NHC

NATIONAL HEALTHCARE CORPORATION

July 6, 2015

Ms. Karla Houchins
Program Coordinator, Certificate of Need
Department of Health and Senior Services
3418 Knipp Drive, P.O. Box 570
Jefferson City, MO 65102

RE: **Expedited LTC Bed Replacement/Expansion** CON by NHC HealthCare-Springfield Missouri, LLC for the purchase of 26 LTC beds. The proposed project calls for the construction of the 26 beds purchased as well as the replacement of 4 existing beds from the center. In total, 30 private rooms will be constructed along with some additional ancillary space. Springfield Rehabilitation and Health Care Center is located at 2800 Fort Avenue, Springfield in Greene County, Missouri.

Dear Ms. Houchins:

Enclosed please find the check required pursuant to 19 CSR 60-50.430 (1) as part of the referenced CON application. Said check, in the amount of $6,512 has been made payable to the Missouri Health Facilities Review Committee as instructed, and is being submitted to cover the filing fee for the referenced request. The fee was calculated based on the total project cost of $6,511,900 times 0.1% which equals $6,512.

If you require any additional information or need clarification on any of the supplied material, please do not hesitate to contact me at 615-890-2020.

Sincerely,

**NATIONAL HEALTHCARE CORPORATION**

Bruce K. Duncan
**Assistant Vice President, Planning/Licensure &**
**Authorized Representative for NHC HealthCare-Springfield Missouri, LLC**

Enclosure

Certificate of Need Program

# EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION

## Applicant's Completeness Checklist and Table of Contents

Project Name: Bruce K. Duncan Project No: 5214 NT

Project Description: Addition of 26 LTC beds to via purchase agreement and 4 replacement beds in a new patient care wing with an estimated project cost of $6,511,900.

| Done | Page | N/A | Description |
|---|---|---|---|
| | | | **Divider I. Application Summary:** |
| X | 3 | | 1. Applicant Identification and Certification (Form MO 580-1861). |
| X | 5 | | 2. Representative Registration (Form MO 580-1869). |
| X | 7-43 | | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs. |
| | | | **Divider II. Proposal Description:** |
| X | 45 | | 1. Provide a complete detailed project description. |
| X | 46 | | 2. Provide a timeline of events for the project, from the issuance of the CON through project completion. |
| X | 48-49 | | 3. Provide preliminary schematic drawing for the proposed. |
| X | 50 | | 4. Provide the existing and proposed gross square footage. |
| X | 52-55 | | 5. Document ownership of the project site. |
| | | | **Divider III. Community Need Criteria and Standards:** |
| | | | 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.4(4) provide the following: |
| | | X | - Documentation that all facilities involved are under the same licensure ownership or control; |
| | | X | - Documentation that all facilities involved are within the 6-mile limit; and |
| | | X | - Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it. |
| | | | 2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.5 provide the following: |
| | | X | - Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Regulation and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters; |
| | | X | - Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and |
| | | X | - Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same. |
| | | | 3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.6 provide the following: |
| | | X | - Documentation that all facilities involved are within the 15-mile limit; and |
| | | X | - Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for a long term care. |
| | | | 4. If the proposal is to expand under provisions of §197.318.4(1) and the effort to purchase has been successful provide: |
| X | 58 | | - Purchase Agreement Form(s) (MO 580-2352); and |
| X | 60 | | - A copy of the selling facility's reissued license verifying surrender of beds sold. |
| | | X | 5. If the proposal is to expand under provisions of §197.318.4(1) and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352) verifying unsuccessful effort(s) to purchase. |

# Application Summary

## Divider I. Application Summary

(1) Applicant Identification and Certification (Form MO 580-1861).

**Please see attached Applicant Identification and Certification (Form MO 580-1861).**

Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

*(must match the **Letter of Intent** for this project, without exception)*

## 1. Project Location *(attach additional pages as necessary to identify multiple project sites.)*

| Title of Proposed Project | Project Number |
|---|---|
| Springfield Rehabilitation and Health Care Center | 5214 NT |
| **Project Address (Street/City/State/Zip Code)** | **County** |
| 2800 S Fort Avenue, Springfield, MO 65807-3480 | Greene |

## 2. Applicant Identification *(information must agree with previously submitted Letter of Intent)*

| **List All Owner(s):** *(list corporate entity)* | Address (Street/City/State/Zip Code) | Telephone Number |
|---|---|---|
| Health Care Realty of Osage Beach LP | 1395 Beech St., Atlantic Beach, NY, 11509-1639 | 516-371-4000 |
| Health Care Realty of Macon LP | 1395 Beech St., Atlantic Beach, NY, 11509-1639 | 516-371-4000 |

| **List All Operator(s):** *(list entity to be licensed or certified)* | Address (Street/City/State/Zip Code) | Telephone Number |
|---|---|---|
| NHC HealthCare-Springfield Missouri, LLC | 2800 Fort Avenue, Springfield, MO 65807-3480 | 417-882-0035 |
| | | |

## 3. Ownership *(Check applicable category)*

- [ ] Nonprofit Corporation
- [ ] Individual
- [ ] City
- [ ] District
- [ ] Partnership
- [ ] Corporation
- [ ] County
- [x] Other: Limited Liability Corp

## 4. Certification:

In submitting this project application, the applicant understands that:

(A) The review will be made as to the community need for the proposed beds or equipment in this application;
(B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within;
(C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
(D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
(E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
(F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and data in this application as accurate to the best of our knowledge and belief by our representative's signature below:

## 5. Authorized Contact Person *(attach a Contact Person Correction Form if different from the Letter of Intent)*

| Name of Contact Person | | Title |
|---|---|---|
| Bruce K. Duncan | | Authorized Representative |
| **Telephone Number** | **Fax Number** | **E-mail Address** |
| 615-890-2020 | 615-890-0123 | bduncan@nhccare.com |
| **Signature of Contact Person** | | **Date of Signature** |
| | | 7/6/15 |

(2) Representative Registration (Form MO 580-1869)

**Please see attached Representative Registration (Form MO 580-1869).**

MO 580-1861 (11/06)

Certificate of Need Program

# REPRESENTATIVE REGISTRATION

*(A registration form must be completed for each project represented)*

| Project Name | Number |
|---|---|
| Springfield Rehabilitation and Health Care Center | 5214 NT |

*(Please type or print legibly)*

| Name of Representative | Title |
|---|---|
| Bruce K. Duncan | Assistant Vice President |

| Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) | Telephone Number |
|---|---|
| National HealthCare Corporation | 615-890-2020 |

Address (Street/City/State/Zip Code)
100 Vine St., 12th Floor
Murfreesboro, TN 37130

Who's interests are being represented?
*(If more than one, submit a separate Representative Registration Form for each.)*

| Name of Individual/Agency/Corporation/Organization being Represented | Telephone Number |
|---|---|
| NHC HealthCare-Springfield Missouri, LLC | 417-882-0035 |

Address (Street/City/State/Zip Code)
288 S. Fort Avenue, Springfield, MO 65807-3480

Check one. Do you:

- [x] Support
- [ ] Oppose
- [ ] Neutral

Other information:

Relationship to Project:

- [ ] None
- [ ] Employee
- [ ] Legal Counsel
- [ ] Consultant
- [ ] Lobbyist
- [x] Other *(explain)*: Authorized Representative

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: *Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.*

| Original Signature | Date |
|---|---|
| | 7/6/15 |

MO 580-1869 (11-01)

(3) Proposed Project Budget (Form MO 580-1863), and detail sheet with documentation of cost.

**Please see attached Proposed Project Budget (Form MO 580-1863).**

Certificate of Need Program

# PROPOSED PROJECT BUDGET

| Description | Dollars |
|---|---|
| COSTS:* | *(Fill in every line, even if the amount is "$0".)* |
| 1. New Construction Costs *** | 4,976,300 |
| 2. Renovation Costs *** | 23,700 |
| 3. Subtotal Construction Costs (#1 plus #2) | 5,000,000 |
| 4. Architectural/Engineering Fees | 330,400 |
| 5. Other Equipment (not in construction contract) | 439,400 |
| 6. Major Medical Equipment | 0 |
| 7. Land Acquisition Costs *** | 195,000 |
| 8. Consultants' Fees/Legal Fees *** | 10,000 |
| 9. Interest During Construction (net of interest earned) *** | 126,000 |
| 10. Other Costs *** | 411,100 |
| 11. Subtotal Non-Construction Costs (sum of #4 through #10 | 1,511,900 |
| 12. Total Project Development Costs (#3 plus #11) | 6,511,900 ** |
| FINANCING: | |
| 13. Unrestricted Funds | 6,511,900 |
| 14. Bonds | 0 |
| 15. Loans | 0 |
| 16. Other Methods (specify) | 0 |
| 17. Total Project Financing (sum of #13 through #16) | 6,511,900 ** |
| 18. New Construction Total Square Footage | 20,050 |
| 19. New Construction Costs Per Square Foot ***** | 248 |
| 20. Renovated Space Total Square Footage | 900 |
| 21. Renovated Space Costs Per Square Foot ****** | 26 |

* *Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.*

** *These amounts should be the same.*

*** *Capitalizable items to be recognized as capital expenditures after project completion.*

**** *Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.*

***** *Divide new construction costs by total new construction square footage.*

****** *Divide renovation costs by total renovation square footage.*

NHC Healthcare, Springfield, MO
30 Bed Addition+ Therapy Suite
Construction Estimate Notes

1) Site development costs are included in NHC's estimate of construction costs. Site development costs include grading, paving, utilities, storm water management systems, etc. We estimate site development costs to be $200,500 or $10/sf for grading and utilities. Another $257,000 was included for retaining walls, parking lot modifications, poor soils, and a contingency.

2) Construction costs (excluding site development and landscaping) are based primarily on NHC's experience with similar projects.

Bed additions have cost NHC approximately $200/sf which equates to $213.60 when adjusted, per Means, from Nashville, TN based costs to Springfield, MO. Construction costs were assumed to increase 5.5% from 2015 to 2016 for inflation when the project bids.

Four patient rooms in the existing facility will have a bed transferred to the addition; therefore, adding four more rooms to our private room inventory at this facility. The four rooms represent approximately 900 sf of the facility. The proposed renovations will be limited to wall repairs, painting, other new finishes and furniture. The estimated cost per sf for this construction work will be $26-$26.50/sf.

3) Means analysis was performed to demonstrate the reasonableness of NHC's cost projections. NHC's projected construction cost of the addition is $213.60/sf (without contingency) or $225/sf (including contingency) without inflation. NHC's projected construction costs are 3-8% below Means which indicates the reasonableness of our cost estimate.

According to Means, a nursing home in Springfield, Mo should cost $233/sf. This cost estimate is for an entire facility (ex. site development) with kitchen, laundry, and public areas. A room addition, like NHC's project, should cost less per SF because it does not have the previously mentioned spaces that have premium costs. The project is primarily patient rooms which are repetitive in nature and cost less per SF.

The $233/sf Means estimate was constructed as follows:

| | | |
|---|---|---|
| Base cost/sf for 20,000 sf | | $209.00 |
| Perimeter adjustment: | | |
| 960 LF- 453 LF = 507 LF | | |
| 507 LF÷ 100 = 5 | | |
| 5 * adj factor of 7.85 equals | | 39.25 |
| | | $248.25 |
| Springfield, MO adj factor | | .94 |
| | | $233.35 |
| | Rounded | $233.00 |

*Means charts follow

# M.450 Nursing Home

## Costs per square foot of floor area

| Exterior Wall | S.F. Area | 10000 | 15000 | 20000 | 25000 | 30000 | 35000 | 40000 | 45000 | 50000 |
|---|---|---|---|---|---|---|---|---|---|---|
| | L.F. Perimeter | 286 | 370 | 453 | 457 | 513 | 568 | 624 | 680 | 735 |
| Precast Concrete Panels | Bearing Walls | 229.15 | 220.35 | 215.85 | 208.15 | 205.70 | 203.95 | 202.70 | 201.70 | 200.85 |
| | Steel Frame | 235.70 | 226.95 | 222.50 | 214.85 | 212.40 | 210.70 | 209.45 | 208.40 | 207.65 |
| Face Brick with Concrete Block Backup | Bearing Walls | 220.55 | 212.95 | 209.00 | 202.65 | 200.50 | 199.10 | 198.00 | 197.10 | 196.40 |
| | Steel Joists | 228.00 | 220.40 | 216.50 | 210.20 | 208.15 | 206.65 | 205.65 | 204.75 | 204.05 |
| Stucco on Concrete Block | Bearing Walls | 211.50 | 205.10 | 201.80 | 196.85 | 195.10 | 193.95 | 193.05 | 192.30 | 191.75 |
| | Steel Joists | 218.95 | 212.60 | 209.35 | 204.45 | 202.75 | 201.55 | 200.70 | 199.95 | 199.40 |
| Perimeter Adj., Add or Deduct | Per 100 L.F. | 15.85 | 10.55 | 7.85 | 6.30 | 5.30 | 4.55 | 3.95 | 3.50 | 3.15 |
| Story Hgt. Adj., Add or Deduct | Per 1 Ft. | 3.90 | 3.35 | 3.05 | 2.50 | 2.35 | 2.20 | 2.10 | 2.00 | 2.00 |

*For Basement, add $33.20 per square foot of basement area*

*The above costs were calculated using the basic specifications shown on the facing page. These costs should be adjusted where necessary for design alternatives and owner's requirements. Reported completed project costs, for this type of structure, range from $94.25 to $236.35 per S.F.*

## Common additives

| Description | Unit | $ Cost |
|---|---|---|
| Beds, Manual | Ea. | 880 - 2800 |
| Elevators, Hydraulic passenger, 2 stops | | |
| 1500# capacity | Ea. | 65,700 |
| 2500# capacity | Ea. | 68,800 |
| 3500# capacity | Ea. | 73,300 |
| Emergency Lighting, 25 watt, battery operated | | |
| Lead battery | Ea. | 330 |
| Nickel cadmium | Ea. | 780 |
| Intercom System, 25 station capacity | | |
| Master station | Ea. | 3250 |
| Intercom outlets | Ea. | 189 |
| Handset | Ea. | 520 |
| Kitchen Equipment | | |
| Broiler | Ea. | 4050 |
| Coffee urn, twin 6 gallon | Ea. | 3000 |
| Cooler, 6 ft. long | Ea. | 4175 |
| Dishwasher, 10-12 racks per hr. | Ea. | 4275 |
| Food warmer | Ea. | 735 |
| Freezer, 44 C.F., reach-in | Ea. | 5175 |

| Description | Unit | $ Cost |
|---|---|---|
| Kitchen Equipment, cont. | | |
| Ice cube maker, 50 lb. per day | Ea. | 2000 |
| Range with 1 oven | Ea. | 2925 |
| Laundry Equipment | | |
| Dryer, gas, 16 lb. capacity | Ea. | 975 |
| 30 lb. capacity | Ea. | 3850 |
| Washer, 4 cycle | Ea. | 1200 |
| Commercial | Ea. | 1600 |
| Nurses Call System | | |
| Single bedside call station | Ea. | 335 |
| Pillow speaker | Ea. | 277 |
| Refrigerator, Prefabricated, walk-in | | |
| 7'-6" high, 6' x 6' | S.F. | 202 |
| 10' x 10' | S.F. | 159 |
| 12' x 14' | S.F. | 142 |
| 12' x 20' | S.F. | 125 |
| TV Antenna, Master system, 12 outlet | Outlet | 255 |
| 30 outlet | Outlet | 221 |
| 100 outlet | Outlet | 209 |
| Whirlpool Bath, Mobile, 18" x 24" x 60" | Ea. | 5400 |
| X-Ray, Mobile | Ea. | 18,500 - 85,500 |



Important: See the Reference Section for Location Factors

## Model costs calculated for a 2 story building with 10' story height and 25,000 square feet of floor area

# Nursing Home

| | | | Unit | Unit Cost | Cost Per S.F. | % Of Sub-Total |
|---|---|---|---|---|---|---|
| **A. SUBSTRUCTURE** | | | | | | |
| 1010 | Standard Foundations | Poured concrete; strip and spread footings | S.F. Ground | 1.84 | .92 | |
| 1020 | Special Foundations | N/A | — | — | — | |
| 1030 | Slab on Grade | 4" reinforced concrete with vapor barrier and granular base | S.F. Slab | 5.44 | 2.72 | 3.4% |
| 2010 | Basement Excavation | Site preparation for slab and trench for foundation wall and footing | S.F. Ground | .32 | .16 | |
| 2020 | Basement Walls | 4' foundation wall | L.F. Wall | 75 | 1.37 | |
| **B. SHELL** | | | | | | |
| | **B10 Superstructure** | | | | | |
| 1010 | Floor Construction | Pre-cast double tees with concrete topping | S.F. Floor | 12.86 | 6.43 | 7.9% |
| 1020 | Roof Construction | Pre-cast double tees | S.F. Roof | 10.82 | 5.41 | |
| | **B20 Exterior Enclosure** | | | | | |
| 2010 | Exterior Walls | Precast concrete panels | S.F. Wall | 45.76 | 14.22 | |
| 2020 | Exterior Windows | Wood double hung *15% of wall* | Each | 588 | 2.15 | 11.2% |
| 2030 | Exterior Doors | Double aluminum & glass doors, single leaf hollow metal | Each | 2337 | .47 | |
| | **B30 Roofing** | | | | | |
| 3010 | Roof Coverings | Built-up tar and gravel with flashing; perlite/EPS composite insulation | S.F. Roof | 6.52 | 3.26 | 2.2% |
| 3020 | Roof Openings | Roof hatches | S.F. Roof | .08 | .04 | |
| **C. INTERIORS** | | | | | | |
| 1010 | Partitions | Gypsum board on metal studs *8 S.F. Floor/L.F. Partition* | S.F. Partition | 9.18 | 9.18 | |
| 1020 | Interior Doors | Single leaf wood *80 S.F. Floor/Door* | Each | 616 | 7.70 | |
| 1030 | Fittings | N/A | — | — | — | |
| 2010 | Stair Construction | Concrete stair | Flight | 6800 | 1.09 | 19.2% |
| 3010 | Wall Finishes | 50% vinyl wall coverings, 45% paint, 5% ceramic tile | S.F. Surface | 1.76 | 3.52 | |
| 3020 | Floor Finishes | 95% vinyl tile, 5% ceramic tile | S.F. Floor | 3.13 | 3.13 | |
| 3030 | Ceiling Finishes | Painted gypsum board | S.F. Ceiling | 4.23 | 4.23 | |
| **D. SERVICES** | | | | | | |
| | **D10 Conveying** | | | | | |
| 1010 | Elevators & Lifts | One hydraulic hospital elevator | Each | 106,500 | 4.26 | 2.8% |
| 1020 | Escalators & Moving Walks | N/A | — | — | — | |
| | **D20 Plumbing** | | | | | |
| 2010 | Plumbing Fixtures | Kitchen, toilet and service fixtures, supply and drainage *1 Fixture/230 S.F. Floor* | Each | 9982 | 43.40 | |
| 2020 | Domestic Water Distribution | Oil fired water heater | S.F. Floor | 1.31 | 1.31 | 30.2% |
| 2040 | Rain Water Drainage | Roof drains | S.F. Roof | 1.18 | .59 | |
| | **D30 HVAC** | | | | | |
| 3010 | Energy Supply | Oil fired hot water, wall fin radiation | S.F. Floor | 8.49 | 8.49 | |
| 3020 | Heat Generating Systems | N/A | — | — | — | |
| 3030 | Cooling Generating Systems | N/A | — | — | — | 11.4% |
| 3050 | Terminal & Package Units | Split systems with air cooled condensing units | S.F. Floor | 8.55 | 8.55 | |
| 3090 | Other HVAC Sys. & Equipment | N/A | — | — | — | |
| | **D40 Fire Protection** | | | | | |
| 4010 | Sprinklers | Sprinkler, light hazard | S.F. Floor | 3.19 | 3.19 | 2.4% |
| 4020 | Standpipes | Standpipe | S.F. Floor | .44 | .44 | |
| | **D50 Electrical** | | | | | |
| 5010 | Electrical Service/Distribution | 800 ampere service, panel board and feeders | S.F. Floor | 1.64 | 1.64 | |
| 5020 | Lighting & Branch Wiring | High efficiency fluorescent fixtures, receptacles, switches, A.C. and misc. power | S.F. Floor | 10.24 | 10.24 | 9.2% |
| 5030 | Communications & Security | Addressable alarm systems and emergency lighting | S.F. Floor | 1.41 | 1.41 | |
| 5090 | Other Electrical Systems | Emergency generator, 15 kW | S.F. Floor | .50 | .50 | |
| **E. EQUIPMENT & FURNISHINGS** | | | | | | |
| 1010 | Commercial Equipment | N/A | — | — | — | |
| 1020 | Institutional Equipment | N/A | — | — | — | 0.0 % |
| 1030 | Vehicular Equipment | N/A | — | — | — | |
| 1090 | Other Equipment | N/A | — | — | — | |
| **F. SPECIAL CONSTRUCTION** | | | | | | |
| 1020 | Integrated Construction | N/A | — | — | — | 0.0 % |
| 1040 | Special Facilities | N/A | — | — | — | |
| **G. BUILDING SITEWORK** | | N/A | | | | |
| | | | | **Sub-Total** | 150.02 | 100% |
| | CONTRACTOR FEES (General Requirements: 10%, Overhead: 5%, Profit: 10%) | | 25% | | 37.50 | |
| | ARCHITECT FEES | | 11% | | 20.63 | |
| | | | | **Total Building Cost** | 208.15 | |

# Location Factors

| | | Residential | Commercial |
|---|---|---|---|
| | | .97 | 1.02 |
| | | .87 | .91 |
| | | .81 | .87 |
| | | .86 | .89 |
| | | 1.00 | .98 |
| | | .88 | .91 |
| | | .98 | .97 |
| | | 1.20 | 1.15 |
| | | 1.22 | 1.16 |
| | | 1.20 | 1.16 |
| | | 1.22 | 1.17 |
| | | 1.14 | 1.11 |
| | | 1.12 | 1.11 |
| | | .98 | .99 |
| | | 1.11 | 1.10 |
| | | 1.03 | 1.02 |
| | | 1.06 | 1.04 |
| | | 1.03 | 1.03 |
| | | 1.04 | 1.04 |
| | | 1.02 | 1.02 |
| | | 1.01 | .99 |
| 624 | Effingham | 1.03 | 1.01 |
| 625 | Decatur | 1.02 | 1.02 |
| 626-627 | Springfield | 1.03 | 1.03 |
| 628 | Centralia | 1.02 | 1.01 |
| 629 | Carbondale | 1.01 | 1.01 |
| **INDIANA** | | | |
| 460 | Anderson | .92 | .91 |
| 461-462 | Indianapolis | .93 | .93 |
| 463-464 | Gary | 1.06 | 1.04 |
| 465-466 | South Bend | .91 | .92 |
| 467-468 | Fort Wayne | .89 | .90 |
| 469 | Kokomo | .91 | .89 |
| 470 | Lawrenceburg | .87 | .87 |
| 471 | New Albany | .87 | .87 |
| 472 | Columbus | .92 | .90 |
| 473 | Muncie | .92 | .91 |
| 474 | Bloomington | .94 | .92 |
| 475 | Washington | .90 | .90 |
| 476-477 | Evansville | .91 | .93 |
| 478 | Terre Haute | .91 | .93 |
| 479 | Lafayette | .93 | .91 |
| **IOWA** | | | |
| 500-503,509 | Des Moines | .91 | .94 |
| 504 | Mason City | .76 | .84 |
| 505 | Fort Dodge | .74 | .81 |
| 506-507 | Waterloo | .83 | .87 |
| 508 | Creston | .83 | .89 |
| 510-511 | Sioux City | .86 | .88 |
| 512 | Sibley | .74 | .80 |
| 513 | Spencer | .75 | .81 |
| 514 | Carroll | .80 | .86 |
| 515 | Council Bluffs | .86 | .91 |
| 516 | Shenandoah | .81 | .86 |
| 520 | Dubuque | .87 | .91 |
| 521 | Decorah | .78 | .83 |
| 522-524 | Cedar Rapids | .93 | .93 |
| 525 | Ottumwa | .87 | .87 |
| 526 | Burlington | .88 | .88 |
| 527-528 | Davenport | .97 | .96 |
| **KANSAS** | | | |
| 660-662 | Kansas City | .97 | .98 |
| 664-666 | Topeka | .78 | .85 |
| 667 | Fort Scott | .88 | .87 |
| 668 | Emporia | .83 | .85 |
| 669 | Belleville | .80 | .84 |
| 670-672 | Wichita | .79 | .86 |
| 673 | Independence | .88 | .87 |
| 674 | Salina | .80 | .87 |
| 675 | Hutchinson | .79 | .83 |
| 676 | Hays | .82 | .85 |
| 677 | Colby | .83 | .85 |
| 678 | Dodge City | .81 | .87 |
| 679 | Liberal | .80 | .85 |
| **KENTUCKY** | | | |
| 400-402 | Louisville | .90 | .91 |
| 403-405 | Lexington | .88 | .90 |

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **KENTUCKY (CONT'D)** | | | |
| 406 | Frankfort | .87 | .91 |
| 407-409 | Corbin | .81 | .84 |
| 410 | Covington | .91 | .94 |
| 411-412 | Ashland | .94 | .97 |
| 413-414 | Campton | .87 | .88 |
| 415-416 | Pikeville | .91 | .93 |
| 417-418 | Hazard | .86 | .88 |
| 420 | Paducah | .88 | .90 |
| 421-422 | Bowling Green | .89 | .91 |
| 423 | Owensboro | .91 | .93 |
| 424 | Henderson | .91 | .90 |
| 425-426 | Somerset | .85 | .87 |
| 427 | Elizabethtown | .87 | .88 |
| **LOUISIANA** | | | |
| 700-701 | New Orleans | .85 | .88 |
| 703 | Thibodaux | .82 | .84 |
| 704 | Hammond | .75 | .78 |
| 705 | Lafayette | .82 | .83 |
| 706 | Lake Charles | .83 | .84 |
| 707-708 | Baton Rouge | .82 | .84 |
| 710-711 | Shreveport | .79 | .83 |
| 712 | Monroe | .75 | .81 |
| 713-714 | Alexandria | .77 | .81 |
| **MAINE** | | | |
| 039 | Kittery | .92 | .91 |
| 040-041 | Portland | .96 | .97 |
| 042 | Lewiston | .96 | .96 |
| 043 | Augusta | .92 | .92 |
| 044 | Bangor | .95 | .95 |
| 045 | Bath | .92 | .91 |
| 046 | Machias | .95 | .92 |
| 047 | Houlton | .96 | .92 |
| 048 | Rockland | .95 | .92 |
| 049 | Waterville | .90 | .90 |
| **MARYLAND** | | | |
| 206 | Waldorf | .89 | .90 |
| 207-208 | College Park | .87 | .91 |
| 209 | Silver Spring | .88 | .91 |
| 210-212 | Baltimore | .90 | .93 |
| 214 | Annapolis | .89 | .93 |
| 215 | Cumberland | .88 | .90 |
| 216 | Easton | .83 | .85 |
| 217 | Hagerstown | .87 | .91 |
| 218 | Salisbury | .82 | .83 |
| 219 | Elkton | .88 | .90 |
| **MASSACHUSETTS** | | | |
| 010-011 | Springfield | 1.08 | 1.06 |
| 012 | Pittsfield | 1.07 | 1.05 |
| 013 | Greenfield | 1.06 | 1.04 |
| 014 | Fitchburg | 1.14 | 1.10 |
| 015-016 | Worcester | 1.16 | 1.12 |
| 017 | Framingham | 1.19 | 1.13 |
| 018 | Lowell | 1.19 | 1.15 |
| 019 | Lawrence | 1.20 | 1.15 |
| 020-022, 024 | Boston | 1.22 | 1.18 |
| 023 | Brockton | 1.18 | 1.12 |
| 025 | Buzzards Bay | 1.16 | 1.09 |
| 026 | Hyannis | 1.15 | 1.11 |
| 027 | New Bedford | 1.17 | 1.12 |
| **MICHIGAN** | | | |
| 480,483 | Royal Oak | 1.03 | 1.00 |
| 481 | Ann Arbor | 1.03 | 1.02 |
| 482 | Detroit | 1.06 | 1.03 |
| 484-485 | Flint | .96 | .96 |
| 486 | Saginaw | .93 | .94 |
| 487 | Bay City | .94 | .95 |
| 488-489 | Lansing | .95 | .97 |
| 490 | Battle Creek | .93 | .94 |
| 491 | Kalamazoo | .92 | .93 |
| 492 | Jackson | .93 | .96 |
| 493,495 | Grand Rapids | .91 | .93 |
| 494 | Muskegon | .90 | .92 |
| 496 | Traverse City | .85 | .89 |
| 497 | Gaylord | .89 | .91 |
| 498-499 | Iron mountain | .90 | .94 |
| **MINNESOTA** | | | |
| 550-551 | Saint Paul | 1.09 | 1.09 |
| 553-555 | Minneapolis | 1.12 | 1.09 |
| 556-558 | Duluth | 1.04 | 1.04 |



For customer support on your Square Foot Cost Data, call 877.694.8329.

# Location Factors

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **MINNESOTA (CONT'd)** | | | |
| 559 | Rochester | 1.03 | 1.02 |
| 560 | Mankato | .99 | .99 |
| 561 | Windom | .93 | .94 |
| 562 | Willmar | .96 | .98 |
| 563 | St. Cloud | 1.04 | 1.05 |
| 564 | Brainerd | .95 | .99 |
| 565 | Detroit Lakes | .94 | .97 |
| 566 | Bemidji | .94 | .98 |
| 567 | Thief River Falls | .93 | .95 |
| **MISSISSIPPI** | | | |
| 386 | Clarksdale | .74 | .78 |
| 387 | Greenville | .80 | .84 |
| 388 | Tupelo | .75 | .80 |
| 389 | Greenwood | .77 | .78 |
| 390-392 | Jackson | .81 | .84 |
| 393 | Meridian | .80 | .83 |
| 394 | Laurel | .77 | .80 |
| 395 | Biloxi | .79 | .81 |
| 396 | Mccomb | .74 | .78 |
| 397 | Columbus | .75 | .79 |
| **MISSOURI** | | | |
| 630-631 | St. Louis | 1.02 | 1.03 |
| 633 | Bowling Green | .95 | .96 |
| 634 | Hannibal | .92 | .95 |
| 635 | Kirksville | .89 | .95 |
| 636 | Flat River | .95 | .97 |
| 637 | Cape Girardeau | .91 | .96 |
| 638 | Sikeston | .90 | .95 |
| 639 | Poplar Bluff | .89 | .94 |
| 640-641 | Kansas City | 1.04 | 1.03 |
| 644-645 | St. Joseph | .97 | .98 |
| 646 | Chillicothe | .96 | .96 |
| 647 | Harrisonville | .98 | .99 |
| 648 | Joplin | .91 | .92 |
| 650-651 | Jefferson City | .94 | .97 |
| 652 | Columbia | .92 | .98 |
| 653 | Sedalia | .94 | .99 |
| 654-655 | Rolla | .96 | .94 |
| 656-658 | Springfield | .91 | .94 |
| **MONTANA** | | | |
| 590-591 | Billings | .90 | .92 |
| 592 | Wolf Point | .87 | .90 |
| 593 | Miles City | .88 | .89 |
| 594 | Great Falls | .91 | .92 |
| 595 | Havre | .84 | .89 |
| 596 | Helena | .87 | .90 |
| 597 | Butte | .87 | .92 |
| 598 | Missoula | .88 | .89 |
| 599 | Kalispell | .86 | .89 |
| **NEBRASKA** | | | |
| 680-681 | Omaha | .90 | .91 |
| 683-685 | Lincoln | .87 | .89 |
| 686 | Columbus | .87 | .89 |
| 687 | Norfolk | .89 | .90 |
| 688 | Grand Island | .88 | .90 |
| 689 | Hastings | .90 | .91 |
| 690 | Mccook | .83 | .87 |
| 691 | North Platte | .88 | .90 |
| 692 | Valentine | .84 | .89 |
| 693 | Alliance | .83 | .88 |
| **NEVADA** | | | |
| 889-891 | Las Vegas | 1.03 | 1.04 |
| 893 | Ely | 1.02 | 1.01 |
| 894-895 | Reno | .95 | .97 |
| 897 | Carson City | .96 | .97 |
| 898 | Elko | .93 | .92 |
| **NEW HAMPSHIRE** | | | |
| 030 | Nashua | .98 | .98 |
| 031 | Manchester | .97 | .98 |
| 032-033 | Concord | .98 | .97 |
| 034 | Keene | .88 | .87 |
| 035 | Littleton | .92 | .88 |
| 036 | Charleston | .86 | .85 |
| 037 | Claremont | .86 | .84 |
| 038 | Portsmouth | .97 | .96 |

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **NEW JERSEY** | | | |
| 070-071 | Newark | 1.14 | 1.13 |
| 072 | Elizabeth | 1.16 | 1.11 |
| 073 | Jersey City | 1.12 | 1.11 |
| 074-075 | Paterson | 1.13 | 1.12 |
| 076 | Hackensack | 1.13 | 1.11 |
| 077 | Long Branch | 1.13 | 1.10 |
| 078 | Dover | 1.13 | 1.11 |
| 079 | Summit | 1.14 | 1.11 |
| 080,083 | Vineland | 1.11 | 1.09 |
| 081 | Camden | 1.13 | 1.11 |
| 082,084 | Atlantic City | 1.15 | 1.10 |
| 085-086 | Trenton | 1.13 | 1.12 |
| 087 | Point Pleasant | 1.12 | 1.11 |
| 088-089 | New Brunswick | 1.15 | 1.12 |
| **NEW MEXICO** | | | |
| 870-872 | Albuquerque | .84 | .88 |
| 873 | Gallup | .83 | .88 |
| 874 | Farmington | .84 | .88 |
| 875 | Santa Fe | .85 | .89 |
| 877 | Las Vegas | .84 | .87 |
| 878 | Socorro | .83 | .87 |
| 879 | Truth/Consequences | .82 | .85 |
| 880 | Las Cruces | .81 | .84 |
| 881 | Clovis | .83 | .87 |
| 882 | Roswell | .83 | .88 |
| 883 | Carrizozo | .83 | .88 |
| 884 | Tucumcari | .84 | .87 |
| **NEW YORK** | | | |
| 100-102 | New York | 1.35 | 1.32 |
| 103 | Staten Island | 1.31 | 1.29 |
| 104 | Bronx | 1.30 | 1.28 |
| 105 | Mount Vernon | 1.16 | 1.17 |
| 106 | White Plains | 1.19 | 1.17 |
| 107 | Yonkers | 1.21 | 1.20 |
| 108 | New Rochelle | 1.20 | 1.17 |
| 109 | Suffern | 1.15 | 1.11 |
| 110 | Queens | 1.31 | 1.30 |
| 111 | Long Island City | 1.34 | 1.31 |
| 112 | Brooklyn | 1.37 | 1.31 |
| 113 | Flushing | 1.33 | 1.31 |
| 114 | Jamaica | 1.32 | 1.30 |
| 115,117,118 | Hicksville | 1.23 | 1.24 |
| 116 | Far Rockaway | 1.32 | 1.31 |
| 119 | Riverhead | 1.23 | 1.22 |
| 120-122 | Albany | 1.00 | 1.02 |
| 123 | Schenectady | 1.02 | 1.02 |
| 124 | Kingston | 1.05 | 1.10 |
| 125-126 | Poughkeepsie | 1.22 | 1.17 |
| 127 | Monticello | 1.04 | 1.07 |
| 128 | Glens Falls | .93 | .96 |
| 129 | Plattsburgh | 1.00 | .98 |
| 130-132 | Syracuse | .98 | .99 |
| 133-135 | Utica | .96 | .97 |
| 136 | Watertown | .94 | .98 |
| 137-139 | Binghamton | .99 | 1.00 |
| 140-142 | Buffalo | 1.06 | 1.03 |
| 143 | Niagara Falls | 1.03 | 1.02 |
| 144-146 | Rochester | 1.00 | 1.00 |
| 147 | Jamestown | .93 | .95 |
| 148-149 | Elmira | .95 | .97 |
| **NORTH CAROLINA** | | | |
| 270,272-274 | Greensboro | .84 | .81 |
| 271 | Winston-Salem | .85 | .82 |
| 275-276 | Raleigh | .84 | .80 |
| 277 | Durham | .84 | .82 |
| 278 | Rocky Mount | .80 | .78 |
| 279 | Elizabeth City | .79 | .79 |
| 280 | Gastonia | .85 | .81 |
| 281-282 | Charlotte | .87 | .82 |
| 283 | Fayetteville | .90 | .84 |
| 284 | Wilmington | .86 | .81 |
| 285 | Kinston | .81 | .79 |
| 286 | Hickory | .80 | .79 |
| 287-288 | Asheville | .84 | .81 |
| 289 | Murphy | .83 | .77 |
| **NORTH DAKOTA** | | | |
| 580-581 | Fargo | .80 | .87 |
| 582 | Grand Forks | .74 | .80 |
| 583 | Devils Lake | .78 | .83 |
| 584 | Jamestown | .72 | .77 |
| 585 | Bismarck | .79 | .87 |

For customer support on your Square Foot Cost Data, call 877.694.8329.

## Location Factors

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **NORTH DAKOTA (CONT'D)** | | | |
| 586 | Dickinson | .76 | .85 |
| 587 | Minot | .84 | .89 |
| 588 | Williston | .76 | .84 |
| **OHIO** | | | |
| 430-432 | Columbus | .94 | .95 |
| 433 | Marion | .91 | .91 |
| 434-436 | Toledo | .99 | .98 |
| 437-438 | Zanesville | .91 | .92 |
| 439 | Steubenville | .95 | .96 |
| 440 | Lorain | .96 | .96 |
| 441 | Cleveland | 1.00 | 1.00 |
| 442-443 | Akron | .98 | .97 |
| 444-445 | Youngstown | .95 | .95 |
| 446-447 | Canton | .93 | .93 |
| 448-449 | Mansfield | .91 | .93 |
| 450 | Hamilton | .92 | .92 |
| 451-452 | Cincinnati | .92 | .92 |
| 453-454 | Dayton | .93 | .92 |
| 455 | Springfield | .94 | .92 |
| 456 | Chillicothe | .97 | .95 |
| 457 | Athens | .90 | .91 |
| 458 | Lima | .92 | .94 |
| **OKLAHOMA** | | | |
| 730-731 | Oklahoma City | .83 | .85 |
| 734 | Ardmore | .78 | .82 |
| 735 | Lawton | .80 | .84 |
| 736 | Clinton | .79 | .84 |
| 737 | Enid | .76 | .83 |
| 738 | Woodward | .79 | .83 |
| 739 | Guymon | .78 | .82 |
| 740-741 | Tulsa | .78 | .82 |
| 743 | Miami | .84 | .83 |
| 744 | Muskogee | .74 | .79 |
| 745 | McAlester | .75 | .80 |
| 746 | Ponca City | .78 | .81 |
| 747 | Durant | .77 | .81 |
| 748 | Shawnee | .76 | .81 |
| 749 | Poteau | .76 | .80 |
| **OREGON** | | | |
| 970-972 | Portland | .99 | 1.00 |
| 973 | Salem | .99 | 1.00 |
| 974 | Eugene | .99 | .99 |
| 975 | Medford | .97 | .99 |
| 976 | Klamath Falls | .98 | .99 |
| 977 | Bend | 1.00 | .99 |
| 978 | Pendleton | .98 | .98 |
| 979 | Vale | .98 | .95 |
| **PENNSYLVANIA** | | | |
| 150-152 | Pittsburgh | 1.00 | 1.02 |
| 153 | Washington | .96 | 1.00 |
| 154 | Uniontown | .94 | .99 |
| 155 | Bedford | .90 | .95 |
| 156 | Greensburg | .96 | .99 |
| 157 | Indiana | .93 | .98 |
| 158 | Dubois | .92 | .98 |
| 159 | Johnstown | .92 | .98 |
| 160 | Butler | .93 | .97 |
| 161 | New Castle | .92 | .95 |
| 162 | Kittanning | .94 | .97 |
| 163 | Oil City | .90 | .94 |
| 164-165 | Erie | .94 | .95 |
| 166 | Altoona | .88 | .93 |
| 167 | Bradford | .91 | .96 |
| 168 | State College | .90 | .94 |
| 169 | Wellsboro | .91 | .95 |
| 170-171 | Harrisburg | .95 | .98 |
| 172 | Chambersburg | .88 | .93 |
| 173-174 | York | .92 | .96 |
| 175-176 | Lancaster | .91 | .92 |
| 177 | Williamsport | .84 | .89 |
| 178 | Sunbury | .93 | .96 |
| 179 | Pottsville | .93 | .97 |
| 180 | Lehigh Valley | 1.01 | 1.04 |
| 181 | Allentown | 1.03 | 1.03 |
| 182 | Hazleton | .92 | .97 |
| 183 | Stroudsburg | .92 | .98 |
| 184-185 | Scranton | .97 | .99 |
| 186-187 | Wilkes-Barre | .94 | .97 |
| 188 | Montrose | .91 | .96 |
| 189 | Doylestown | 1.06 | 1.06 |

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **PENNSYLVANIA (CONT'D)** | | | |
| 190-191 | Philadelphia | 1.16 | 1.15 |
| 193 | Westchester | 1.09 | 1.07 |
| 194 | Norristown | 1.09 | 1.10 |
| 195-196 | Reading | .98 | .99 |
| **PUERTO RICO** | | | |
| 009 | San Juan | .76 | .80 |
| **RHODE ISLAND** | | | |
| 028 | Newport | 1.09 | 1.07 |
| 029 | Providence | 1.10 | 1.08 |
| **SOUTH CAROLINA** | | | |
| 290-292 | Columbia | .85 | .81 |
| 293 | Spartanburg | .85 | .80 |
| 294 | Charleston | .93 | .86 |
| 295 | Florence | .81 | .80 |
| 296 | Greenville | .84 | .80 |
| 297 | Rock Hill | .80 | .77 |
| 298 | Aiken | .96 | .86 |
| 299 | Beaufort | .79 | .76 |
| **SOUTH DAKOTA** | | | |
| 570-571 | Sioux Falls | .76 | .82 |
| 572 | Watertown | .73 | .77 |
| 573 | Mitchell | .74 | .76 |
| 574 | Aberdeen | .75 | .78 |
| 575 | Pierre | .78 | .83 |
| 576 | Mobridge | .73 | .77 |
| 577 | Rapid City | .78 | .83 |
| **TENNESSEE** | | | |
| 370-372 | Nashville | .85 | .88 |
| 373-374 | Chattanooga | .83 | .84 |
| 375,380-381 | Memphis | .84 | .87 |
| 376 | Johnson City | .71 | .81 |
| 377-379 | Knoxville | .81 | .84 |
| 382 | Mckenzie | .73 | .81 |
| 383 | Jackson | .76 | .83 |
| 384 | Columbia | .77 | .84 |
| 385 | Cookeville | .70 | .81 |
| **TEXAS** | | | |
| 750 | Mckinney | .82 | .83 |
| 751 | Waxahackie | .83 | .84 |
| 752-753 | Dallas | .85 | .86 |
| 754 | Greenville | .83 | .84 |
| 755 | Texarkana | .80 | .81 |
| 756 | Longview | .80 | .81 |
| 757 | Tyler | .84 | .84 |
| 758 | Palestine | .80 | .82 |
| 759 | Lufkin | .82 | .84 |
| 760-761 | Fort Worth | .83 | .86 |
| 762 | Denton | .84 | .83 |
| 763 | Wichita Falls | .85 | .83 |
| 764 | Eastland | .83 | .82 |
| 765 | Temple | .82 | .80 |
| 766-767 | Waco | .84 | .82 |
| 768 | Brownwood | .80 | .82 |
| 769 | San Angelo | .79 | .82 |
| 770-772 | Houston | .84 | .87 |
| 773 | Huntsville | .81 | .84 |
| 774 | Wharton | .81 | .85 |
| 775 | Galveston | .83 | .85 |
| 776-777 | Beaumont | .85 | .85 |
| 778 | Bryan | .80 | .83 |
| 779 | Victoria | .82 | .84 |
| 780 | Laredo | .82 | .84 |
| 781-782 | San Antonio | .82 | .84 |
| 783-784 | Corpus Christi | .86 | .85 |
| 785 | Mc Allen | .85 | .83 |
| 786-787 | Austin | .81 | .84 |
| 788 | Del Rio | .82 | .84 |
| 789 | Giddings | .81 | .83 |
| 790-791 | Amarillo | .81 | .84 |
| 792 | Childress | .83 | .84 |
| 793-794 | Lubbock | .83 | .85 |
| 795-796 | Abilene | .83 | .83 |
| 797 | Midland | .86 | .85 |
| 798-799,885 | El Paso | .80 | .82 |
| **UTAH** | | | |
| 840-841 | Salt Lake City | .81 | .87 |
| 842,844 | Ogden | .80 | .86 |
| 843 | Logan | .80 | .87 |



For customer support on your Square Foot Cost Data, call 877.694.8329.

## Location Factors

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **UTAH (CONT'D)** | | | |
| 845 | Price | .78 | .85 |
| 846-847 | Provo | .81 | .86 |
| **VERMONT** | | | |
| 050 | White River Jct. | .90 | .90 |
| 051 | Bellows Falls | .96 | .95 |
| 052 | Bennington | 1.00 | .96 |
| 053 | Brattleboro | .96 | .96 |
| 054 | Burlington | .94 | .94 |
| 056 | Montpelier | .93 | .92 |
| 057 | Rutland | .94 | .93 |
| 058 | St. Johnsbury | .91 | .90 |
| 059 | Guildhall | .91 | .89 |
| **VIRGINIA** | | | |
| 220-221 | Fairfax | 1.02 | .93 |
| 222 | Arlington | 1.04 | .94 |
| 223 | Alexandria | 1.05 | .94 |
| 224-225 | Fredericksburg | 1.01 | .92 |
| 226 | Winchester | 1.00 | .92 |
| 227 | Culpeper | 1.01 | .91 |
| 228 | Harrisonburg | .87 | .86 |
| 229 | Charlottesville | .90 | .86 |
| 230-232 | Richmond | .95 | .87 |
| 233-235 | Norfolk | .96 | .86 |
| 236 | Newport News | .96 | .86 |
| 237 | Portsmouth | .90 | .85 |
| 238 | Petersburg | .93 | .86 |
| 239 | Farmville | .84 | .79 |
| 240-241 | Roanoke | .95 | .86 |
| 242 | Bristol | .83 | .80 |
| 243 | Pulaski | .83 | .81 |
| 244 | Staunton | .86 | .83 |
| 245 | Lynchburg | .93 | .85 |
| 246 | Grundy | .80 | .79 |
| **WASHINGTON** | | | |
| 980-981,987 | Seattle | 1.03 | 1.03 |
| 982 | Everett | 1.04 | 1.01 |
| 983-984 | Tacoma | 1.01 | 1.01 |
| 985 | Olympia | .98 | 1.00 |
| 986 | Vancouver | .96 | .98 |
| 988 | Wenatchee | .93 | .95 |
| 989 | Yakima | .98 | .99 |
| 990-992 | Spokane | 1.00 | .94 |
| 993 | Richland | 1.00 | .97 |
| 994 | Clarkston | .94 | .92 |
| **WEST VIRGINIA** | | | |
| 247-248 | Bluefield | .94 | .96 |
| 249 | Lewisburg | .93 | .97 |
| 250-253 | Charleston | .97 | .98 |
| 254 | Martinsburg | .89 | .94 |
| 255-257 | Huntington | .98 | .99 |
| 258-259 | Beckley | .94 | .96 |
| 260 | Wheeling | .95 | .98 |
| 261 | Parkersburg | .93 | .97 |
| 262 | Buckhannon | .95 | .98 |
| 263-264 | Clarksburg | .95 | .98 |
| 265 | Morgantown | .95 | .98 |
| 266 | Gassaway | .94 | .97 |
| 267 | Romney | .93 | .95 |
| 268 | Petersburg | .94 | .96 |
| **WISCONSIN** | | | |
| 530,532 | Milwaukee | 1.07 | 1.03 |
| 531 | Kenosha | 1.03 | 1.01 |
| 534 | Racine | 1.02 | 1.01 |
| 535 | Beloit | 1.00 | 1.00 |
| 537 | Madison | 1.00 | .99 |
| 538 | Lancaster | .97 | .95 |
| 539 | Portage | .96 | .96 |
| 540 | New Richmond | .98 | .96 |
| 541-543 | Green Bay | 1.01 | .98 |
| 544 | Wausau | .96 | .95 |
| 545 | Rhinelander | .95 | .96 |
| 546 | La Crosse | .96 | .96 |
| 547 | Eau Claire | .98 | .98 |
| 548 | Superior | .96 | .97 |
| 549 | Oshkosh | .96 | .95 |
| **WYOMING** | | | |
| 820 | Cheyenne | .81 | .86 |
| 821 | Yellowstone Nat. Pk. | .81 | .85 |
| 822 | Wheatland | .79 | .85 |

| STATE/ZIP | CITY | Residential | Commercial |
|---|---|---|---|
| **WYOMING (CONT'D)** | | | |
| 823 | Rawlins | .82 | .87 |
| 824 | Worland | .81 | .85 |
| 825 | Riverton | .81 | .86 |
| 826 | Casper | .80 | .85 |
| 827 | Newcastle | .81 | .86 |
| 828 | Sheridan | .81 | .85 |
| 829-831 | Rock Springs | .86 | .87 |
| **CANADIAN FACTORS (reflect Canadian currency)** | | | |
| **ALBERTA** | | | |
| | Calgary | 1.11 | 1.11 |
| | Edmonton | 1.10 | 1.11 |
| | Fort McMurray | 1.12 | 1.10 |
| | Lethbridge | 1.10 | 1.07 |
| | Lloydminster | 1.05 | 1.03 |
| | Medicine Hat | 1.06 | 1.03 |
| | Red Deer | 1.06 | 1.03 |
| **BRITISH COLUMBIA** | | | |
| | Kamloops | 1.04 | 1.04 |
| | Prince George | 1.03 | 1.04 |
| | Vancouver | 1.05 | 1.06 |
| | Victoria | 1.04 | 1.03 |
| **MANITOBA** | | | |
| | Brandon | 1.10 | 1.04 |
| | Portage la Prairie | 1.00 | .96 |
| | Winnipeg | .98 | 1.00 |
| **NEW BRUNSWICK** | | | |
| | Bathurst | .93 | .92 |
| | Dalhousie | .93 | .93 |
| | Fredericton | .98 | .98 |
| | Moncton | .94 | .94 |
| | Newcastle | .93 | .93 |
| | St. John | 1.02 | .98 |
| **NEWFOUNDLAND** | | | |
| | Corner Brook | 1.03 | 1.03 |
| | St Johns | 1.06 | 1.06 |
| **NORTHWEST TERRITORIES** | | | |
| | Yellowknife | 1.13 | 1.13 |
| **NOVA SCOTIA** | | | |
| | Bridgewater | .96 | .96 |
| | Dartmouth | 1.04 | 1.04 |
| | Halifax | 1.00 | 1.03 |
| | New Glasgow | 1.03 | 1.03 |
| | Sydney | 1.02 | 1.01 |
| | Truro | .96 | .96 |
| | Yarmouth | 1.03 | 1.03 |
| **ONTARIO** | | | |
| | Barrie | 1.12 | 1.07 |
| | Brantford | 1.13 | 1.07 |
| | Cornwall | 1.12 | 1.06 |
| | Hamilton | 1.09 | 1.08 |
| | Kingston | 1.12 | 1.06 |
| | Kitchener | 1.05 | 1.02 |
| | London | 1.08 | 1.06 |
| | North Bay | 1.19 | 1.12 |
| | Oshawa | 1.09 | 1.04 |
| | Ottawa | 1.09 | 1.07 |
| | Owen Sound | 1.11 | 1.06 |
| | Peterborough | 1.10 | 1.05 |
| | Sarnia | 1.13 | 1.07 |
| | Sault Ste Marie | 1.06 | 1.02 |
| | St. Catharines | 1.07 | 1.02 |
| | Sudbury | 1.04 | 1.01 |
| | Thunder Bay | 1.09 | 1.02 |
| | Timmins | 1.09 | 1.05 |
| | Toronto | 1.12 | 1.11 |
| | Windsor | 1.08 | 1.02 |
| **PRINCE EDWARD ISLAND** | | | |
| | Charlottetown | .91 | .95 |
| | Summerside | .98 | .99 |
| **QUEBEC** | | | |
| | Cap-de-la-Madeleine | 1.11 | 1.02 |
| | Charlesbourg | 1.11 | 1.02 |
| | Chicoutimi | 1.14 | 1.03 |
| | Gatineau | 1.10 | 1.01 |



For customer support on your Square Foot Cost Data, call 877.694.8329.

Certificate of Need Program

# SERVICE - SPECIFIC REVENUES AND EXPENSES

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

| | Year 12/31/12 | Year 12/31/13 | Year 12/31/14 |
|---|---|---|---|
| **Amount of Utilization*** | **42,531** | **42,159** | **40,683** |
| **Revenue:** | | | |
| Average Charge** | $ 189.66 | $ 190.78 | $ 189.06 |
| Gross Revenue | $ 9,496,559 | $ 9,630,246 | $ 9,323,932 |
| Revenue Deductions | (1,435,487) | (1,592,167) | (1,635,852) |
| Operating Revenue | 8,061,072 | 8,038,079 | 7,688,080 |
| Other Revenue | 5,286 | 6,162 | 3,654 |
| **TOTAL REVENUE** | $ 8,066,358 | $ 8,044,241 | $ 7,691,734 |
| **Expenses:** | | | |
| Direct Expense | | | |
| Salaries | $ 3,165,672 | $ 3,256,372 | $ 3,228,220 |
| Fees | 38,160 | 36,629 | 36,221 |
| Supplies | 331,710 | 305,041 | 314,169 |
| Other | 3,510,218 | 3,622,970 | 3,435,323 |
| TOTAL DIRECT | $ 7,045,760 | $ 7,221,012 | $ 7,013,933 |
| Indirect Expense | | | |
| Depreciation | $ 100,063 | $ 112,676 | $ 119,817 |
| Lease | 360,000 | 360,000 | 360,000 |
| Interest*** | 1,334 | 1,692 | 434 |
| Overhead**** (3% of Revenue) | 241,991 | 241,327 | 230,752 |
| TOTAL INDIRECT | $ 703,388 | $ 715,695 | $ 711,003 |
| **TOTAL EXPENSE** | $ 7,749,148 | $ 7,936,707 | $ 7,724,936 |
| **NET INCOME (LOSS):** | $ 317,210 | $ 107,534 | $ (33,202) |

* 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.

NOTE: The average charge amount reflected above is calculated by dividing TOTAL REVENUE by Patient Days.

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

**** Indicate how overhead was calculated

Historical Data
12/31/12

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 7,541 | $ 7,541 |
| Medical Supplies | | | 58,305 | | 58,305 |
| Occupational Therapy | | | | 252,587 | 252,587 |
| Physical Therapy | | | | 306,776 | 306,776 |
| Speech Pathology | | | | 106,464 | 106,464 |
| Pharmacy | | | | 393,281 | 393,281 |
| Lab and Radiology | | | | 32,291 | 32,291 |
| IV Therapy | | | | 49,001 | 49,001 |
| Physcian Fees & Transporation | | | | 9,489 | 9,489 |
| Beauty & Barber | | | | 12,030 | 12,030 |
| Nursing Service | 2,013,788 | | 36,756 | 487,745 | 2,538,289 |
| Routine Supplies | | | 134,072 | | 134,072 |
| Non Ledgend Drugs | | | | 33,485 | 33,485 |
| Social Service | 90,807 | | 1,907 | 15,429 | 108,143 |
| Activities | 50,332 | | 13,707 | 21,033 | 85,072 |
| Dietary | 272,892 | | 13,587 | 370,209 | 656,688 |
| Plant Operations | 78,057 | | 2,732 | 203,444 | 284,233 |
| Housekeeping | 165,115 | | 46,093 | 28,444 | 239,652 |
| Laundry and Linen | 100,846 | | 11,888 | 23,974 | 136,708 |
| Medical Services | | 38,160 | | | 38,160 |
| Medical Records | 37,410 | | 803 | 22,917 | 61,130 |
| Real Estate Taxes/Insurance | | | | 36,324 | 36,324 |
| State Tax Fee | | | | 549,447 | 549,447 |
| Adminstrative and General | 356,425 | | 11,860 | 548,307 | 916,592 |
| Totals | $3,165,672 | $ 38,160 | $ 331,710 | $3,510,218 | $ 7,045,760 |

Historical Data
12/31/13

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 9,213 | $ 9,213 |
| Medical Supplies | | | 35,994 | | 35,994 |
| Occupational Therapy | | | | 250,827 | 250,827 |
| Physical Therapy | | | | 349,200 | 349,200 |
| Speech Pathology | | | | 105,458 | 105,458 |
| Pharmacy | | | | 349,690 | 349,690 |
| Lab and Radilology | | | | 37,454 | 37,454 |
| IV Therapy | | | | 18,498 | 18,498 |
| Physcian Fees & Transporation | | | | 1,271 | 1,271 |
| Beauty & Barber | | | | 10,981 | 10,981 |
| Nursing Service | 2,144,855 | | 32,008 | 520,241 | 2,697,104 |
| Routine Supplies | | | 130,317 | | 130,317 |
| Non Ledgend Drugs | | | | 32,149 | 32,149 |
| Social Service | 91,192 | | 1,008 | 31,333 | 123,533 |
| Activities | 59,708 | | 17,373 | 24,448 | 101,529 |
| Dietary | 270,823 | | 13,541 | 392,260 | 676,624 |
| Plant Operations | 78,171 | | 1,049 | 227,619 | 306,839 |
| Housekeeping | 162,698 | | 48,500 | 25,297 | 236,495 |
| Laundry and Linen | 100,821 | | 12,869 | 25,131 | 138,821 |
| Medical Services | | 36,629 | | | 36,629 |
| Medical Records | 38,452 | | 1,282 | 25,910 | 65,644 |
| Real Estate Taxes/Insurance | | | | 37,524 | 37,524 |
| State Tax Fee | | | | 561,014 | 561,014 |
| Adminstrative and General | 309,652 | | 11,100 | 587,452 | 908,204 |
| Totals | $3,256,372 | $ 36,629 | $ 305,041 | $3,622,970 | $ 7,221,012 |

Historical Data
12/31/14

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 19,312 | $ 19,312 |
| Medical Supplies | | | 50,783 | | 50,783 |
| Occupational Therapy | | | | 234,662 | 234,662 |
| Physical Therapy | | | | 277,240 | 277,240 |
| Speech Pathology | | | | 65,198 | 65,198 |
| Pharmacy | | | | 315,792 | 315,792 |
| Lab and Radiology | | | | 41,698 | 41,698 |
| IV Therapy | | | | 16,674 | 16,674 |
| Physcian Fees & Transporation | | | | 5,666 | 5,666 |
| Beauty & Barber | | | | 10,453 | 10,453 |
| Nursing Service | 2,117,440 | | 24,919 | 515,906 | 2,658,265 |
| Routine Supplies | | | 130,067 | | 130,067 |
| Non Legend Drugs | | | | 30,986 | 30,986 |
| Social Service | 77,777 | | 3,416 | 30,698 | 111,891 |
| Activities | 49,334 | | 12,905 | 19,135 | 81,374 |
| Dietary | 271,258 | | 22,035 | 401,335 | 694,628 |
| Plant Operations | 72,630 | | 5,202 | 216,897 | 294,729 |
| Housekeeping | 155,311 | | 41,911 | 27,912 | 225,134 |
| Laundry and Linen | 106,201 | | 10,314 | 28,455 | 144,970 |
| Medical Services | | 36,221 | | | 36,221 |
| Medical Records | 38,990 | | 1,444 | 30,767 | 71,201 |
| Real Estate Taxes/Insurance | | | | 38,072 | 38,072 |
| State Tax Fee | | | | 552,136 | 552,136 |
| Adminstrative and General | 339,279 | | 11,173 | 556,329 | 906,781 |
| Totals | $3,228,220 | $ 36,221 | $ 314,169 | $3,435,323 | $ 7,013,933 |

Certificate of Need Program

# SERVICE - SPECIFIC REVENUES AND EXPENSES

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

| | May-18 | Year May-19 | May-20 |
|---|---|---|---|
| **Amount of Utilization*** | **7,136** | **8,946** | **8,948** |
| **Revenue:** | | | |
| Average Charge** | $ 319.14 | $ 327.20 | $ 335.48 |
| Gross Revenue | $ 2,699,448 | $ 3,519,292 | $ 3,666,379 |
| Revenue Deductions | (427,317) | (599,045) | (671,608) |
| Operating Revenue | 2,272,131 | 2,920,247 | 2,994,771 |
| Other Revenue | 5,257 | 6,855 | 7,130 |
| **TOTAL REVENUE** | $ 2,277,388 | $ 2,927,102 | $ 3,001,901 |
| **Expenses:** | | | |
| Direct Expense | | | |
| Salaries | $ 778,642 | $ 815,669 | $ 836,066 |
| Fees | 15,000 | 15,450 | 15,914 |
| Supplies | 99,295 | 128,318 | 132,297 |
| Other | 1,069,159 | 1,294,668 | 1,328,117 |
| TOTAL DIRECT | $ 1,962,096 | $ 2,254,105 | $ 2,312,394 |
| Indirect Expense | | | |
| Depreciation | $ 242,118 | $ 242,118 | $ 242,118 |
| Lease | - | - | - |
| Interest*** | - | - | - |
| Overhead**** (3% of Revenue) | 68,322 | 87,813 | 90,057 |
| TOTAL INDIRECT | $ 310,440 | $ 329,931 | $ 332,175 |
| **TOTAL EXPENSE** | $ 2,272,536 | $ 2,584,036 | $ 2,644,569 |
| **NET INCOME (LOSS):** | $ 4,852 | $ 343,066 | $ 357,332 |

* 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.

NOTE: The average charge amount reflected above is calculated by dividing TOTAL REVENUE by Patient Days.

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

**** Indicate how overhead was calculated

PROJECTED DATA
YEAR 1

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 14,112 | $ 14,112 |
| Medical Supplies | | | 43,646 | | 43,646 |
| Occupational Therapy | | | | 86,190 | 86,190 |
| Physical Therapy | | | | 86,113 | 86,113 |
| Speech Pathology | | | | 35,887 | 35,887 |
| Pharmacy | | | | 195,846 | 195,846 |
| Lab and Radiology | | | | 30,009 | 30,009 |
| IV Therapy | | | | 10,771 | 10,771 |
| Nursing Service | 628,274 | | 5,289 | 133,495 | 767,058 |
| Routine Supplies | | | 24,682 | | 24,682 |
| Non Ledgend Drugs | | | | 5,596 | 5,596 |
| Social Service | 12,511 | | | 6,489 | 19,000 |
| Activities | 11,520 | | 4,982 | 1,429 | 17,931 |
| Dietary | 47,128 | | 4,139 | 77,555 | 128,822 |
| Plant Operations | - | | 1,073 | 136,645 | 137,718 |
| Housekeeping | 40,013 | | 8,125 | 9,397 | 57,535 |
| Laundry and Linen | 13,338 | | 3,986 | 3,460 | 20,784 |
| Medical Services | | 15,000 | | | 15,000 |
| Medical Records | 11,441 | | 307 | 6,145 | 17,893 |
| Real Estate Taxes/Insurance | | | | 30,724 | 30,724 |
| Adminstrative and General | 14,417 | | 3,066 | 199,296 | 216,779 |
| Totals | $ 778,642 | $ 15,000 | $ 99,295 | $ 1,069,159 | $ 1,962,096 |

PROJECTED DATA
YEAR 2

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 18,227 | $ 18,227 |
| Medical Supplies | | | 56,459 | - | 56,459 |
| Occupational Therapy | | | | 94,254 | 94,254 |
| Physical Therapy | | | | 94,155 | 94,155 |
| Speech Pathology | | | | 73,569 | 73,569 |
| Pharmacy | | | | 252,887 | 252,887 |
| Lab and Radilology | | | | 38,750 | 38,750 |
| IV Therapy | | | | 13,915 | 13,915 |
| Nursing Service | 639,562 | | 6,829 | 141,928 | 788,319 |
| Routine Supplies | | | 31,871 | | 31,871 |
| Non Ledgend Drugs | | | | 7,225 | 7,225 |
| Social Service | 12,824 | | | 8,039 | 20,863 |
| Activities | 11,808 | | 6,434 | 1,464 | 19,706 |
| Dietary | 64,428 | | 5,345 | 100,868 | 170,641 |
| Plant Operations | - | | 1,386 | 142,486 | 143,872 |
| Housekeeping | 41,013 | | 10,492 | 9,979 | 61,484 |
| Laundry and Linen | 19,530 | | 5,147 | 4,948 | 29,625 |
| Medical Services | | 15,450 | | | 15,450 |
| Medical Records | 11,727 | | 396 | 7,646 | 19,769 |
| Real Estate Taxes/Insurance | | | | 31,646 | 31,646 |
| Adminstrative and General | 14,777 | | 3,959 | 252,682 | 271,418 |
| Totals | $ 815,669 | $ 15,450 | $ 128,318 | $1,294,668 | $ 2,254,105 |

PROJECTED DATA
YEAR 3

| | Salaries | Fees | Supplies | Other | Total |
|---|---|---|---|---|---|
| Inhalation Therapy | | | | $ 18,813 | $ 18,813 |
| Medical Supplies | | | 58,276 | | 58,276 |
| Occupational Therapy | | | | 96,610 | 96,610 |
| Physical Therapy | | | | 96,509 | 96,509 |
| Speech Pathology | | | | 75,408 | 75,408 |
| Pharmacy | | | | 260,532 | 260,532 |
| Lab and Radiology | | | | 39,921 | 39,921 |
| IV Therapy | | | | 14,341 | 14,341 |
| Nursing Service | 655,555 | | 7,035 | 145,792 | 808,382 |
| Routine Supplies | | | 32,830 | | 32,830 |
| Non Legend Drugs | | | | 7,443 | 7,443 |
| Social Service | 13,145 | | | 8,274 | 21,419 |
| Activities | 12,103 | | 6,627 | 1,501 | 20,231 |
| Dietary | 66,039 | | 5,506 | 103,839 | 175,384 |
| Plant Operations | - | | 1,427 | 146,763 | 148,190 |
| Housekeeping | 42,039 | | 10,808 | 10,236 | 63,083 |
| Laundry and Linen | 20,018 | | 5,302 | 5,077 | 30,397 |
| Medical Services | | 15,914 | | | 15,914 |
| Medical Records | 12,020 | | 408 | 7,871 | 20,299 |
| Real Estate Taxes/Insurance | | | | 32,595 | 32,595 |
| Adminstrative and General | 15,147 | | 4,078 | 256,592 | 275,817 |
| Totals | $ 836,066 | $ 15,914 | $ 132,297 | $ 1,328,117 | $ 2,312,394 |

OCCUPANCY SUMMARY
FILL RATE = 5 NET PATIENTS PER MONTH

| MONTH | CENSUS AT BEGINNING OF MONTH | NET INCREASE IN PATIENTS | CENSUS AT END OF MONTH | AVERAGE CENSUS FOR MONTH | DAYS IN MONTH | PATIENT DAYS | PATIENT DAYS AVAILABLE | % OCCUPANCY |
|---|---|---|---|---|---|---|---|---|
| Jun-17 | - | 5.00 | 5.00 | 2.50 | 31 | 78 | 806 | 9.68% |
| Jul-17 | 5.00 | 5.00 | 10.00 | 7.50 | 28 | 210 | 728 | 28.85% |
| Aug-17 | 10.00 | 5.00 | 15.00 | 12.50 | 31 | 388 | 806 | 48.14% |
| Sep-17 | 15.00 | 5.00 | 20.00 | 17.50 | 30 | 525 | 780 | 67.31% |
| Oct-17 | 20.00 | 4.50 | 24.50 | 22.25 | 31 | 690 | 806 | 85.61% |
| Nov-17 | 24.50 | | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| Dec-17 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Jan-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Feb-18 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| Mar-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Apr-18 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| May-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| YEAR 1 | - | 24.50 | 24.50 | | 365 | 7,136 | 9,490 | 75.19% |
| | | | | | | | | |
| Jun-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Jul-18 | 24.50 | - | 24.50 | 24.50 | 28 | 686 | 728 | 94.23% |
| Aug-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Sep-18 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| Oct-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Nov-18 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| Dec-18 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Jan-19 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Feb-19 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| Mar-19 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| Apr-19 | 24.50 | - | 24.50 | 24.50 | 30 | 735 | 780 | 94.23% |
| May-19 | 24.50 | - | 24.50 | 24.50 | 31 | 760 | 806 | 94.29% |
| YEAR 2 | 24.50 | - | 24.50 | | 365 | 8,946 | 9,490 | 94.27% |

PROJECTED REVENUES (TOTAL FACILITY)
FOR NURSING HOME PROJECTS
PAGE 1

PROJECTED OPERATING YEAR 1 ENDING May-18

| | PVT -PVT (1) | Semi-Private (2) | SP - Comp (3) | ICF Mcaid (3A) | MEDICARE (4) | Managed Care (5) | Hospice (6) | MEDICARE PART B (7) | MISC (8) | RESTRICTED GRANTS & DONATIONS (9) | NON NURSING HOME REVENUE (10) | TOTAL (11) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 ROUTINE SERVICES | 882,780 | | | | 618,045 | 264,735 | - | | | | | 1,765,560 |
| 2 PHYSICAL THERAPY | 6,898 | | | | 170,218 | 149,689 | | 12,299 | | | | 339,104 |
| 3 SPEECH THERAPY | 3,866 | | | | 50,667 | 21,067 | | 5,108 | | | | 80,708 |
| 4 OCCUPATIONAL THERAPY | 1,350 | | | | 129,963 | 109,897 | | 7,551 | | | | 248,761 |
| 5 AUDIOLOGICAL THERAPY | | | | | | | - | | | | | |
| 6 MEDICAL SUPPLIES | 11,283 | | | | 16,096 | 6,873 | | | | | | 34,252 |
| 7 PHARMACY | | | | | 113,722 | 67,318 | | | | | | 181,040 |
| 8 LAB | 133 | | | | 13,823 | 8,451 | | | | | | 22,407 |
| 9 RADIOLOGY/MEDICAL SERVICES | 99 | | | | 9,705 | 3,754 | | | | | | 13,558 |
| 10 OTHER - INHALATION THERAPY | 2,106 | | | | 4,861 | 1,810 | - | - | | | | 8,777 |
| 10 OTHER ANCILLARY - IV THERAPY | 513 | | | | 2,792 | 1,976 | | | | | | 5,281 |
| 11 UNRESTRICTED GRANTS/DONATIONS | | | | | | | | | | | | |
| 12 OUTPATIENT CLINIC | | | | | | | | | | | | |
| 13 OTHER NURSING HOME REVENUE | | | | | | | | | 5,257 | | | 5,257 |
| 14 ALLOWANCE FOR BAD DEBTS | (4,545) | | | | (4,879) | (1,869) | | (125) | | | | (11,418) |
| 15 CONTRACTUAL ADJUSTMENTS | | | | - | (154,157) | (261,742) | - | | | | | (415,899) |
| 16 PRIVATE ROOM REVENUE | | | | | | | | | | | | |
| 17 TOTAL NURSING HOME REVENUE | 904,483 | | | | 970,856 | 371,959 | - | 24,833 | 5,257 | | | 2,277,388 |
| 18 TOTAL RESTRICTED GRANTS/DONATIONS | | | | | | | | | | | | |
| 19 NON NURSING HOME REVENUES | | | | | | | | | | | | |
| 20 TOTAL REVENUE | 904,483 | | | | 970,856 | 371,959 | - | 24,833 | 5,257 | | | 2,277,388 |
| 22 % OF NURSING HOME REVENUE | 39.72% | | | | 42.63% | 16.33% | | 1.09% | 0.23% | | | 100.00% |
| 23 PATIENT DAYS | 3,568 | | | | 2,498 | 1,070 | | | | | | 7,136 |
| 24 % OF PATIENT DAYS | 50.00% | | | | 35.00% | 15.00% | | | | | | 100.00% |
| 25 REVENUE PER PATIENT DAY | 253.50 | | | | 388.65 | 347.63 | | | 0.74 | | | 319.14 |
| 26 TOTAL NUMBER NURSING HOME BEDS | | | | | | | | | | | | 26 |
| 27 TOTAL NUMBER OTHER BEDS | | | | | | | | | | | | |
| 28 AVERAGE OCCUPANCY NURSING HOME | | | | | | | | | | | | 75.19% |
| 29 AVERAGE OCCUPANCY OTHER | | | | | | | | | | | | |

PROJECTED REVENUES (TOTAL FACILITY)
FOR NURSING HOME PROJECTS
PAGE 2

PROJECTED OPERATING YEAR 2 ENDING May-19

| | PVT -PVT (1) | Semi-Private (2) | SP - Comp (3) | ICF Mcaid (3A) | MEDICARE (4) | Managed Care (5) | Hospice (6) | MEDICARE PART B (7) | MISC (8) | RESTRICTED GRANTS & DONATIONS (9) | NON NURSING HOME REVENUE (10) | TOTAL (11) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 ROUTINE SERVICES | 1,150,959 | | | | 805,646 | 345,314 | - | - | | | | 2,301,919 |
| 2 PHYSICAL THERAPY | 8,993 | | | | 221,925 | 195,159 | | 16,035 | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 442,112 |
| 3 SPEECH THERAPY | 5,039 | | | | 66,046 | 27,462 | | 6,659 | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 105,206 |
| 4 OCCPATIONAL THERAPY | 1,761 | | | | 169,470 | 143,304 | | 9,847 | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 324,382 |
| 5 AUDIOLOGICAL THERAPY | | | | | | | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | |
| 6 MEDICAL SUPPLIES | 14,705 | | | | 20,977 | 8,958 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 44,640 |
| 7 PHARMACY | | | | | 148,242 | 87,753 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 235,995 |
| 8 LAB | 173 | | | | 17,992 | 11,000 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 29,165 |
| 9 RADIOLOGY/MEDICAL SERVICES | 129 | | | | 12,615 | 4,880 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 17,624 |
| 10 OTHER - INHALATION THERAPY | 2,726 | | | | 6,292 | 2,343 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 11,361 |
| 10 OTHER ANCILLARY - IV THERAPY | 669 | | | | 3,642 | 2,577 | | | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 6,888 |
| 11 UNRESTRICTED GRANTS/DONATIONS | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ \\\\\\\\\\\\ | | \\\\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | |
| 12 OUTPATIENT CLINIC | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ \\\\\\\\\\\\ | | \\\\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | |
| 13 OTHER NURSING HOME REVENUE | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ \\\\\\\\\\\\ | | \\\\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | 6,855 | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 6,855 |
| 14 ALLOWANCE FOR BAD DEBTS | (5,926) | | | | (6,207) | (2,379) | | (163) | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | (14,675) |
| 15 CONTRACTUAL ADJUSTMENTS | | | | | (231,510) | (352,860) | - | | | | | (584,370) |
| 16 PRIVATE ROOM REVENUE | \\\\\\\\\\\\ | \\\\\\\\\\\\ | | | | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | |
| 17 TOTAL NURSING HOME REVENUE | 1,179,228 | | | | 1,235,130 | 473,511 | - | 32,378 | 6,855 | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 2,927,102 |
| 18 TOTAL RESTRICTED GRANTS/DONATIONS | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ \\\\\\\\\\\\ | | \\\\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | | \\\\\\\\\\\\ | |
| 19 NON NURSING HOME REVENUES | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ \\\\\\\\\\\\ | | \\\\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\ | | |
| 20 TOTAL REVENUE | 1,179,228 | | | | 1,235,130 | 473,511 | - | 32,378 | 6,855 | | | 2,927,102 |
| 22 % OF NURSING HOME REVENUE | 40.29% | | | | 42.20% | 16.18% | | 1.11% | 0.23% | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 100.00% |
| 23 PATIENT DAYS | 4,473 | | | | 3,131 | 1,342 | | | | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 8,946 |
| 24 % OF PATIENT DAYS | 50.00% | | | | 35.00% | 15.00% | | | | \\\\\\\\\\\\\\\\\\ | \\\\\\\\\\\\ | 100.00% |
| 25 REVENUE PER PATIENT DAY | 263.63 | | | | 394.48 | 352.84 | | | 0.77 | | | 327.20 |
| 26 TOTAL NUMBER NURSING HOME BEDS | | | | | | | | | | | | 26 |
| 27 TOTAL NUMBER OTHER BEDS | | | | | | | | | | | | |
| 28 AVERAGE OCCUPANCY NURSING HOME | | | | | | | | | | | | 94.27% |
| 29 AVERAGE OCCUPANCY OTHER | | | | | | | | | | | | |

PROJECTED REVENUES (TOTAL FACILITY)
FOR NURSING HOME PROJECTS
PAGE 3

PROJECTED OPERATING YEAR 3 ENDING May-20

| | PVT -PVT (1) | Semi-Private (2) | SP - Comp (3) | ICF Mcaid (3A) | MEDICARE (4) | Managed Care (5) | Hospice (6) | MEDICARE PART B (7) | MISC (8) | RESTRICTED GRANTS & DONATIONS (9) | NON NURSING HOME REVENUE (10) | TOTAL (11) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 ROUTINE SERVICES | 1,196,998 | | | | 842,169 | 360,853 | - | - | | | | 2,400,020 |
| 2 PHYSICAL THERAPY | 9,355 | | | | 230,842 | 203,001 | | 16,679 | | | | 459,877 |
| 3 SPEECH THERAPY | 5,241 | | | | 68,693 | 28,563 | | 6,925 | | | | 109,422 |
| 4 OCCPATIONAL THERAPY | 1,831 | | | | 176,267 | 149,052 | | 10,242 | | | | 337,392 |
| 5 AUDIOLOGICAL THERAPY | | | | | | | | | | | | |
| 6 MEDICAL SUPPLIES | 15,296 | | | | 21,820 | 9,318 | | | | | | 46,434 |
| 7 PHARMACY | | | | | 154,217 | 91,289 | | | | | | 245,506 |
| 8 LAB | 180 | | | | 18,711 | 11,439 | | | | | | 30,330 |
| 9 RADIOLOGY/MEDICAL SERVICES | 134 | | | | 13,128 | 5,078 | | | | | | 18,340 |
| 10 OTHER - INHALATION THERAPY | 2,855 | | | | 6,591 | 2,454 | | | | | | 11,900 |
| 10 OTHER ANCILLARY - IV THERAPY | 696 | | | | 3,784 | 2,678 | | | | | | 7,158 |
| 11 UNRESTRICTED GRANTS/DONATIONS | | | | | | | | | | | | |
| 12 OUTPATIENT CLINIC | | | | | | | | | | | | |
| 13 OTHER NURSING HOME REVENUE | | | | | | | | | 7,130 | | | 7,130 |
| 14 ALLOWANCE FOR BAD DEBTS | (6,163) | | | | (6,302) | (2,415) | | (169) | | | | (15,049) |
| 15 CONTRACTUAL ADJUSTMENTS | | | | | (275,862) | (380,697) | - | | | | | (656,559) |
| 16 OTHER - INHALATION THERAPY | | | | | | | | | | | | |
| 17 TOTAL NURSING HOME REVENUE | 1,226,423 | | | | 1,254,058 | 480,613 | - | 33,677 | 7,130 | | | 3,001,901 |
| 18 TOTAL RESTRICTED GRANTS/DONATIONS | | | | | | | | | | | | |
| 19 NON NURSING HOME REVENUES | | | | | | | | | | | | |
| 20 TOTAL REVENUE | 1,226,423 | | | | 1,254,058 | 480,613 | - | 33,677 | 7,130 | | | 3,001,901 |
| 22 % OF NURSING HOME REVENUE | 41.90% | | | | 42.84% | 16.42% | | 1.15% | 0.24% | | | 102.56% |
| 23 PATIENT DAYS | 4,473 | | | | 3,132 | 1,342 | | | | | | 8,948 |
| 24 % OF PATIENT DAYS | 50.00% | | | | 35.00% | 15.00% | | | | | | 100.00% |
| 25 REVENUE PER PATIENT DAY | 274.18 | | | | 400.40 | 358.13 | | | 0.80 | | | 335.48 |
| 26 TOTAL NUMBER NURSING HOME BEDS | | | | | | | | | | | | 26 |
| 27 TOTAL NUMBER OTHER BEDS | | | | | | | | | | | | |
| 28 AVERAGE OCCUPANCY NURSING HOME | | | | | | | | | | | | 94.29% |
| 29 AVERAGE OCCUPANCY OTHER | | | | | | | | | | | | |

EFFECT ON PATIENT CHARGE RATES (TOTAL FACILITY)

| Patient Charge/Reimbursement type: | Present Charge per Patient Day | Projected Charge per Patient Day During Construction | Projected Charge per Patient Day Day Year 1 | Projected Charge per Patient Day Day Year 2 |
|---|---|---|---|---|
| Private/Private pay | 225.00 | | 247.42 | 257.31 |
| Semi-private/Private pay | | | - | - |
| Semi Private - Companion | | | - | - |
| | | | - | - |
| Medicare Reimbursement | | | 390.61 | 396.47 |
| ICF Medicaid | | | - | - |
| Managed Care | 339.93 | | 349.37 | 354.61 |
| Hospice | | | - | - |

ANALYSIS OF PROJECTED ROOM & BOARD CHARGES

| | | |
|---|---|---|
| 1/15 - 12/15 | 100.00% | 4.00% |
| 1/16 - 12/16 | 104.00% | |
| 1/17 - 12/17 | 108.16% | |
| 1/18 - 12/18 | 112.49% | |
| 1/19 - 12/19 | 116.99% | |

YEAR 1 = 6/17 - 5/18

| | Room & Board Inflation | | |
|---|---|---|---|
| 1/17 - 12/17 | 7 | 108.16% | 63.09% |
| 1/18 - 12/18 | 5 | 112.49% | 46.87% |
| | 12 | | 109.96% |

YEAR 2 = 6/18 - 5/19

| | | | |
|---|---|---|---|
| 1/18 - 12/18 | 7 | 112.49% | 65.62% |
| 1/19 - 12/19 | 5 | 116.99% | 48.74% |
| | 12 | | 114.36% |

Base Rate = 2015 Estimated PrivatePay Rates - Springfield, MO Market

| | PRIVATE | SEMI PRIVATE | Semi PVT Companion |
|---|---|---|---|
| BASE RATE = 2015 Avg Rate | $ 225.00 | $ - | $ - |
| INFLATION | 109.96% | 109.96% | 109.96% |
| YEAR 1 RATES | $ 247.42 | $ - | $ - |
| | | | |
| BASE RATE = 2015 Avg Rate | $ 225.00 | $ - | $ - |
| INFLATION | 114.36% | 114.36% | 114.36% |
| YEAR 2 RATES | $ 257.31 | $ - | $ - |

ANALYSIS OF PROJECTED MANAGED CARE RATES

| | |
|---|---|
| 1/14 - 12/14 | 100.00% |
| 1/15 - 12/15 | 101.50% |
| 1/16 - 12/16 | 103.02% |
| 1/17 - 12/17 | 104.57% |
| 1/18 - 12/18 | 106.14% |
| 1/19 - 12/19 | 107.73% |

YEAR 1 = 6/17 - 5/18

| | Managed Care Inflation | | |
|---|---|---|---|
| 1/17 - 12/17 | 12 | 104.57% | 104.57% |
| 1/16 - 12/16 | - | 106.14% | 0.00% |
| | 12 | | 104.57% |

YEAR 2 = 6/18 - 5/19

| | | | |
|---|---|---|---|
| 1/18 - 12/18 | 12 | 106.14% | 106.14% |
| 1/19 - 12/19 | - | 107.73% | 0.00% |
| | 12 | | 106.14% |

| | | Managed Care | |
|---|---|---|---|
| BASE RATE 2014 | $ - | $ 334.11 | $ - |
| INFLATION | 104.57% | 104.57% | 104.57% |
| YEAR 1 RATES | $ - | $ 349.37 | $ - |
| | | | |
| BASE RATE 2014 | $ - | $ 334.11 | $ - |
| INFLATION | 106.14% | 106.14% | 106.14% |
| YEAR 2 RATES | $ - | $ 354.61 | $ - |

Springfield, MO Market Analysis
Analysis of 2015 Room Rates

7/2/15 Rates per Springfield Rehab & HealthCare Market Analysis

| | Manor @ Effindale | The Maples | The Neighborhoods @ Quail Creek | James River | Glendale Gardens | Mercy Villa | Average of 6 Locations |
|---|---|---|---|---|---|---|---|
| Private | 220.00 | 225.00 | 270.00 | 300.00 | 215.00 | 205.00 | 239.17 |
| | | | | | | Proforma Rate | 225.00 |

ESTIMATED PPS PAYMENTS

| PROJECTED PPS RATE | PERIOD | 1.50% |
|---|---|---|
| 383.05 | 10/1/14 - 9/30/15 | |
| 375.39 | Sequestration | |
| 381.02 | 10/1/15- 9/30/16 | 1.5% Increase |
| 386.74 | 10/1/16 - 9/30/17 | 1.5% Increase |
| 392.54 | 10/1/17 - 9/30/18 | 1.5% Increase |
| 398.43 | 10/1/18 - 9/30/19 | 1.5% Increase |
| 404.41 | 10/1/19 - 9/30/20 | 1.5% Increase |

YEAR 1 = 6/17 - 5/18

| | # OF MONTHS IN PERIOD | PPS RATE FOR PERIOD | YEAR 1 PROJECTED PPS RATE |
|---|---|---|---|
| 10/1/16 - 9/30/17 | 4 | 386.74 | 128.91 |
| 10/1/17 - 9/30/18 | 8 | 392.54 | 261.69 |
| | 12 | | 390.61 |

YEAR 2 = 6/18 - 5/19

| | # OF MONTHS IN PERIOD | PPS RATE FOR PERIOD | YEAR 2 PROJECTED PPS RATE |
|---|---|---|---|
| 10/1/17 - 9/30/18 | 4 | 392.54 | 130.85 |
| 10/1/18 - 9/30/19 | 8 | 398.43 | 265.62 |
| | 12 | | 396.47 |

ESTIMATED PPS PAYMENTS - 10/1/14 - 9/30/15

| RUGS Category | Therapy Minutes | Rate | % of Medicare Residents in RUGS Category | Estimated Medicare Reimbursement |
|---|---|---|---|---|
| RUX | 720 | **687.28** | 0.00% | - |
| RUL | 720 | **672.30** | 0.00% | - |
| RVX | 500 | **611.73** | 0.00% | - |
| RVL | 500 | **548.83** | 0.00% | - |
| RHX | 325 | **554.23** | 1.79% | 9.90 |
| RHL | 325 | **494.33** | 0.00% | - |
| RMX | 150 | **508.41** | 0.00% | - |
| RML | 150 | **466.47** | 0.00% | - |
| RLX | 45 | **446.50** | 0.00% | - |
| RUC | 720 | **521.04** | 5.18% | 26.97 |
| RUB | 720 | **521.04** | 7.83% | 40.77 |
| RUA | 720 | **435.67** | 0.74% | 3.22 |
| RVC | 500 | **446.98** | 5.05% | 22.58 |
| RVB | 500 | **387.08** | 16.82% | 65.11 |
| RVA | 500 | **385.58** | 2.59% | 9.98 |
| RHC | 325 | **389.49** | 3.64% | 14.16 |
| RHB | 325 | **350.54** | 7.83% | 27.43 |
| RHA | 325 | **308.61** | 0.68% | 2.09 |
| RMC | 150 | **342.17** | 3.64% | 12.44 |
| RMB | 150 | **321.20** | 2.83% | 9.10 |
| RMA | 150 | **264.29** | 0.55% | 1.47 |
| RLB | 45 | **332.67** | 0.00% | - |
| RLA | 45 | **214.36** | 0.00% | - |
| ES3 | | **627.46** | 0.00% | - |
| ES2 | | **491.18** | 5.42% | 26.63 |
| ES1 | | **438.75** | 0.00% | - |
| HE2 | | **423.78** | 2.83% | 12.01 |
| HE1 | | **351.89** | 6.16% | 21.68 |
| HD2 | | **396.82** | 0.62% | 2.44 |
| HD1 | | **330.92** | 0.43% | 1.43 |
| HC2 | | **374.35** | 0.62% | 2.31 |
| HC1 | | **312.94** | 4.13% | 12.92 |
| HB2 | | **369.86** | 0.00% | - |
| HB1 | | **309.95** | 2.03% | 6.30 |
| LE2 | | **384.84** | 0.00% | - |
| LE1 | | **321.93** | 0.00% | - |
| ID2 | | **369.86** | 0.86% | 3.19 |
| ID1 | | **309.95** | 1.36% | 4.20 |
| IC2 | | **324.93** | 0.00% | - |
| IC1 | | **274.01** | 1.85% | 5.06 |
| IB2 | | **308.46** | 0.00% | - |
| IB1 | | **262.03** | 0.00% | - |
| CE2 | | **342.90** | 0.00% | - |
| CE1 | | **315.94** | 0.86% | 2.73 |
| CD2 | | **324.93** | 0.74% | 2.40 |
| CD1 | | **297.97** | 2.03% | 6.06 |
| CC2 | | **284.49** | 1.73% | 4.91 |
| CC1 | | **263.52** | 3.94% | 10.39 |
| CB2 | | **263.52** | 0.00% | - |
| CB1 | | **244.06** | 0.00% | - |
| CA2 | | **223.09** | 0.00% | - |
| CA1 | | **208.11** | 1.23% | 2.56 |
| BB2 | | **236.56** | 0.00% | - |
| BB1 | | **226.08** | 0.00% | - |
| BA2 | | **196.13** | 0.00% | - |
| BA1 | | **187.14** | 0.00% | - |
| PE2 | | **315.94** | 0.00% | - |
| PE1 | | **300.96** | 0.00% | - |
| PD2 | | **297.97** | 0.00% | - |
| PD1 | | **282.99** | 2.96% | 8.37 |
| PC2 | | **256.04** | 0.00% | - |
| PC1 | | **244.06** | 0.62% | 1.50 |
| PB2 | | **217.10** | 0.00% | - |
| PB1 | | **208.11** | 0.00% | - |
| PA2 | | **179.66** | 0.00% | - |
| PA1 | | **172.16** | 0.43% | 0.74 |
| DEFAULT RATE | | **172.16** | 0.00% | - |
| Projected Medicare Reimbursement | | | 100.00% | 383.05 |
| Medicare Reimbursement after sequestration | | | | 375.39 |

Expense Projection
Year 1

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| INHALATION THERAPY | | | $ 12,532.63 | $ 1.76 |
| INHALATION THERAPY | | | $ 1,579.50 | $ 0.22 |
| TOTAL INHALATION THERAPY | | | 14,112.13 | 1.98 |
| | | | | |
| MEDICAL SUPPLIES | | | $ 35,183.34 | 4.93 |
| MEDICAL SUPPLIES | | | 8,462.25 | 1.19 |
| MEDICAL SUPPLIES | | | 43,645.59 | 6.12 |
| | | | | |
| PHARMACY | | | $ 195,846.24 | 27.44 |
| PHARMACY | | | - | - |
| TOTAL PHARMACY | | | 195,846.24 | 27.44 |
| | | | | |
| IV THERAPY | | | $ 10,309.71 | 1.44 |
| IV THERAPY | | | 461.70 | 0.06 |
| TOTAL IV THERAPY | | | 10,771.41 | 1.51 |
| | | | | |
| LABORATORY | | | $ 15,675.36 | 2.20 |
| | | | | |
| RADIOLOGY/Medical Services | | | $ 14,333.95 | 2.01 |
| | | 108.81% | | |
| PHYSICAL THERAPY | FTE | Rate | | |
| Purchased Service - RPT | | 69.01 | - | - |
| Purchased Service - LPTA | 0.75 | 55.20 | 86,113.30 | 12.07 |
| Purchased Service - Aides | | | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL PHYSICAL THERAPY | | | 86,113.30 | 12.07 |
| | | | | |
| OCCUPATIONAL THERAPY | | | | |
| Purchased Service - OTR | | 69.01 | - | - |
| Purchased Service - COTA | 0.75 | 55.20 | 86,113.30 | 12.07 |
| Purchased Service - Aides | | | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | 76.65 | 0.01 |
| TOTAL OCCUPATIONAL THERAPY | | | 86,189.95 | 12.08 |
| | | | | |
| SPEECH THERAPY | | | | |
| Purch Serv - SLP-CCC | 0.25 | 69.01 | 35,886.50 | 5.03 |
| Purch Serv - STA | | | - | - |
| Purchased Service - Aides | | | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL SPEECH THERAPY | | | 35,886.50 | 5.03 |
| | | | | |
| TOTAL ANCILLARY EXPENSES | | | 502,574.43 | 70.43 |
| | | | | |
| NURSING SERVICE | | | | |
| ICF RN | | | $ - | |
| ICF LPN | | | - | - |
| ICF AIDES | | | - | - |
| SNF RN | | | 308,916.72 | 43.29 |
| SNF LPN | | | 61,416.60 | 8.61 |
| SNF AIDES | | | 257,940.36 | 36.15 |
| REHAB AIDES | | | - | - |
| PAYROLL TAXES/FRINGE | | | 58,007.08 | 8.13 |
| WORKERS COMP | | | 20,027.20 | 2.81 |
| NURSING ADMIN SUPPLIES | | | 5,289.00 | 0.74 |
| PROFESSIONAL LIABILITY INSURANCE | | | 34,918.00 | 4.89 |
| SMALL EQUIPMENT/REPAIRS | | | 2,606.17 | 0.37 |
| OTHER | | | 17,936.60 | 2.51 |
| TOTAL NURSING SERVICE | | | 767,057.73 | 107.49 |

Expense Projection
Year 1

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| ROUTINE CENTRAL SUPPLIES | | | 24,681.99 | 3.46 |
| NON LEGEND DRUGS | | | 5,595.61 | 0.78 |
| | | 108.81% | | |
| SOCIAL SERVICE | FTE | Rate | | |
| SALARIES - Director | | | - | - |
| SALARIES - Assistant | 0.50 | 12.03 | 12,511.20 | 1.75 |
| PAYROLL TAXES/FRINGE | | | 1,160.77 | 0.16 |
| WORKERS COMP | | | 116.04 | 0.02 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 5,212.35 | 0.73 |
| TOTAL SOCIAL SERVICE | | | 19,000.36 | 2.66 |
| ACTIVITIES | FTE | RATE | | |
| SALARIES - Director | | | | |
| SALARIES - Assistant | 0.50 | 11.08 | 11,520.02 | 1.61 |
| PAYROLL TAXES/FRINGE | | | 1,055.97 | 0.15 |
| WORKERS COMP | | | 372.47 | 0.05 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 4,982.39 | 0.70 |
| TOTAL ACTIVITIES | | | 17,930.85 | 2.51 |
| DIETARY | FTE | Rate | | |
| SALARIES - Reg Dietitian | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Cooks | 0.70 | 11.52 | 15,728.99 | 2.20 |
| SALARIES - Aides | 1.40 | 11.50 | 31,398.56 | 4.40 |
| ETO & SICK DAYS - 8% | | | 3,770.20 | 0.53 |
| PAYROLL TAXES/FRINGE | | | 4,341.61 | 0.61 |
| WORKERS COMP | | | 1,452.63 | 0.20 |
| FOOD | | | 57,259.15 | 8.02 |
| MANAGEMENT FEE | | | | - |
| SUPPLIES | | | 4,139.22 | 0.58 |
| OTHER | | | 10,731.30 | 1.50 |
| TOTAL DIETARY | | | 128,821.66 | 18.05 |
| PLANT OPERATIONS | | | | |
| SALARIES - Supervisor | | | | |
| SALARIES - Assistant | | | - | - |
| PAYROLL TAXES/FRINGE | | | - | - |
| WORKERS COMP | | | - | - |
| UTILITIES | | | 119,976.25 | 16.81 |
| REPAIRS & MAINTENANCE | | | 6,668.74 | 0.93 |
| GROUND MAINTENANCE | | | 10,000.00 | 1.40 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,073.13 | 0.15 |
| TOTAL PLANT OPERATIONS | | | 137,718.12 | 19.30 |
| HOUSEKEEPING | | | | |
| SALARIES - Supervisor | | | - | |
| SALARIES - Staff | 2.10 | 9.77 | 40,013.11 | 5.61 |
| ETO & SICK - 8% | | | 3,201.05 | 0.45 |
| PAYROLL TAXES/FRINGE | | | 3,657.01 | 0.51 |
| WORKERS COMP | | | 1,235.89 | 0.17 |
| SUPPLIES | | | 8,125.13 | 1.14 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,303.09 | 0.18 |
| TOTAL HOUSEKEEPING | | | 57,535.28 | 8.06 |

Expense Projection
Year 1

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| LAUNDRY AND LINEN | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Staff | 0.70 | 9.77 | 13,337.70 | 1.87 |
| ETO & SICK - 8% | | | 1,067.02 | 0.15 |
| PAYROLL TAXES/FRINGE | | | 1,240.75 | 0.17 |
| WORKERS COMP | | | 463.10 | 0.06 |
| SUPPLIES & LINEN | | | 3,985.91 | 0.56 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 689.87 | 0.10 |
| TOTAL LAUNDRY & LINEN | | | 20,784.35 | 2.91 |
| MEDICAL SERVICES | | | 15,000.00 | 2.10 |
| MEDICAL RECORDS | | | | |
| SALARIES - Director | | | - | - |
| SALARIES - Staff | 0.50 | 11.00 | 11,440.81 | 1.60 |
| PAYROLL TAXES/FRINGE | | | 1,072.58 | 0.15 |
| WORKERS COMP | | | 14.12 | 0.00 |
| SUPPLIES | | | 306.61 | 0.04 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 5,059.04 | 0.71 |
| TOTAL MEDICAL RECORDS | | | 17,893.16 | 2.51 |
| ADMINISTRATIVE AND GENERAL | | | | |
| SALARIES - Administrator | | 36.06 | | - |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Secretary | | | - | - |
| SALARIES - Receptionist | 0.50 | 13.86 | 14,417.00 | 2.02 |
| PAYROLL TAXES/FRINGE | | | 1,145.82 | 0.16 |
| WORKERS COMP | | | 34.23 | 0.00 |
| HEALTH INSURANCE | | | 64,617.76 | 9.06 |
| MANAGEMENT FEES | | | 68,322.00 | 9.57 |
| PARTNER/PUBLIC RELATIONS | | | 7,665.21 | 1.07 |
| TELEPHONE | | | 2,500.00 | 0.35 |
| SUPPLIES/PHOTO COPY | | | 3,066.09 | 0.43 |
| POSTAGE & DELIVERY | | | 1,149.78 | 0.16 |
| REPAIRS & MAINT - SMALL EQUIPMENT | | | 613.22 | 0.09 |
| STATE TAX FEE | | | 98,191.36 | 13.76 |
| OTHER | | | 23,378.90 | 3.28 |
| TOTAL ADMINISTRATIVE EXPENSES | | | 285,101.37 | 39.95 |
| TOTAL OPERATING EXPENSES | | | 1,999,694.90 | 280.22 |
| NET OPERATING INCOME <LOSS> | | | 277,693.55 | 38.91 |
| FIXED EXPENSES | | | | |
| LEASE PAYMENT | | | | |
| INTEREST - WORKING CAPITAL | | | - | - |
| DEPRECIATION | | | 242,118.00 | 33.93 |
| PROPERTY INSURANCE | | | 7,500.00 | 1.05 |
| PROPERTY TAXES | | | 23,224.00 | 3.25 |
| TOTAL FIXED EXPENSES | | | 272,842.00 | 38.23 |
| TOTAL NURSING HOME COSTS | | | $2,272,536.90 | $318.46 |

# DAILY NURSING SERVICE STAFFING PATTERN

CENTER

PERIOD: May-18

INTERMEDIATE CARE -
BUDG. OCCUPIED BEDS
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | | * 0.00% * | - | - | | = | * 30 | = $ - |
| | RN | | | | 7 | - | | * 8.00% * | - | - | | = | * 30 | = |
| | LPN | | | | 7 | - | | * 6.00% * | - | - | | = | * 30 | = |
| | CNA | | | | 7 | - | | * 5.00% * | - | - | | = | * 30 | = |
| SECOND | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| THIRD | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| | | | | - | 5 | - | - | 5.00% * | - | - | | = | * 30 | = |
| | | | | - | 5 | - | - | 5.00% * | - | - | | = | * 30 | = |
| | | | | - | 5 | - | - | 0.00% * | - | - | | = | * 30 | = |
| | | | | - | 5 | - | - | 8.00% * | - | - | | = | * 30 | = |
| | | TOTAL HRS. ICF: | | | | - | | | | | | | | |
| | | HRS. PPD. ICF: | | | | #DIV/0! | | | - | | | | | $ - |

SKILLED CARE 26.00 9,490
BUDG. OCCUPIED BEDS 19.55 7,136 75.19%
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | | * 0.00% * | - | - | | = | * 30 | = $ - |
| | RN | | 1.00 | 8.00 | 7 | 8.00 | 24.00 | * 8.00% * | 1.92 | 25.92 | $29.12 | = 754.73 | * 30 | = 22,641.90 |
| | LPN | | 1.00 | 8.00 | 7 | 8.00 | 8.00 | * 6.00% * | 0.48 | 8.48 | $19.76 | = 167.57 | * 30 | = 5,027.10 |
| | CNA | | 3.00 | 22.50 | 7 | 22.50 | 52.50 | * 5.00% * | 2.63 | 55.13 | $12.76 | = 703.65 | * 30 | = 21,109.50 |
| SECOND | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| THIRD | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| | NURSING SUPPLY CLERK | | | - | 5 | - | - | 5.00% * | - | - | $12.76 | = | * 30 | = |
| | NURSING SECRETARY | | | - | 5 | - | - | 5.00% * | - | - | $12.76 | = | * 30 | = |
| | | | | - | 7 | - | - | 8.00% * | - | - | | = | * 30 | = |
| | MDS Coordinator | | 0.50 | 4.00 | 5 | 2.86 | 2.86 | 8.00% * | 0.23 | 3.09 | $29.12 | = 89.97 | * 30 | = 2,699.10 |
| | ADON | | | - | 5 | - | - | 8.00% * | - | - | | = | * 30 | = |
| | | TOTAL HRS. SNF: | | | | 87.36 | | | 5.26 | | | | | |
| | | HRS. PPD. SNF: | | | | 4.47 | | | | | | | | $ 51,477.60 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REHAB AIDES | | | | | 5 | - | * 5.00% * | - | - | $12.76 | = | * 30 | = $ - |

| CATEGORY | (FTE's) NUMBER OF EMPLOYEES | % OF TURNOVER | NEW EMPLOYEES | ORIENTATION ANNUAL OREINTATION HOURS | DAILY OREINTATION HOURS | AVG PAY RATE | DAILY TOTAL | | | MO PAY TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| RN | 4.20 | 100.00% | 4.20 | 168.00 | 0.46 | $29.12 | 13.40 | x | 30.00 | 402.06 |
| LPN | 1.40 | 100.00% | 1.40 | 56.00 | 0.15 | $19.76 | 3.03 | x | 30.00 | 90.95 |
| CNA | 9.80 | 100.00% | 9.80 | 367.50 | 1.01 | $12.76 | 12.85 | x | 30.00 | 385.53 |
| REHAB AIDES | | 100.00% | - | - | - | $12.76 | - | x | 30.00 | - |
| | 15.40 | | 15.40 | 591.50 | 1.62 | | | | | 878.54 |

| | |
|---|---|
| (A) TOTAL HRS.(ICF, SNF, REHAB) | 87.36 |
| (B) TOTAL ORIENTATION HOURS | 1.62 |
| (C) TOTAL "DIRECT" HOURS | 88.98 |
| (D) TOTAL "DIRECT" HOURS PPD | 4.55 |
| (E) TOTAL ETO / SICK HOURS | 5.26 |
| (F) TOTAL HRS. (C+E) | 94.24 |
| (G) TOTAL PATIENT DAYS | 19.55 |
| (H) TOTAL HRS. PPD.: | 4.82 |
| TOTAL NURSING SALARIES | $ 52,356.14 |

| RUGS Category | Therapy Minutes | % of Medicare Residents in RUGS Category | Estimated Year 1 Medicare Part A Days | Estimated Patient Days in RUG Category | Therapy Minutes Required Per Patient Day | Estimated Minutes of Therapy Required |
|---|---|---|---|---|---|---|
| RUX | 720 | | 2,498 | - | 103 | - |
| RUL | 720 | | 2,498 | - | 103 | - |
| RVX | 500 | | 2,498 | - | 71 | - |
| RVL | 500 | | 2,498 | - | 71 | - |
| RHX | 325 | 1.79% | 2,498 | 45 | 46 | 2,070 |
| RHL | 325 | | 2,498 | - | 46 | - |
| RMX | 150 | | 2,498 | - | 21 | - |
| RML | 150 | | 2,498 | - | 21 | - |
| RLX | 45 | | 2,498 | - | 6 | - |
| RUC | 720 | 5.18% | 2,498 | 129 | 103 | 13,287 |
| RUB | 720 | 7.83% | 2,498 | 195 | 103 | 20,085 |
| RUA | 720 | 0.74% | 2,498 | 18 | 103 | 1,854 |
| RVC | 500 | 5.05% | 2,498 | 126 | 71 | 8,946 |
| RVB | 500 | 16.82% | 2,498 | 420 | 71 | 29,820 |
| RVA | 500 | 2.59% | 2,498 | 65 | 71 | 4,615 |
| RHC | 325 | 3.64% | 2,498 | 91 | 46 | 4,186 |
| RHB | 325 | 7.83% | 2,498 | 195 | 46 | 8,970 |
| RHA | 325 | 0.68% | 2,498 | 17 | 46 | 782 |
| RMC | 150 | 3.64% | 2,498 | 91 | 21 | 1,911 |
| RMB | 150 | 2.83% | 2,498 | 71 | 21 | 1,491 |
| RMA | 150 | 0.55% | 2,498 | 14 | 21 | 294 |
| RLB | 45 | | 2,498 | - | 6 | - |
| RLA | 45 | | 2,498 | - | 6 | - |
| ESTIMATED PART A RESIDENTS RECEIVING THERAPY | | | | 1,477 | | |

| | | | |
|---|---|---|---|
| **ESTIMATED THERAPY MINUTES REQUIRED FOR PART A RESIDENTS** | | | **98,311** |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART A RESIDENTS | | | **0.79** |
| TOTAL MEDICARE RESIDENTS | 6.84 | | |
| TOTAL MANAGED CARE RESIDENTS | 2.93 | | |
| ADDITIONAL THERAPY STAFF FOR MANAGED CARE RESIDENTS | | | **0.34** |
| ESTIMATED PART B AND PRIVATE THERAPY REVENUE | | $ 36,947 | |
| ESTIMATED "FEE SCREEN AMOUNT" PER 15 MINUTE PART B TREATMEN | | 18.75 | |
| ESTIMATED PART B TREATMENTS (15 MINUTES PER TREATMENT) | | 1,971 | |
| ESTIMATED MINUTES REQUIRED FOR PART B TREATMENTS | | 29,565 | |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART B TREATMENTS | | | **0.24** |
| ESTIMATED TOTAL THERAPY STAFF REQUIRED FOR PART A, PART B AND MANAGED CAR | | | 1.37 |
| NON PRODUCTIVE FACTOR (20%) | | | 0.27 |
| **TOTAL THERAPY STAFF REQUIRED** | | | **1.64** |

**PROPOSED THERAPY STAFF**

| POSITION | HOURS PPD | PATIENT DAYS | BUDGETD HOURS | BUDGETED STAFF |
|---|---|---|---|---|
| OTR | - | 20 | - | |
| COTA | 0.2186 | 20 | 1,560 | 0.75 |
| OT AIDES | - | 20 | - | - |
| Purch Service | | 20 | | |
| RPT | - | 20 | - | |
| LPTA | 0.2186 | 20 | 1,560 | 0.75 |
| PT AIDES | - | 20 | - | |
| Purch Service | | 20 | | |
| SLP - CCC | 0.0729 | 20 | 520 | 0.25 |
| STA | - | 20 | - | - |
| ST AIDE | - | 20 | - | - |
| Purch Service | | 20 | | |
| **TOTAL THERAPY STAFF PER BUDGET** | | | | **1.75** |

Expense Projection
Year 2

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| INHALATION THERAPY | | | $ 16,182.79 | $ 1.81 |
| INHALATION THERAPY | | | 2,044.50 | 0.23 |
| TOTAL INHALATION THERAPY | | | $ 18,227.29 | $ 2.04 |
| | | | | |
| MEDICAL SUPPLIES | | | $ 45,430.58 | 5.08 |
| MEDICAL SUPPLIES | | | 11,028.75 | 1.23 |
| TOTAL MEDICAL SUPPLIES | | | $ 56,459.33 | 6.31 |
| | | | | |
| PHARMACY | | | $ 252,887.00 | 28.27 |
| PHARMACY | | | - | - |
| TOTAL PHARMACY | | | 252,887.00 | 28.27 |
| | | | | |
| IV THERAPY - Medicare/Managed Care | | | $ 13,312.45 | 1.49 |
| IV THERAPY - Private/Medicaid | | | 602.10 | 0.07 |
| TOTAL IV THERAPY | | | 13,914.55 | 1.56 |
| | | | | |
| LABORATORY | | | 20,240.86 | 2.26 |
| | | | | |
| RADIOLOGY | | | 18,508.75 | 2.07 |
| | | | | |
| PHYSICAL THERAPY | FTE | Rate | | |
| Purchased Service - RPT | - | 70.74 | - | - |
| Purchased Service - LPTA | 0.80 | 56.58 | 94,154.67 | 10.52 |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL PHYSICAL THERAPY | | | 94,154.67 | 10.52 |
| | | | | |
| OCCUPATIONAL THERAPY | | | | |
| Purchased Service - OTR | - | 70.74 | - | - |
| Purchased Service - COTA | 0.80 | 56.58 | 94,154.67 | 10.52 |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | 98.98 | 0.01 |
| TOTAL OCCUPATIONAL THERAPY | | | 94,253.64 | 10.54 |
| | | | | |
| SPEECH THERAPY | | | | |
| Purch Serv - SLP-CCC | 0.50 | 70.74 | 73,568.73 | 8.22 |
| Purch Serv - STA | - | - | - | - |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL SPEECH THERAPY | | | 73,568.73 | 8.22 |
| | | | | |
| TOTAL ANCILLARY EXPENSES | | | 642,214.82 | 71.79 |
| | | | | |
| NURSING SERVICE | | | | |
| ICF RN | | | | |
| ICF LPN | | | - | - |
| ICF AIDES | | | - | - |
| SNF RN | | | 311,695.20 | 34.84 |
| SNF LPN | | | 63,478.44 | 7.10 |
| SNF AIDES | | | 264,388.44 | 29.55 |
| REHAB AIDES | | | - | - |
| PAYROLL TAXES/FRINGE | | | 59,049.31 | 6.60 |
| WORKERS COMP | | | 20,387.04 | 2.28 |
| NURSING ADMIN SUPPLIES | | | 6,829.43 | 0.76 |
| PROFESSIONAL LIABILITY INSURANCE | | | 35,965.54 | 4.02 |
| SMALL EQUIPMENT/REPAIRS | | | 3,365.23 | 0.38 |
| OTHER | | | 23,160.69 | 2.59 |
| TOTAL NURSING SERVICE | | | 788,319.32 | 88.12 |

Expense Projection
Year 2

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| ROUTINE CENTRAL SUPPLIES | | | 31,870.69 | 3.56 |
| NON LEGEND DRUGS | | | 7,225.34 | 0.81 |
| | | 111.53% | | |
| SOCIAL SERVICE | FTE | Rate | | |
| SALARIES - Director | | | | |
| SALARIES - Assistant | 0.50 | 12.33 | 12,823.98 | 1.43 |
| PAYROLL TAXES/FRINGE | | | 1,189.79 | 0.13 |
| WORKERS COMP | | | 118.95 | 0.01 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,730.46 | 0.75 |
| TOTAL SOCIAL SERVICE | | | 20,863.17 | 2.33 |
| ACTIVITIES | FTE | RATE | | |
| SALARIES - Director | | | | |
| SALARIES - Assistant | 0.50 | 11.35 | 11,808.02 | 1.32 |
| PAYROLL TAXES/FRINGE | | | 1,082.37 | 0.12 |
| WORKERS COMP | | | 381.78 | 0.04 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,433.52 | 0.72 |
| TOTAL ACTIVITIES | | | 19,705.69 | 2.20 |
| DIETARY | FTE | Rate | | |
| SALARIES - Reg Dietitian | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Cooks | 1.40 | 11.81 | 32,244.42 | 3.60 |
| SALARIES - Aides | 1.40 | 11.79 | 32,183.52 | 3.60 |
| ETO & SICK DAYS - 8% | | | 5,154.24 | 0.58 |
| PAYROLL TAXES/FRINGE | | | 5,935.40 | 0.66 |
| WORKERS COMP | | | 1,985.89 | 0.22 |
| FOOD | | | 73,936.04 | 8.26 |
| MANAGEMENT FEE | | | | - |
| SUPPLIES | | | 5,344.77 | 0.60 |
| OTHER | | | 13,856.82 | 1.55 |
| TOTAL DIETARY | | | 170,641.10 | 19.07 |
| PLANT OPERATIONS | | | | |
| SALARIES - Supervisor | | | | |
| SALARIES - Assistant | | | - | - |
| PAYROLL TAXES/FRINGE | | | - | - |
| WORKERS COMP | | | - | - |
| UTILITIES | | | 123,575.54 | 13.81 |
| REPAIRS & MAINTENANCE | | | 8,611.03 | 0.96 |
| GROUND MAINTENANCE | | | 10,300.00 | 1.15 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,385.68 | 0.15 |
| TOTAL PLANT OPERATIONS | | | 143,872.24 | 16.08 |
| HOUSEKEEPING | | | | |
| SALARIES - Supervisor | | | - | |
| SALARIES - Staff | 2.10 | 10.02 | 41,013.44 | 4.58 |
| ETO & SICK - 8% | | | 3,281.08 | 0.37 |
| PAYROLL TAXES/FRINGE | | | 3,748.43 | 0.42 |
| WORKERS COMP | | | 1,266.79 | 0.14 |
| SUPPLIES | | | 10,491.59 | 1.17 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,682.61 | 0.19 |
| TOTAL HOUSEKEEPING | | | 61,483.95 | 6.87 |

Expense Projection
Year 2

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| LAUNDRY AND LINEN | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Staff | 1.00 | 10.02 | 19,530.21 | 2.18 |
| ETO & SICK - 8% | | | 1,562.42 | 0.17 |
| PAYROLL TAXES/FRINGE | | | 1,816.81 | 0.20 |
| WORKERS COMP | | | 678.11 | 0.08 |
| SUPPLIES & LINEN | | | 5,146.82 | 0.58 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 890.80 | 0.10 |
| TOTAL LAUNDRY & LINEN | | | 29,625.16 | 3.31 |
| MEDICAL SERVICES | | | 15,450.00 | 1.73 |
| MEDICAL RECORDS | | | | |
| SALARIES - Director | | | - | |
| SALARIES - Staff | 0.50 | 11.28 | 11,726.83 | 1.31 |
| PAYROLL TAXES/FRINGE | | | 1,099.40 | 0.12 |
| WORKERS COMP | | | 14.48 | 0.00 |
| SUPPLIES | | | 395.91 | 0.04 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,532.50 | 0.73 |
| TOTAL MEDICAL RECORDS | | | 19,769.11 | 2.21 |
| ADMINISTRATIVE AND GENERAL | | | | |
| SALARIES - Administrator | | | | |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Secretary | | | - | - |
| SALARIES - Receptionist | 0.50 | 14.21 | 14,777.42 | 1.65 |
| PAYROLL TAXES/FRINGE | | | 1,174.47 | 0.13 |
| WORKERS COMP | | | 35.08 | 0.00 |
| HEALTH INSURANCE | | | 83,437.86 | 9.33 |
| MANAGEMENT FEES | | | 87,813.00 | 9.82 |
| PARTNER/PUBLIC RELATIONS | | | 9,897.73 | 1.11 |
| TELEPHONE | | | 2,575.00 | 0.29 |
| SUPPLIES/PHOTO COPY | | | 3,959.09 | 0.44 |
| POSTAGE & DELIVERY | | | 1,484.66 | 0.17 |
| REPAIRS & MAINT - SMALL EQUIPMENT | | | 791.82 | 0.09 |
| STATE TAX FEE | | | 123,096.96 | $13.76 |
| OTHER | | | 30,188.08 | 3.37 |
| TOTAL ADMINISTRATIVE EXPENSES | | | 359,231.17 | 40.16 |
| TOTAL OPERATING EXPENSES | | | 2,310,271.77 | 258.25 |
| NET OPERATING INCOME | | | 616,830.23 | 68.95 |
| FIXED EXPENSES | | | | |
| LEASE PAYMENT | | | - | |
| INTEREST - WORKING CAPITAL | | | - | - |
| DEPRECIATION | | | 242,118.00 | 27.06 |
| PROPERTY INSURANCE | | | 7,725.00 | 0.86 |
| PROPERTY TAXES | | | 23,920.72 | 2.67 |
| TOTAL FIXED EXPENSES | | | 273,763.72 | 30.60 |
| TOTAL NURSING HOME COSTS | | | $2,584,035.49 | $288.85 |

DAILY NURSING SERVICE STAFFING PATTERN

CENTER

PERIOD: May-19

INTERMEDIATE CARE
BUDG. OCCUPIED BEDS
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | | 0.00% | - | - | | | 30 | $ - |
| | RN | | | | 7 | - | | 8.00% | - | - | | | 30 | |
| | LPN | | | | 7 | - | | 6.00% | - | - | | | 30 | |
| | CNA | | | | 7 | - | | 5.00% | - | - | | | 30 | |
| SECOND | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| THIRD | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| | | | | - | 5 | - | - | 5.00% | - | - | | | 30 | |
| | | | | - | 5 | - | - | 5.00% | - | - | | | 30 | |
| | | | | - | 5 | - | - | 0.00% | - | - | | | 30 | |
| | | | | - | 5 | - | - | 8.00% | - | - | | | 30 | |
| | | TOTAL HRS. ICF: | | | | - | | | | | | | | |
| | | HRS. PPD. ICF: | | | | #DIV/0! | | | - | | | | | $ - |

SKILLED CARE 26.00 9,490
BUDG. OCCUPIED BEDS 24.51 8,946 94.27%
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | | 0.00% | - | - | | | 30 | $ - |
| | RN | | 1.00 | 8.00 | 7 | 8.00 | 24.00 | 8.00% | 1.92 | 25.92 | $29.85 | 773.60 | 30 | 23,208.00 |
| | LPN | | 1.00 | 8.00 | 7 | 8.00 | 8.00 | 6.00% | 0.48 | 8.48 | $20.25 | 171.75 | 30 | 5,152.50 |
| | CNA | | 3.00 | 22.50 | 7 | 22.50 | 52.50 | 5.00% | 2.63 | 55.13 | $13.08 | 721.24 | 30 | 21,637.20 |
| SECOND | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| THIRD | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| | NURSING SUPPLY CLERK | | | - | 5 | - | - | 5.00% | - | - | $13.08 | | 30 | |
| | NURSING SECRETARY | | | - | 5 | - | - | 5.00% | - | - | $13.08 | | 30 | |
| | MDS Coord | | 0.50 | 4.00 | 5 | 2.86 | 2.86 | 8.00% | 0.23 | 3.09 | $29.85 | 92.22 | 30 | 2,766.60 |
| | | | | - | 7 | - | - | 8.00% | - | - | | | 30 | |
| | ADON | | | - | 5 | - | - | 8.00% | - | - | | | 30 | |
| | | TOTAL HRS. SNF: | | | | 87.36 | | | 5.26 | | | | | |
| | | HRS. PPD. SNF: | | | | 3.56 | | | | | | | | $ 52,764.30 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| REHAB AIDES | | | | 7 | - | * | 5.00% * | - | - | $13.08 = * 30 | = $ - |

| CATEGORY | (FTE's) NUMBER OF EMPLOYEES | % OF TURNOVER | NEW EMPLOYEES | ORIENTATION ANNUAL OREINTATION HOURS | DAILY OREINTATION HOURS | AVG PAY RATE | DAILY TOTAL | | | MO PAY TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| RN | 4.20 | 100.00% | 4.20 | 168.00 | 0.46 | | - | x | 30.00 | - |
| LPN | 1.40 | 100.00% | 1.40 | 56.00 | 0.15 | $29.85 | 4.58 | x | 30.00 | 137.37 |
| CNA | 9.80 | 100.00% | 9.80 | 367.50 | 1.01 | $13.08 | 13.17 | x | 30.00 | 395.17 |
| REHAB AIDES | | 100.00% | - | - | - | $13.08 | - | x | 30.00 | - |
| | 15.40 | | 15.40 | 591.50 | 1.62 | | | | | 532.54 |

| | |
|---|---|
| (A) TOTAL HRS.(ICF, SNF, REHAB) | 87.36 |
| (B) TOTAL ORIENTATION HOURS | 1.62 |
| (C) TOTAL "DIRECT" HOURS | 88.98 |
| (D) TOTAL "DIRECT" HOURS PPD | 3.63 |
| (E) TOTAL ETO / SICK HOURS | 5.26 |
| (F) TOTAL HRS. (C+E) | 94.24 |
| (G) TOTAL PATIENT DAYS | 24.51 |
| (H) TOTAL HRS. PPD.: | 3.85 |
| TOTAL NURSING SALARIES | $ 53,296.84 |

| RUGS Category | Therapy Minutes | % of Medicare Residents in RUGS Category | Estimated Year 2 Medicare Part A Days | Estimated Patient Days in RUG Category | Therapy Minutes Required Per Patient Day | Estimated Minutes of Therapy Required |
|---|---|---|---|---|---|---|
| RUX | 720 | | 3,131 | - | 103 | - |
| RUL | 720 | | 3,131 | - | 103 | - |
| RVX | 500 | | 3,131 | - | 71 | - |
| RVL | 500 | | 3,131 | - | 71 | - |
| RHX | 325 | 1.79% | 3,131 | 56 | 46 | 2,576 |
| RHL | 325 | | 3,131 | - | 46 | - |
| RMX | 150 | | 3,131 | - | 21 | - |
| RML | 150 | | 3,131 | - | 21 | - |
| RLX | 45 | | 3,131 | - | 6 | - |
| RUC | 720 | 5.18% | 3,131 | 162 | 103 | 16,686 |
| RUB | 720 | 7.83% | 3,131 | 245 | 103 | 25,235 |
| RUA | 720 | 0.74% | 3,131 | 23 | 103 | 2,369 |
| RVC | 500 | 5.05% | 3,131 | 158 | 71 | 11,218 |
| RVB | 500 | 16.82% | 3,131 | 527 | 71 | 37,417 |
| RVA | 500 | 2.59% | 3,131 | 81 | 71 | 5,751 |
| RHC | 325 | 3.64% | 3,131 | 114 | 46 | 5,244 |
| RHB | 325 | 7.83% | 3,131 | 245 | 46 | 11,270 |
| RHA | 325 | 0.68% | 3,131 | 21 | 46 | 966 |
| RMC | 150 | 3.64% | 3,131 | 114 | 21 | 2,394 |
| RMB | 150 | 2.83% | 3,131 | 89 | 21 | 1,869 |
| RMA | 150 | 0.55% | 3,131 | 17 | 21 | 357 |
| RLB | 45 | | 3,131 | - | 6 | - |
| RLA | 45 | | 3,131 | - | 6 | - |
| ESTIMATED PART A RESIDENTS RECEIVING THERAPY | | | | 1,852 | | |

| | | |
|---|---|---|
| **ESTIMATED THERAPY MINUTES REQUIRED FOR PART A RESIDENTS** | | **123,352** |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART A RESIDENTS | | **0.99** |
| TOTAL MEDICARE RESIDENTS | 8.58 | |
| TOTAL MANAGED CARE RESIDENTS | 3.68 | |
| ADDITIONAL THERAPY STAFF FOR MANAGED CARE RESIDENTS | | **0.42** |
| ESTIMATED PART B AND PRIVATE THERAPY REVENUE | $ 48,171 | |
| ESTIMATED "FEE SCREEN AMOUNT" PER 15 MINUTE PART B TREATMEN | 18.75 | |
| ESTIMATED PART B TREATMENTS (15 MINUTES PER TREATMENT) | 2,569 | |
| ESTIMATED MINUTES REQUIRED FOR PART B TREATMENTS | 38,535 | |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART B TREATMENTS | | **0.31** |
| ESTIMATED TOTAL THERAPY STAFF REQUIRED FOR PART A, PART B AND MANAGED CAR | | 1.72 |
| NON PRODUCTIVE FACTOR (20%) | | 0.34 |
| **TOTAL THERAPY STAFF REQUIRED** | | **2.06** |

**PROPOSED THERAPY STAFF**

| POSITION | HOURS PPD | PATIENT DAYS | BUDGETD HOURS | BUDGETED STAFF |
|---|---|---|---|---|
| OTR | - | 25 | - | |
| COTA | 0.1860 | 25 | 1,664 | 0.80 |
| OT AIDES | - | 25 | - | - |
| Purch Service | | 25 | | |
| RPT | - | 25 | - | - |
| LPTA | 0.1860 | 25 | 1,664 | 0.80 |
| PT AIDES | - | 25 | - | |
| Purch Service | | 25 | | |
| SLP - CCC | 0.1163 | 25 | 1,040 | 0.50 |
| STA | - | 25 | - | |
| ST AIDE | - | 25 | - | - |
| Purch Service | | 25 | | |
| **TOTAL THERAPY STAFF PER BUDGET** | | | | **2.10** |

Expense Projection
Year 3

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| INHALATION THERAPY | | | $ 16,672.00 | $ 1.86 |
| INHALATION THERAPY | | | 2,141.25 | 0.24 |
| TOTAL INHALATION THERAPY | | | $ 18,813.25 | $ 2.10 |
| | | | | |
| MEDICAL SUPPLIES | | | $ 46,803.96 | 5.23 |
| MEDICAL SUPPLIES | | | 11,472.00 | 1.28 |
| | | | 58,275.96 | 6.51 |
| | | | | |
| PHARMACY | | | $ 260,531.84 | 29.12 |
| PHARMACY | | | - | - |
| TOTAL PHARMACY | | | 260,531.84 | 29.12 |
| | | | | |
| IV THERAPY - Medicare/Managed Care | | | $ 13,714.89 | 1.53 |
| IV THERAPY - Private/Medicaid | | | 626.40 | 0.07 |
| TOTAL IV THERAPY | | | 14,341.29 | 1.60 |
| | | | | |
| LABORATORY | | | 20,852.74 | 2.33 |
| | | | | |
| RADIOLOGY | | | 19,068.28 | 2.13 |
| | | | | |
| PHYSICAL THERAPY | FTE | Rate | | |
| Purchased Service - RPT | - | 72.51 | - | - |
| Purchased Service - LPTA | 0.80 | 58.00 | 96,508.53 | 10.79 |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL PHYSICAL THERAPY | | | 96,508.53 | 10.79 |
| | | | | |
| OCCUPATIONAL THERAPY | | | | |
| Purchased Service - OTR | - | 72.51 | - | - |
| Purchased Service - COTA | 0.80 | 58.00 | 96,508.53 | 10.79 |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | 101.96 | 0.01 |
| TOTAL OCCUPATIONAL THERAPY | | | 96,610.49 | 10.80 |
| | | | | |
| SPEECH THERAPY | | | | |
| Purch Serv - SLP-CCC | 0.50 | 72.51 | 75,407.95 | 8.43 |
| Purch Serv - STA | - | - | - | - |
| Purchased Service - Aides | - | - | - | - |
| ETO & SICK DAYS | | | - | - |
| PAYROLL TAXES | | | - | - |
| OTHER FRINGE | | | - | - |
| OTHER | | | - | - |
| TOTAL SPEECH THERAPY | | | 75,407.95 | 8.43 |
| | | | | |
| TOTAL ANCILLARY EXPENSES | | | 660,410.33 | 73.81 |
| | | | | |
| NURSING SERVICE | | | | |
| ICF RN | | | | |
| ICF LPN | | | - | - |
| ICF AIDES | | | - | - |
| SNF RN | | | 319,489.20 | 35.71 |
| SNF LPN | | | 65,067.72 | 7.27 |
| SNF AIDES | | | 270,997.80 | 30.29 |
| REHAB AIDES | | | - | - |
| PAYROLL TAXES/FRINGE | | | 60,525.87 | 6.76 |
| WORKERS COMP | | | 20,896.83 | 2.34 |
| NURSING ADMIN SUPPLIES | | | 7,035.10 | 0.79 |
| PROFESSIONAL LIABILITY INSURANCE | | | 37,044.51 | 4.14 |
| SMALL EQUIPMENT/REPAIRS | | | 3,466.57 | 0.39 |
| OTHER | | | 23,858.18 | 2.67 |
| TOTAL NURSING SERVICE | | | 808,381.78 | 90.35 |

Expense Projection
Year 3

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| ROUTINE CENTRAL SUPPLIES | | | 32,830.48 | 3.67 |
| NON LEGEND DRUGS | | | 7,442.94 | 0.83 |
| SOCIAL SERVICE | FTE | 111.53% Rate | | |
| SALARIES - Director | | | | |
| SALARIES - Assistant | 0.50 | 12.64 | 13,144.58 | 1.47 |
| PAYROLL TAXES/FRINGE | | | 1,219.54 | 0.14 |
| WORKERS COMP | | | 121.92 | 0.01 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,933.14 | 0.77 |
| TOTAL SOCIAL SERVICE | | | 21,419.18 | 2.39 |
| ACTIVITIES | FTE | RATE | | |
| SALARIES - Director | | | | |
| SALARIES - Assistant | 0.50 | 11.64 | 12,103.22 | 1.35 |
| PAYROLL TAXES/FRINGE | | | 1,109.42 | 0.12 |
| WORKERS COMP | | | 391.33 | 0.04 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,627.27 | 0.74 |
| TOTAL ACTIVITIES | | | 20,231.25 | 2.26 |
| DIETARY | FTE | Rate | | |
| SALARIES - Reg Dietitian | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Cooks | 1.40 | 12.11 | 33,050.53 | 3.69 |
| SALARIES - Aides | 1.40 | 12.08 | 32,988.11 | 3.69 |
| ETO & SICK DAYS - 8% | | | 5,283.09 | 0.59 |
| PAYROLL TAXES/FRINGE | | | 6,083.79 | 0.68 |
| WORKERS COMP | | | 2,035.53 | 0.23 |
| FOOD | | | 76,162.64 | 8.51 |
| MANAGEMENT FEE | | | | - |
| SUPPLIES | | | 5,505.73 | 0.62 |
| OTHER | | | 14,274.12 | 1.60 |
| TOTAL DIETARY | | | 175,383.54 | 19.60 |
| PLANT OPERATIONS | | | | |
| SALARIES - Supervisor | | | | |
| SALARIES - Assistant | | | - | - |
| PAYROLL TAXES/FRINGE | | | - | - |
| WORKERS COMP | | | - | - |
| UTILITIES | | | 127,282.80 | 14.23 |
| REPAIRS & MAINTENANCE | | | 8,870.35 | 0.99 |
| GROUND MAINTENANCE | | | 10,609.00 | 1.19 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,427.41 | 0.16 |
| TOTAL PLANT OPERATIONS | | | 148,189.56 | 16.56 |
| HOUSEKEEPING | | | | |
| SALARIES - Supervisor | | | - | |
| SALARIES - Staff | 2.10 | 10.27 | 42,038.78 | 4.70 |
| ETO & SICK - 8% | | | 3,363.10 | 0.38 |
| PAYROLL TAXES/FRINGE | | | 3,842.14 | 0.43 |
| WORKERS COMP | | | 1,298.46 | 0.15 |
| SUPPLIES | | | 10,807.55 | 1.21 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 1,733.29 | 0.19 |
| TOTAL HOUSEKEEPING | | | 63,083.32 | 7.05 |

Expense Projection
Year 3

| | | | Amount In $'s | Amount Per Day |
|---|---|---|---|---|
| LAUNDRY AND LINEN | | | | |
| SALARIES - Supervisor | | | - | - |
| SALARIES - Staff | 1.00 | 10.27 | 20,018.47 | 2.24 |
| ETO & SICK - 8% | | | 1,601.48 | 0.18 |
| PAYROLL TAXES/FRINGE | | | 1,862.23 | 0.21 |
| WORKERS COMP | | | 695.06 | 0.08 |
| SUPPLIES & LINEN | | | 5,301.82 | 0.59 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 917.62 | 0.10 |
| TOTAL LAUNDRY & LINEN | | | 30,396.67 | 3.40 |
| MEDICAL SERVICES | | | 15,913.50 | 1.78 |
| MEDICAL RECORDS | | | | |
| SALARIES - Director | | | - | |
| SALARIES - Staff | 0.50 | 11.56 | 12,020.00 | 1.34 |
| PAYROLL TAXES/FRINGE | | | 1,126.88 | 0.13 |
| WORKERS COMP | | | 14.84 | 0.00 |
| SUPPLIES | | | 407.83 | 0.05 |
| MANAGEMENT FEE | | | | - |
| OTHER | | | 6,729.23 | 0.75 |
| TOTAL MEDICAL RECORDS | | | 20,298.78 | 2.27 |
| ADMINISTRATIVE AND GENERAL | | | | |
| SALARIES - Administrator | | | | |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Bookkeeper | | | - | - |
| SALARIES - Secretary | | | - | - |
| SALARIES - Receptionist | 0.50 | 14.56 | 15,146.86 | 1.69 |
| PAYROLL TAXES/FRINGE | | | 1,203.83 | 0.13 |
| WORKERS COMP | | | 35.96 | 0.00 |
| HEALTH INSURANCE | | | 85,950.61 | 9.61 |
| MANAGEMENT FEES | | | 90,057.00 | 10.07 |
| PARTNER/PUBLIC RELATIONS | | | 10,195.80 | 1.14 |
| TELEPHONE | | | 2,652.25 | 0.30 |
| SUPPLIES/PHOTO COPY | | | 4,078.32 | 0.46 |
| POSTAGE & DELIVERY | | | 1,529.37 | 0.17 |
| REPAIRS & MAINT - SMALL EQUIPMENT | | | 815.66 | 0.09 |
| STATE TAX FEE | | | 123,110.72 | 13.76 |
| OTHER | | | 31,097.19 | 3.48 |
| TOTAL ADMINISTRATIVE EXPENSES | | | 365,873.57 | 40.89 |
| TOTAL OPERATING EXPENSES | | | 2,369,854.90 | 264.88 |
| NET OPERATING INCOME | | | 632,046.10 | 70.64 |
| FIXED EXPENSES | | | | |
| LEASE PAYMENT | | | - | |
| INTEREST - WORKING CAPITAL | | | - | - |
| DEPRECIATION | | | 242,118.00 | 27.06 |
| PROPERTY INSURANCE | | | 7,956.75 | 0.89 |
| PROPERTY TAXES | | | 24,638.34 | 2.75 |
| TOTAL FIXED EXPENSES | | | 274,713.09 | 30.70 |
| TOTAL NURSING HOME COSTS | | | $2,644,567.99 | $295.58 |

# DAILY NURSING SERVICE STAFFING PATTERN

CENTER | PERIOD: May-20

INTERMEDIATE CARE
BUDG. OCCUPIED BEDS
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | * | 0.00% * | - | - | = | * | 30 | = $ - |
| | RN | | | | 7 | - | * | 8.00% * | - | - | = | * | 30 | = |
| | LPN | | | | 7 | - | * | 6.00% * | - | - | = | * | 30 | = |
| | CNA | | | | 7 | - | * | 5.00% * | - | - | = | * | 30 | = |
| SECOND | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| THIRD | RN | | | | 7 | - | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | | | 7 | - | | | | | | | | |
| | | | | - | 5 | - | - | 5.00% * | - | - | = | * | 30 | = |
| | | | | - | 5 | - | - | 5.00% * | - | - | = | * | 30 | = |
| | | | | - | 5 | - | - | 0.00% * | - | - | = | * | 30 | = |
| | | | | - | 5 | - | - | 8.00% * | - | - | = | * | 30 | = |
| | | TOTAL HRS. ICF: | | | | - | | | | | | | | |
| | | HRS. PPD. ICF: | | | | #DIV/0! | | | - | | | | | $ - |

SKILLED CARE 26.00 9,490
BUDG. OCCUPIED BEDS 24.52 8,948 94.29%
NSG. STATION

| SHIFT | CATEGORY | | NUMBER | HOURS | DAYS PER WEEK | AVERAGE HOURS PER DAY | AVERAGE HRS. BY CATEGORY | ETO & SICK % | ETO/SICK HOURS | TOTAL HOURS | AV. PAY RATE | DAILY TOTAL | AV. DAYS IN MONTH | MO. PAY CATEGORY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FIRST | DON | | | | 5 | - | * | 0.00% * | - | - | = | * | 30 | = $ - |
| | RN | | 1.00 | 8.00 | 7 | 8.00 | 24.00 * | 8.00% * | 1.92 | 25.92 | $30.59 = | 792.94 * | 30 | = 23,788.20 |
| | LPN | | 1.00 | 8.00 | 7 | 8.00 | 8.00 * | 6.00% * | 0.48 | 8.48 | $20.76 = | 176.05 * | 30 | = 5,281.50 |
| | CNA | | 3.00 | 22.50 | 7 | 22.50 | 52.50 * | 5.00% * | 2.63 | 55.13 | $13.41 = | 739.27 * | 30 | = 22,178.10 |
| SECOND | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| THIRD | RN | | 1.00 | 8.00 | 7 | 8.00 | | | | | | | | |
| | LPN | | | | 7 | - | | | | | | | | |
| | CNA | | 2.00 | 15.00 | 7 | 15.00 | | | | | | | | |
| | NURSING SUPPLY CLERK | | - | - | 5 | - | - | 5.00% * | - | - | $13.41 = | * | 30 | = |
| | NURSING SECRETARY | | - | - | 5 | - | - | 5.00% * | - | - | $13.41 = | * | 30 | = |
| | MDS Coord | | 0.50 | 4.00 | 5 | 2.86 | 2.86 | 8.00% * | 0.23 | 3.09 | $30.59 = | 94.53 * | 30 | = 2,835.90 |
| | | | - | - | 7 | - | - | 8.00% * | - | - | = | * | 30 | = |
| | ADON | | - | - | 5 | - | - | 8.00% * | - | - | = | * | 30 | = |
| | | TOTAL HRS. SNF: | | | | 87.36 | | | 5.26 | | | | | |
| | | HRS. PPD. SNF: | | | | 3.56 | | | | | | | | $ 54,083.70 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | REHAB AIDES | | | | 7 | - | * | 5.00% * | - | - | $13.41 = | * | 30 | = $ - |

| CATEGORY | (FTE's) NUMBER OF EMPLOYEES | % OF TURNOVER | NEW EMPLOYEES | ORIENTATION ANNUAL OREINTATION HOURS | DAILY OREINTATION HOURS | AVG PAY RATE | DAILY TOTAL | | | MO PAY TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| RN | 4.20 | 100.00% | 4.20 | 168.00 | 0.46 | | - | x | 30.00 | - |
| LPN | 1.40 | 100.00% | 1.40 | 56.00 | 0.15 | $30.59 | 4.69 | x | 30.00 | 140.81 |
| CNA | 9.80 | 100.00% | 9.80 | 367.50 | 1.01 | $13.41 | 13.50 | x | 30.00 | 405.05 |
| REHAB AIDES | | 100.00% | - | - | - | $13.41 | - | x | 30.00 | - |
| | 15.40 | | 15.40 | 591.50 | 1.62 | | | | | 545.86 |

| | |
|---|---|
| (A) TOTAL HRS.(ICF, SNF, REHAB) | 87.36 |
| (B) TOTAL ORIENTATION HOURS | 1.62 |
| (C) TOTAL "DIRECT" HOURS | 88.98 |
| (D) TOTAL "DIRECT" HOURS PPD | 3.63 |
| (E) TOTAL ETO / SICK HOURS | 5.26 |
| (F) TOTAL HRS. (C+E) | 94.24 |
| (G) TOTAL PATIENT DAYS | 24.52 |
| (H) TOTAL HRS. PPD.: | 3.84 |
| TOTAL NURSING SALARIES | $ 54,629.56 |

| RUGS Category | Therapy Minutes | % of Medicare Residents in RUGS Category | Estimated Year 3 Medicare Part A Days | Estimated Patient Days in RUG Category | Therapy Minutes Required Per Patient Day | Estimated Minutes of Therapy Required |
|---|---|---|---|---|---|---|
| RUX | 720 | | 3,132 | - | 103 | - |
| RUL | 720 | | 3,132 | - | 103 | - |
| RVX | 500 | | 3,132 | - | 71 | - |
| RVL | 500 | | 3,132 | - | 71 | - |
| RHX | 325 | 1.79% | 3,132 | 56 | 46 | 2,576 |
| RHL | 325 | | 3,132 | - | 46 | - |
| RMX | 150 | | 3,132 | - | 21 | - |
| RML | 150 | | 3,132 | - | 21 | - |
| RLX | 45 | | 3,132 | - | 6 | - |
| RUC | 720 | 5.18% | 3,132 | 162 | 103 | 16,686 |
| RUB | 720 | 7.83% | 3,132 | 245 | 103 | 25,235 |
| RUA | 720 | 0.74% | 3,132 | 23 | 103 | 2,369 |
| RVC | 500 | 5.05% | 3,132 | 158 | 71 | 11,218 |
| RVB | 500 | 16.82% | 3,132 | 527 | 71 | 37,417 |
| RVA | 500 | 2.59% | 3,132 | 81 | 71 | 5,751 |
| RHC | 325 | 3.64% | 3,132 | 114 | 46 | 5,244 |
| RHB | 325 | 7.83% | 3,132 | 245 | 46 | 11,270 |
| RHA | 325 | 0.68% | 3,132 | 21 | 46 | 966 |
| RMC | 150 | 3.64% | 3,132 | 114 | 21 | 2,394 |
| RMB | 150 | 2.83% | 3,132 | 89 | 21 | 1,869 |
| RMA | 150 | 0.55% | 3,132 | 17 | 21 | 357 |
| RLB | 45 | | 3,132 | - | 6 | - |
| RLA | 45 | | 3,132 | - | 6 | - |
| ESTIMATED PART A RESIDENTS RECEIVING THERAPY | | | | 1,852 | | |

| | | | |
|---|---|---|---|
| **ESTIMATED THERAPY MINUTES REQUIRED FOR PART A RESIDENTS** | | | **123,352** |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART A RESIDENTS | | | **0.99** |
| TOTAL MEDICARE RESIDENTS | 8.58 | | |
| TOTAL MANAGED CARE RESIDENTS | 3.68 | | |
| ADDITIONAL THERAPY STAFF FOR MANAGED CARE RESIDENTS | | | **0.42** |
| ESTIMATED PART B AND PRIVATE THERAPY REVENUE | | 50,273 | |
| ESTIMATED "FEE SCREEN AMOUNT" PER 15 MINUTE PART B TREATMEN | | 18.75 | |
| ESTIMATED PART B TREATMENTS (15 MINUTES PER TREATMENT) | | 2,681 | |
| ESTIMATED MINUTES REQUIRED FOR PART B TREATMENTS | | 40,215 | |
| ESTIMATED THERAPY STAFF REQUIRED FOR PART B TREATMENTS | | | **0.32** |
| ESTIMATED TOTAL THERAPY STAFF REQUIRED FOR PART A, PART B AND MANAGED CAR | | | 1.73 |
| NON PRODUCTIVE FACTOR (20%) | | | 0.35 |
| **TOTAL THERAPY STAFF REQUIRED** | | | **2.08** |

**PROPOSED THERAPY STAFF**

| POSITION | HOURS PPD | PATIENT DAYS | BUDGETD HOURS | BUDGETED STAFF |
|---|---|---|---|---|
| OTR | - | 25 | - | - |
| COTA | 0.1860 | 25 | 1,664 | 0.80 |
| OT AIDES | - | 25 | - | - |
| Purch Service | | 25 | | |
| RPT | - | 25 | - | - |
| LPTA | 0.1860 | 25 | 1,664 | 0.80 |
| PT AIDES | - | 25 | - | |
| Purch Service | | 25 | | |
| SLP - CCC | 0.1163 | 25 | 1,040 | 0.50 |
| STA | - | 25 | - | |
| ST AIDE | - | 25 | - | - |
| Purch Service | | 25 | | |
| **TOTAL THERAPY STAFF PER BUDGET** | | | | **2.10** |

# Proposal Description

## Divider II. Proposal Description

(1) Provide a complete detailed project description.

**The proposed project is for the addition of 30 LTC beds to be constructed in a new LTC patient wing through the construction of private rooms/beds. The project includes new nursing support spaces, a 2,500 sq. ft. therapy space, for a total project building area of approximately 20,000 sq. ft., along with 800 sq. ft. of renovations. The turnkey cost will be $6,511,900 million dollars including a land value of $195,000 for two acres. The applicant has a Purchase Agreement to acquire 26 LTC beds, and the four (4) remaining LTC beds are merely replacement beds currently licensed as LTC/SNF beds in the existing Springfield Rehabilitation and Health Care Center. No new LTC beds are being requested from the LTC bed need projections. All 30 beds proposed will be licensed as SNF beds.**

(2) Provide a timeline of events for the project, from the issuance of the CON through project completion.

**Please see the attached timeline of events for the project.**

NHC Healthcare, Springfield, MO

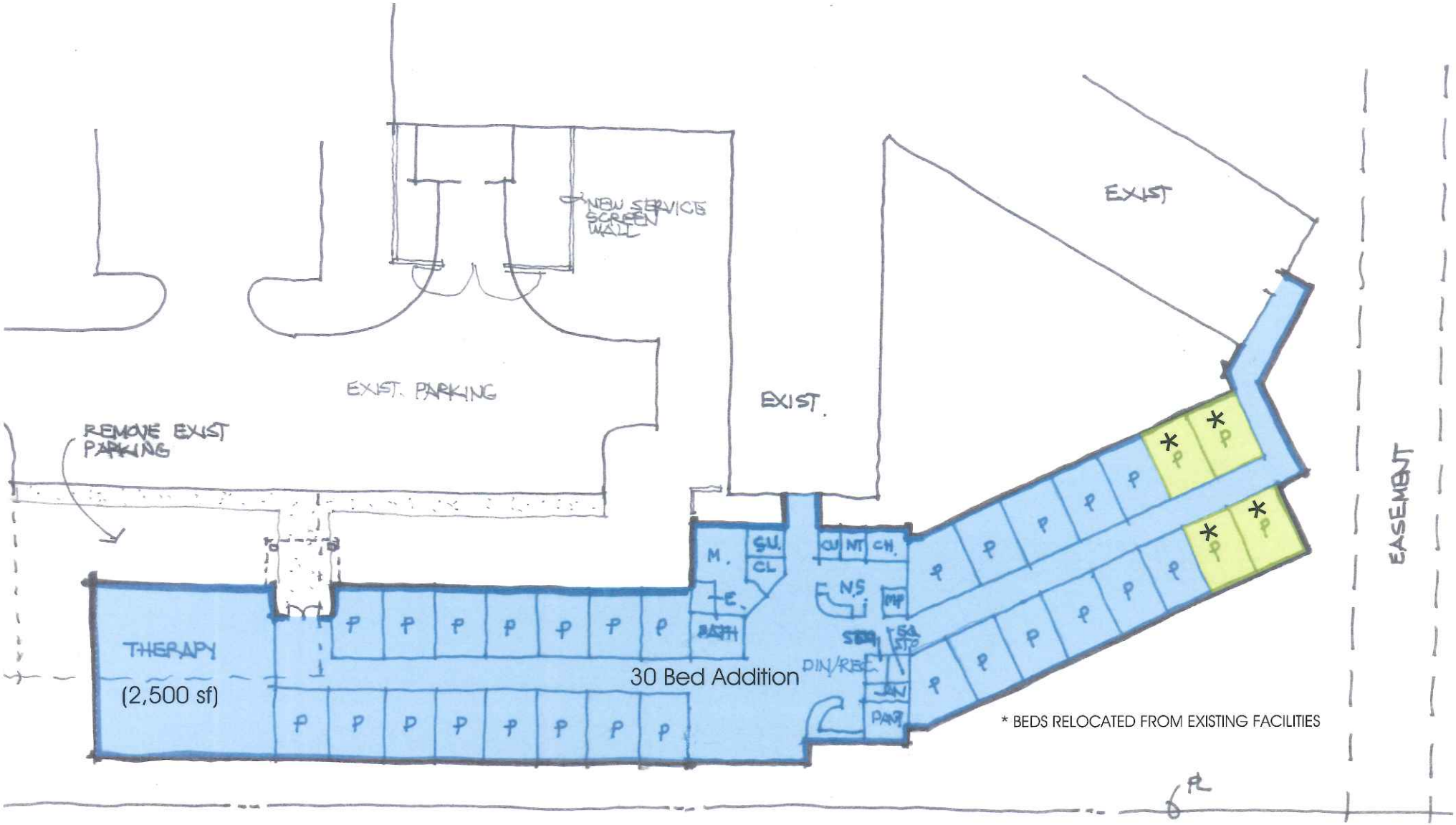
30 Bed Addition & Therapy Suite

Development Schedule

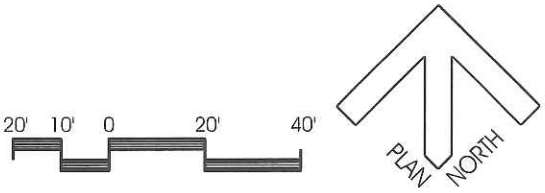
| | | |
|---|---|---|
| Assumed CON issue date | | Aug., 2015 |
| Engineering studies and construction document preparation | 180 days | Feb., 2016 |
| Contractor selection-bidding and contract negotiations | 60 days | April, 2016 |
| Building construction (11 months) | 330 days | Mar., 2017 |
| Building set-up and licensure | 45 days | May, 2017 |
| First patient | | June, 2017 |

(3) Provide preliminary schematic drawing for the proposed project.

**Please see the attached preliminary schematic drawing.**




| | |
|---|---|
| Existing Facilities | 120 Beds (4 Beds to be relocated to new additon) |
| New Addition | 26 Additional Beds - 20,050 sf |
| Total | 146 Beds |




# NHC Springfield Rehabilitation Center

2800 South Fort Avenue, Springfield, MO 65807

Johnson + Bailey Architects P.C.

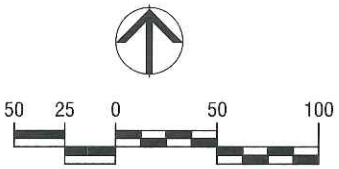
100 East Vine St., Suite 700, Murfreesboro, TN 37130

SITE DATA & PLANNING INFO:

Parking Review:
- Existing parking = 85 spaces
- Proposed parking = 113 spaces

Parking requirements per zoning ordinance:
- One (1) for each three (3) beds, plus one (1) for each two (2) employees on the longest shift
- 30 Beds = 10 spaces
- 12 employees = 6 spaces
- Total spaces added due to new addition = 16

SETBACKS (Per City Planning Department)
- Front = 25' (ROW = 30')
- Side = 6'
- Rear = 20'




Prepared By:

Development Management Group, LLC
4209 GALLATIN PIKE
NASHVILLE, TENNESSEE 37216
T:(615) 227-5863

Prepared For:

**NATIONAL HEALTHCARE CORPORATION**
100 VINE STREET, CITY CENTER
MURFREESBORO, TENNESSEE 37130

**SPRINGFIELD REHABILITATION CENTER**
2800 SOUTH FORT AVENUE
SPRINGFIELD, MO 65807

| | | |
|---|---|---|
| SCALE: | - | PRELIMINARY SITE PLAN |
| DATE: | 06-24-15 | |
| REV: | . | **SP-08** |
| DMG Project No: | 15151 | |

(4) Provide the existing and proposed gross square footage.

**Existing square footage: 32,585**

**Proposed Gross square footage: 20,050**

(5) Document ownership of the project site.

**Please see the attached documentation of ownership of the site.**

## SPECIAL WARRANTY DEED

**THIS SPECIAL WARRANTY DEED**, made as of the 1st day of December, 2010, by and between **HEALTH CARE REALTY OF SPRINGFIELD, L.P.**, a Missouri limited partnership ("**Grantor**"), and **HEALTH CARE REALTY OF MACON, L.P.**, a Missouri limited partnership, and **HEALTH CARE REALTY OF OSAGE BEACH, L.P.**, a Missouri limited partnership, as tenants in common (collectively, "**Grantee**"), whose mailing address is c/o Jem Caterers, 1395 Beach Street, Atlantic Beach, New York 11504, Attn: Stuart Yachnowitz.

**WITNESSETH: THAT THE GRANTOR**, in consideration of the sum of **TEN DOLLARS** ($10.00) and other good and valuable considerations, to it in hand paid by the Grantee, the receipt of which is hereby acknowledged, does by these presents **GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM**, unto the Grantee, its successors and assigns, the real property described in **Schedule 1** hereto.

**TO HAVE AND TO HOLD** the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining, unto the Grantee and unto its successors and assigns forever, the Grantor herein, for itself and for its successors and assigns, hereby covenanting that it is lawfully seized of an indefeasible estate in fee in the premises herein conveyed; that it has good right to convey the same; that the said premises are free and clear from any encumbrance done or suffered by it; and that it will, except as hereinabove specifically set forth, warrant and defend the title of the said premises unto the Grantee and unto its successors and assigns forever, against the lawful claims and demands of all persons whomsoever, lawfully claiming the same by, through or under the Grantor.

**IN WITNESS WHEREOF**, the Grantor has caused these presents to be signed by its duly authorized officer as of the day and year first above written.

(Remainder of this page intentionally left blank)

**HEALTH CARE REALTY OF SPRINGFIELD, L.P.**, a Missouri limited partnership

By: **SKILLED HEALTH FACILITIES OF MISSOURI, INC.**, a Florida corporation, its General Partner

By: _____
Name: Stuart Yachnowitz
Title: President

By: _____
Name: Stuart Yachnowitz
Title: General Partner

## ACKNOWLEDGMENT

STATE OF New York )
) ss.
COUNTY OF Nassau )

**BE IT REMEMBERED**, that on this 19 day of November, 2010, before me the undersigned, a Notary Public in and for the County and State aforesaid, came Stuart Yachnowitz, the President of Skilled Health Facilities of Missouri, Inc., a Florida corporation, who is personally known to me to be such officer, and who is personally known to me to be the same person who executed, as such officer, the within instrument on behalf of said corporation, and such officer duly acknowledged the execution of the same to be the act and deed of said corporation.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal, the day and year last above written.

Lucy A. Verdeschi
Notary Public

My commission expires:
8/31/14

Lucy A. Verdeschi
Notary Public, State of NY
Qualified in Nassau County
No. 30-4685538 Exp. 8/31/14

ACKNOWLEDGMENT

STATE OF New York )
) ss.
COUNTY OF Nassau )

**BE IT REMEMBERED**, that on this 19 day of November, 2010, before me the undersigned, a Notary Public in and for the County and State aforesaid, came Stuart Yachnowitz, the General Partner of Health Care Realty of Springfield, L.P., a Missouri limited partnership, who is personally known to me to be such general partner, and who is personally known to me to be the same person who executed, as such officer, the within instrument on behalf of said limited partnership, and such officer duly acknowledged the execution of the same to be the act and deed of said limited partnership.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal, the day and year last above written.

Lucy A Verdeschi
Notary Public

My commission expires:
8/31/14

Lucy A. Verdeschi
Notary Public, State of NY
Qualified in Nassau County
No. 30-4685538 Exp. 8/31/14

SCHEDULE 1

**A parcel of land located in a part of the East Half (E 1/2) of Lot One (1) and a part of the East Half (E 1/2) of Lot Two (2) of the Northwest Fractional Quarter of Section 2, Township 28-North, Range 22-West, more particularly described as follows:**

**Beginning at the Southwest corner of the East Half (E 1/2) of Lot 1 of the Northwest Fractional Quarter of Section 2, Township 28-North, Range 22-West, thence North along the West line of said East Half of Lot 1 and Lot 2 on a bearing of North 1 degree 05 minutes 56 seconds East, 1653.66 feet; thence on a bearing of South 88 degrees 54 minutes 20 seconds East, 30.0 feet for a new point of beginning, said point being on the East right of way line of Fort Avenue; thence continuing on the last described bearing, 444.65 feet; thence on a bearing of South 1 degree 05 minutes 56 seconds West; 446.72 feet; thence on a bearing of North 88 degrees 54 minutes 20 seconds West, 44.65 feet to a point on the East right of way line of Fort Avenue; thence on a bearing of North 1 degree 05 minutes 56 seconds East and along the said East right of way line of Fort Avenue, 446.72 feet to the new point of beginning. All being in Springfield, Greene County, Missouri.**

# Community Need Criteria and Standards

## Divider III. Community Need Criteria and Standards:

1. If the proposal is to relocate RCF/ALF beds within 6-miles radius in accordance with §197.318.4(4) provide the following:

   **Not Applicable**

2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.5 provide the following:

   **Not Applicable**

3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.6 provide the following:

   **Not Applicable**

4. If the proposal is to expand under provisions of §197.318.4(1) and the effort to purchase has been successful provide:

   - Purchase Agreement Form(s) (MO 580-2352); and

     **Please see the attached Purchase Agreement Form**

Certificate of Need Program

# PURCHASE AGREEMENT

## Part 1: Purchasing Facility Information

Name of Facility: Springfield Rehabilitation and Health Care Center

Address (no PO Box): 2800 S. Fort Avenue

City, State, Zip, County: Springfield, MO 65807-3480 Greene

Number/Type of Licensed Beds: 120 ☐ RCF/ALF ☑ ICF/SNF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

Owner(s): NHC HealthCare-Springfield Missouri, LLC

Operator(s): Health Care Realty of Macon LP & Health Care Realty of Osage Beach LP

## Part II: Selling Facility Information

Name of Facility: Osage Beach Rehabilitation & Health Care Center

Address (no PO Box): 844 Passover Road

City, State, Zip, County: Osage Beach MO 65065-0659 Camden

Number/Type Licensed Beds: 26 (to be sold, 120 currently licensed) ☐ RCF/ALF ☑ ICF/SNF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)

Owner(s): NHC HealthCare-Osage Beach LLC

Operator(s): NHC HealthCare-Osage Beach LLC

## Part III: Value of Consideration

Monetary Value of Purchase: $ 182,000 No./Type Beds: 26 SNF

Terms of Purchase: Cash

*(Add more pages as necessary to describe the sale.)*

## Part IV: Certification of Information

☑ Yes ☐ No The above Purchaser and Seller have agreed to these purchase terms.

**Purchaser Signature:** R. M. 5/26/15

Title/Date: VP of ~~Sole Member~~ GP 5/26/15

**Seller(s) Signature(s):**

Owner(s): K Hulsey 5/26/15

Operator(s): NHC/OP, L.P. By: NHC/Delaware, Inc. Its: GP

Title/Date: Sec, ~~VP~~ of ~~Sole Member~~ GP 5/26/15

MO 580-2352 (05/12)

- A copy of the selling facility's reissued license verifying surrender of beds sold.

  **Please see the attached copy of the selling facility's reissued license verifying surrender of beds sold.**

# State of Missouri

*Department of Health and Senior Services*
*Division of Regulation and Licensure*

## *License*

NHC HEALTHCARE-OSAGE BEACH, LLC

Operator

Is Hereby Granted this License to Operate A / An

**Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo

OSAGE BEACH REHABILITATION AND HEALTH CARE CENTER

Name of Facility

844 PASSOVER ROAD, OSAGE BEACH, MISSOURI 65065-2834

Location

TYPE OF LICENSE: AMENDED RELICENSURE

MAXIMUM BED CAPACITY: 94

LICENSE NUMBER 042613

EFFECTIVE DATE 12/01/2014

EXPIRATION DATE 11/30/2016

BED DECREASE EFFECTIVE 05/28/2015

Kristen L. Edwards

KRISTEN L. EDWARDS, ADMINISTRATOR
SECTION FOR LONG TERM CARE REGULATION

5. If the proposal is to expand under provisions of §197.318.4(1) and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2352) verifying unsuccessful effort(s) to purchase.

**Not Applicable**