



CERTIFICATE OF NEED APPLICATION

St. Louis Altenheim

Add 46 Skilled Nursing Facility beds

Project #6099 NS

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: St. Louis Allenheim

Project No: 6099 NS

Project Description: addition of 46 SNF beds

Done Page N/A Description

Divider I. Application Summary:

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

Divider II. Proposal Description:

- 1. Provide a complete detailed project description.
2. Provide a timeline of events for the project, from CON issuance through project competition.
3. Provide a legible city or county map showing the exact location of the proposed facility.
4. Provide a site plan for the proposed project.
5. Provide preliminary schematic drawings for the proposed project including the location of each bed.
6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
7. Provide the proposed gross square footage.
8. Document ownership of the project site, or provide an option to purchase.
9. Define the community to be served (service area: 2025 population, area, rationale).
10. Provide 2025 population projections for the 15-mile radius service area.
11. Identify specific community problems or unmet needs the proposal would address.
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. Provide the methods and assumptions used to project utilization.
14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
15. Provide copies of any petitions, letters of support or opposition received.

Divider III. Service Specific Criteria and Standards:

- 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.
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.
3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
5. 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.
6. If the project is to add beds to an existing facility, has the facility received any patient care class I deficiencies 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:

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".
2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
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.
4. Document how patient charges are derived.
5. Document responsiveness to the needs of the medically indigent.
6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
7. For an existing skilled nursing or intermediate care facility, what percentage 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

DIVIDER I: Application Summary

Application Summary shall include the completed forms in the following order:

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

(see Attachment 2, preceded by Letter of Intent, see Attachment 1)

2. Representative Registration (Form MO 580-1869)

(see Attachments 3a - e)

3. Proposed Project Budget (Form MO 580-1863) and detail sheet

(see Attachments 4a - b)

DIVIDER I: Attachments



LETTER OF INTENT

1. Project Information <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project (Name of existing or proposed facility) St. Louis Altenheim . . . addition of 46 SNF beds		County St. Louis City
Project Address (Street/City/State/Zip Code or Latitude and Longitude if no address) 5408 South Broadway Street, St. Louis, MO 63111		
2. Applicant Identification <i>(Attach additional pages as necessary to list all owners and operators.)</i>		
List All Owner(s): <i>(List corporate entity.)</i> Address (Street/City/State/Zip Code) Telephone Number		
Malik St. Louis, LLC	5408 South Broadway Street, St. Louis, MO 63111	314-353-7225
List All Operator(s): <i>(List entity to be licensed or certified.)</i> Address (Street/City/State/Zip Code) Telephone Number		
Malik St. Louis LLC	5408 South Broadway Street, St. Louis, MO 63111	314-353-7225
3. Type of Review		4. Project Description <i>(Information should be brief but sufficient to understand scope of project.)</i>
<p>Full Review:</p> <input type="checkbox"/> New Hospital <input checked="" type="checkbox"/> New/Add LTC Beds* <input type="checkbox"/> New/Add LTCH Beds/ Eqpt. <input type="checkbox"/> New/ <input type="checkbox"/> Additional Equipment <input type="checkbox"/> Replacement Equipment not previously approved <p>Expedited Review:</p> <input type="checkbox"/> 6-mile RCF/ALF Replacement <input type="checkbox"/> 15-mile LTC Replacement <input type="checkbox"/> 30-mile LTC Replacement <input type="checkbox"/> LTC Bed Expansion <input type="checkbox"/> LTC Renov./Modernization <input type="checkbox"/> Equipment Replacement previously approved <p>Non-Applicability Review:</p> <input type="checkbox"/> (See 7. Applicability next page)		<p><i>Include the number and type of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If replacing equipment previously approved, provide the CCN project number of the existing equipment. If requesting a non-applicability letter, also complete the next page of this form.</i></p> <p>St. Louis Altenheim is proposing to add 46 SNF beds by converting existing rooms on their 4th and 5th floors. The 4th floor currently consists of 23 ALF beds. The 5th floor currently consists of 22 unlicensed independent living units. Each floor is 11,350 sf in area for a total of 22,700 sf of existing building involved in these conversions.</p> <p>The attached need analysis documents a need for 834 more ICF/SNF beds in the 15-mile radius around this location.</p> <p><small>*If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation. <input checked="" type="checkbox"/> Bed need standard is met. <i>[Attach documentation.]</i> -OR- <input type="checkbox"/> Special exceptions apply. <i>[Attach explanation.]</i></small></p>
Key: LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility		
5. Estimated Project Cost:		\$ 1,150,000
6. Authorized Contact Person Identification <i>(List only one person, regardless of number of owners/operators.)</i>		
Name of Contact Person Thomas R. Piper		Title CEO
Contact Person Address (Company/Street/City/State/Zip Code) MacQuest Consulting, LLC, 611 Hobbs Road, Jefferson City, MO 65109		
Telephone Number 573-230-5350	Fax Number n/a	E-mail Address macquest@mac.com
Signature of Contact Person 		Date of Signature March 23, 2024



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 St. Louis Altenheim . . . addition of 46 SNF beds	Project Number 6099 NS
Project Address <i>(Street/ City/ State/ Zip Code)</i> 5408 South Broadway Street, St. Louis, MO 63111	County St. Louis City

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

List All Owner(s): <i>(List corporate entity.)</i>	Address (Street/ City/ State/ Zip Code)	Telephone Number
Malik St. Louis, LLC	5408 South Broadway Street, St. Louis, MO 63111	314-353-7225
List All Operator(s): <i>(List entity to be licensed or certified.)</i>	Address (Street/ City/ State/ Zip Code)	Telephone Number
Malik St. Louis, LLC	5408 South Broadway Street, St. Louis, MO 63111	314-353-7225

3. Ownership *(Check applicable category.)*

- Nonprofit Corporation
 Individual
 City
 District
 Partnership
 Corporation
 County
 Other Ltd 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 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 Thomas R. Piper	Title CEO, MacQuest Consulting
Telephone Number 573-230-5350	E-mail Address macquest@mac.com
Signature of Contact Person 	Date of Signature May 1, 2024



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Louis Altenheim . . . addition of 46 SNF beds		Number 6099 NS
<i>(Please type or print legibly.)</i>		
Name of Representative Shafiq Malik		Title Owner
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Louis Altenheim		Telephone Number 573-335-1999
Address (Street/City/State/Zip Code) 2215 Broadway St, Cape Girardeau MO 63701		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented St. Louis Altenheim		Telephone Number 314-353-7225
Address (Street/City/State/Zip Code) 5408 South Broadway Street, St. Louis, MO 63111		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>		<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<p>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: <i>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.</i></p>		
Original Signature 		Date March 27, 2024



REPRESENTATIVE REGISTRATION

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

Project Name St. Louis Altenheim . . . addition of 46 SNF beds	Number 6099 NS
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(Please type or print legibly.)

Name of Representative Heather Abt	Title Chief Operations Officer
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Louis Altenheim	Telephone Number 573-271-5310
--	----------------------------------

Address (Street/City/State/Zip Code) 2215 Broadway St, Cape Girardeau MO 63701

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 St. Louis Altenheim	Telephone Number 314-353-7225
---	----------------------------------

Address (Street/City/State/Zip Code) 5408 South Broadway Street, St. Louis, MO 63111

Check one. Do you:

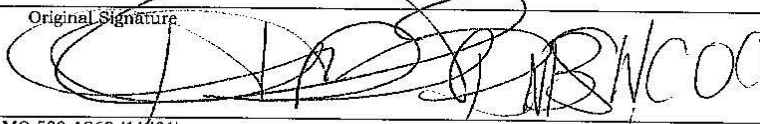
- Support
- Oppose
- Neutral

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 March 27, 2024
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REPRESENTATIVE REGISTRATION

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

Project Name St. Louis Altenheim . . . addition of 46 SNF beds	Number 6099 NS
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(Please type or print legibly.)

Name of Representative Jackie McHugh	Title Corporate Office Manager
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Louis Altenheim	Telephone Number 573-271-5310
--	----------------------------------

Address (Street/City/State/Zip Code)
2215 Broadway St, Cape Girardeau MO 63701

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 St. Louis Altenheim	Telephone Number 314-353-7225
---	----------------------------------

Address (Street/City/State/Zip Code)
5408 South Broadway Street, St. Louis, MO 63111

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 March 27, 2024
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Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Louis Altenheim . . . addition of 46 SNF beds	Number 6099 NS
<i>(Please type or print legibly.)</i>	
Name of Representative Omer Malik	Title Business Manager
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) St. Louis Altenheim	Telephone Number 573-335-1999
Address (Street/City/State/Zip Code) 2215 Broadway St, Cape Girardeau MO 63701	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented St. Louis Altenheim	Telephone Number 314-353-7225
Address (Street/City/State/Zip Code) 5408 South Broadway Street, St. Louis, MO 63111	
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<p>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: <i>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.</i></p>	
Original Signature 	Date March 27, 2024

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name St. Louis Altenheim . . . addition of 46 SNF beds	Number 6099 NS
<i>(Please type or print legibly.)</i>	
Name of Representative Larry D. Nelson	Title Architect
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Larry Nelson Architect	Telephone Number 417-849-2997
Address (Street/City/State/Zip Code) 3424 S Rogers Ave, Springfield, MO 65804	
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>	
Name of Individual/Agency/Corporation/Organization being Represented St. Louis Altenheim	Telephone Number 314-353-7225
Address (Street/City/State/Zip Code) 5408 South Broadway Street, St. Louis, MO 63111	
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input checked="" type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<p>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: <i>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.</i></p>	
Original Signature 	Date March 27, 2024

MO 580-869 (11/04)



PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	0
2. Renovation Costs ***	860,000
3. Subtotal Construction Costs (#1 plus #2)	860,000
4. Architectural/Engineering Fees	60,000
5. Other Equipment (not in construction contract)	110,000
6. Major Medical Equipment	0
7. Land Acquisition Costs ***	0
8. Consultants' Fees/Legal Fees ***	12,000
9. Interest During Construction (net of interest earned) ***	23,000
10. Other Costs ***	85,000
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$290,000
12. Total Project Development Costs (#3 plus #11)	\$1,150,000**

FINANCING:

13. Unrestricted Funds	0
14. Bonds	0
15. Loans	1,150,000
16. Other Methods (specify)	00
17. Total Project Financing (sum of #13 through #16)	\$1,150,000**

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	0
20. Renovated Space Total Square Footage	22,700
21. Renovated Space Costs Per Square Foot *****	\$50.66

* 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.

Proposed Project Budget Detail Sheet

1. New Construction Costs

(not applicable)

2. Renovation Costs

\$860,000 is the total estimate of renovation costs provided by Larry Nelson Architect of Springfield (see *Attachment 4a & c*).

4. Architectural/Engineering Fees

\$60,000 is the architectural and engineering fee estimate provided by Larry Nelson Architect of Springfield (see *Attachment 4a & c*).

5. Other Equipment (not in construction contract)

\$110,000 was allocated for furniture, laundry, dining and common areas.

6. Major Medical Equipment

(not applicable)

7. Land Acquisition Costs

\$0 is the percentage of the purchase price of the land as shown on the Special Sale Contract (see *Attachments 7a - m*) which was already included in the previous CON.

8. Consultant's Fees/Legal Fees

\$12,000 for development and consultant fees.

9. Interest During Construction

\$23,000 is the interest estimated during renovation.

10. Other Costs

\$85,000 has been estimated for surveys, permits, construction audit, loan commitment fee, title insurance, marketing, promotional material and advertising.



C. Rallo Contracting Company, Inc.

C. Rallo Contracting Co., Inc.
5000 Kemper Ave.
St. Louis, MO 63139
314-664-2900
April 24, 2024

RE: The Altenheim 4th and 5th Floors

To whom it may concern:

I am writing to you to highly recommend our firm, C. Rallo Contracting for the development of the project to convert the existing 4th and 5th floors into a Skilled Nursing Facility (SNF) at The Altenheim.

Our firm, C. Rallo Contracting, is currently engaged in the relicensing of the 25-bed Skilled Nursing Facility at The Altenheim. We have been requested to review the Schematic Plans to convert the existing 4th and 5th floors into SNF licensing. We are confident in our ability to deliver the necessary services and believe that the stated budget of \$1,150,000 can be achieved through a collaborative team approach in the development of the construction documents.

The C. Rallo Contracting team is not only highly experienced in similar projects but also committed to the success of each endeavor we undertake. We have a proven track record of delivering high-quality results within budget and on schedule.

Our team's approach emphasizes collaboration, effective communication, and attention to detail. We believe that working closely with your team will ensure that the project is completed to the highest standard. We are prepared to bring our expertise, dedication, and resources to this project, and we are excited about the opportunity to work together.

Please let us know how we can proceed with the development of this project. We are eager to contribute to its success and ensure that the project objectives are met.

Thank you for considering C. Rallo Contracting for this project. We look forward to the opportunity to work with you.

Sincerely,

Charlie A. Rallo – President, Owner

DIVIDER II: Proposal Description

DIVIDER II: Proposal Description

Proposal description shall include documents which:

1. Provide a complete detailed project description.

St. Louis Altenheim is proposing to add 46 skilled nursing facility (SNF) beds located in an existing six-story structure which may replace the contents of project #5970 DS.

The services to be provided in this facility are described in the brochure (see *Attachments 5a - c*)

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

(see *Attachment 5d*)

3. Provide a legible city or county map showing the exact location of the proposed facility.

(see *Attachment 5e*)

4. Provide site plan for the proposed project.

(see *Attachment 5f* <site plan>)

5. Provide preliminary schematic drawings for the proposed project.

(see *Attachment 5g* <facility schematic>)

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

(see *Attachment 6*)

7. Provide the proposed gross square footage.

The proposed square footage of the new facility will be 22,700 square feet.

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

Attached please find the Altenheim Asset Sale Agreement which documents acquisition of the real estate by Malik St. Louis, LLC (see *Attachments 7a – m*).

9. Define the community to be served.

The community to be served is primarily defined as the people aged 65 and over who reside within the 15-mile radius (see *Attachment 5a-c*) from this location who are in need of skilled nursing services.

10. Provide 2025 population projections for the 15-mile radius service area.

The applicant has adjusted the population data based on the applicable Rules process using the 2025 projections acquired from the Department of Health and Senior Services. The following tables and maps illustrate this information (see *Attachments 8a - b <DHSS 15-mile zip code and cities maps>*, *8c <DHSS 15-mile zip code populations>*, and *8d - 8e <2025 Population Projections & Bed Need>*).

11. Identify specific community problems or unmet needs the proposal would address.

When the community need methodology of 53 beds per one thousand population 65+ is applied to the 190,093 population of 65+ in the 15-mile radius, it results in a total ICF/SNF need of 10,714 beds. There are 8,911 licensed and 329 approved ICF/SNF beds in the same radius according to the CON published inventory. Thus, there is a need for 834 ICF/SNF beds in this area.

12. Provide utilization projections through the first three years of operation of the new LTC beds.

Since this is an expansion of an existing 23-bed ALF, 48-SNF, this table below shows the projected utilization for the past three full years of utilization and the first three projected full years including the proposed expansions:

	<u>Patient Days</u>	
<u>Year</u>		<u>SNF</u>
2020		7,804
2021		6,088
2022		11,926
2025		13,592
2026		14,486
2027		15,202

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

Utilization projections are based the extensive experience of the Applicant in its existing nursing home in operation at this location.

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

The Applicant met with numerous residents and officials in the St. Louis City area in order to determine their perceptions of long-term care needs in this area. All were very supportive and encouraging.

Consumer needs in the community will be met by this expanded skilled nursing facility because the care model will focus on the basic and advanced care needs of the residents.

Interested persons were also notified of this application via newspaper Public Notice in April 26, 2024, edition of the St. Louis Post-Dispatch plus individual letters to every facility in 15- mile radius(see [Attachment 11g](#)).

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

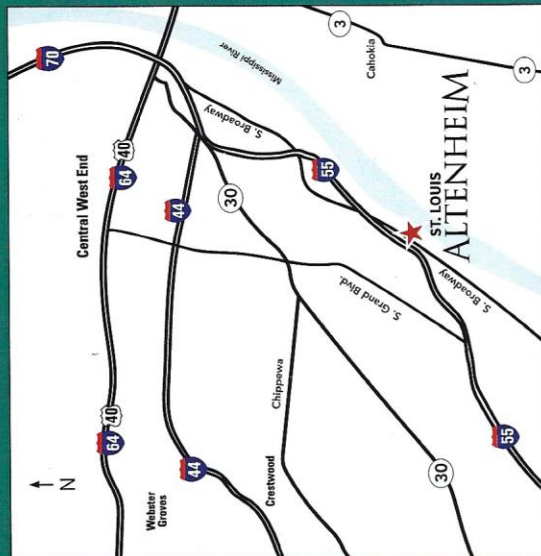
The following letters of support (see [Attachments 9](#)):

- St Croix Support Letter
- *(more to be added later)*

DIVIDER II: Attachments



DISCOVER THE
ST. LOUIS ALTENHEIM
BOUTIQUE SENIOR LIVING IN THE HEART
OF ST. LOUIS OVERLOOKING THE MAJESTIC MISSISSIPPI



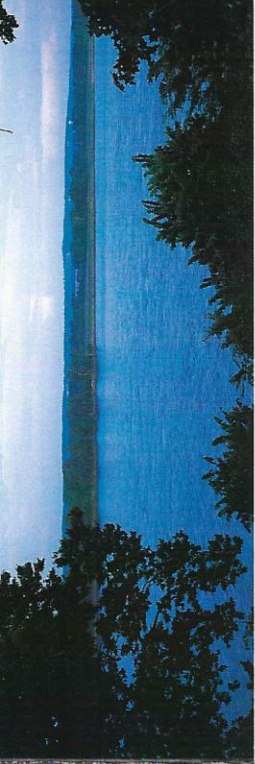
www.AltenheimStLouis.org
5408 S. Broadway 63111
(314) 353-7225



WELCOME

.....

Picture yourself sitting on a patio high above the scenic Mississippi River, watching eagles soar over the bluffs as the sun sets on the horizon. The Altnheim offers a location like no other in St. Louis where every resident is treated with dignity and where a dedicated staff understands and caters to every need.



LIVING OPTIONS

.....

The St. Louis Alzheimer offers various levels of care to our residents that allow them to remain at the Alzheimer as their needs change.



Independent Living

Provides light assistance in daily living such as help with medications, housekeeping and laundry. The extra help enables our residents to maintain an active and vibrant lifestyle.



Supportive Living

Provides extra care for our residents who need assistance with daily activities such as dressing, personal care, bathing, medication management or assistance at mealtime.



Short Term Care

Offers a short-term stay to give older adults a special place to stay while a caregiver is away for any reason or while the senior is recovering from an illness or surgery.



Nursing Care

Offers extra care short-term or long-term. Our professional health care staff provides 24-hour nursing care as well as around-the-clock personal care.

AT YOUR SERVICE

.....

With all the services and amenities we offer you can replace uncertainty, worries and fears for an engaging lifestyle filled with outstanding dining, unsurpassed personal care, and staff who anticipate your every need and a solution for every concern.

Services

- Three meals daily
- Hair salon and barber
- Door-to-door dry cleaning
- Housekeeping and linens
- Personal drivers and shoppers
- Personal pantries stocked with all your favorites
- Dynamic calendar of events and outings
- Complete maintenance of grounds and residence
- 24-hour staffing
- Medication management
- Preventative health screenings and education programs

Amenities

- Scenic view overlooking the Mississippi River
- High apartment ceilings
- Full-service, formal dining room
- Guest suites for visitors
- Library
- Fitness center
- Pet friendly
- Fresh flowers throughout
- Reserved resident parking
- Private Event Rooms
- Personal Event Catering
- In House Catering
- Theater and Game Room

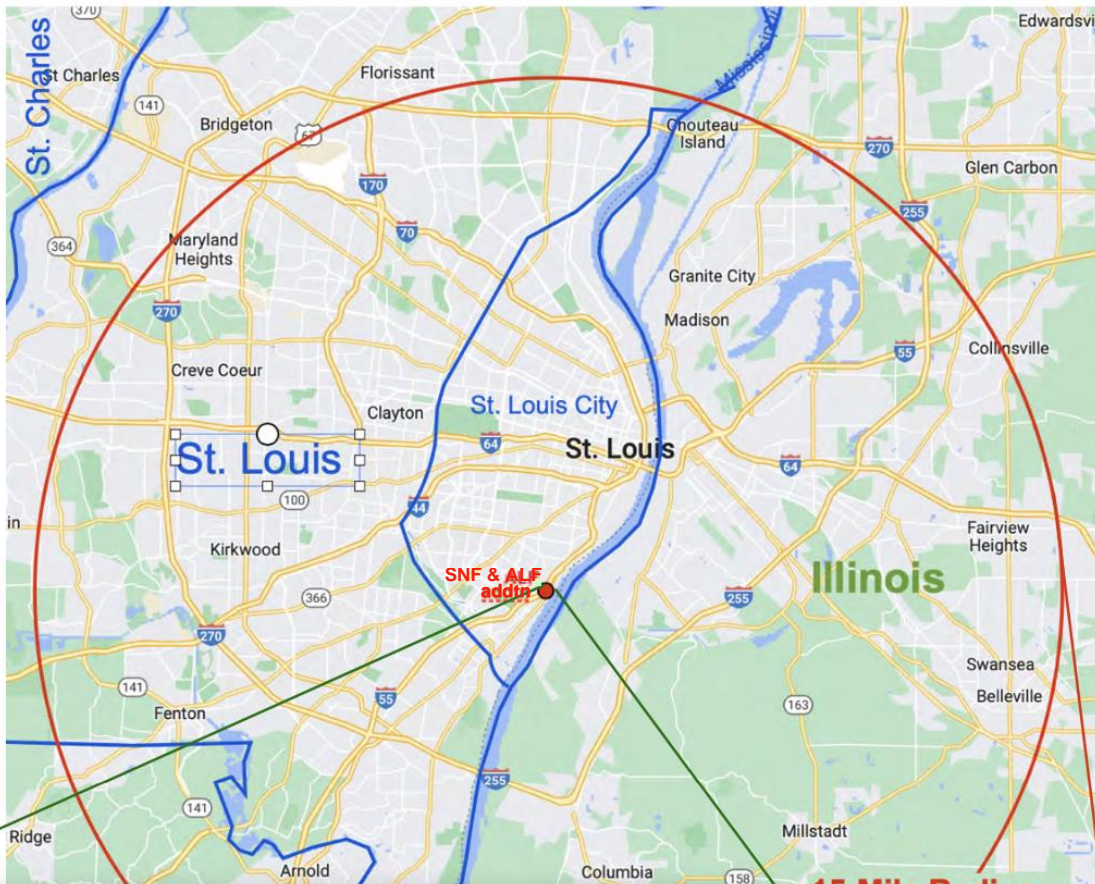
Larry D. Nelson Architect

3424 S. Rogers Springfield, MO 65804 (417) 849 2997 email:larrynelsonarchitect@mchsi.com

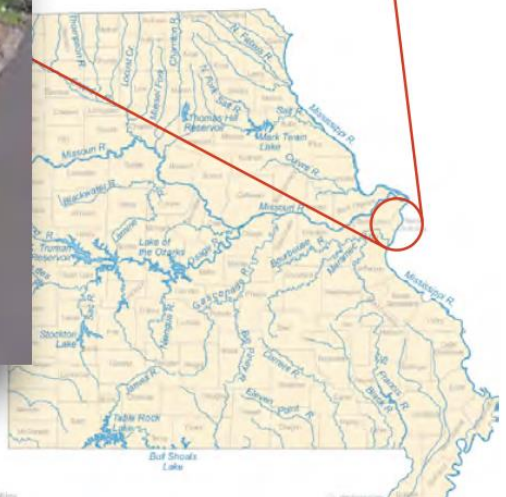
Timeline for Development of the Altenheim St Louis Facility Remodel of Existing 4 and 5 floors to SNF

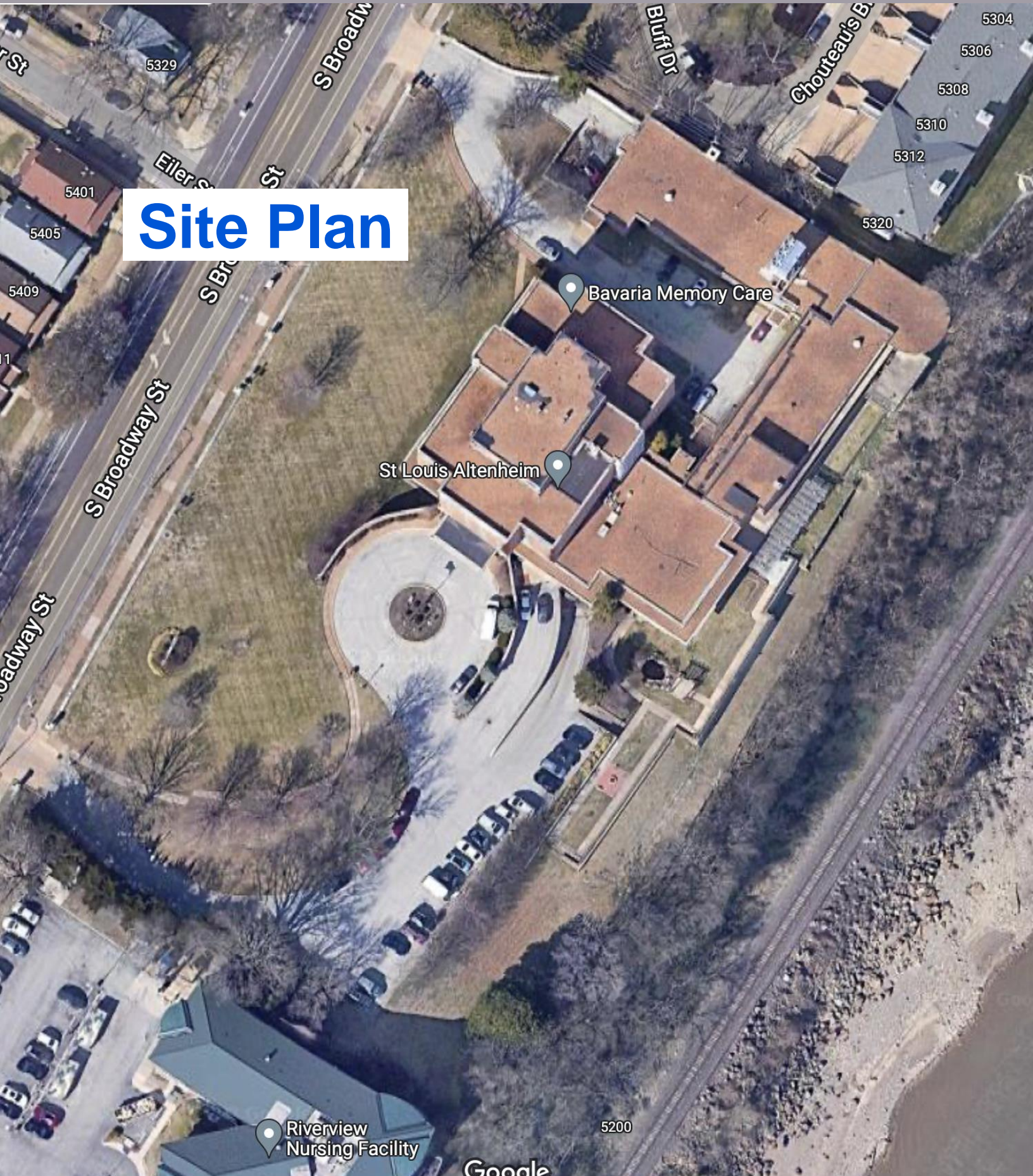
Issuance of Certificate of Need	July 15, 2024
Initial Consultation with MoDHSS	Schematic has been reviewed April 24, 2024
Completion of Design Development	Aug 15, 2024
Completion of Permit Documents	Oct 1, 2024
Bidding and Permitting Review Complete	Oct 30, 2024
Commencement of Construction Phase	Nov 15, 2024
Completion of Construction Phase	Feb 15, 2025
Licensure	Mar 15, 2024

Overview of Geographic Location of St. Louis Altenheim proposed SNF addition

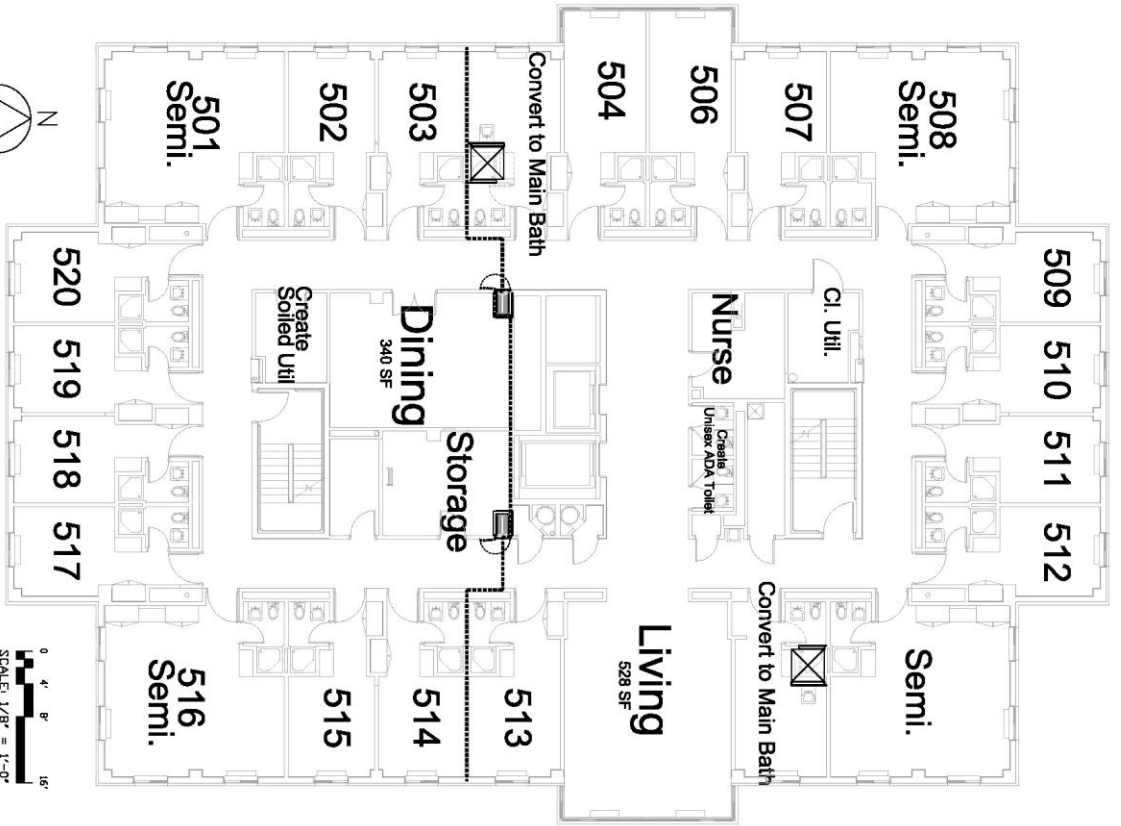


15-Mile Radius





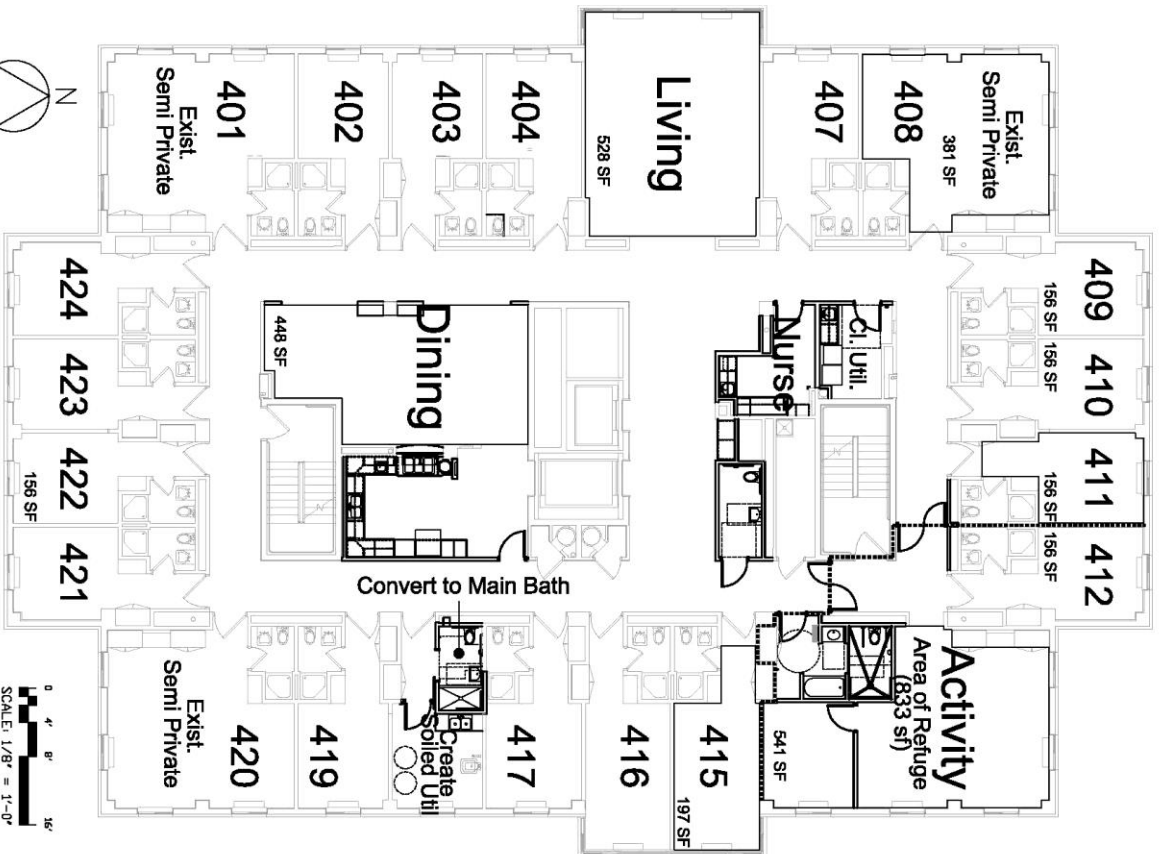
Site Plan



total Dining/Rec space = 868 sf
Altenheim
 5th Floor - Proposed 23 Bed SNF
 11,350 SF

Larry D. Nelson, Architect

Schematic



total Dining/Rec space = 1,517 sf
Altenheim
 4th Floor - Exist. 23 Bed ALF
 Proposed 23 Bed ALF
 11,350 SF

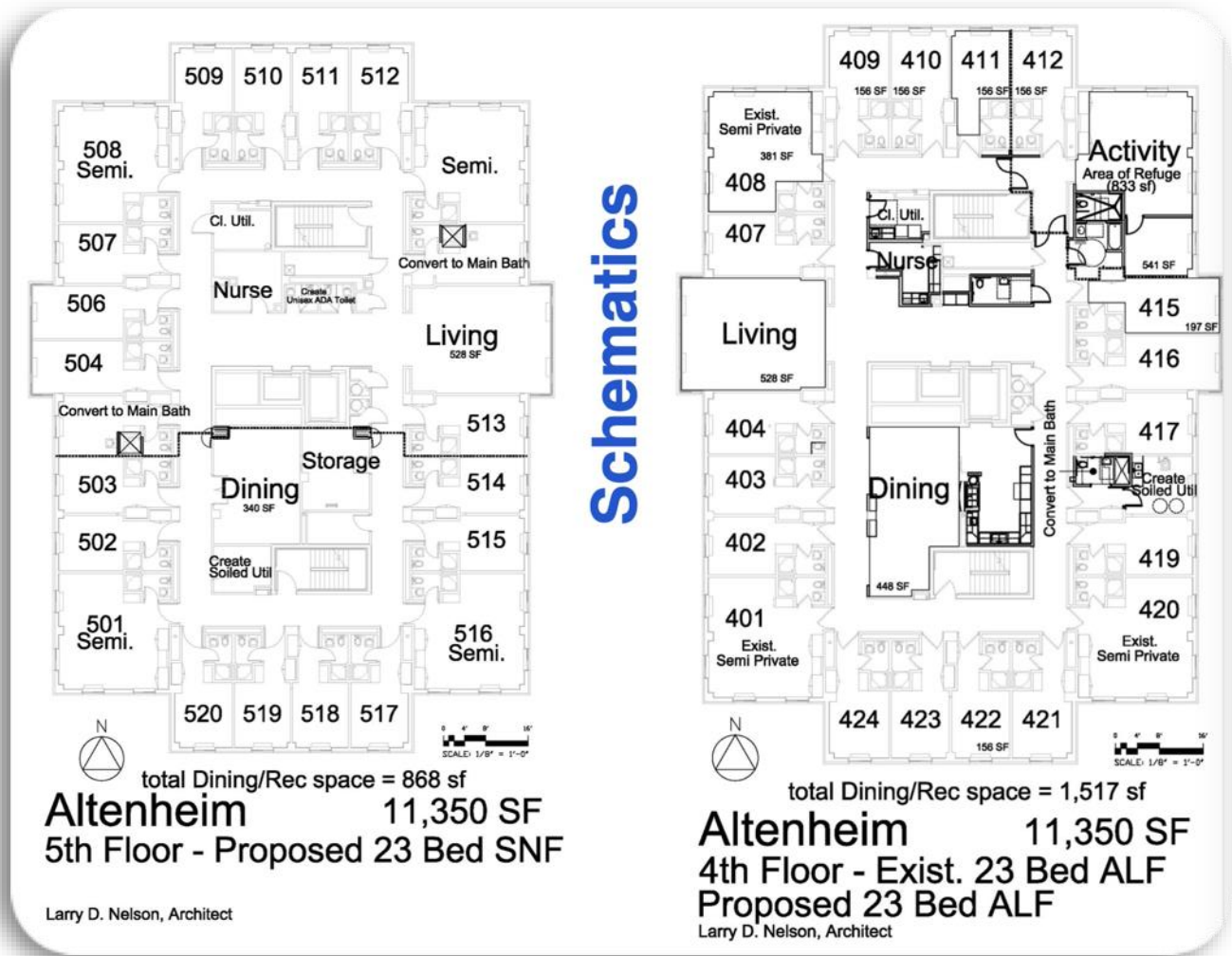
Larry D. Nelson, Architect

From: "Larry Nelson" <larrynelsonarchitect@mchsi.com>
 Subject: Alternheim STL
 Date: August 22, 2022 at 9:57:33 AM CDT
 To: "East, David" <David.East@health.mo.gov>,
 "Schaumburg, Carrie" <Carrie.Schaumburg@health.mo.gov>
 Cc: "Tom Piper" <macquest@me.com>

David and Carrie, as part of the Missouri Certificate of Need process, I am forwarding to your department, Schematics of the proposed conversion of First Floor infirmary into a SNF, and the conversion of the fifth floor of the Tower into an ALF.

Once we are past the CON process, I would like to schedule a sit down, or tele-conference to go over a few items. As always, thank you.

Larry D Nelson
 Architect
 417 849 2997



ASSET PURCHASE AGREEMENT

By and Between

MALIK ST. LOUIS, LLC

AS “PURCHASER”

AND

ST. LOUIS ALTENHEIM

AS “SELLER”

Property Name and Location:

**ST. LOUIS ALTENHEIM
5408 S. BROADWAY, ST. LOUIS, MO 63111**

Dated as of

May 12, 2022

(this is an abbreviated set showing key pages . . . the full 92-page agreement is available upon request)

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Exhibit B	Deed
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ASSET PURCHASE AGREEMENT

THIS ASSET PURCHASE AGREEMENT (this “**Agreement**”) is made and entered into this 12th day of May, 2022 (the “**Effective Date**”), by and between **MALIK ST. LOUIS, LLC**, a Missouri limited liability company (“**Purchaser**”) and **ST. LOUIS ALTENHEIM**, a Missouri nonprofit corporation (“**Seller**”).

RECITALS:

Seller desires to sell, transfer and assign to Purchaser, and Purchaser desires to purchase from Seller, substantially all of the assets, properties and business of Seller, consisting of the Purchased Property described herein.

This Agreement sets forth the terms and conditions to which the parties have agreed.

AGREEMENTS:

NOW, THEREFORE, in consideration of the premises and the mutual promises set forth below, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties to this Agreement hereby agree as follows:

ARTICLE 1
DEFINITIONS AND CERTAIN RULES OF CONSTRUCTION

Section 1.1 Defined Terms.

The following capitalized terms shall have the meanings specified in this section. Other terms are defined in the text of this Agreement, and throughout this Agreement, those terms shall have the meanings respectively ascribed to them.

“**2021 Financial Statement**” shall have the meaning set forth in Section 6.14 hereof.

“**Adjustments**” shall have the meaning set forth in Section 3.1(a) hereof.

“**Affiliate**” of a person means any other person that, through one or more intermediaries, controls, is controlled by, or is under common control with, such Person. The term “control” (including the terms “controlled by” and “under common control with”) means the possession of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by contract or otherwise.

“**Assumed Contracts and Leases**” are those contracts, leases and agreements listed on Schedule 1.1(a) attached hereto, to the extent assignable and for which applicable third party consents have been obtained or waived by Purchaser and for which Purchaser has notified Seller in writing during the Due Diligence Period that Purchaser wishes to assume; provided that, each Residency Agreement in effect prior to the Closing Date shall be deemed Assumed Contracts and Leases, whether or not Purchaser wishes to assume such Residency Agreements.

shall be permitted to continue such contest, and Purchaser shall not be permitted to either (a) claim any credit against the Purchase Price therefor, or (b) pay the holder of such Monetary Encumbrance any sum in settlement thereof until Seller's contest of such Monetary Encumbrance is fully resolved.

(g) Except as set forth on Schedule 2.4(g), Seller has not granted any license which cannot be terminated as of the Closing Date, lease, easement or other possessory right relating to the use or possession of the Real Property (except (i) under the Residency Agreements existing as of the Effective Date and entered into by Seller in the ordinary course of business in accordance with Section 4.2 hereof; or (ii) as may be set forth in the Title Commitment), and Seller agrees that, other than as expressly permitted by Section 4.2 hereof, it shall not grant any such right prior to Closing without the prior written approval of Purchaser, which may be withheld in Purchaser's sole and absolute discretion.

Section 2.5 Assumed Liabilities. Subject to the terms and conditions of this Agreement, on the Closing Date, Purchaser shall assume and agrees to pay, perform or discharge only the Assumed Liabilities. Nothing in this Section 2.5 shall be deemed to preclude either party from contesting any liability or obligation in good faith through the appropriate process.

Section 2.6 Excluded Liabilities. All of Seller's debts, obligations and liabilities, other than the Assumed Liabilities, including any liability, obligation, claim, action, suit, or proceeding pending as of the Closing Date, or any subsequent claim, action, suit, or proceeding arising out of or relating to any such other event occurring prior to the Closing, with respect to the ownership or operation of its businesses prior to the Closing Date, including, without limitation, any obligation of Seller for compliance with applicable federal, state, county, and local tax laws or regulations, including the obligations under such laws for the payment of taxes and the filing of tax returns, under Part 6 of Title I of ERISA and Section 4980B of the IRC, as amended (commonly known as "COBRA"), Seller Plans, the Fair Labor Standards Act, Title VII of the Civil Rights Act of 1964, the Occupational Safety and Health Act, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act, the Family and Medical Leave Act, or state worker's compensation and unemployment compensation laws, as now or hereafter amended, and any liabilities related to any overpayment (regardless of reason for such overpayment), adjustment of payments received or non-compliance under any Government Program, are collectively referred to herein as the "**Excluded Liabilities;**" *provided, however,* that actions commenced following the Closing under the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 *et. seq.* or similar state law seeking remedial action with regard to the Purchased Property, shall not be deemed an Excluded Liability and Seller shall have no liability with respect to any such action.

ARTICLE 3

Purchase Price; Payment of Purchase Price; Allocation

Section 3.1 Purchase Price and Deposit.

(a) *Purchase Price.* Subject to any adjustments and prorations expressly provided for in this Agreement, including those described in Section 3.3 and Section 4.4 (collectively, "**Adjustments**"), the purchase price (the "**Purchase Price**") for the Purchased

Property shall be a total of Two Million Seven Hundred Fifty Thousand and 00/100 U.S. Dollars (\$2,750,000.00).

(b) *Deposit.* The parties acknowledge that within three (3) business days after the Effective Date, Purchaser shall deliver Escrow Agent the sum of Two Hundred Thousand and 00/100 U.S. Dollars (\$200,000) (the “**Deposit**”). The Escrow Agent shall hold the Deposit in an interest-bearing account pursuant to an escrow agreement in the form attached hereto as **Exhibit A**. All interest payable on the Deposit shall be paid over to Seller at Closing (in addition to, not as a credit against, the Purchase Price), unless the Deposit is required to be returned to Purchaser pursuant to this Agreement, in which event such interest shall be paid to Purchaser.

(c) The Deposit shall be paid and returned to Purchaser upon the occurrence of the circumstances described in Section 2.4(d)(ii), Section 5.6, Section 5.8, Article 9, Section 10.10 and Section 10.11 or otherwise as expressly stated in this Agreement in each instance, upon proper written demand of Purchaser to Seller and the Escrow Agent stating the reason for such termination and referencing the section of this Agreement providing Purchaser with the right to do so. Unless Seller in good faith disputes Purchaser’s right to terminate this Agreement, upon receipt of such written demand by Seller, Seller and Purchaser shall direct the Escrow Agent, by joint written instruction, to pay and disburse the Deposit immediately to Purchaser (whereupon this Agreement shall terminate and neither party shall have any further rights or obligations hereunder, except as otherwise expressly provided herein). Notwithstanding the foregoing or anything else to the contrary in this Agreement, in any event where the Deposit is to be returned to Purchaser under this Agreement, the sum of One Hundred Dollars of the Deposit shall be excluded therefrom and delivered to Seller as independent consideration for Purchaser’s right to investigate the Purchased Property.

(d) The Deposit shall be paid to Seller: (i) at the Closing, should the Closing occur, in partial satisfaction of the Purchase Price as provided in Section 3.2(b) hereof; or (ii) as liquidated damages (and not as a penalty) under the circumstances described in Article 9. In each such instance, Seller and Purchaser shall direct the Escrow Agent, in writing, to pay and disburse the Deposit immediately to Seller (whereupon this Agreement shall terminate and neither party shall have any further right or obligations hereunder, except as otherwise expressly provided herein).

(e) Without limiting Purchaser’s other rights and remedies hereunder, Purchaser may terminate this Agreement for any reason or for no reason whatsoever during the Due Diligence Period and upon any such termination the Deposit shall be returned to Purchaser.

Section 3.2 Payment of Purchase Price. The Purchase Price shall be paid by Purchaser, at Closing, as follows:

(a) Two Million Seven Hundred Fifty Thousand and 00/100 U.S. Dollars (\$2,750,000.00), as adjusted for (i) any Adjustments pursuant to Section 3.1(a), (ii) the mutually agreed upon value of the accrued vacation and other paid time off included in the Assumed Liabilities, and (iii) any credits and additions described in Section 3.2(b) below, shall be paid at Closing by wire transfer in accordance with wire instructions provided by Seller at least three (3) business days before Closing.

IN WITNESS WHEREOF, each of the parties hereto has signed and sealed this Asset Purchase Agreement as of the day and year first above written.

SELLER:

ST. LOUIS ALTENHEIM
a Missouri nonprofit corporation

By: ^{DocuSigned by:}
Katharine Hatfield

62AF22E1FF104F2...
Katharine Hatfield, President

By: ^{DocuSigned by:}
James von der Heydt

DCFCAEZ2A4C470...
James von der Heydt, Vice President

PURCHASER:

MALIK ST. LOUIS, LLC
a Missouri limited liability company

By: _____

By: _____

IN WITNESS WHEREOF, each of the parties hereto has signed and sealed this Asset Purchase Agreement as of the day and year first above written.

SELLER:

ST. LOUIS ALTENHEIM
a Missouri nonprofit corporation

By: _____

PURCHASER:

MALIK ST. LOUIS, LLC
a Missouri limited liability company

By: DocuSigned by:
Shafiq M. Malik 5/8/2022
B0D164D5B2314FD
Shafiq Malik – Member

By: DocuSigned by:
Omer Malik 5/8/2022
CF4866132BA34D2
Omer Malik – Member

Schedule 1.1(b)

Legal Description of Purchased Real Property

A tract of land in Block 2832 of the City of St. Louis, bounded North by property formerly of Hannah Scullin Estate, South by the center line of former Fassen Street vacated by Ordinance No. 18602 or by property now or formerly of John H. Harrigan and wife, West by Broadway and East by the right of way of the Missouri Pacific Railroad Company.

EXHIBIT C

BILL OF SALE AND ASSIGNMENT

THIS BILL OF SALE AND ASSIGNMENT, is effective as of June 21, 2022 and is furnished by **ST. LOUIS ALTENHEIM**, a Missouri nonprofit corporation (“**Seller**”) to **MALIK ST. LOUIS, LLC**, a Missouri limited liability company (“**Purchaser**”), under that certain Asset Purchase Agreement dated as of May 12, 2022, by and between Purchaser and Seller (the “**Purchase Agreement**”). All capitalized terms used herein and not otherwise defined shall have the respective meanings ascribed to them in the Purchase Agreement.

In consideration of the Purchase Price described in the Purchase Agreement and other good and valuable consideration, the receipt and sufficiency of which Seller hereby acknowledges, Seller hereby sells, conveys, transfers, assigns and delivers to Purchaser and its successors and assigns, all of Seller's right, title and interest in and to the Purchased Personal Property as defined in the Purchase Agreement, free and clear of all Liens and liabilities whatsoever, except for the Assumed Liabilities and Permitted Encumbrances.

EXCEPT AS OTHERWISE EXPRESSLY SET FORTH IN THE PURCHASE AGREEMENT, SELLER IS CONVEYING THE PURCHASED PERSONAL PROPERTY “AS IS” WITH NO ADDITIONAL REPRESENTATIONS OR WARRANTIES WHATSOEVER.

IN WITNESS WHEREOF, Seller has caused this Bill of Sale to be executed and delivered under seal as of the day and year first above written.

SELLER:

ST. LOUIS ALTENHEIM, a Missouri nonprofit corporation

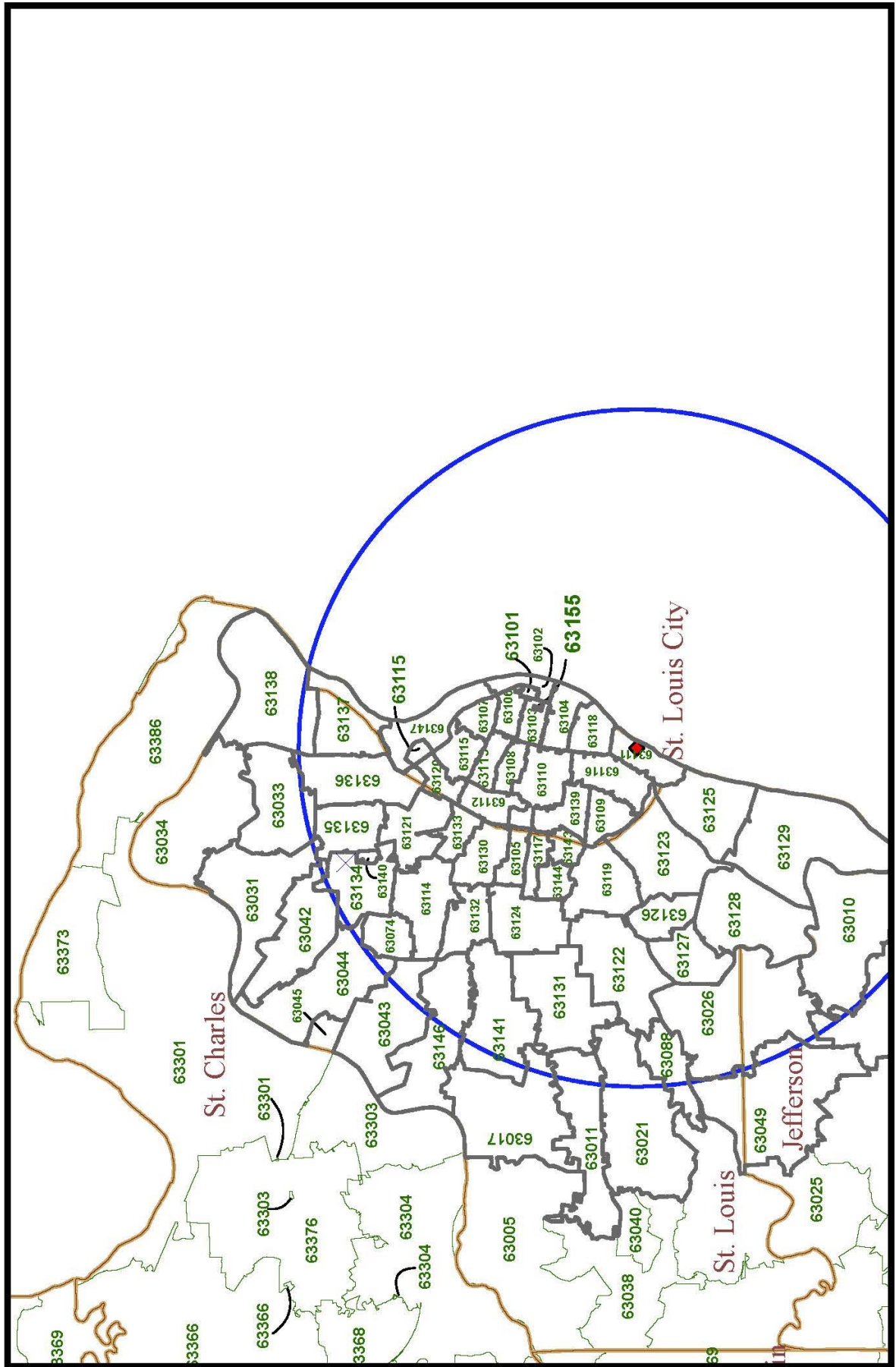
By: Katharine Hatfield
Katharine Hatfield, President

CON 15 Mile Radius (County and Zip)

5408 South Broadway Street

St. Louis, MO 63111

(Lat: 38.563431 & Long: -90.240709)

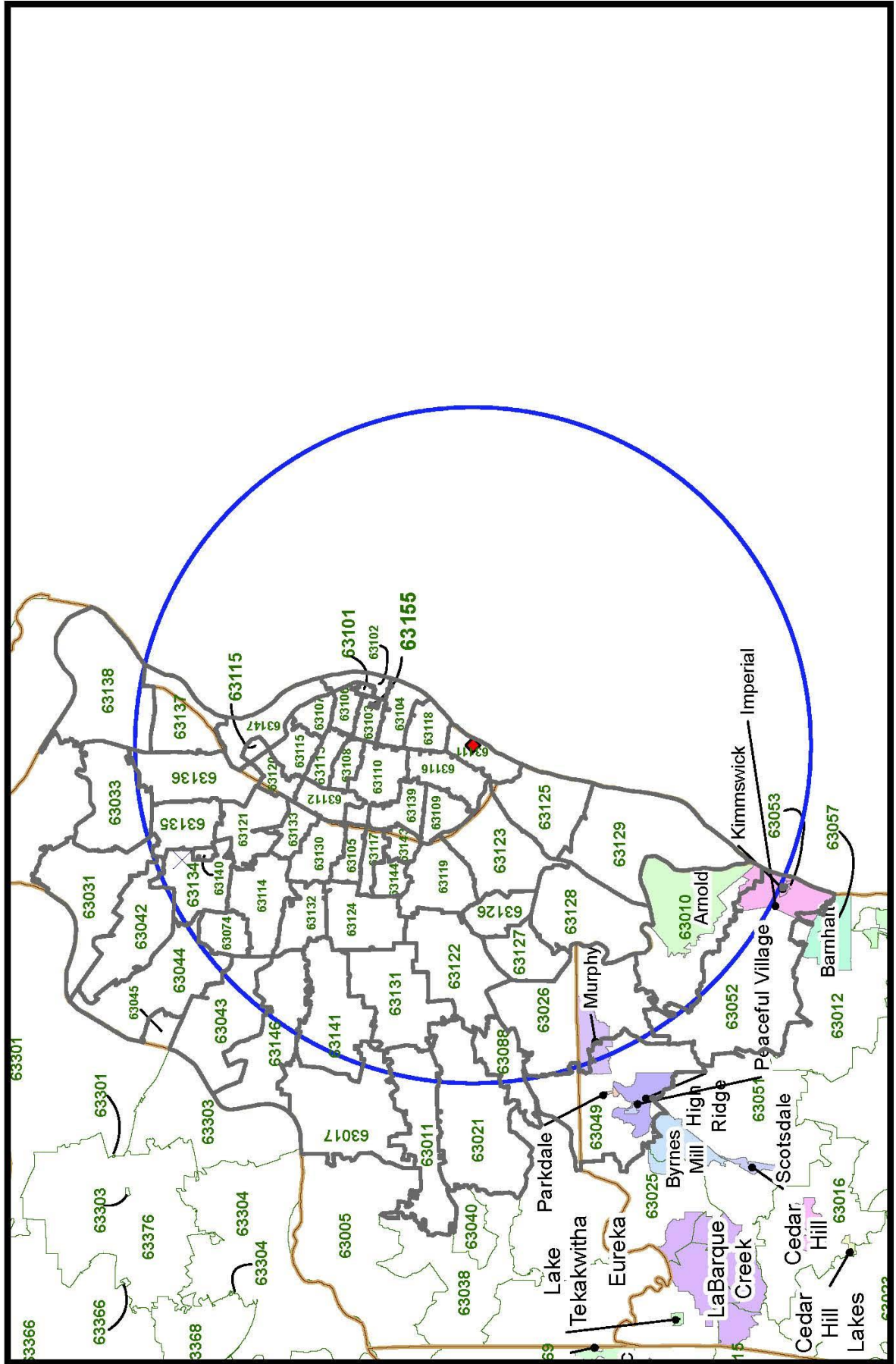


CON 15 Mile Radius (City and Zip)

5408 South Broadway Street

St. Louis, MO 63111

(Lat: 38.563431 & Long: -90.240709)



2025 Population Projections for St. Louis City area

2025 County Projections			
Zip	County	Total Pop	65+ Pop
63010	Jefferson	35,173	7,170
63011	St. Louis	34,767	8,366
63017	St. Louis	41,340	13,256
63021	St. Louis	57,238	8,846
63026	St. Louis	46,801	6,522
63031	St. Louis	47,070	8,868
63033	St. Louis	41,893	9,034
63042	St. Louis	19,243	3,250
63043	St. Louis	22,497	4,338
63044	St. Louis	7,205	2,127
63049	Jefferson	16,644	2,605
63052	Jefferson	29,137	3,798
63074	St. Louis	14,872	2,490
63088	St. Louis	8,667	1,606
63101	St. Louis city	3,366	163
63102	St. Louis city	2,955	210
63103	St. Louis city	8,201	1,284
63104	St. Louis city	17,236	1,928
63105	St. Louis	20,058	3,337
63106	St. Louis city	12,047	1,629
63107	St. Louis city	8,098	1,561
63108	St. Louis city	21,117	3,609
63109	St. Louis city	23,480	4,568
63110	St. Louis city	13,722	1,872
63111	St. Louis city	18,020	2,924
63112	St. Louis city	17,297	3,097
63113	St. Louis city	9,373	2,123
63114	St. Louis	34,811	5,569
63115	St. Louis city	16,050	3,629
63116	St. Louis city	38,529	5,923
63117	St. Louis	8,298	1,477
63118	St. Louis city	21,984	2,265
63119	St. Louis	33,275	7,912
63120	St. Louis city	7,521	1,435
63121	St. Louis	24,334	4,501
63122	St. Louis	38,977	8,923
63123	St. Louis	49,163	12,048
63124	St. Louis	10,563	3,583
63125	St. Louis	31,466	7,851
63126	St. Louis	15,134	4,251
63127	St. Louis	4,958	1,904
63128	St. Louis	29,584	9,830
63129	St. Louis	54,073	10,819
63130	St. Louis	26,952	4,873
63131	St. Louis	16,622	4,319
63132	St. Louis	14,040	2,907
63133	St. Louis	8,048	1,140
63134	St. Louis	12,562	1,885
63135	St. Louis	20,327	2,955
63136	St. Louis	44,514	6,546
63137	St. Louis	20,308	3,105
63138	St. Louis	18,860	2,696
63139	St. Louis city	19,750	3,362
63140	St. Louis	193	18
63141	St. Louis	21,295	5,599
63143	St. Louis	8,879	985
63144	St. Louis	8,903	1,510
63146	St. Louis	29,044	7,541
63147	St. Louis city	9,252	1,678
Totals		1,295,786	253,620

2025 City Projections				
Zip	City	County	Total Pop	65+ Pop
63010	Arnold	Jefferson	21,248	4,183
63010	Imperial	Jefferson	4,100	597
63026	Murphy	St. Louis	7,877	1,269
63049	Byrnes Mill	Jefferson	3,235	383
63049	High Ridge	Jefferson	4,178	607
63049	Murphy	Jefferson	7,877	1,269
63049	Parkdale	Jefferson	154	45
63049	Peaceful Villag	Jefferson	9	4
63052	Imperial	Jefferson	4,100	597
63052	Kimmswick	Jefferson	154	19

Address: St. Louis Altenheim, 5408 South Broadway Street, St. Louis, MO 63111

Bed Need Calculations

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
POPULATION		65+	City in Zip	Project Number:	City Pop	City Pop in Zip	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of 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	Total Cities' Zip Pop w City Pop in Zip & Radius
							Project Address:		5408 South Broadway					
1														
2														
3	63010	7,170	Arnold	4,183	100%	4,183	4,243	2,927	100%	2,927	100%	4,183	4,243	7,170
4			Imperial	597	10%	60					10%	60		
5	63011	8,366	n/a	0	0%	0	0	8,366	20%	1,673	0%	0	0	1,673
7	63017	13,256	n/a	0	0%	0	0	13,256	10%	1,326	0%	0	0	1,326
9	63021	8,846	n/a	0	0%	0	0	8,846	30%	2,654	0%	0	0	2,654
11	63026	6,522	Murphy	1,269	60%	761	761	5,761	100%	5,761	60%	761	761	6,522
13	63031	8,868	n/a	0	0%	0	0	8,868	0%	0	0%	0	0	0
15	63033	9,034	n/a	0	0%	0	0	9,034	10%	903	0%	0	0	903
17	63042	3,250	n/a	0	0%	0	0	3,250	0%	0	0%	0	0	0
19	63043	4,338	n/a	0	0%	0	0	4,338	20%	868	0%	0	0	868
21	63044	2,127	n/a	0	0%	0	0	2,127	10%	213	0%	0	0	213
23	63049	2,605	Byrnes Mill	383	0%	0	1,164	1,441	10%	144	0%	0	254	398
24			High Ridge	607	100%	607					0%	0	0	0
25			Parkdale	45	100%	45					0%	0	0	0
26			Peaceful Village	4	100%	4					0%	0	0	0
27			Murphy	1,269	40%	508					20%	254		
28	63052	3,798	Imperial	597	90%	537	556	3,242	20%	648	30%	179	179	827
29			Kimmswick	19	100%	19					0%	0	0	0
30	63074	2,490	n/a	0	0%	0	0	2,490	100%	2,490	0%	0	0	2,490
32	63088	1,606	n/a	0	0%	0	0	1,606	70%	1,124	0%	0	0	1,124
34	63101	163	n/a	0	0%	0	0	163	100%	163	0%	0	0	163
36	63102	210	n/a	0	0%	0	0	210	100%	210	0%	0	0	210
38	63103	1,284	n/a	0	0%	0	0	1,284	100%	1,284	0%	0	0	1,284
40	63104	1,928	n/a	0	0%	0	0	1,928	100%	1,928	0%	0	0	1,928
42	63105	3,337	n/a	0	0%	0	0	3,337	100%	3,337	0%	0	0	3,337
44	63106	1,629	n/a	0	0%	0	0	1,629	100%	1,629	0%	0	0	1,629
46	63107	1,561	n/a	0	0%	0	0	1,561	100%	1,561	0%	0	0	1,561
48	63108	3,609	n/a	0	0%	0	0	3,609	100%	3,609	0%	0	0	3,609
50	63109	4,568	n/a	0	0%	0	0	4,568	100%	4,568	0%	0	0	4,568
52	63110	1,872	n/a	0	0%	0	0	1,872	100%	1,872	0%	0	0	1,872
54	63111	2,924	n/a	0	0%	0	0	2,924	100%	2,924	0%	0	0	2,924
56	63112	3,097	n/a	0	0%	0	0	3,097	100%	3,097	0%	0	0	3,097
58	63113	2,123	n/a	0	0%	0	0	2,123	100%	2,123	0%	0	0	2,123
60	63114	5,569	n/a	0	0%	0	0	5,569	100%	5,569	0%	0	0	5,569
62	63115	3,629	n/a	0	0%	0	0	3,629	100%	3,629	0%	0	0	3,629
64	63116	5,923	n/a	0	0%	0	0	5,923	100%	5,923	0%	0	0	5,923
66	63117	1,477	n/a	0	0%	0	0	1,477	100%	1,477	0%	0	0	1,477
68	63118	2,265	n/a	0	0%	0	0	2,265	100%	2,265	0%	0	0	2,265
70	63119	7,912	n/a	0	0%	0	0	7,912	100%	7,912	0%	0	0	7,912
72	63120	1,435	n/a	0	0%	0	0	1,435	100%	1,435	0%	0	0	1,435
74	63121	4,501	n/a	0	0%	0	0	4,501	100%	4,501	0%	0	0	4,501
76	63122	8,923	n/a	0	0%	0	0	8,923	100%	8,923	0%	0	0	8,923
78	63123	12,048	n/a	0	0%	0	0	12,048	100%	12,048	0%	0	0	12,048
80	63124	3,583	n/a	0	0%	0	0	3,583	100%	3,583	0%	0	0	3,583
82	63125	7,851	n/a	0	0%	0	0	7,851	100%	7,851	0%	0	0	7,851

Bed Need Calculations

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
84	40	63126	4,251	n/a	0	0%	0	0	4,251	100%	4,251	0	0	4,251
86	41	63127	1,904	n/a	0	0%	0	0	1,904	100%	1,904	0	0	1,904
88	42	63128	9,830	n/a	0	0%	0	0	9,830	100%	9,830	0	0	9,830
90	43	63129	10,819	n/a	0	0%	0	0	10,819	100%	10,819	0	0	10,819
92	44	63130	4,873	n/a	0	0%	0	0	4,873	100%	4,873	0	0	4,873
94	45	63131	4,319	n/a	0	0%	0	0	4,319	100%	4,319	0	0	4,319
96	46	63132	2,907	n/a	0	0%	0	0	2,907	100%	2,907	0	0	2,907
98	47	63133	1,140	n/a	0	0%	0	0	1,140	100%	1,140	0	0	1,140
100	48	63134	1,885	n/a	0	0%	0	0	1,885	100%	1,885	0	0	1,885
102	49	63135	2,955	n/a	0	0%	0	0	2,955	100%	2,955	0	0	2,955
104	50	63136	6,546	n/a	0	0%	0	0	6,546	100%	6,546	0	0	6,546
106	51	63137	3,105	n/a	0	0%	0	0	3,105	100%	3,105	0	0	3,105
108	52	63138	2,696	n/a	0	0%	0	0	2,696	100%	2,696	0	0	2,696
110	53	63139	3,362	n/a	0	0%	0	0	3,362	100%	3,362	0	0	3,362
112	54	63140	18	n/a	0	0%	0	0	18	100%	18	0	0	18
114	55	63141	5,599	n/a	0	0%	0	0	5,599	80%	4,479	0	0	4,479
116	56	63143	985	n/a	0	0%	0	0	985	100%	985	0	0	985
118	57	63144	1,510	n/a	0	0%	0	0	1,510	100%	1,510	0	0	1,510
120	58	63146	7,541	n/a	0	0%	0	0	7,541	40%	3,016	0	0	3,016
122	59	63147	1,678	n/a	0	0%	0	0	1,678	100%	1,678	0	0	1,678
124			253,620				6,724	246,896			184,004	5,437	5,437	189,441
125													RCF/ALF Beds Needed:	4,736.0
126													ICF/SNF Beds Needed:	10,040.4

ST. CROIX[®]

HOSPICE

April 2024

To Whom It May Concern:

I am writing to support the CON application by St. Louis Altenheim to add 46 skilled nursing beds.

St. Louis Altenheim has been a vital partner in the South St. Louis City Community. They serve the adult population with much needed skilled long-term care. The need is becoming greater and the St. Louis Altenheim is trying to be a good steward of the elderly as they have for over a century.

This project represents an important investment in resources, which is needed to meet the growing demand for services. Please consider this letter of support as you review the home's application for this vital healthcare project.

Sincerely,



Zack Brandmeyer, CTC

DIVIDER III: Community Need Criteria and Standards

DIVIDER III: Community Need Criteria and Standards

Document the following, if applicable:

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.

The population data provided by the Department of Health and Senior Services was included in Divider II. The percentage adjustments by the applicant to accommodate zip code population inside the 15-mile radius were also included in Divider II.

An inventory of existing and approved ICF and SNF facilities inside the 15-mile radius is provided (see *Attachment 10a - c*), as well as a map showing the location of these facilities (see *Attachments 10a - c*). Based on this data, there will be a need for 388 more ICF/SNF beds in the 15-mile radius for the year 2025 as follows:

$$\text{Unmet Need} = (53 \times P) - U$$

Where:

53 = ICF/SNF need rate per 1,000 population age 65+

P = Year 2025 population in the 15-mile radius

U = Number of existing and approved beds in 15-mile radius

$$\text{Unmet Need} = (0.053 \times 90,093) - 9,240 = 834 \text{ ICF/SNF bed need}$$

- 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.**

(not applicable)

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

(not applicable)

- 5. 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.**

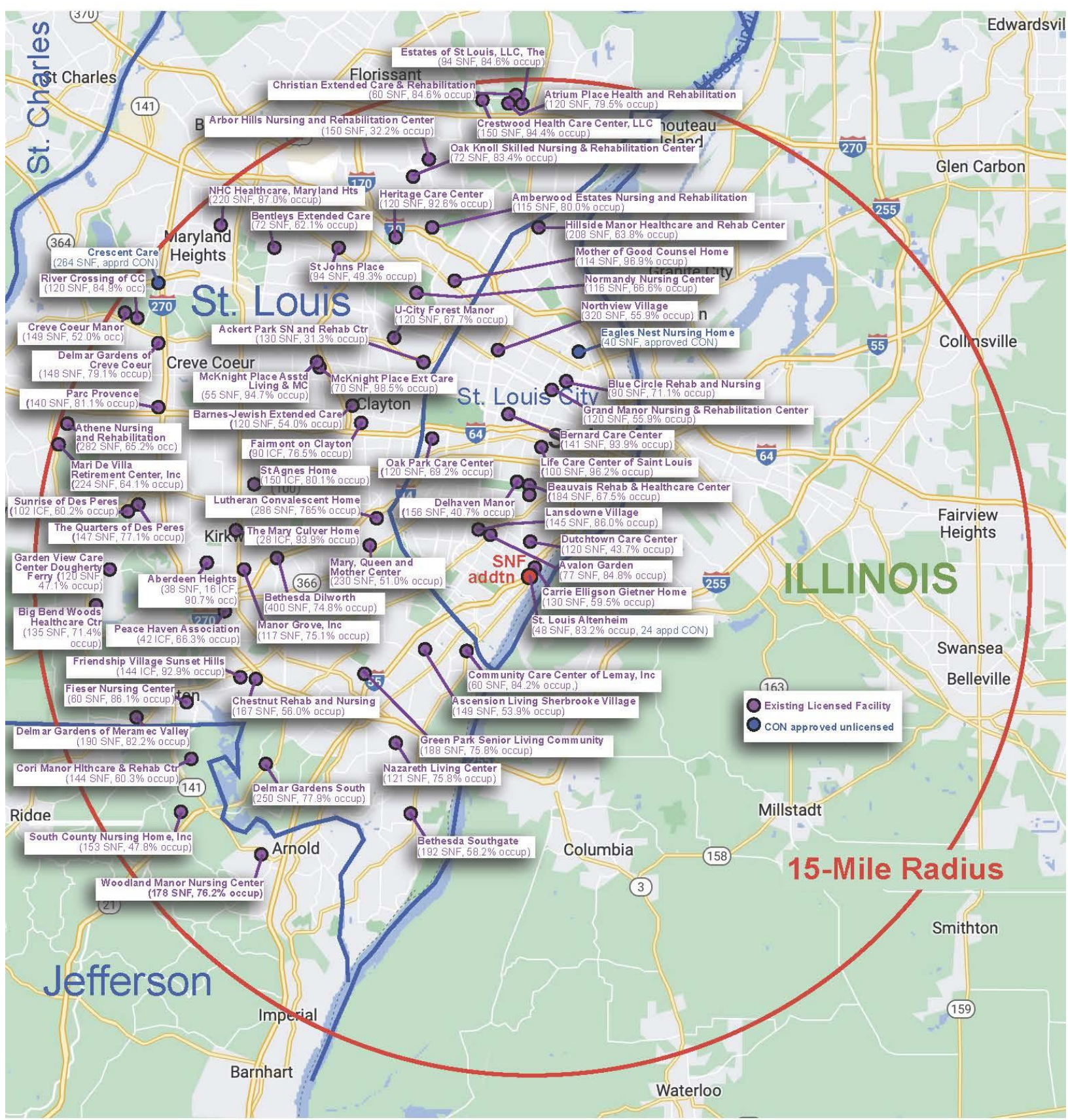
(not applicable)

- 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.**

The project has been in compliance since December 2023. It had received notice of noncompliance in July 2023 and has corrected all issues.

DIVIDER III: Attachments

15-Mile Service Area for St. Louis City 63111 CON ICF/SNF Need Analysis



proposed Skilled Nursing Facility addition:

10,074 ICF/SNF need - 9,240 ICF/SNF supply = 834 ICF/SNF bed need

Inventory of Intermediate Care and Skilled Nursing Facilities in the 15-Mile Radius around proposed additional SNF beds in St. Louis City 63111

County	Facility Name	Address	City	Zip	SNF	ICF	Total	AVG
Jefferson	South County Nursing Home, Inc	1101 West Outer 21 Rd	Arnold	63010	153	0	153	47.8%
Jefferson	Woodland Manor Nursing Center	555 Woodland Villas Lane	Arnold	63010	178	0	178	76.2%
St Louis	Athene Nursing and Rehabilitation	13995 Clayton Rd	Town and Country	63017	282	0	282	65.2%
St Louis	Mari De Villa Retirement Center, Inc	13900 Clayton Rd	Town and Country	63017	224	0	224	64.1%
Jefferson	Cori Manor Healthcare & Rehabilitation Center	560 Corisande Hills Rd	Fenton	63026	144	0	144	60.3%
St Louis	Delmar Gardens Of Meramec Valley	1 Arbor Terrace	Fenton	63026	190	0	190	82.2%
St Louis	Fieser Nursing Center	404 Main St	Fenton	63026	60	0	60	86.1%
St Louis	Crestwood Health Care Center, LLC	11400 Mehl Ave	Florissant	63033	150	0	150	94.4%
St Louis	NHC Healthcare, Maryland Heights	2920 Fee Fee Rd	Maryland Heights	63043	220	0	220	87.0%
St Louis	Big Bend Woods Healthcare Center	110 Highland Ave	Valley Park	63088	135	0	135	71.4%
St Louis	Garden View Care Center at Dougherty Ferry	13612 Big Bend Rd	Valley Park	63088	120	0	120	47.1%
St Louis City	Life Care Center of Saint Louis	3520 Chouteau Ave	St Louis	63103	100	0	100	96.2%
St Louis	Barnes-Jewish Extended Care	401 Corporate Park Dr	St Louis	63105	120	0	120	54.0%
St Louis City	Blue Circle Rehab and Nursing	2939 Magazine Street	St Louis	63106	90	0	90	71.1%
St Louis City	Eagles Nest Nursing Home	4101 North Grand Blvd	St. Louis	63107	40	0	40	0.0%
St Louis City	Bernard Care Center	4335 West Pine Blvd	St Louis	63108	141	0	141	93.9%
St Louis City	Beauvais Rehab and Healthcare Center	3625 Magnolia Ave	St Louis	63110	184	0	184	67.5%
St Louis City	Carrie Elligson Giether Home	5000 South Broadway	St Louis	63111	130	0	130	59.5%
St Louis City	St. Louis Altenheim	5408 South Broadway	St. Louis	63111	48	0	48	83.2%
St Louis City	St. Louis Altenheim	5408 South Broadway	St. Louis	63111	25	0	25	0.0%
St Louis City	Delhaven Manor	5460 Delmar Blvd	St Louis	63112	156	0	156	40.7%
St Louis City	Grand Manor Nursing & Rehabilitation Center	3645 Cook Ave	St Louis	63113	120	0	120	55.9%
St Louis City	Northview Village	2415 North Kingshighway	St Louis	63113	320	0	320	55.9%
St Louis	Bentleys Extended Care	3060 Ashby Rd	Overland	63114	72	0	72	62.1%
St Louis	St Johns Place	3333 Brown Rd	St Louis	63114	94	0	94	49.3%
St Louis City	Avalon Garden	4359 Taft Ave	St Louis	63116	77	0	77	84.8%
St Louis City	Lansdowne Village	4624 Lansdowne Ave	St Louis	63116	145	0	145	86.0%
St Louis	Fairmont on Clayton	7920 Clayton Rd	Richmond Heights	63117	0	90	90	76.5%
St Louis City	Dutchtown Care Center	3421 Gasconade St	St Louis	63118	120	0	120	43.7%
St Louis	Lutheran Convalescent Home	723 South Laclede Station Rd	Webster Groves	63119	286	0	286	76.5%
St Louis	Mary, Queen and Mother Center	7601 Watson Rd	Shrewsbury	63119	230	0	230	51.0%
St Louis	Amberwood Estates Nursing and Rehabilitation	5303 Bermuda Drive	Normandy	63121	115	0	115	80.0%
St Louis	Mother of Good Counsel Home	6825 Natural Bridge Rd	St Louis	63121	114	0	114	96.9%
St Louis	Aberdeen Heights	505 Couch Ave	Kirkwood	63122	38	16	54	90.7%

(information compiled March 5, 2024, based on information acquired from the Department of Health and Senior Services including quarterly licensed (including unavailable beds) occupancy rates for 2022 Apr. 1 - Jun. 30, 2022> through 3Q23 <Jul. 1 - Sep. 30, 2023> in right column. Certificate of Need approved, but not yet licensed, facilities and beds are shown in blue text.

Inventory of Intermediate Care and Skilled Nursing Facilities in the 15-Mile Radius around proposed additional SNF beds in St. Louis City 63111

St Louis	Bethesda Dilworth	9645 Big Bend Blvd	St Louis	63122	400	0	400	74.8%
St Louis	Manor Grove, Incorporated	711 South Kirkwood Rd	Kirkwood	63122	117	0	117	75.1%
St Louis	Mary Culver Home, The	221 West Washington Ave	Kirkwood	63122	0	28	28	93.9%
St Louis	St Agnes Home	10341 Manchester Rd	Kirkwood	63122	0	150	150	80.1%
St Louis	Green Park Senior Living Community	9350 Green Park Rd	St Louis	63123	188	0	188	75.8%
St Louis	McKnight Place Assisted Living and Memory Care	Three McKnight Place	St Louis	63124	55	0	55	94.7%
St Louis	McKnight Place Extended Care	Two McKnight Pl	St Louis	63124	70	0	70	98.5%
St Louis	Ascension Living Sherbrooke Village	4005 Ripa Ave	St Louis	63125	149	0	149	53.9%
St Louis	Community Care Center of Lemay, Inc	9353 South Broadway	St Louis	63125	60	0	60	84.2%
St Louis	Friendship Village Sunset Hills	12651 Village Circle Drive	St Louis	63127	144	0	144	92.9%
St Louis	Peace Haven Association	12630 Rott Road	St. Louis	63127	0	42	42	66.3%
St Louis	Chestnut Rehab and Nursing	10954 Kennerly Rd	St Louis	63128	167	0	167	56.0%
St Louis	Delmar Gardens South	5300 Butler Hill Rd	St Louis	63128	250	0	250	77.9%
St Louis	Bethesda Southgate	5943 Telegraph Rd	St Louis	63129	192	0	192	58.2%
St Louis	Nazareth Living Center	#2 Nazareth Lane	St Louis	63129	121	0	121	75.8%
St Louis	Ackert Park Skilled Nursing and Rehabilitation Cent	894 Leland Ave	University City	63130	130	0	130	31.3%
St Louis	U-City Forest Manor	1301 Partridge Ave	St Louis	63130	120	0	120	67.7%
St Louis	Quarters at Des Peres, The	13230 Manchester Rd	Des Peres	63131	147	0	147	77.1%
St Louis	Sunrise of Des Peres	13460 Manchester Rd	Des Peres	63131	0	102	102	60.2%
St Louis	Normandy Nursing Center	7301 Saint Charles Rock Rd	St Louis	63133	116	0	116	66.6%
St Louis	Heritage Care Center	4401 North Hanley Rd	St Louis	63134	120	0	120	92.6%
St Louis	Arbor Hills Nursing and Rehabilitation Center	800 Chambers Road	Ferguson	63135	150	0	150	32.2%
St Louis	Oak Knoll Skilled Nursing & Rehabilitation Center	37 N Clark Ave	Ferguson	63135	72	0	72	83.4%
St Louis	Atrium Place Health and Rehabilitation	2600 Redman Rd	St Louis	63136	120	0	120	79.5%
St Louis	Christian Extended Care & Rehabilitation	11160 Village North Dr	St Louis	63136	60	0	60	84.6%
St Louis	Estates of St Louis, LLC, The	2115 Kappel Dr	St Louis	63136	94	0	94	84.6%
St Louis City	Oak Park Care Center	6637 Berthold Ave	St Louis	63139	120	0	120	69.2%
St Louis	Delmar Gardens of Creve Coeur	850 Country Manor Ln	Creve Coeur	63141	148	0	148	79.1%
St Louis	Parc Provence	605 Coeur De Ville Dr	St Louis	63141	140	0	140	81.1%
St Louis	Crescent Care	12440, 12435, 12486 Devine Dr	St. Louis	63146	264	0	264	0.0%
St Louis	Creve Coeur Manor	1127 Timber Run Dr	St Louis	63146	149	0	149	52.0%
St Louis	River Crossing of Creve Coeur	11278 Schuetz Rd	St Louis	63146	120	0	120	84.9%
St Louis City	Hillside Rehab and Healthcare Center	1265 McLaran Ave	St Louis	63147	208	0	208	63.8%
TOTAL					8,812	428	9,240	

(information compiled March 5, 2024, based on information acquired from the Department of Health and Senior Services including quarterly licensed (including unavailable beds) occupancy rates for 2022 Apr. 1 - Jun. 30, 2022> through 3Q23 <Jul. 1 - Sep. 30, 2023> in right column. Certificate of Need approved, but not yet licensed, facilities and beds are shown in blue text.

DIVIDER IV: Financial Feasibility Criteria and Standards

DIVIDER IV: Financial Feasibility Criteria and Standards

Document the following, if applicable:

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest “RS Means Construction Cost data”.**

The projected renovation cost is \$50.66 per square foot (see *Attachment 4c*), which is much less than the 3/4 median of \$263.00 (SNF) per square foot for RS Means for the St. Louis area (see *Attachment 11a*).

- 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.**

A letter from The Bank of Missouri documents their interest in funding of the applicant’s project (see *Attachment 11b*).

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

Since this is an expansion of an existing ALF, ICF and SNF, these are historical utilization figures from 2020, 2021 and 2022, plus projections for 2024 to 2026 (see *Attachments 11c - d*).

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

Charges are based on extensive experience of the Applicant in their existing facilities currently in operation in Missouri.

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

This is a full-function assisted living facility plus a skilled nursing facility which is eligible for public reimbursement such as Medicare or Medicaid, and there are other provisions for discounted services. Provisions will be made to allow residents to relocate to more affordable facilities, including the option to share a room, and assistance will be provided in securing other benefits to offset rising costs. Third-party providers will be utilized when Medicare or Medicaid services are available per physician order. Residents with limited resources will also be referred to other services who provide indigent care.

Interested persons were also notified of this application via newspaper Public Notice in April 26, 2024, editions of the St. Louis Post-Dispatch (see *Attachment 11e*).

- 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 admission?**

(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 admission?**

It is estimated that 80% of our admissions will be Medicaid eligible as defined.

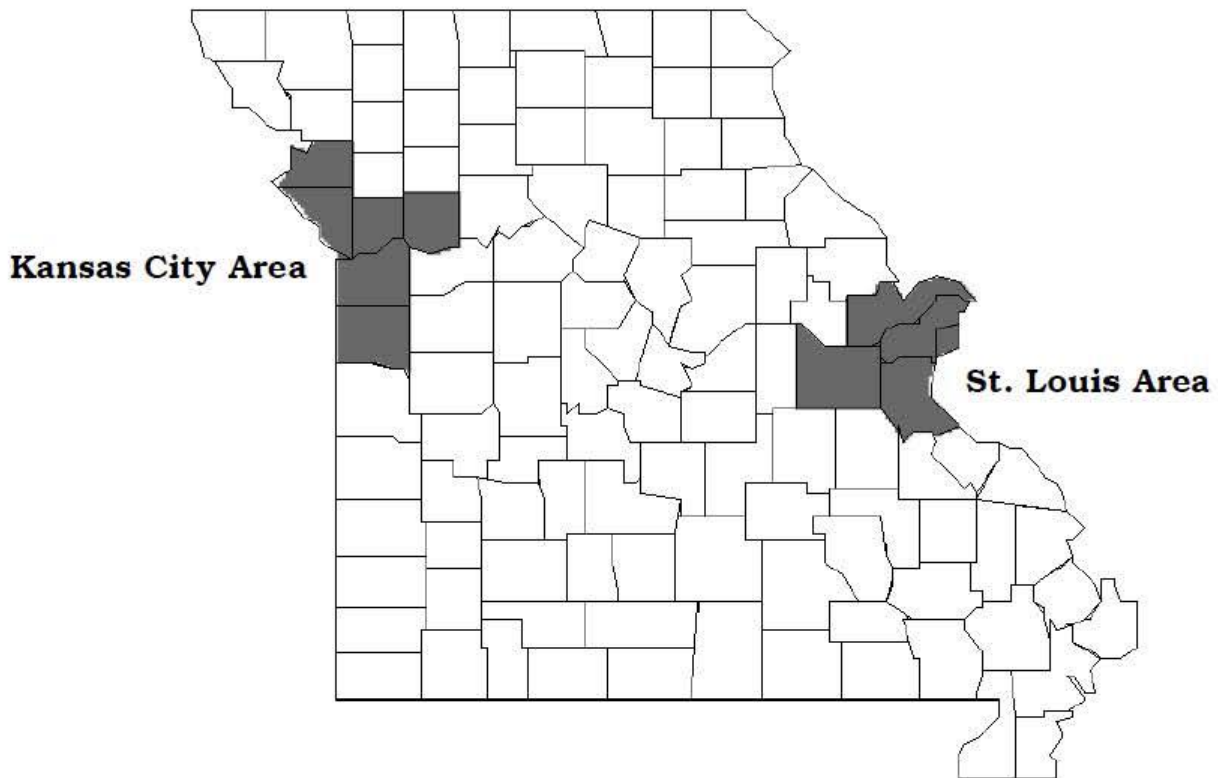
DIVIDER IV: Attachments

RS Means Cost Data

**RS Means Cost Data Percentile Limits
Total New Construction Project Costs***
Source: 2024 RS Means Building Construction Cost Data

<u>Type of Facility</u>	<u>Percentile</u>	<u>St. Louis Area</u>	<u>Kansas City Area</u>	<u>Other Missouri Area</u>
Hospital Cost Per Sq. Ft.	3/4 Median	492.50 458.03	497.50 462.68	455.00 423.15
Nursing Home/ Assisted Living Facility** Cost Per Sq. Ft.	3/4 Median	263.00 198.97	265.67 200.99	242.97 183.82

***Since 2017, nursing homes and assisted living facilities have been combined into one cost per square foot.*



*** Renovation costs should not exceed 70% of total new construction project costs.**



April 26, 2024

Mr. Shafiq Malik

RE: St Louis Altenheim

Addition of 46 SNF beds

Mr. Malik:

I have received the proposed budget for the addition of the SNF beds to your owned facility known as St Louis Altenheim. The Bank agrees this would be a good addition for your facility and the Community at large. Based on our existing relationship and our discussions, The Bank of Missouri would be interested in putting together a financing package of up to \$2,000,000 for this project. We certainly value your relationship and would appreciate the opportunity to be involved in the project if financing is necessary. Please let me know if you would like to discuss further.

Sincerely,

Russell N Wiley

Vice President

Senior Commercial Loan Officer



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: St Louis Altenheim Addt of 46 SNF Be **Project #:** 6099 NS

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

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.	Year		
	<u>2020</u>	<u>2021</u>	<u>2022</u>

Amount of Utilization:*	7,804	6,088	11,926
Revenue:			
Average Charge**	\$251	\$252	\$209
Gross Revenue	\$1,958,804	\$1,534,176	\$2,487,644
Revenue Deductions	0	0	0
Operating Revenue	<u>1,958,804</u>	<u>1,534,176</u>	<u>2,487,644</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$1,958,804</u>	<u>\$1,534,176</u>	<u>\$2,487,644</u>
Expenses:			
Direct Expenses			
Salaries	772,127	620,976	1,406,575
Fees	179,492	140,024	244,488
Supplies	140,472	111,474	305,637
Other	0	0	760,563
TOTAL DIRECT	<u>\$1,092,091</u>	<u>\$872,474</u>	<u>\$2,717,263</u>
Indirect Expenses			
Depreciation	266,081	277,815	35,811
Interest***	0	0	52,565
Rent/Lease	0	0	0
Overhead****	344,156	273,960	0
TOTAL INDIRECT	<u>\$610,237</u>	<u>\$551,775</u>	<u>\$88,376</u>
TOTAL EXPENSES	<u>\$1,702,328</u>	<u>\$1,424,249</u>	<u>\$2,805,639</u>
NET INCOME (LOSS):	<u>\$256,476</u>	<u>\$109,927</u>	<u>-\$317,995</u>

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

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

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

****Indicate how overhead was calculated.



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: St Louis Altenheim Addt of 46 SNF Be **Project #:** 6099 NS

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

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

	Year		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	<u>13,592</u>	<u>14,486</u>	<u>15,202</u>
Revenue:			
Average Charge**	\$260	\$265	\$270
Gross Revenue	<u>\$3,533,920</u>	<u>\$3,838,790</u>	<u>\$4,104,540</u>
Revenue Deductions	<u>0</u>	<u>0</u>	<u>0</u>
Operating Revenue	<u>3,533,920</u>	<u>3,838,790</u>	<u>4,104,540</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL REVENUE	<u>\$3,533,920</u>	<u>\$3,838,790</u>	<u>\$4,104,540</u>
Expenses:			
Direct Expenses			
Salaries	<u>1,386,384</u>	<u>1,433,244</u>	<u>1,473,985</u>
Fees	<u>312,616</u>	<u>333,178</u>	<u>349,646</u>
Supplies	<u>244,656</u>	<u>260,748</u>	<u>273,636</u>
Other	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL DIRECT	<u>\$1,943,656</u>	<u>\$2,027,170</u>	<u>\$2,097,267</u>
Indirect Expenses			
Depreciation	<u>291,705</u>	<u>300,456</u>	<u>306,456</u>
Interest***	<u>96,000</u>	<u>98,880</u>	<u>100,857</u>
Rent/Lease	<u>0</u>	<u>0</u>	<u>0</u>
Overhead****	<u>611,640</u>	<u>638,832</u>	<u>657,030</u>
TOTAL INDIRECT	<u>\$999,345</u>	<u>\$1,038,168</u>	<u>\$1,064,343</u>
TOTAL EXPENSES	<u>\$2,943,001</u>	<u>\$3,065,338</u>	<u>\$3,161,610</u>
NET INCOME (LOSS):	<u>\$590,919</u>	<u>\$773,452</u>	<u>\$942,930</u>

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

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****Indicate how overhead was calculated.

220-60018827 St Louis Altenheim

Order Nbr 129933

Publication	Post - Dispatch		
Contact	St Louis Altenheim	PO Number	Jean Bardwell
Address 1	5408 S BROADWAY ST	Rate	Legal
Address 2		Order Price	370.52
City St Zip	ST LOUIS MO 63111	Amount Paid	0.00
Phone	3142695318	Amount Due	370.52
Fax			
Section	Legals	Start/End Dates	04/26/2024 - 04/26/2024
SubSection		Insertions	1
Category	9000 Public Notices	Size	14
Ad Key	129933-1	Salesperson(s)	Tanya Lemons 1023
Keywords	St. Louis Altenheim plans to a	Taken By	Tanya Lemons

Notes
 Cost is NET for one time on a weekday
 On Hold Pending Payment
 Deadline for Friday is NOON TODAY
 For payment options call 800-798-1717 or Karen a 3% service fee on all credit card transactions.
 Please Confirm once paid to secure your publicatic



Deadlines:
 Saturday is 1pm Thursday
 Sunday is 3pm THURSDAY
 Monday is 3pm Thursday
 Wednesday is NOON Monday
 Friday is NOON Wednesday

[Tanya Lemons 4/24/2024 10:22:03 AM]
 [Tanya Lemons 4/24/2024 10:22:27 AM]

Ad Proof

St. Louis Altenheim plans to add 46 skilled nursing facility beds at 5408 South Broadway Street, St. Louis, MO 63111, pending Certificate of Need approval of their \$1,150,000 application from the Missouri Health Facilities Review Committee. This application (Proj. No. 6099 NS) will be filed on May 3, 2024. Email macquest@mac.com for more information.

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STLstleemot

This is a copy of what was sent out to all the facilities in a 15-mile radius.

Jean

Jean Bardwell, MHA, LNHA
 Administrator
 Office Number: 314-269-5318
www.altenheimstlouis.org

**END of
CERTIFICATE OF NEED APPLICATION**

St. Louis Altenheim

Add 46 Skilled Nursing Facility beds

Project #6099 NS

