2024

Certificate of Need Program
Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102

Re: Arnold Senior Living, LLC, CON Application #6085RS

Dear Staff and Committee:

I am writing in support of Arnold Senior Living, LLC's proposed plan for the construction of a new assisted living facility near the intersection of Vogel Rd & Old Lemay Ferry Rd, Windsor Township, MO 63010 in a suburb of the city of Arnold, MO.

The new development will be a benefit for Arnold's senior citizens, offering a continuum of care through all stages of the aging process with modern technology to promote wellness and longevity. This new senior community will be developed by O'Reilly Development, which has years of experience in several types of housing, including senior, student, and affordable housing. Missouri-based senior housing industry leader, Arrow Senior Living Management, will oversee operations.

I know the development and management team is committed to quality, dignified care for Arnold area seniors.

With this approach and commitment by the development and management team, and the benefits to the community in mind, I enthusiastically support their efforts in this application for a certificate of need.

Thank you for your prompt and thoughtful consideration of this matter.

Sincerely,

A handwritten signature in black ink that reads "Renee Reuter". The signature is fluid and cursive, with the first name being more prominent.

Renee Reuter
State Representative
District 112



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Year

Amount of Utilization:*

| | | |
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Revenue:

Average Charge**

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Gross Revenue

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Revenue Deductions

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Operating Revenue

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Other Revenue

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TOTAL REVENUE

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Expenses:

Direct Expenses

Salaries

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Fees

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Supplies

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Other

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TOTAL DIRECT

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Indirect Expenses

Depreciation

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Interest***

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Rent/Lease

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Overhead****

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TOTAL INDIRECT

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TOTAL EXPENSES

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NET INCOME (LOSS):

| | | |
|--|--|--|
| | | |
|--|--|--|

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:****Project #:****Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

| | Year | | |
|--------------------------------|---------------------------|---------------------------|-------------------|
| | <u>2030</u> | <u>2031</u> | <u> </u> |
| Amount of Utilization:* | 26,477 | 26,477 | |
| Revenue: | | | |
| Average Charge** | \$240 | \$246 | |
| Gross Revenue | \$6,345,767 | \$6,501,717 | \$0 |
| Revenue Deductions | 0 | 0 | |
| Operating Revenue | <u>6,345,767</u> | <u>6,501,717</u> | <u>0</u> |
| Other Revenue | <u>0</u> | <u>0</u> | |
| TOTAL REVENUE | <u>\$6,345,767</u> | <u>\$6,501,717</u> | <u>\$0</u> |
| Expenses: | | | |
| Direct Expenses | | | |
| Salaries | 2,298,211 | 2,354,616 | |
| Fees | 184,494 | 187,473 | |
| Supplies | 259,125 | 263,324 | |
| Other | 361,098 | 369,610 | |
| TOTAL DIRECT | <u>\$3,102,928</u> | <u>\$3,175,023</u> | <u>\$0</u> |
| Indirect Expenses | | | |
| Depreciation | 492,978 | 492,978 | |
| Interest*** | 732,844 | 720,759 | |
| Rent/Lease | 0 | 0 | 0 |
| Overhead**** | <u>0</u> | <u>0</u> | <u>0</u> |
| TOTAL INDIRECT | <u>\$1,225,822</u> | <u>\$1,213,737</u> | <u>\$0</u> |
| TOTAL EXPENSES | <u>\$4,328,750</u> | <u>\$4,388,760</u> | <u>\$0</u> |
| NET INCOME (LOSS): | <u>\$2,017,017</u> | <u>\$2,112,957</u> | <u>\$0</u> |

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.

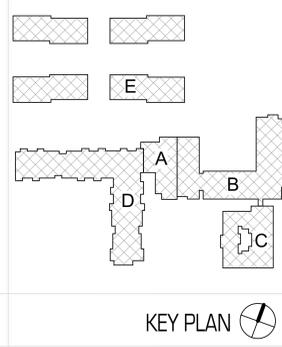


FLOOR PLAN GENERAL NOTES

- EXTERIOR DIMENSIONS ARE TO FACE OF STUD FRAMING.
- FACE OF CONCRETE SLAB IS LOCATED AT THE FACE OF EXT. STUD FRAMING.
- PROVIDE INSTALL MOISTURE RESISTANT GYP. BD. ON WALLS & CEILINGS IN BATHS, RESTROOMS, JANITOR CLOSETS, POOL, POOL EQUIPMENT ROOM, SPA, SALON & FULL HEIGHT OF ALL CABINET WALLS WHERE SKRONS ARE LOCATED. 042800
- INSTALL TILE BACKER BOARD ON WALL SCHEDULED TO RECEIVE CERAMIC TILE. 092900
- MOLDED ONE PIECE SHOWER UNITS WILL REQUIRE FIRE RATED WALL CONSTRUCTION TO BE CONSTRUCTED PRIOR TO SETTING OF UNIT. AN ADDITIONAL LAYER OF GYPSUM BOARD IS REQ'D TO EXTEND OVER SHOWER FLANGE.
- FLOORS WITHIN RESIDENT UNITS THAT ARE TO RECEIVE TILE OR LVT FLOORING ON WOOD TRUSS CONSTRUCTION ACQUSTI-MAT 1 AS MAXXON CORP. TO BE INSTALLED UNDER GYP. UNDERLAYMENT.
- ALL COMMON AREA ACCESSIBLE BATHROOMS ARE TO RECEIVE 18" VERTICAL GRAB BAR IN ADDITION TO 36" & 42" HORIZ. GRAB BARS.
- ALL MEMORY CARE & ASSISTED LIVING ACCESSIBLE RESIDENT UNIT BATHROOMS ARE TO RECEIVE 18" VERTICAL GRAB BAR IN ADDITION TO 36" & 42" HORIZ. GRAB BARS.
- ALL FLOOR/CEILING, ROOF/CEILING & WALL PENETRATIONS ARE TO BE PROPERLY FIRECALKED, FIRESTOPPED, SMOKE/FIRE DAMPERED, ETC. AS REQUIRED TO MAINTAIN THE FIRE RESISTIVE RATING OF THE RESPECTIVE ASSEMBLIES, AS REQUIRED BY CODE. RE: CODE ANALYSIS FOR ADDITIONAL INFORMATION: G18443
- CAULK ALL JOINTS BETWEEN DISSIMILAR MATERIALS FOR WEATHERIGHT, WATERIGHT, AIRTIGHT, ETC. PERFORMANCE.
- ALL MECHANICAL, ELECTRICAL, & PLUMBING SYSTEMS TO BE CONCEALED WITHIN CONSTRUCTION TO FULLEST EXTENT FEASIBLE
- INSTALL 2X WOOD BLOCKING AS REQUIRED TO SECURELY ANCHOR CABINETS, TOILET ACCESSORIES, SHELVING, HANDRAILS, ETC. 061000
- REFER TO 610/A4.4 FOR TYPICAL MOUNTING HEIGHTS.
- GLAZING REQUIRED TO BE SAFETY TYPE SHALL MEET THE REQUIREMENTS OF THE BUILDING CODE.
- CONTRACTOR WILL BE RESPONSIBLE FOR PROVIDING ALL AV EQUIPMENT INCLUDING TELEVISIONS IN COMMON AREAS & THEATERS
- SWIMMING POOL DESIGN WILL BE BY THE CONTRACTOR. CONTRACTOR TO PROVIDE ALL NECESSARY DESIGN DOCUMENTS FOR PERMITTING & APPROVAL.
 - POOL TO BE HEATED.
 - PROVIDE ADA LIFT
 - 42" DEEP WATER LEVEL.
 - CONTRACTOR TO PROVIDE BACKFLOW PREVENTER.
- DUCT WORK IN SWIMMING POOL, POOL EQUIPMENT ROOM, RESTROOMS ETC. SHALL ALL BE WRAPPED WITH INSULATION.
- FIRE BLOCKING SHALL BE INSTALLED IN CONCEALED SPACES. LOCATION INCLUDE BUT ARE NOT LIMITED TO:
 - STUD WALLS, INCLUDING FURRED SPACE. SPACING NOT TO EXCEED 10 FEET.
 - CONNECTION BETWEEN VET. & HORIZ. SPACES AT SOFFITS
 - BETWEEN STAIR STRINGERS AT TOP & BOTTOM OF RUN.
 - EXT. WALL COVERINGS AND ARCHITECTURAL ELEMENTS.
- ALL STEEL COLUMNS ARE TO RECEIVE INTUMESCENT PAINT FIRE PROOFING. 1 HOUR PROTECTION PER UL ASSEMBLY Y851. RE: A01.
- REFER TO SHEET A02 FOR WALL TYPES & HORIZONTAL ASSEMBLY TYPES.
- SLIDING PATIO DOOR ACTIVE LEAF ON PRIMARY BEDROOM SIDE.

ITEMS TO BE PROVIDED BY OWNER INSTALLED BY CONTRACTOR

- COMMON AREA MIRRORS
- PAPER TOWEL DISPENSERS.
- SOAP DISPENSERS IN COMMON AREA.
- COMMON AREA MIRRORS.
- INTERIOR SIGNAGE.



A12 FIRST FLOOR PLAN - AL
1/8" = 1'-0"

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| KEYNOTES | |
|----------|-------------|
| NUMBER | DESCRIPTION |

1. EXTERIOR DIMENSIONS ARE TO FACE OF STUD FRAMING.
 2. FACE OF CONCRETE SLAB IS LOCATED AT THE FACE OF EXT. STUD FRAMING.
 3. PROVIDE 1" INSTALL MOISTURE RESISTANT GYP. BD. ON WALLS & CEILINGS IN BATHS, RESTROOMS, JANITOR CLOSETS, POOL, EQUIPMENT ROOM, SPA, SALON, & FULL HEIGHT OF ALL CABINET WALLS WHERE SKINKS ARE LOCATED. 092000
 4. INSTALL TILE BACKER BOARD ON WALL SCHEDULED TO RECEIVE CERAMIC TILE. 042000
 5. MOLDED ONE PIECE SHOWER UNITS WILL REQUIRE FIRE RATED MALL CONSTRUCTION TO BE CONSTRUCTED PRIOR TO SETTING OF UNIT. AN ADDITIONAL LAYER OF GYP. BOARD IS REQUIRED TO EXTEND OVER SHOWER FLANGE.
 6. FLOORS WITHIN RESIDENT UNITS THAT ARE TO RECEIVE TILE, OR LVT FLOORING ON WOOD TRUSS CONSTRUCTION AGUSTI-MAT 1" AS MAXXON CORP. TO BE INSTALLED UNDER GYP. UNDERLAYMENT.
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 10. CAULK ALL JOINTS BETWEEN DISSIMILAR MATERIALS FOR WEATHERTIGHT, WATERTIGHT, AIRTIGHT, ETC. PERFORMANCE.
 11. ALL MECHANICAL, ELECTRICAL, & PLUMBING SYSTEMS TO BE CONCEALED WITHIN CONSTRUCTION TO FULLEST EXTENT FEASIBLE.
 12. INSTALL 2x4 WOOD BLOCKING AS REQUIRED TO SECURELY ANCHOR CABINETS, TOILET ACCESSORIES, SHELVING, HANDRAILS, ETC. 091000.
 13. REFER TO 610/A4.4 FOR TYPICAL MOUNTING HEIGHTS.
 14. GLAZING REQUIRED TO BE SAFETY TYPE SHALL MEET THE REQUIREMENTS OF THE BUILDING CODE.
 15. CONTRACTOR WILL BE RESPONSIBLE FOR PROVIDING ALL AV EQUIPMENT INCLUDING TELEVISIONS IN COMMON AREAS & THEATERS.
 16. SWIMMING POOL DESIGN WILL BE BY THE CONTRACTOR. CONTRACTOR TO PROVIDE ALL NECESSARY DESIGN DOCUMENTS FOR PERMITTING & APPROVAL.
 A. POOL TO BE HEATED.
 B. PROVIDE ADA LIFT.
 C. 42" DEEP WATER LEVEL.
 D. CONTRACTOR TO PROVIDE BACKFLOW PREVENTER.
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 d. EXT. WALL COVERINGS AND ARCHITECTURAL ELEMENTS.
 19. ALL STEEL COLUMNS ARE TO RECEIVE INTUMESCENT PAINT FIRE PROOFING. 1 HOUR PROTECTION PER UL ASSEMBLY Y857. RE: A01.
 20. REFER TO SHEET A10 FOR WALL TYPES & HORIZONTAL ASSEMBLY TYPES.
 21. SLIDING PATIO DOOR ACTIVE LEAF ON PRIMARY BEDROOM SIDE.

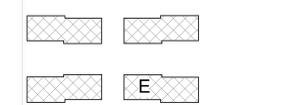
SEMI-PRIVATE UNIT

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4. COMMON AREA MIRRORS.
5. INTERIOR SIGNAGE.



KEY PLAN



ARNOLD SENIOR LIVING
 NE CORNER OF VOGEL RD & OLD LEMAY FERRY RD
 ARNOLD, JEFFERSON COUNTY, MISSOURI 63010

SEAL
 ARCHITECT - TIMOTHY O. K. WILSON
 9264



SECOND FLOOR PLAN - MEMORY CARE

ISSUE DATE:
 8/4/2023
 REVISIONS:
 No. Description Date

PROJECT NO. :2106
MCAL
A1.3

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A12 SECOND FLOOR PLAN - MC
 1/8" = 1'-0"

