Certificate of Need Application

June 30th, 2017

Project No. 5487 RS

Rolla Assisted Living

65 Bed Assisted Living Facility

Submitted to:

Missouri Health Facilities Review Committee

Certificate of Need Program

NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION*

Applicant's Completeness Checklist and Table of Contents

Project Name: Rolla Assisted Living Project No: 5487 RS

Project Description: Addition of 15 beds to a previously approved 50 bed Assisted Living Facility

Done	Page	N/A	Description
			Divider I. Application Summary:
☑	4	☐	1. Applicant Identification and Certification (Form MO 580-1861).
☑	5	☐	2. Representative Registration (Form MO 580-1869).
☑	6-7	☐	3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.
			Divider II. Proposal Description:
☑	9-10	☐	1. Provide a complete detailed project description.
☑	10	☐	2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
☑	14	☐	3. Provide a legible city or county map showing the exact location of the proposed facility.
☑	15	☐	4. Provide a site plan for proposed project.
☑	17-20	☐	5. Provide preliminary schematic drawings for the proposed project.
☑	16-20	☐	6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
☑	11	☐	7. Provide the proposed gross square footage.
☑	21-24	☐	8. Document ownership of the project site, or provide an option to purchase.
☑	11	☐	9. Define the community to be served.
☑	25-28	☐	10. Provide 2020 population projections for the 15-mile radius service area.
☑	12	☐	11. Identify specific community problems or unmet needs the proposal would address.
☑	12	☐	12. Provide historical utilization for each of the past three (3) years and utilization projections through the first three (3) full years of operation of the new LTC beds.
☑	13	☐	13. Provide the methods and assumptions used to project utilization.
☑	13,29,30	☐	14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
☑	13	☐	15. Provide copies of any petitions, letters of support or opposition received.
			Divider III. Service Specific Criteria and Standards:
☐	N/A	☑	1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
☑	32	☐	2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
☑	32	☐	3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
☐	N/A	☑	4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
☐	N/A	☑	5. For any proposed facility which is designed and operated exclusively for person with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
☐	N/A	☑	6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.
			Divider IV. Financial Feasibility Review Criteria and Standards:
☑	35	☐	1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".
☐	N/A	☑	2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.
☑	37,38	☐	3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) full years beyond project completion.
☑	35	☐	4. Document how patient charges are derived.
☑	35	☐	5. Document responsiveness to the needs of the medically indigent.
☐	N/A	☑	6. For a proposed new skilled nursing or intermediate care facility, what percent of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
☐	N/A	☑	7. For an existing skilled nursing or intermediate care facility proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?

**Use for RCF/ALF, ICF/SNF and LTCH beds*

<u>Divider I.</u> Application Summary

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

   Attached.

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

   Attached.

3. **Proposed Project Budget (Form MO 580-1863)**

   Attached.

Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

*The information provided 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
Rolla Assisted Living	5487RS
Project Address *(Street/City/State/Zip Code)*	**County**
1000 East Lions Club Drive, Rolla, MO 65401	Phelps

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
Rolla, Missouri Assisted Living Property Investment	337 West Lockwood St. Louis, Missouri 63119	314-288-8780

List All Operator(s): *(List entity to be licensed or certified.)*	Address (Street/City/State/Zip Code)	Telephone Number
Rolla, Missouri Assisted Living Operating Company	337 West Lockwood St. Louis, Missouri 63119	314-288-8780

3. Ownership *(Check applicable category.)*

- ☐ Nonprofit Corporation
- ☐ Individual
- ☐ City
- ☐ District
- ☐ Partnership
- ☐ Corporation
- ☐ County
- ☑ Other LLC

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 the service area;
(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 date 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
David M. Baylis		President/COO; PVL Investments
Telephone Number	**Fax Number**	**E-mail Address**
3142383811	3142383838	dbaylis@provisionliving
Signature of Contact Person		**Date of Signature**
		6-23-17

MO 580-1861 (08/13)

Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Number
Rolla Assisted Living	5487RS

(Please type or print legibly.)

Name of Representative	Title
David M. Baylis	President/COO; PVL Investments, LLC

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Telephone Number
PVL Investments, LLC	314-238-3811

Address (Street/City/State/Zip Code)

1630 Des Peres Rd. Suite 310 St. Louis, MO 63131

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
Rolla, Missouri Assisted Living Property Investment, LLC	

Address (Street/City/State/Zip Code)

337 West Lockwood St. Louis, Missouri 63119

Check one. Do you:

- ☑ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☐ Employee
- ☐ Legal Counsel
- ☑ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

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
	6-23-17

MO 580-1869 (11/01)

Certificate of Need Program

PROPOSED PROJECT BUDGET

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

* *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.*

Certificate of Need Program
PROPSED PROJECT BUDGET

Rolla Assisted Living –65 bed Assisted Living Facility - 5487 RS

Item#	Description
1.	There are no costs associated with the addition of 15 ALF beds.

Divider II. Proposal Description

1. **Provide a complete detailed project description**

Rolla, Missouri Assisted Living Property Investment, LLC and Rolla, Missouri Assisted Living Operating Company, LLC request to add 15 beds to an already approved 50-bed 38,000 square feet, one-story Assisted Living Facility (ALF) at a site located 1000 East Lions Club Drive, Rolla, MO 65401. Since the July 13th, 2015 approval, our overall portfolio has experienced greater occurrences of couples and general double occupancy, which has led to the development of the attached 65 bed building design. We are requesting an additional 15 ALF beds to be added to the existing 50 bed Certificate of Need, for a total of 65 beds.

To achieve this, the project cost will not increase beyond the original construction budget associated with approved 50 CON Beds (5188RS). There will be no major medical equipment purchased as a part of this project.

The assisted living facility will be offered on a monthly rental basis with no buy-in fees. This building will have a combination of studio, one, and two bedroom units and the facility will have a full compliment of first quality assisted living services.

The facility will provide the following amenities:

- Private units/apartments in a variety of configurations and sizes
- Dining room (breakfast, lunch & dinner served restaurant-style every day)
- Private dining for families and guests
- 24-hour security and emergency response
- Lounges
- Entertainment /Activity Room
- Beauty Salon
- Wellness and Exercise/Rehab facilities
- Café
- Technology Center
- Resident Storage
- Private indoor mailboxes
- Planned group outings and events
- Hotel-style maid and linen services
- Chauffeured transportation
- Regularly scheduled social, spiritual, recreational and educational events

Each of the assisted living units are equipped with the following amenities:

- Wall-to-wall carpeting with resilient flooring in bathrooms
- Window treatments
- Individually-controlled heating and cooling
- Kitchenettes with a sink, a refrigerator, and a microwave.

The services to be provided are summarized in the following table:

Meals	3 restaurant-style meals per day
Utilities Included	Gas, Electric, Water, Sewer & Trash
Utilities Excluded	TV, telephone & internet
Housekeeping	Weekly kitchenette, bedroom, bathrooms
Transportation	Reservation; some included
Emergency Call System	Call system in bedrooms and bathrooms
Activities	Planned Daily
Health Care	On site nurse/nutritionist services, personal health needs assessment & wellness programs
Medication Administration	Prescription management and dispensing of oral medications.
Dressing/ Grooming Assistance	1 hour each AM and PM to assist with dressing and personal hygiene needs
Bathing Assistance	Twice weekly
Personal Laundry	Available

Sponsorship

Rolla, Missouri Assisted Living Property Investment, LLC will be the owner of the assisted living property. It will lease the facility to Rolla, Missouri Assisted Living Operating Company, LLC who will be the licensed Operator. The member/ownership of the Applicant, Operator and ClearPath Senior Holdings, LLC is consistent. This is a widely utilized ownership structure in the senior housing industry and generates the most efficient financing.

The Operator will hire Provision Living, LLC as the manager of the assisted living facility. Provision Living is an experienced management company that currently manages multiple assisted living and memory care communities within Midwest/Southeastern states.

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

Timing determined based on past project experience; allowing for a realistic/ample timeframe to finalize project details prior to commencement; followed by a 12 month construction period to complete.

- Anticipated Commencement: 3rd Q 2017
- Anticipated Completion: 3rd Q 2018

3. **Provide a legible map showing the exact location of the proposed facility.**

Attached.

4. **Provide a site plan for the proposed facility**

Attached is a site plan

5. **Provide a preliminary schematic drawing for the proposed facility**

Attached.

6. **Provide evidence that architectural plans have been submitted to the DHSS**

A copy of the transmittal letter from Dan Gehring, PVL Investments, LLC, submitting the plans to DHSS, is attached.

7. **Provide the proposed gross square footage**

The 65-bed assisted living facility has a gross building square footage of approximately 38,000 SF.

8. **Document ownership of the project site, or provide an option to purchase**

The General Warranty Deed for the project site is attached.

9. **Define the community to be served**

The Applicant is requesting approval to add an additional 15 ALF beds to the existing 50 bed CON for the facility planned to be built at 1000 East Lions Club Drive, Rolla, MO 65401, for a total of 65.

As mentioned earlier, since the July 13th, 2015 approval, our overall portfolio has experienced greater occurrences of couples and general double occupancy, which has led to the development of the 65-bed building design.

Assisted living residents maintain a level of independence and mobility and therefore tend to select facilities in the original community in which they lived prior to seeking assisted services so they can participate in their church and community groups and be near family, friends and familiar shopping.

This is particularly true in Rolla, a city known for its longstanding reputation as a close-knit community, where residents have roots and are unlikely to relocate to another city. Rolla' small community atmosphere offers a safe, attractive quality of life for its residents.

The immediate surrounding community is home to peaceful residential neighborhoods. The area continues to attract new residents annually in conjunction with the growing number of amenities.

Based on these factors, the applicant believes that the primary service area for the proposed assisted living facility, attract at least 75-80% of its ultimate resident population, will be approximately a 20-mile radius around the site.

10. **Provide 2020 Population Projections for the 15-Mile Radius Service Area**

The 15-mile radius Health Informatics population data from Missouri's Division of Community and Public Health is attached.

11. Identify Specific Community Problems or Unmet Needs the Proposal Would Address.

Our overall portfolio has experienced greater occurrences of couples and general double occupancy, which has led to the development of the attached 65 bed building design. We are requesting an additional 15 ALF beds to be added to the existing 50 bed Certificate of Need, for a total of 65 beds.

RCF/ALF beds: Population-based need methodology of twenty (25) beds per one thousand (1,000) population age sixty-five (65) and older.

Unmet Need = [(R x P) – U]

R = 25 / 1,000
P = 2020 population age 65 and older in 15 mile radius service area = 8,353
U = # beds in 15 mile radius = 249

[(.025 x 8,353) – 249] = -41

Excess of RCF/ALF = 41 beds

Special Exceptions:

Department of Mental Health: 3 of the 8 communities within a 15-mile radius accept DMH residents, currently with residents as young as 25. One of these communities accepts only female residents. These communities account for 87 of the 249 beds, leaving only 162 beds.

Unmet Need = [(R x P) – U]

R = 25 / 1,000
P = 2020 population age 65 and older in 15 mile radius service area = 8,353
U = # beds in 15 mile radius = 162

[(.025 x 8,353) – 162] = 47

Unmet need for RCF/ALF = 47 beds

12. Provide historical utilization for each of the past three years and utilization projections through the first three years of operation of the new LTC beds.

Historical utilization for each of the past three years is not applicable, as the facility did not yet exist.

Ending year utilization projections through the first three years of operations are summarized as follows:

Year 1:	10,676 – 45%
Year 2:	21,352 – 90%
Year 3:	22,302 – 94%

13. Provide the methods and assumptions used to project utilization.

Provision Living, LLC is an experienced St. Louis based regional operator of senior assisted living services with facilities in St. Louis, Missouri and 7 other Midwest states. Projections are consistent with similar sized Provision projects which have been met. They are both realistic and achievable.

Marketing of the facility will commence approximately six (6) months before opening, and pre-leasing will begin three to four months before opening. These efforts are expected to generate a significant number of commitments and the facility will be expected to staff to serve at least ten (10) residents during the first month of operations.

After the first month, net resident move-ins are projected to be one (1) to two (2) per month until stabilization of 90% is achieved. The project is expected to experience positive operating margin within the first year. This rate of fill is in-line with manager's prior experience opening similar projects.

14. Document that consumer needs and preference have been included in planning this project and describe how consumers had an opportunity to provide input.

Consumers have had the opportunity to provide input.

The following public notice was published in The Rolla Daily News on June 9, 2017. Receipt and proof is attached. All letters of comment received will be forwarded to the CON Program staff.

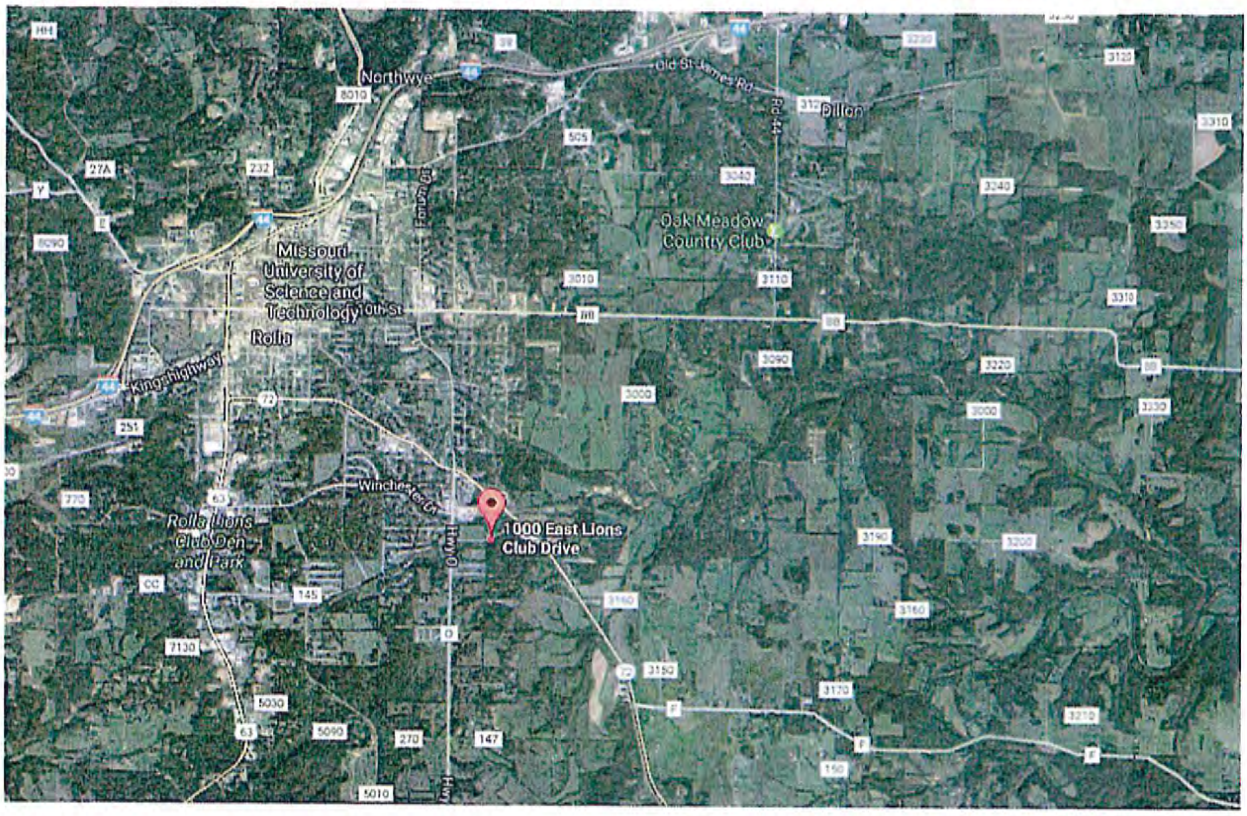
> Rolla, Missouri Assisted Living Property Investment, LLC, is seeking a Certificate of Need from the State of Missouri for the addition of 15 ALF beds to the current approved 50 bed ALF proposed community at the location 1000 East Lions Club Drive, Rolla, MO 65401. The assisted living facility will have 65 beds total. Please send any questions and comments about this project to Project Manager, c/o Rolla, Missouri Assisted Living Property Investment, LLC at 1630 Des Peres Road, Suite 310, St. Louis, MO 63131.

15. Provide copies of any petitions, letters of support or opposition received.

Letters will be forwarded as they are received.

Map of Proposed Rolla Assisted Living Community

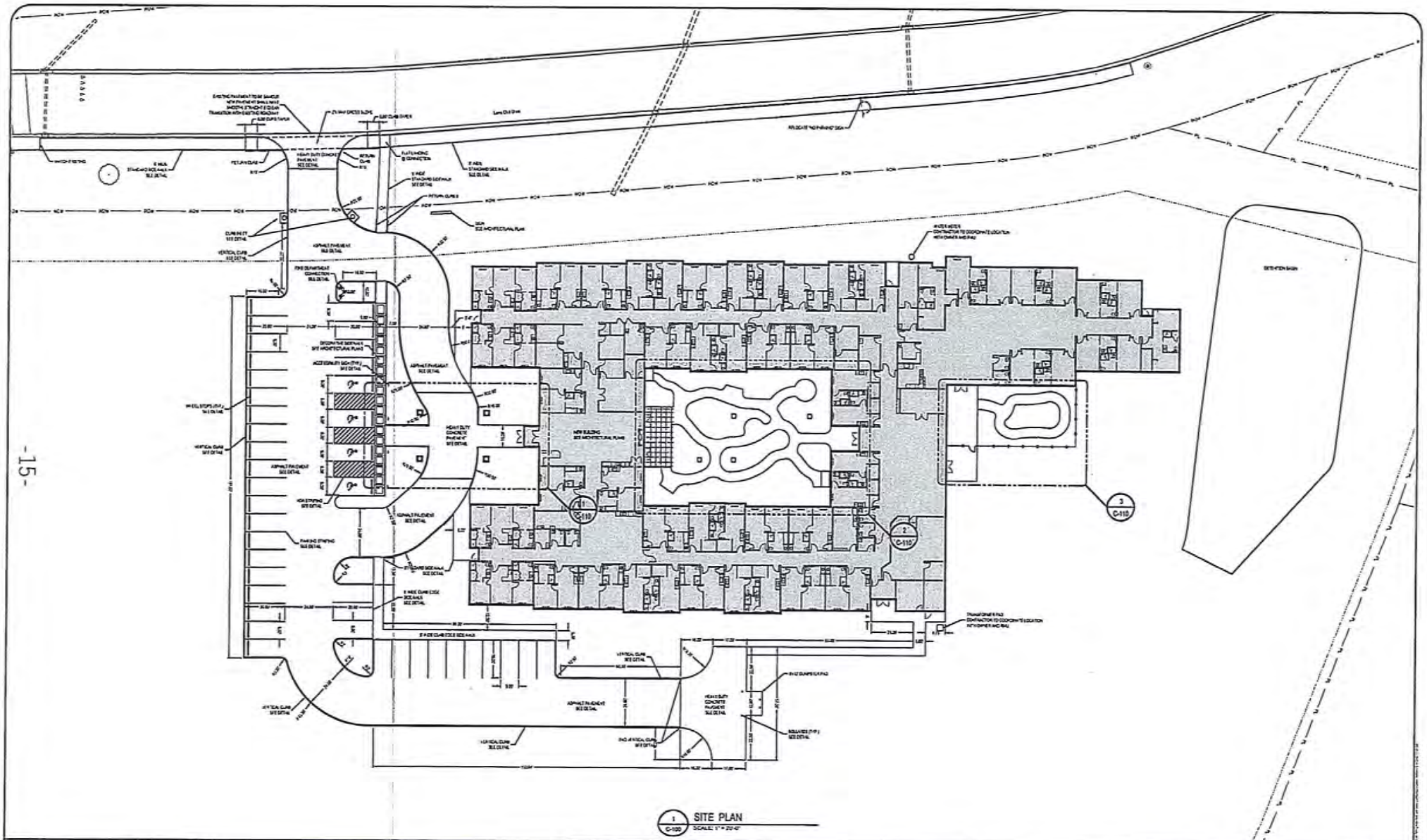
Rolla, Missouri



Rolla Assisted Living (#5487RS)

1000 East Lions Club Dr.

Rolla, Missouri 65401



1 C-100 SITE PLAN
SCALE: 1" = 20'-0"

☐ - Preliminary, not for construction, recording purposes or implementation

☐ - This is a reduced copy, not for construction, recording purposes or implementation

DESIGNED DRAWN BY:	DATE:
jas	06/14/17

No.	DATE	BY	REVISION BLOCK

STATE OF MISSOURI
ROBERT KEITH CONRAD
NUMBER 2005000970
REGISTERED PROFESSIONAL ENGINEER

CM Archer Group, P.C. dba

ARCHER-ELGIN
engineering • surveying • architecture

Corporate Authority:
CM Archer Group, P.C.: E: 2003023012, LS: 2004017377-D
Archer-Elgin Surveying & Engineering, LLC: E: 2010024838, LS: 2010025471, A-2012014839
[illegible]

Scale: 1" = 20'

Oak Pointe of Rolla
Clearpath Senior Holdings, LLC
Rolla, Missouri

Site Plan

PROJECT NO.
16820101
J1696

DRAWING NO.
C-100

Dan Gehring

From: Dan Gehring
Sent: Tuesday, June 06, 2017 10:12 AM
To: 'david.east@health.mo.gov'
Subject: Rolla Assisted Living Community (#5487RS) (1000 East Lions Club Dr., Rolla, MO 65401)
Attachments: SJ1628_xbase Layout1 (1).pdf; SJ1628_A5.3 - Exterior Elevations Layout1 (1).pdf; SJ1628_A5.2 - Exterior Elevations Layout1 (1).pdf; SJ1628_A5.1 - Exterior Elevations Layout1 (1).pdf

Good Afternoon Mr. East,

Attached please find the architectural plans for Rolla Assisted Living Community (#5487RS). This location was approved for 50 beds on July 13th, 2015 under project application #5188RS. Construction of the community has not yet begun. We are requesting a CON for an additional 15 beds to be added due to increasing industry trends of couple residents and general double-occupancy. No new construction expense will be incurred due to the addition of the requested beds.

If you have any questions concerning project #5487, please do not hesitate to contact me.

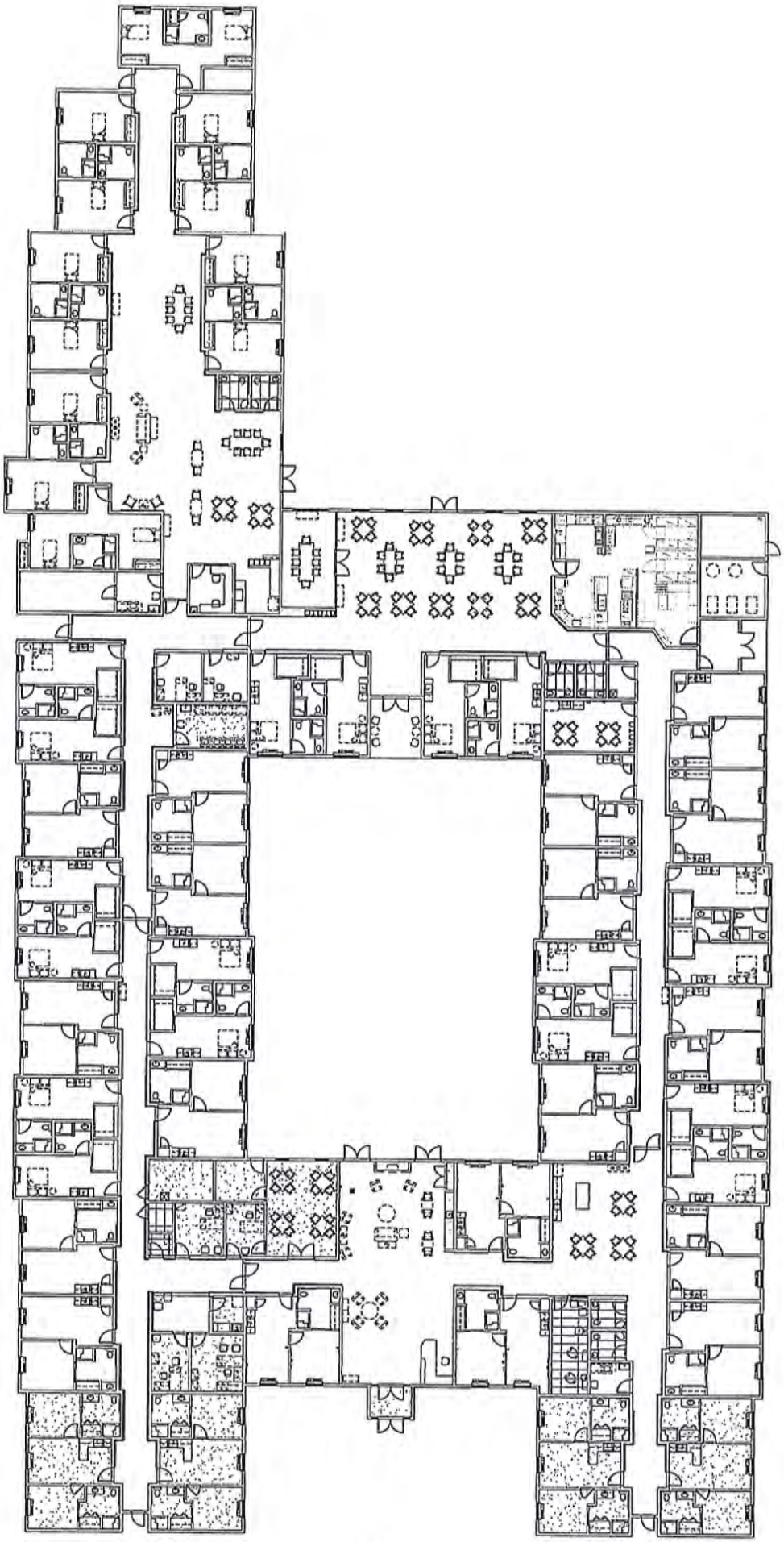
Thank you.

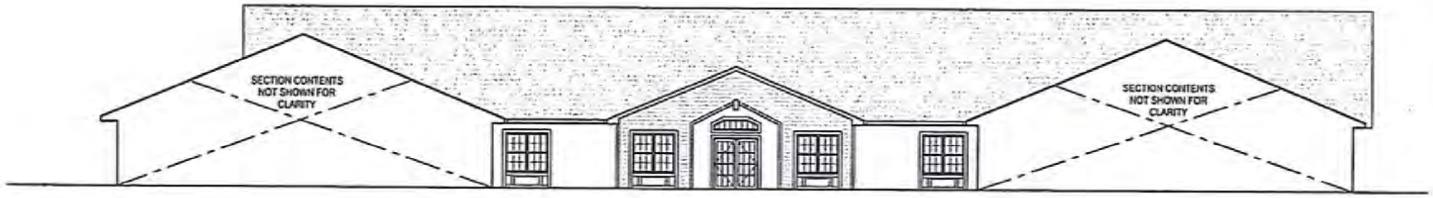
Best Regards,

Dan

Daniel Gehring | Development Analyst

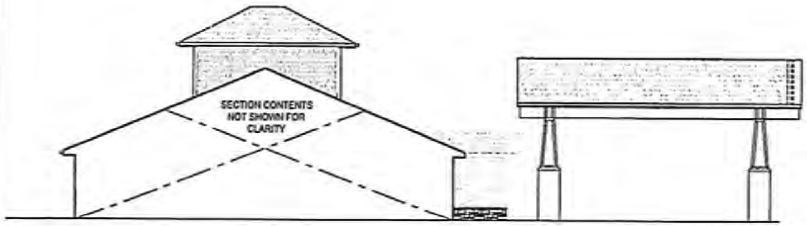
PVL Investments
1630 Des Peres Rd. Suite 310
St. Louis, MO 63131
D: 314.238.3824
F: 314.238.3838





1 / A5.3 EAST COURTYARD ELEVATION
SCALE: 1/8" = 1'-0"

2 / A5.3 WEST COURTYARD ELEVATION
SCALE: 1/8" = 1'-0"



3 / A5.3 PARTIAL NORTH ELEVATION
SCALE: 1/8" = 1'-0"

"T" - TEMPERED GLASS

KEYNOTES

1. 2'-0" HIGH TEXTURED STONE VENEER WAINSCOT - DUTCH QUALITY STONE: NATURAL BLEND LEDGESTONE
2. FIBER CEMENT SIDING, BOARD, AND PAINT
   A. BODY COLOR - JAMES HARDY / AUTUMN TAN
   B. TRIM COLOR - JAMES HARDY / CANVCLOTH
   C. ACCENT COLOR - JAMES HARDY / MOUNTAIN SAGE
   D. ACCENT COLOR - SHERWIN WILLIAMS SWI62 SETTERS COAT
3. GAF TIMBERLINE 30 YR. ARCHITECTURAL SHINGLE OR EQUAL OVER 30# FELT
4. PREFIN. ALUM SOFFIT
5. SINGLE HUNG VINYL WINDOW W/ INSULATED LOW-E GLAZING
6. PREFIN ALUM STOREFRONT ENTRY SYSTEM w/ 1" INSULATED GLAZING
7. PREFIN. ALUM FASCIA
8. 5 1/2" FIBER CEMENT TRIM
9. HOLLOW METAL DOOR w/ INSULATED GLAZING
10. PAINTED HOLLOW METAL DOOR & FRAME
11. PREFIN. MTL. DOWNSPOUT & GUTTERS SEE ROOF PLAN FOR LOCATIONS
12. PTAC UNIT - SEE MECHANICAL DWGS.
13. RIDGE VENT
14. FIBER CEMENT COLUMN COVER OVER P.T. WD. FRAMG - SEE SHEET A7.2
15. NOT USED
16. TEXTURED STONE CAP BANDING
17. 1" INSULATED TINTED GLAZING IN NON OPERABLE VINYL WINDOW
18. PTD. FIBER CEMENT TRIM
19. CAST STONE CAP
20. NON LOAD BEARING 3" THICK DECORATIVE WOOD TRUSS COLOR TO MATCH "2.0" SIDING
21. FIBER CEMENT SHAKE SIDING
22. WD. TRELLIS - SEE STRUCT. FOR MORE INFO. SEE PLANS FOR DIMENSIONS

CONSULTING ENGINEERS
CIVIL: _____
STRUCTURAL: _____ 401 STORAGE PARK DRIVE SUITE 100 HAUGHTON, LA 71037 P: 318-949-0011
MECHANICAL: _____ INC
ELECTRICAL: _____ INC
FIRE PROTECTION: TBD

CONTRACTOR
ARCO
THE DESIGN BUILD OPTION, LLC
BY: CLAYTON HOLDINGS, LLC
ARCO CONSTRUCTION
PLEASE ENTER 1" DESIGN BY CLAYTON HOLDINGS, LLC
PHONE: (318) 322-0224

ARCHITECT
GMA
ARCHITECTS
1000 LAKESHORE DRIVE
LINCOLN, LA 71111
318-255-8000
PHONE: 318-255-8000

A NEW ASSISTED LIVING FACILITY FOR:
CLEARPATH
SENIOR HOLDINGS
POLLA, MO 63554

JOB NO.: 5.2.4.0.4
PA.: RJR
PERMIT SET: 7-7-16

REVISIONS △

SHEET NUMBER
A5.3
EXTERIOR BUILDING ELEVATIONS

1 / A5.2 NORTH ELEVATION
SCALE: 1/16" = 1'-0"

2 / A5.2 SOUTH COURTYARD ELEVATION
SCALE: 1/32" = 1'-0"

3 / A5.2 NORTH COURTYARD ELEVATION
SCALE: 1/16" = 1'-0"

"T" = TEMPERED GLASS

KEYNOTES

1. 2'-0" HIGH TEXTURED STONE VENEER WAHOOOT - DUTCH QUALITY STONE; NATURAL BLEND LEDGESTONE
2. FIBER CEMENT SIDING,BOARD, AND PAINT
   - A. BODY COLOR - JAMES HARDY / AUTUMN TAN
   - B. TRIM COLOR - JAMES HARDY / SANDCLOTH
   - C. ACCENT COLOR - JAMES HARDY / MOUNTAIN SAGE
   - D. ACCENT COLOR - SHERWIN WILLIAMS SWISS COFFEE CAKE
3. GAF TIMBERLINE 30 YR. ARCHITECTURAL SHINGLE OR EQUAL OVER 30# FELT
4. PREFIN. ALUM SOFFIT
5. SINGLE HUNG VINYL WINDOW W/ INSULATED LOW-E GLAZING
6. PREFIN ALUM STOREFRONT ENTRY SYSTEM w/ 1" INSULATED GLAZING
7. PREFIN. ALUM FASCIA
8. 5 1/2" FIBER CEMENT TRIM
9. HOLLOW METAL DOOR w/ INSULATED GLAZING
10. PAINTED HOLLOW METAL DOOR & FRAME
11. PREFIN. MTL. DOWNSPOUT & GUTTERS SEE ROOF PLAN FOR LOCATIONS
12. PTAC UNIT - SEE MECHANICAL DWGS.
13. RIDGE VENT
14. FIBER CEMENT COLUMN COVER OVER P.T. WD. FRAMG - SEE SHEET A7.2
15. NOT USED
16. TEXTURED STONE CAP BANDING
17. 1" INSULATED TINTED GLAZING IN NON OPERABLE VINYL WINDOW
18. PTD. FIBER CEMENT TRIM
19. CAST STONE CAP
20. NON LOAD BEARING 3" THICK DECORATIVE WOOD TRUSS COLOR TO MATCH "D2F" SIDING
21. FIBER CEMENT SHAKE SIDING
22. WD. TRELLIS - SEE STRUCT. FOR MORE INFO. SEE PLANS FOR DIMENSIONS

ARCHITECT
GMA ARCHITECTS
LINDA M. FRIND
ARCHITECT
5315 OTTAWA RIDGE
ARCHITECTS.COM

CONTRACTOR
ARCO
THE DESIGN BUILD PEOPLE
1100 NORTH NEOSHO ROAD
BELLEFONTAINE NEOSHO, MO 63026
PH 636.970.1100 FX 636.970.1171
WWW.ARCOCONSTRUCTION.COM

CONSULTING ENGINEERS
CIVIL: _____
STRUCTURAL: HYE CONSULTING ENGINEERS
1100 NORTH NEOSHO ROAD
BELLEFONTAINE NEOSHO, MO 63026
P: 314.416.9000
MECHANICAL: _____ INC
ELECTRICAL: _____ INC
FIRE PROTECTION: _____ INC

A NEW ASSISTED LIVING FACILITY FOR:
CLEARPATH
SENIOR HOLDINGS
FOLLA, MO 63130

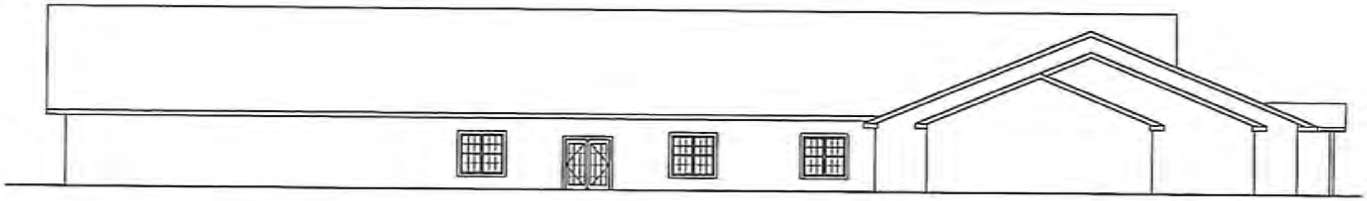
JOB NO.: 5J1128
PA: RJR
PERMIT SET: 7-7-16

REVISIONS △

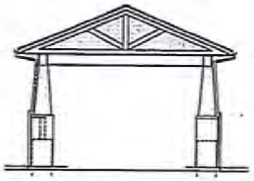
SHEET NUMBER
A5.2
EXTERIOR BUILDING ELEVATIONS

1 A5.1 WEST ELEVATION
SCALE: 1/8" = 1'-0"

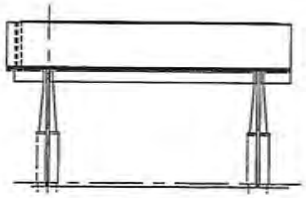
2 A5.1 SOUTH ELEVATION
SCALE: 1/8" = 1'-0"



3 A5.1 EAST ELEVATION
SCALE: 1/8" = 1'-0"



4 A5.1 PORTE COCHERE ELEVATION
SCALE: 1/8" = 1'-0"



5 A5.1 PORTE COCHERE ELEVATION
SCALE: 1/8" = 1'-0"

"T" = TEMPERED GLASS

KEYNOTES

1. 2'-0" HIGH TEXTURED STONE VENEER, WINWOOD - DUTCH QUALITY STONE- NATURAL DUENO LEDGESTONE
2. FIBER CEMENT SIDING,BOARD, AND PAINT
   - A. BODY COLOR - JAMES HARDY / AUTUMN TAN
   - B. TRIM COLOR - JAMES HARDY / SANCLOTH
   - C. ACCENT COLOR - JAMES HARDY / MOUNTAIN SAGE
   - D. ACCENT COLOR - SHERWIN WILLIAMS SWISS COFFEE COAT
3. GAF TIMBERLINE 30 YR ARCHITECTURAL SHINGLE OR EQUAL OVER 30# FELT
4. PREFIN. ALUM SOFFIT
5. SINGLE HUNG VINYL WINDOW W/ INSULATED LOW-E GLAZING
6. PREFIN ALUM STOREFRONT ENTRY SYSTEM W/ 1" INSULATED GLAZING
7. PREFIN. ALUM FASCIA
8. 5 1/2" FIBER CEMENT TRIM
9. HOLLOW METAL DOOR W/ INSULATED GLAZING
10. PAINTED HOLLOW METAL DOOR & FRAME
11. PREFIN. MTL. DOWNSPOUT & GUTTERS SEE ROOF PLAN FOR LOCATIONS
12. PTAC UNIT - SEE MECHANICAL DWGS.
13. RIDGE VENT
14. FIBER CEMENT COLUMN COVER OVER F.T. WD. FRAMG - SEE SHEET A7.2
15. NOT USED
16. TEXTURED STONE CAP BANDING
17. 1" INSULATED TINTED GLAZING IN NON OPERABLE VINYL WINDOW
18. PTD. FIBER CEMENT TRIM
19. CAST STONE CAP
20. NON LOAD BEARING 3" THICK DECORATIVE WOOD TRUSS COLOR TO MATCH "2D" SIDING
21. FIBER CEMENT SHALE SIDING
22. WD. TRELLIS - SEE STRUCT. FOR MORE INFO. SEE PLANS FOR DIMENSIONS

A NEW ASSISTED LIVING FACILITY FOR:

CLEARPATH SENIOR HOLDINGS

FOLLA, MO 63130

ARCHITECT: GMA ARCHITECTS
1400 N. NINO FALLS BLVD
SUITE 100 ST. CHARLES, MO 63304
636.441.2144 FAX: 636.441.2145
WWW.GMAARCHITECTS.COM

CONTRACTOR: ARGO CONSTRUCTION
THE BUSINESS BUILDER
1100 NORTH NINO FALLS BLVD
SUITE 100 ST. CHARLES, MO 63304
P: 636.441.1100 F: 636.441.1111
WWW.ARGOCONSTRUCTION.COM

CONSULTING ENGINEERS
CIVIL: _____
STRUCTURAL: _____ 1400 NINO FALLS BLVD SUITE 100 ST. CHARLES, MO 63304 P: 636.441.2144 F: 636.441.2145
MECHANICAL: _____ NO
PLUMBING: _____
ELECTRICAL: _____ NO
FIRE PROTECTION: NO

-20-

JOB NO.: 5.11028
PA: RJR
PERMIT SET: 5-7-19

REVISIONS △

SHEET NUMBER
A5.1
EXTERIOR BUILDING ELEVATIONS

8 0 7 6 3 9 6
Tx:4066232
2017-1430
RECORDED ON
04/03/2017 9:33 AM
PAGES: 3

ROBIN KORDES
PHELPS COUNTY RECORDER
ROLLA, MO

Robin Kordes

DOCUMENT TITLE:	General Warranty Deed	WAC-15005925
DOCUMENT DATE:	March 31st, 2017	
GRANTOR NAME(S):	Carolyn L. Holt, a single person	
GRANTEE NAME(S):	Rolla, Missouri Assisted Living Property Investment, LLC	
ADDRESS OF GRANTEE:	337 W. Lockwood Ave., Suite 500, St. Louis, MO 63119	
LEGAL DESCRIPTION:	See Exhibit "A" attached	

2 of 2 wees

GENERAL WARRANTY DEED

THIS INDENTURE between Carolyn L. Holt, a single person. as GRANTOR, and Rolla, Missouri Assisted Living Property Investment, LLC, as GRANTEE.

WITNESSETH: THAT THE GRANTOR, in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby Grant, Bargain, Sell, Convey and Confirm unto GRANTEE, GRANTEE'S heirs/successors and assigns, the following described lots, tracts and parcels of land situated in the County of Phelps and State of Missouri, to wit:

SEE EXHIBIT "A" ATTACHED

TO HAVE AND TO HOLD The premises aforesaid with all singular, the rights, privileges, appurtenances and immunities thereto belonging or in any wise appertaining unto GRANTEE, GRANTEE'S heirs/successors and assigns forever; the GRANTOR hereby covenanting that GRANTOR is lawfully seized of an indefeasible estate in fee of the premises herein conveyed; that GRANTOR has good right to convey the same; that the said premises are free and clear from any encumbrance done or suffered by GRANTOR or those under whom GRANTOR claims, except as stated above and except for all taxes assessments, general and special, not now due and payable, and that GRANTOR will warrant and defend the title to the said premises unto GRANTEE and unto GRANTEE, GRANTEE'S heirs/successors and assigns forever, against the lawful claims and demands of all persons whomsoever. If two or more persons constitute the GRANTOR or GRANTEE, the words GRANTOR and GRANTEE will be construed to read GRANTORS and GRANTEES whenever the sense of this Deed requires.

IN WITNESS WHEREOF, The GRANTOR has hereunto executed this instrument on the day and year above written.

Carolyn L. Holt

Carolyn L. Holt

COUNTY OF PHELPS)
)ss
STATE OF MISSOURI)

On this 31st day of March, 2017, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Carolyn L. Holt, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that she executed the same as her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the county and state aforesaid, the day and year first above written.

Helen K Vaughn

Notary Public Helen K Vaughn

My Commission Expires:

4/19/18

Rubber Stamp Seal:

HELEN K. VAUGHN
Notary Public - Notary Seal
State of Missouri
Commissioned for Phelps County
My Commission Expires: April 19, 2018
Commission Number: 10435821

EXHIBIT "A"

A fractional part of the Northeast Quarter of the Southeast Quarter of Section 13, Township 37 North, Range 8 West of the 5th P.M. described as follows: Commencing at the Southwest Corner of the Northeast Quarter of the Southeast Quarter of said Section 13; thence North 0°33'00" East, 9.27 feet along the West line of said Northeast Quarter of the Southeast Quarter to the Southwest corner of a parcel described in Phelps County Deed Records at Document No. 1997-875; thence North 89°03'50" East, 50.02 feet along the South line of said Document No. 1997-875 parcel to the true point of beginning of the hereinafter described tract: Thence North 0°33'00" East, 289.76 feet to the southerly right of way of Lions Club Drive; thence northeasterly 35.58 feet along the arc of a curve, concave southeasterly with a radius of 710.00 feet the chord of which is North 74°30'20" East, 35.58 feet, and, North 75°56'30" East, 245.80 feet, and, northeasterly 96.76 feet along the arc of a curve, concave northwesterly with a radius of 1240 feet the chord of which is North 73°42'20" East, 96.74 feet, and, North 71°28'10" East, 256.64 feet, and, northeasterly 99.93 feet along the arc of a curve, concave northeasterly with a radius of 490.00 feet the chord of which is North 65°37'40" East, 99.75 feet all along said southerly right of way to the South line of Ponzer Third Addition; thence North 89°47'20" East, 49.31 feet along the South line of said Ponzer Third Addition to the southwest corner of Municipal Acres No. 2; thence North 89°37'00" East, 115.26 feet along the South line of Municipal Acres No. 2; thence South 1°18'10" West, 93.54 feet partially along the West line of a parcel described in Phelps County Deed Records at Document No. 1998-1375 to its southwest corner; thence South 4°41'10" West, 60.33 feet to the northernmost corner of a parcel described in Phelps County Deed Records at Document No. 1997-2417; thence South 7°03'20" West, 342.30 feet along the West line of said Document No. 1997-2417 parcel to the aforesaid South line of a parcel 1997-875; thence South 88°3240" West, 340.55 feet, and, South 89°03'50" West, 477.64 feet all along said South line to the true point of beginning. Above described tract contains 7.77 acres, more or less, per plat of Survey R-11621A, dated December 15, 2004, by Elgin Surveying & Engineering, Inc.

Except all legally established roads and highways.

Subject to easements, restrictions, covenants, dedications and reservations existing or of record.

Including all appurtenant easements inuring to the benefit of the above land as the dominant tenement and subject to all easements to which the above land is the servient tenement.

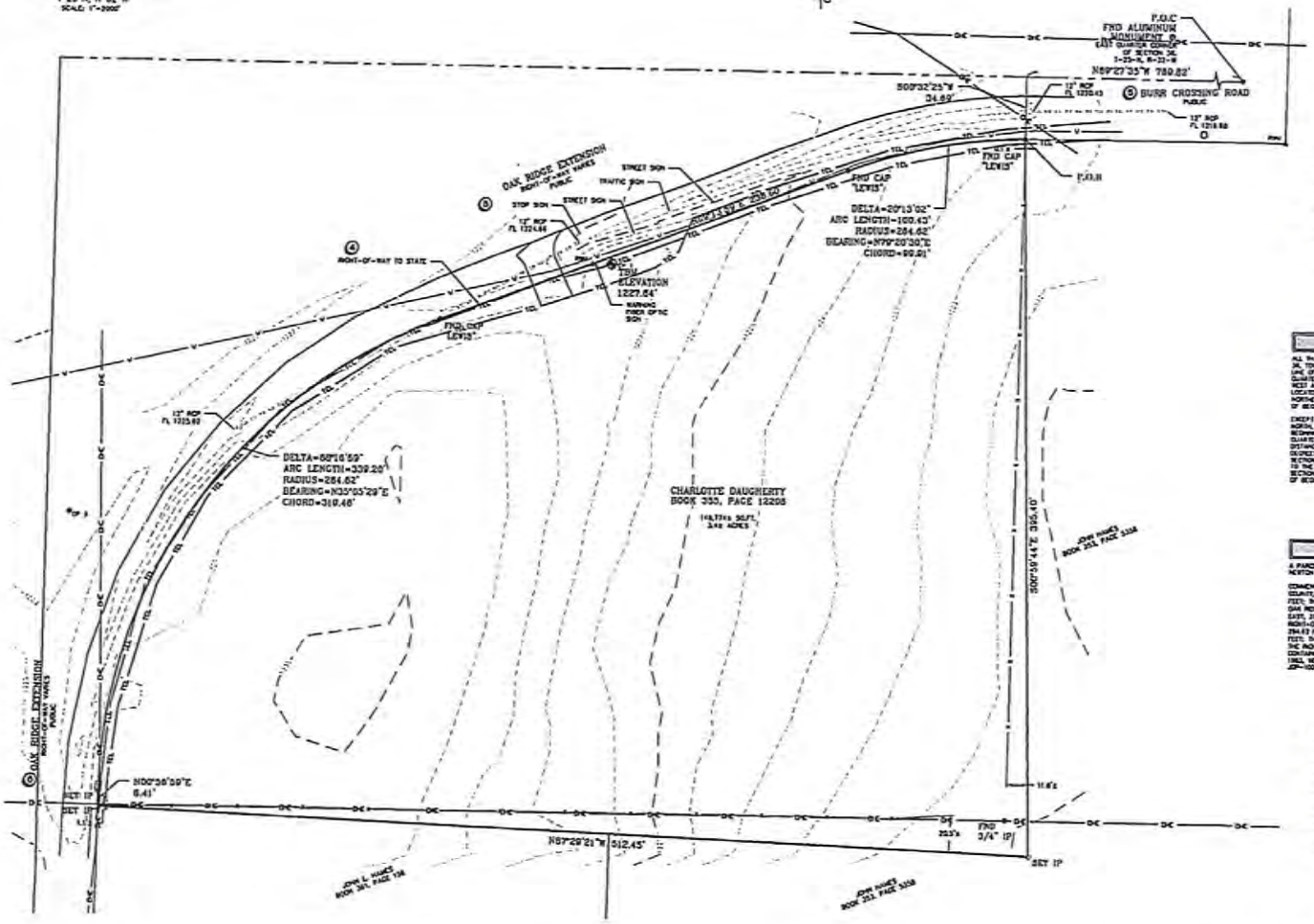
LOCATION SKETCH
SECTION 36
T 23 N, R 32 W
SCALE: 1"=2000'

LEGEND

FND IP	FOUND IRON PIN
SET IP	SET IRON PIN
	POWER POLE W/ GUY
	MANHOLE
	SIGN
	WATER METER
WV	WATER VALVE
TB	TELEPHONE RISER
	BUMPER POST
ER	ELECTRICAL RISER
	PROPERTY LINE
	STORM SEWER
	TELEPHONE LINE
	WATER LINE
	ELECTRIC LINE
	FENCE LINE
	LINE LABELS

GRAPHIC SCALE
30 0 15 30 60 120
(IN FEET)
1 inch = 30 ft.

BENCHMARK
TBM IS A "RED NAIL" ON THE SOUTH RIGHT-OF-WAY OF OAK RIDGE EXTENSION, WITH AN ELEVATION OF 1227.64 FEET, AS SHOWN.



NOTES

1) BEARINGS BASED ON GRID NORTH OF THE MISSOURI COORDINATE SYSTEM OF 1983, WEST ZONE.

NOTES CORRESPONDING TO SCHEDULE B

TITLE COMMITMENT PROVIDED BY OLD REPUBLIC NATIONAL INSURANCE COMPANY FILE NUMBER 127726, WITH EFFECTIVE DATE: APRIL 01, 2013 AT 8:00 AM

4) RIGHT-OF-WAY TO THE STATE OF MISSOURI AS SET FORTH IN INSTRUMENT DATED APRIL 22, 1936 FILED JUNE 11, 1936 AT 3:30 P.M. IN BOOK 136 AT PAGE 33 WITH MINUTES RIGHTS OF SWEET ACCESS TO ROUTE 60 TR, AS SHOWN.

5) RIGHTS OF THE PUBLIC, STATE OF MISSOURI, COUNTY AND THE MUNICIPALITY IN AND TO THAT PART OF THE PREMISES IN QUESTION, IF ANY, TAKEN OR USED FOR ROUTE 60 TR, OAK RIDGE EXTENSION, LINCOLN STREET AND BURR CROSSING ROAD, AS SHOWN.

6) RIGHT-OF-WAY TO THE STATE OF MISSOURI AS SET FORTH IN INSTRUMENT DATED MARCH 12, 1936, FILED MAY 18, 1936 AT 1:25 P.M. IN BOOK 136 AT PAGE 26, DOES NOT AFFECT SUBJECT PROPERTY.

7) EASEMENT TO THE GAS SERVICE COMPANY AS SET FORTH IN INSTRUMENT FILED FEBRUARY 3, 1983, AT 8:13 A.M. IN BOOK 334 AT PAGE 843, AS AMENDED TO SOUTHERN UNION COMPANY AS SET FORTH IN INSTRUMENT FILED FEBRUARY 4, 1994 AT 12:30 P.M. IN BOOK 343 AT PAGE 1183 AND LAST AMENDED OF RECORD TO LACLEDE GAS COMPANY, BY INSTRUMENT FILED SEPTEMBER 4, 2012 AT 3:44 P.M. RECORDED IN BOOK 382 AT PAGE 0453, DOES NOT AFFECT SUBJECT PROPERTY.

TITLE DESCRIPTION

ALL THAT PART OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 23, RANGE 32, NEWTON COUNTY, MISSOURI, BEGINNING AT AN IRON PIN ON THE SOUTH RIGHT OF WAY LINE OF THE COUNTY ROAD 30 FEET SOUTH AND TWO FEET WEST OF THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SECTION 36, THENCE SOUTH 260 FEET TO IRON PIN; THENCE AT AN ANGLE OF 90 DEGREES 28 MINUTES WEST A DISTANCE OF 313 FEET TO IRON PIN ON EAST RIGHT OF WAY LINE OF OAK RIDGE EXTENSION; AND NORTHEASTERLY ALONG CURVE, AT A RADIUS OF 43 FEET TO IRON PIN; THENCE EAST 166 FEET TO POINT OF BEGINNING

EXCEPT ALL THAT PART OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 23 NORTH, RANGE 32 WEST, NEWTON COUNTY, MISSOURI, NOW KNOWN AS ROUTE 60 TR DESIGNED AS FOLLOWS: BEGINNING AT A POINT 30 FEET SOUTH AND 433 FEET EAST OF THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 36; THENCE SOUTH 31 DEGREES 08 MINUTES WEST A DISTANCE OF 180 FEET; THENCE NORTH 75 DEGREES 52 MINUTES WEST A DISTANCE OF 68 FEET; THENCE NORTH 81 DEGREES 08 MINUTES WEST TO THE WEST LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 36; THENCE NORTH ALONG THE SAID WEST LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER TO THE NORTHWEST CORNER THEREOF; THENCE EAST ALONG THE NORTH LINE OF THE SOUTHEAST QUARTER OF SAID SECTION 36, A DISTANCE OF 320 FEET; THENCE SOUTH 37 FEET; THENCE ON A CURVE TO THE LEFT TO THE POINT OF BEGINNING.

SURVEY DESCRIPTION

A PARCEL OF LAND LYING IN THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 23 NORTH, RANGE 32 WEST, NEWTON COUNTY, MISSOURI, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE EAST QUARTER CORNER OF SECTION 36, TOWNSHIP 23 NORTH, RANGE 32 WEST, NEWTON COUNTY, MISSOURI; THENCE ALONG THE NORTH LINE OF THE SOUTHEAST QUARTER, NORTH 89°27'35" WEST, 780.82 FEET; THENCE LEAVING SAID SECTION LINE, SOUTH 00°32'25" WEST, 34.69 FEET, TO THE SOUTH RIGHT-OF-WAY OF OAK RIDGE EXTENSION, BEING THE POINT OF BEGINNING; THENCE LEAVING SAID RIGHT-OF-WAY, SOUTH 00°32'25" EAST, 258.48 FEET; THENCE NORTH 87°29'21" WEST, 512.45 FEET, TO THE EXTENDED SOUTHEASTERLY RIGHT-OF-WAY THE FOLLOWING FOUR COURSES; NORTH 00°36'59" EAST, 8.41 FEET; THENCE 339.20 FEET ALONG A 284.62 FOOT RADIUS CURVE TO THE RIGHT WITH CHORD BEARING NORTH 35°03'29" EAST, A DISTANCE OF 319.48 FEET; THENCE NORTH 69°16'59" EAST, 238.85 FEET; THENCE 100.42 FEET ALONG A 284.62 FOOT RADIUS CURVE TO THE RIGHT WITH AN CHORD BEARING NORTH 79°20'30" EAST, A DISTANCE OF 99.91 FEET, THE POINT BEGINNING; CONTAINING 3.4 ACRES, MORE OR LESS. BEARINGS BASED ON GRID NORTH OF THE MISSOURI COORDINATE SYSTEM OF 1983, WEST ZONE. CONDITIONS AND MONUMENTS ARE AS SHOWN ON ANDERSON ENGINEERING, INC. DRAWING NUMBER JOP-100-3713.

ACCURACY STANDARD: URBAN

SURVEYORS DECLARATION

TO: NEOSHO MISSOURI ASSISTED LIVING PROPERTY INVESTMENT LLC, OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY, ENTERPRISE BANK AND TRUST AND ST LOUIS TITLE, LLC

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE "MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/ACSM LAND TITLE SURVEYS" JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS IN 2005, AND INCLUDES ITEMS 2, 3, 4, 6, 7(a), 7(b)(1), 8, 9, 13, 16(a), 16(b), 17, 18 AND 19 OF TABLE A THEREOF. PURSUANT TO THE ACCURACY STANDARDS AS ADOPTED BY ALTA AND NSPS AND IN EFFECT ON THE DATE OF THIS CERTIFICATION, UNDERSIGNED FURTHER CERTIFIES THAT IN MY PROFESSIONAL OPINION, AS A LAND SURVEYOR REGISTERED IN THE STATE OF MISSOURI, THE RELATIVE POSITIONAL ACCURACY OF THIS SURVEY DOES NOT EXCEED THAT WHICH IS SPECIFIED THEREIN.

ANDERSON ENGINEERING, INC. LC 63
BY:

JERROD L. HOGAN, P.L.S. 2004001133

STATE OF MISSOURI
JERROD L. HOGAN
NUMBER
PLS-2004001133
PROFESSIONAL LAND SURVEYOR

3-13-15
DATE

ANDERSON ENGINEERING, INC
ENGINEERS • SURVEYORS • LANDDEVELOPERS • DRILLING
1111 E. KIMBERLY • JOPLIN, MISSOURI 64801 • (417) 624-8451

NO.	DESCRIPTION	BY	DATE
1	NEW TITLE COMMITMENT	SLM	3/13/15

- 24 -

FIELD BY:
DRAWN BY: JH
CHECK BY:
DATE: 1-13-15
FIELD BOOK:
JOB NUMBER: 50119-14

COPYRIGHT ANDERSON ENGINEERING, INC. 2013

CLEARWATER SENIOR HOLDINGS, LLC

ALTA/ACSM
TITLE SURVEY

NEOSHO, NEWTON COUNTY, MISSOURI

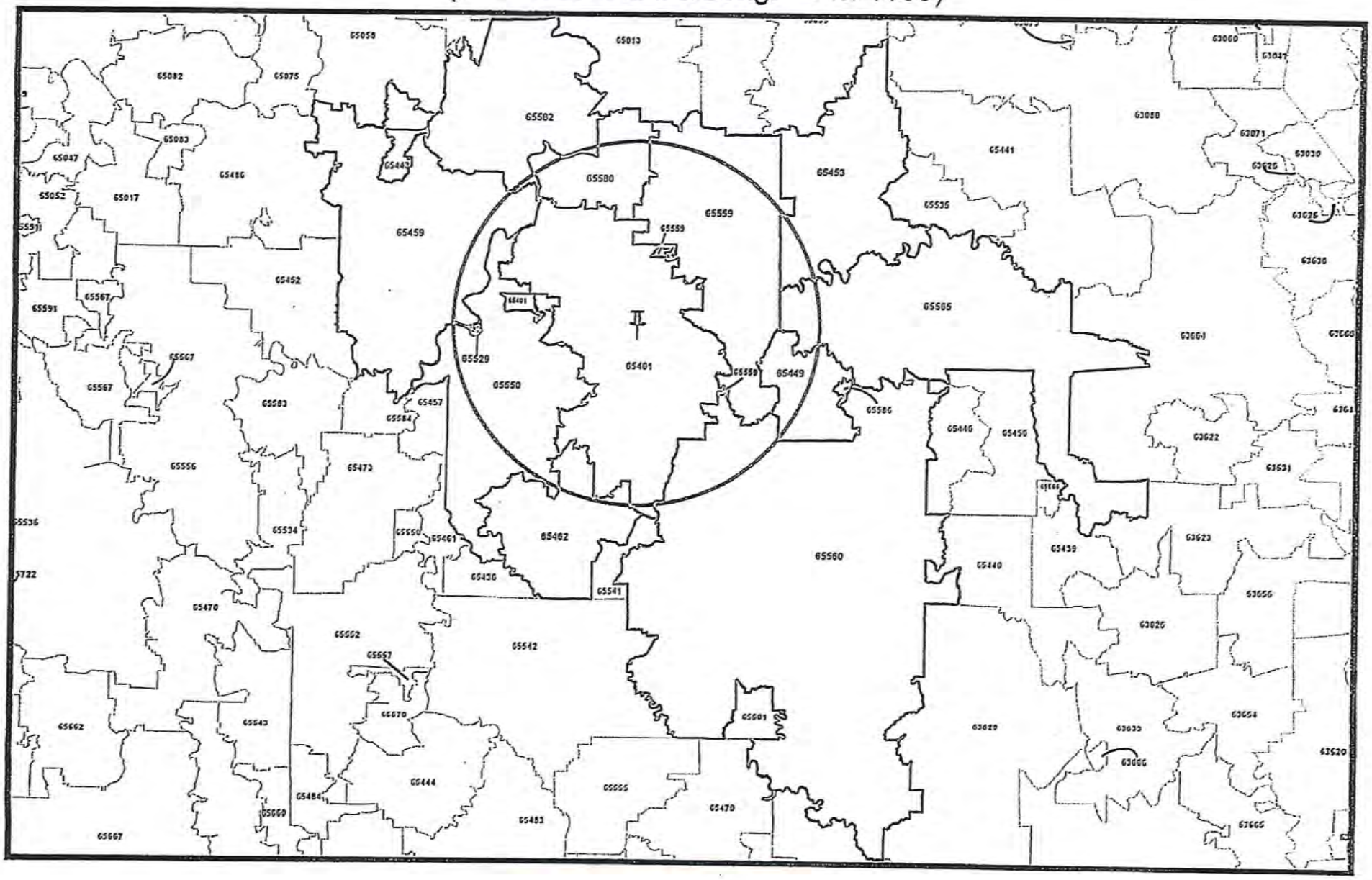
DRAWING NO.
JOP-100-3713

SHEET NUMBER
1
OF 1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	POPULATION						Project Number:			Project Address:		1000 East Lions Club Drive, Rolla, MO 65401					
2		Zip In Radius	Pop in Zip	City in Zip			City Pop	% of City in ZIP	City Pop in ZIP	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius
3	1	65401	5,339	Doolittle	Phelps	586	111	0%	0	3,014	2,325	100%	2,325	0%	0	3,014	5,339
4				Rolla	Phelps	21345	3014	100%	3,014					100%	3,014		
5									0						0		
6	2	65449	73						0	0	73	50%	37		0	0	37
7									0						0		
8									0						0		
9	3	65453	1,989	Cuba	Crawford	3431	695	100%	695	695	1,294	10%	129	0%	0	0	129
10									0						0		
11									0						0		
12	4	65459	1,540	Dixon	Pulaski	1555	328	100%	328	328	1,212	10%	121	0%	0	0	121
13				St. Robert	Pulaski	6636	493	0%	0					0%	0		
14									0						0		
15	5	65462	301	Edgar Springs	Phelps	198	31	100%	31	31	270	20%	54	0%	0	0	54
16									0						0		
17									0						0		
18	6	65529	51						0	0	51	100%	51		0	0	51
19									0						0		
20									0						0		
21		65550	547	Doolittle	Phelps	586	111	100%	111	206	341	70%	239	100%	111	206	445
22				Newburg	Phelps	442	95	100%	95					100%	95		
23									0						0		
24	8	65559	1,967	St. James	Phelps	4302	983	100%	983	983	984	80%	787	100%	983	983	1,770
25									0						0		
26									0						0		
27	9	65560	3,189	Salem	Dent	5108	1265	100%	1,265	1,265	1,924	10%	192	0%	0	0	192
28									0						0		
29									0						0		
30	10	65565	1,257	Steelville	Crawford	1827	430	100%	430	430	827	10%	83	0%	0	0	83
31									0						0		
32									0						0		
33	11	65580	188						0	0	188	70%	132		0	0	132
34									0						0		
35									0						0		
36	12	65582	496	Vienna	Maries	589	208	100%	208	208	288	0%	0	0%	0	0	0
37									0						0		
38									0						0		
39			16,937				7,764		7,160	7,160	9,777		4,150		4,203	4,203	8,353

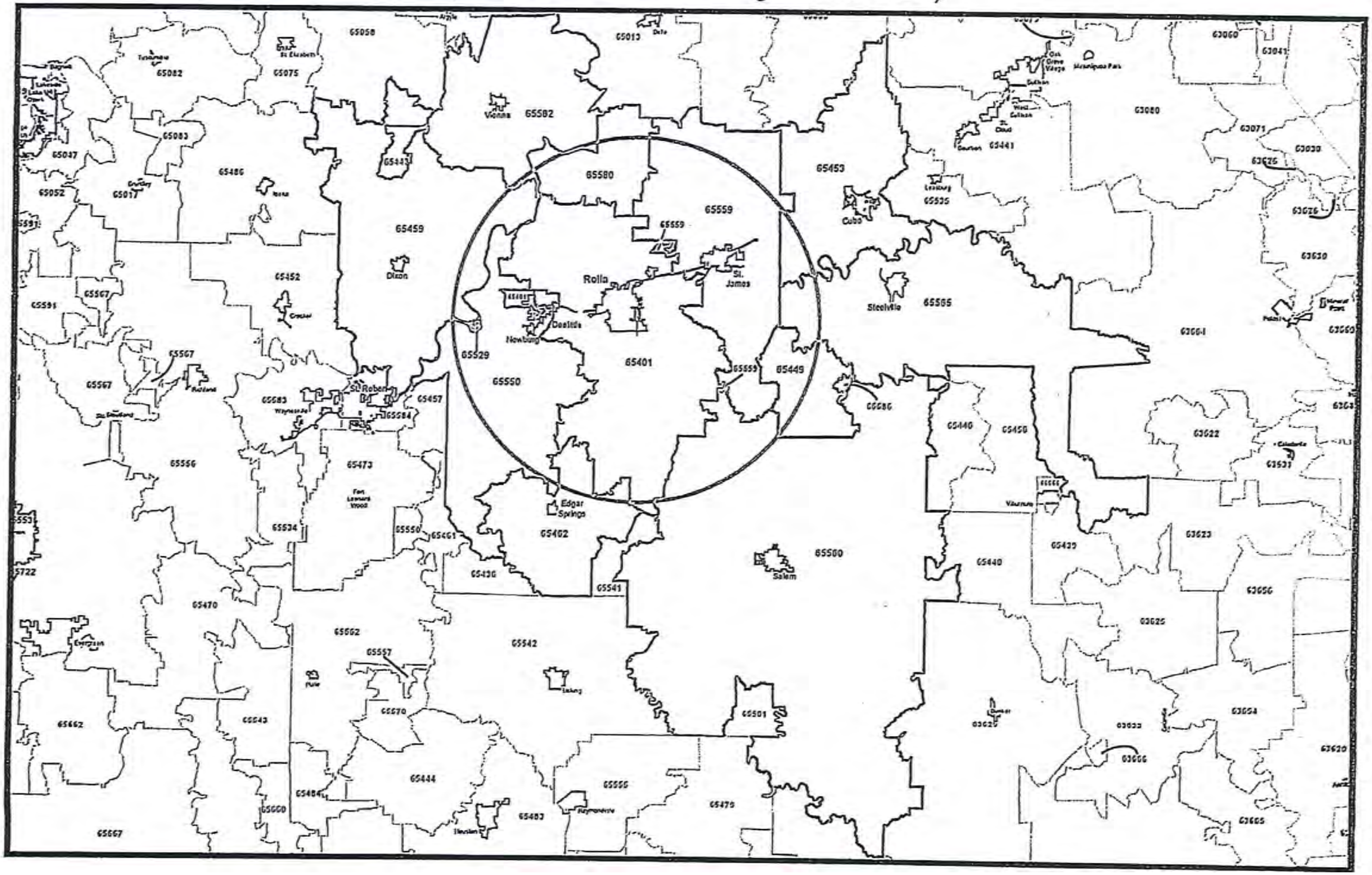
CON 15 Mile Radius (Zip)

1000 East Lions Club Drive
Rolla, MO 65401
(Lat: 37.928383 & Long: -91.74139)



CON 15 Mile Radius (City)

1000 East Lions Club Drive
Rolla, MO 65401
(Lat: 37.928383 & Long: -91.74139)



County	Facility Name	Facility Address	City	Zip	Con Approved	Licensed Beds			4th Qtr 2015	1st Qtr 2016	2nd Qtr 2016	3rd Qtr 2016	4th Qtr 2016	1st Qtr 2017			Average Occup %
						ALF	RCF	Total						Pat Days	Occup days	Occup %	
Phelps	Autumn House Assisted Living	803 East 12th St	Rolla	65401	0	16	0	16	56.3%		50.0%	68.8%					58.4%
Phelps	Cedar Knoll*	13635 State Route V	St James	65559	0	32	0	32	49.5%	58.6%	55.5%	58.3%	65.5%	2,880	1,847	64.1%	58.6%
Phelps	Country Valley Home*	15750 County Road 2430	St James	65559	0	0	23	23	90.0%	98.3%	91.5%	95.7%	91.4%	2,070	1,970	95.2%	93.7%
Phelps	Ferndale, Inc*	15677 County Road 2430	St James	65559	0	32	0	32	1.1%	96.9%	100.0%	1.0%	1.0%	2,880	2,671	92.7%	48.8%
Phelps	Parkside - Assisted Living By Americare	1700 East 10th St	Rolla	65401	0	50	0	50	47.9%	47.6%	51.1%	52.5%	51.6%	4,500	2,055	45.7%	49.4%
Phelps	Presbyterian Manor of Rolla	1200 Homelife Plaza	Rolla	65401	0	37	0	37	77.4%	77.2%	81.2%	88.7%	90.7%	3,330	3,150	94.6%	85.0%
Phelps	Rolla Assisted Living (CON Approved 7-13-15)	1000 East Lions Club Drive	Rolla	65401	50	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0	0	0.0%	0.0%
Phelps	Rosewood Residential Care	13450 County Road 7040	Rolla	65401	0	0	9	9	77.8%	77.8%		66.7%		810	0	0.0%	55.6%
	*Accept DMH Residents					167	32	199	66.5%	65.2%	61.3%	54.0%	74.8%			78.5%	56.2%
																66.7%	

PUBLIC NOTICE

Rolla, Missouri Assisted Living Property Investment, LLC, is seeking a Certificate of Need from the State of Missouri for the addition of 15 ALF beds to the current approved 50 bed ALF proposed community at the location 1000 East Lions Club Drive, Rolla, MO 65401. The assisted living facility will have 65 beds total. Please send any questions and comments about this project to Project Manager, c/o Rolla, Missouri Assisted Living Property Investment, LLC at 1630 Des Peres Road, Suite 310, St. Louis, MO 63131.
(Ins. 6/9/17)

Advertising Receipt

Rolla Daily News
P.O. Box 808
101 W. 7th Street
Rolla, MO 65402

Phone: (573)364-2468
Fax: (573)364-6107

PVL Investments
Daniel Gehring
1630 Des Peres Rd, Ste 310
St Louis , MO 63131

Acct #: 01110779
Ad #: 00040547
Phone: (314)238-3824
Date: 06/07/2017
Ad taker: Meli **Salesperson:**

Classification: 250

Description	Start	Stop	Ins.	Cost/Day	Extras	Total
PROPOSED ALF	06/09/2017	06/09/2017	1	26.00	0.00	26.00

Ad Text:

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Total:	26.00
Tax:	0.00
Net:	26.00
Prepaid:	0.00
Total Due	26.00

<u>Divider III.</u> Service Specific Criteria and Standards

1. **For ICF/SNF beds, address the population-based need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

   Not Applicable.

2. **For RCF/ALF beds, address the population-based need methodology of twenty (25) beds per one thousand (1,000) population age sixty-five (65) and older.**

   Unmet Need = [(R x P) – U]

   R = 25 / 1,000
   P = 2020 population age 65 and older in 15 mile radius service area = 8,353
   U = # beds in 15 mile radius = 249

   [(.025 x 8,353) – 249] = -41

   Excess of RCF/ALF = 41 beds

3. **Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.**

   Department of Mental Health: 3 of the 8 communities within a 15-mile radius accept DMH residents, currently with residents as young as 25. One of these communities accepts only female residents. These communities account for 87 of the 249 beds, leaving only 162 beds.

   Unmet Need = [(R x P) – U]

   R = 25 / 1,000
   P = 2020 population age 65 and older in 15 mile radius service area = 8,353
   U = # beds in 15 mile radius = 162

   [(.025 x 8,353) – 162] = 47

   Unmet need for RCF/ALF = 47 beds

4. **For any proposed facility, which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS), provide information to justify the need for the type of beds being proposed.**

   Not Applicable

5. **If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation?**

   Not Applicable

6. **If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.**

Not Applicable

Divider IV. Financial Feasibility Review Criteria and Standards

1. **Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost Data".**

The proposed addition of 15 ALF beds to the existing 50 approved ALF beds will cost no additional money. No new furniture or equipment is required to convert rooms to double occupancy.

2. **Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indication that sufficient funds are available.**

N/A

3. **Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.**

Attached.

4. **Document how patient charges were derived.**

The resident charge rates for Rolla Assisted Living were based on an overall assessment of the market, and rates charged in other markets by the management company. The rate structure is also based on the size/type of unit and the level of medical and personal services required. A second person fee is also included when units are shared. Rates were established at levels that represent value to the residents and are competitive in the local market. Below are the projected rates for each unit type:

Assisted Living	
Studio	$3,640/month
One-Bedroom	$3,920/month
Two-Bedroom	$4,564/month
2nd Person Fee	$1,000/month

5. **Document responsiveness to the needs of the medically indigent.**

There are presently no meaningful mechanisms, such as Medicaid, in place for assisted living accommodations. For the medically uninsured/indigent with health care needs, there is some reimbursement for specific health care services. Provision Living will assist residents in obtaining any state, federal or other governmental support available for those health care services that may be provided within an assisted living facility. For those requiring health care services beyond the capability of an assisted living facility, Provision Living will assist in arranging transfer to a facility appropriate to the resident's needs.

6. **For a proposed new skilled nursing or intermediate care facility, what percent of your admissions would Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admissions?**

Not Applicable

7. **For an existing skilled nursing or intermediate care facility proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admissions?**

Not Applicable

Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Rolla Assisted Living **Project #:** 5487 RS

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

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	Year 2018	2019	2020
Amount of Utilization:*	10,676	21,352	22,302
Revenue:			
Average Charge**	$106	$117	$122
Gross Revenue	$1,135,499	$2,498,184	$2,720,844
Revenue Deductions	0	0	
Operating Revenue	1,135,499	2,498,184	2,720,844
Other Revenue	4,444	6,772	6,678
TOTAL REVENUE	**$1,139,943**	**$2,504,956**	**$2,727,522**
Expenses:			
Direct Expenses			
Salaries	993,109	1,106,714	1,137,014
Fees	56,689	60,000	27,868
Supplies	141,826	213,678	221,674
Other	109,512	112,797	116,181
TOTAL DIRECT	$1,301,136	$1,493,189	$1,502,737
Indirect Expenses			
Depreciation	25,000	25,000	25,000
Interest***			
Rent/Lease	270,839	362,286	457,463
Overhead****	78,080	151,756	230,109
TOTAL INDIRECT	$373,919	$539,042	$712,572
TOTAL EXPENSES	**$1,675,055**	**$2,032,231**	**$2,215,309**
NET INCOME (LOSS):	**-$535,112**	**$472,725**	**$512,213**

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

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

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

****Indicate how overhead was calculated.

MO 580-1865 (08/06)

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

Average charge/procedure was found by taking the annual projected revenue and dividing by the number of annual projected "patient/resident" days"

******Indicate how overhead was calculated.**

Overhead was calculated using the projected annual management Fee of 5% of revenue.