



Certificate of Need Program

**EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION**

Applicant's Completeness Checklist and Table of Contents

Project Name: Lenior Health Care Center Project No: \_\_\_\_\_

Project Description: Purchase 24 beds from Mason Pointe

Done Page N/A Description

**Divider I. Application Summary:**

- 1  1. Applicant Identification and Certification (Form MO 580-1861).
- 2  2. Representative Registration (Form MO 580-1869).
- 3  3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

**Divider II. Proposal Description:**

- 4  1. Provide a complete detailed project description.
- 4  2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
- 5  3. Provide preliminary schematic drawings for the proposed project.
- 4  4. Provide the existing and proposed gross square footage.
- 4  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:
  - Documentation that all facilities involved are under the same licensure ownership or control;
  - Documentation that all facilities involved are within the 6-mile limit; and
  - 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:
  - 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;
  - Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and
  - 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:
  - Documentation that all facilities involved are within the 15-mile limit; and
  - 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:
  - 6  - Purchase Agreement Form(s) (MO 580-2352); and
  - 7  - A copy of the selling facility's reissued license verifying surrender of beds sold.
- 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.



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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.)

Table with 2 columns: Title of Proposed Project, Project Number, Project Address, County. Lenoir Health Care Center, Boone.

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

Table with 3 columns: List All Owner(s), Address, Telephone Number. Lutheran Senior Services, 1150 Hanley Industrial Ct., St. Louis, MO 63144, 314-968-9313.

Table with 3 columns: List All Operator(s), Address, Telephone Number. Lutheran Senior Services, 1150 Hanley Industrial Ct., St. Louis, MO 63144, 314-968-9313.

3. Ownership (Check applicable category.)

- Nonprofit Corporation, Partnership, Individual, Corporation, City, County, District, Other.

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.)

Table with 3 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Paul Ogier, CFO, 314-446-2553, 314-968-5590, paul.ogier@lssliving.org, [Signature], 9/10/19.



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REPRESENTATIVE REGISTRATION

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

Project Name Lenoir Health Care Center	Number
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(Please type or print legibly.)

Name of Representative Paul Ogier	Title CFO
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lutheran Senior Services	Telephone Number 314-446-2553
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Address (Street/City/State/Zip Code) 1150 Hanley Industrial Ct., St. Louis, MO 63144
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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 Lutheran Senior Services	Telephone Number 314-968-9313
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Address (Street/City/State/Zip Code) 1150 Hanley Industrial Ct., St. Louis, MO 63144
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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 9/10/19
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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
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$0</b>
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
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$0</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$0 **</b>

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$0 **</b>

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.

## **Proposal Description**

Lenoir Health Care Center is purchasing 24 skilled nursing facility beds from Mason Pointe. These beds will be placed within existing rooms in Lenoir Health Care Center, increasing their occupancy by 1 each.

The rooms where these beds will be located follow:

- 453,454,455,456,457,458,459,460,461,462,463,464,465,466,469,470,471,472,473,474,475,475,476,478,479

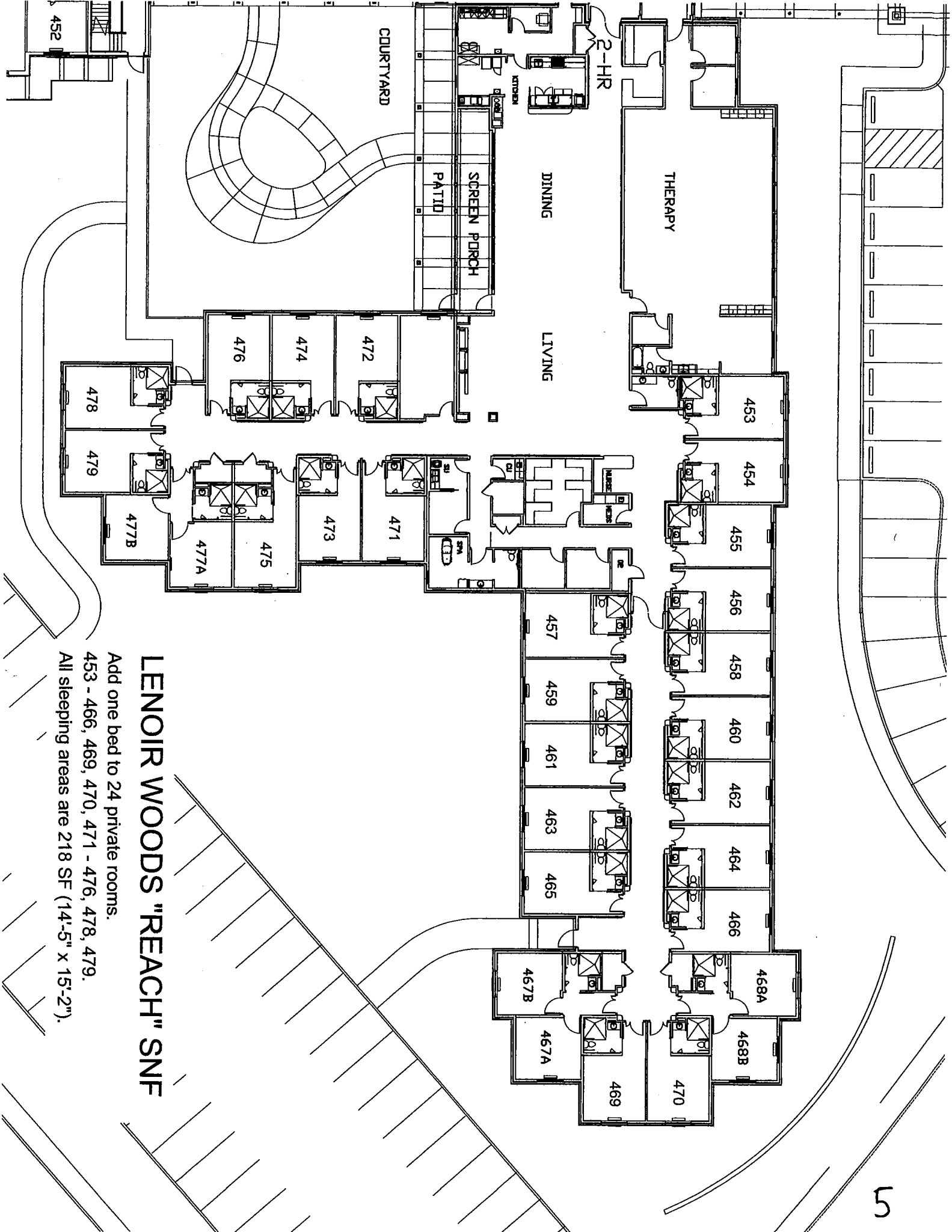
A floor plan of the affected area is attached. The square footage of the area will not be changed by this transaction. There will be no construction necessary and no cost expended for the placement of these beds within Lenoir Health Care Center.

The intent will be to submit for the additional beds immediately after the CON is approved and place them in service January 1, 2020.

There is no change in ownership of Lenoir Health Care Center.

### **Divider III**

A copy of our Purchase Agreement from Mason Pointe is attached as well as a copy of the request by Mason Pointe to decrease its license by 48 beds, effective October 1, 2019. This change in licensure status at Mason Pointe includes these 24 beds sold to Lenoir Health Care Center and an additional 24 beds sold to Lutheran Convalescent Home.



# LENOIR WOODS "REACH" SNF

Add one bed to 24 private rooms.

453 - 466, 469, 470, 471 - 476, 478, 479.

All sleeping areas are 218 SF (14'-5" x 15'-2").



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**PURCHASE AGREEMENT**

**Part 1: Purchasing Facility Information**

Name of Facility: Lenoir Health Care Center

Address (no PO Box): 3850 Cartwright Lane

City, State, Zip, County: Columbia, MO 65201

Number/Type of Licensed Beds: 24       RCF/ALF      (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
 ICF/SNF

Owner(s): Lutheran Senior Services

Operator(s): Lutheran Senior Services

**Part II: Selling Facility Information**

Name of Facility: Mason Pointe

Address (no PO Box): 13190 S. Outer Forty Rd

City, State, Zip, County: Chesterfield MO 63017

Number/Type Licensed Beds: 24       RCF/ALF      (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)  
 ICF/SNF

Owner(s): Lutheran Senior Services

Operator(s): Lutheran Senior Services

**Part III: Value of Consideration**

Monetary Value of Purchase: \$ 10.00      No./Type Beds: 24 SNF

Terms of Purchase: Cash - Internal Sale  
*(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:** *Paul Dyer*

Title/Date: CFO      9/10/19

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

Owner(s): *Gary Anthon*      9/10/19

Operator(s): *Gary Anthon*      9/10/19

Title/Date: President



**MASON POINTE**  
LUTHERAN SENIOR SERVICES

August 16<sup>th</sup>, 2019

Missouri Department of Health and Senior Services  
Licensure and Certification Unit  
Attention: Lisa Veltrop  
920 Wildwood  
P.O. Box 570  
Jefferson City, MO 65102-0570

Dear Ms. Veltrop,

Please accept this letter as an official request to decrease the number of SNF licensed beds from 304 to 256. This 48 bed decrease applies to rooms 2305 – 2334 located on the 2<sup>nd</sup> floor of the Arborview building. Additionally, we request to relocate 8 licensed beds from 2301-2304 located on the 2<sup>nd</sup> floor of the Arborview building. We request to relocate these beds to rooms 1303, 1309, 1320, 3330, 3401, 3402, 3403 and 3404.

These changes result in an increase of 6 XIX SNF certifications and decrease of 50 XVIII SNF certifications for Mason Pointe. We request these changes to be effective October 1<sup>st</sup>, 2019.

A proposed DA-113 is attached. Also included is a facility floor plan. Rooms highlighted yellow indicate a bed decrease and green indicates a bed increase. The licensure fee in the amount of \$25.00 was paid online 8/19/19. If you need any additional information or have questions please do not hesitate to contact me at 314-754-2233.

Sincerely,

Andrew Dreckshage  
Care Center Administrator, Mason Pointe