

**CON 6102**  
**Lake George Senior Living**

**Additional Information**

Provide 3<sup>rd</sup> party documentation or methods/assumptions for renovations.

**Attached**

How many rooms will be semi-private vs private once completed?

**All rooms will be private.**

Provide year 2021 utilization numbers. These numbers should also match exactly what was submitted to our office on the CON Survey.

**Attached.**

The email from Leslie Tanner does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.

**A letter from Hawthorn Bank is attached.**

The average charge reflected on Revenues and Expenses remains at \$200 from 2026 to projected year 2028. Is this correct?

**Yes**

Can you explain why there aren't any revenue deductions?

**I am not expecting any revenue deductions at this point.**



**From:** [Roystan Pais](#)  
**To:** [Fick, Mackinzey](#)  
**Subject:** Re: CON 6102  
**Date:** Wednesday, May 22, 2024 3:10:23 PM  
**Attachments:** [form1865 historic 21-23.pdf](#)  
[form1865 projections 26-28.pdf](#)  
[Bank Letter 5-22-2024.pdf](#)

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Mackinzey,

I updated the utilization information for both historic and projections. I attached them here. I also included a corrected letter from the bank. Please let me know if this is sufficient.

I appreciate your help. Thanks a lot.

**Roystan Pais, MBA, FACHE**  
Lake George Senior Living  
5000 E Richland Rd  
Columbia MO 65201  
Cell: 816-888-9643  
[www.lakegeorgecolumbia.com](http://www.lakegeorgecolumbia.com)

On Tue, May 21, 2024 at 3:31 PM Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)> wrote:

Roystan,

After reviewing your additional information, some additional items are still needed.

- Based on CON Survey submissions, utilization for year 2021 reflects 2,918, year 2022 reflects 2,828 and year 2023 reflects 2,737. This does not match the #'s provided in the application. Please advise.
- Are revenues and expenses for years 2026-2028 based on ten beds? If so, please revise the revenues and expenses to reflect all 20 beds.
- The letter from Amie Wheeler does not appear to be sufficient documentation for unrestricted funds. This letter should include a bank header, contact information and a specified amount of money to be financed. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.

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



May 16, 2024

Lake George Senior Living, LLC  
Mr. Roystan Pais  
5000 E. Richland Road  
Columbia, Missouri 65201-9606

Re: Assisted living expansion

To Whom It May Concern:

Mr. Roystan Pais has made application to Hawthorn Bank for approximately \$900,000 to finance the addition of 10 assisted living rooms to Lake George Senior Living, located in Columbia, Missouri. The application is credible and warrants the Bank's consideration. Any financing in the amount of approximately \$900,000 that is extended to Lake George Senior Living, LLC and/or its related entities is subject to necessary due diligence and formal loan approval.

If you have questions, please feel free to contact me at (573) 761-6133 or [awheeler@hawthornbank.com](mailto:awheeler@hawthornbank.com).

Sincerely,

A handwritten signature in blue ink that reads "Amie L. Wheeler".

Amie L. Wheeler  
SVP Commercial Banker  
NMLS MLO #450134

**SERVICE-SPECIFIC REVENUES AND EXPENSES****Project Title:** Lake George Senior Living**Project #:** 6102 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.*

	<b>Year</b>		
	<u>2021</u>	<u>2022</u>	<u>2023</u>
<b>Amount of Utilization:*</b>	2,918	2,828	2,737
<b>Revenue:</b>			
Average Charge**	\$175	\$190	\$195
Gross Revenue	\$510,650	\$537,320	\$533,715
Revenue Deductions	0	0	0
Operating Revenue	510,650	537,320	533,715
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$510,650</b>	<b>\$537,320</b>	<b>\$533,715</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	251,153	311,783	321,089
Fees	1,000	1,000	1,000
Supplies	60,000	58,760	60,574
Other	12,000	12,000	12,000
<b>TOTAL DIRECT</b>	<b>\$324,153</b>	<b>\$383,543</b>	<b>\$394,663</b>
Indirect Expenses			
Depreciation	11,556	18,258	20,816
Interest***	32,400	73,500	73,500
Rent/Lease	72,000	18,000	12,000
Overhead****	32,299	29,400	28,294
<b>TOTAL INDIRECT</b>	<b>\$148,255</b>	<b>\$139,158</b>	<b>\$134,610</b>
<b>TOTAL EXPENSES</b>	<b>\$472,408</b>	<b>\$522,701</b>	<b>\$529,273</b>
<b>NET INCOME (LOSS):</b>	<b>\$38,242</b>	<b>\$14,619</b>	<b>\$4,442</b>

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

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

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

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



# SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

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

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

**Year**

	_____	_____	_____
<b>Amount of Utilization:*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Revenue:</b>			
Average Charge**	_____	_____	_____
Gross Revenue	_____	_____	_____
Revenue Deductions	=====	=====	=====
Operating Revenue	=====	=====	=====
Other Revenue	=====	=====	=====
<b>TOTAL REVENUE</b>	=====	=====	=====
<b>Expenses:</b>			
Direct Expenses			
Salaries	_____	_____	_____
Fees	_____	_____	_____
Supplies	_____	_____	_____
Other	=====	=====	=====
<b>TOTAL DIRECT</b>	=====	=====	=====
Indirect Expenses			
Depreciation	_____	_____	_____
Interest***	_____	_____	_____
Rent/Lease	_____	_____	_____
Overhead****	=====	=====	=====
<b>TOTAL INDIRECT</b>	=====	=====	=====
<b>TOTAL EXPENSES</b>	=====	=====	=====
<b>NET INCOME (LOSS):</b>	=====	=====	=====

\*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.

**From:** [Roystan Pais](#)  
**To:** [Fick, Mackinzey](#)  
**Subject:** Re: CON 6102  
**Date:** Tuesday, May 28, 2024 10:01:18 AM  
**Attachments:** [Budget Detail Sheet revised 5-24-2024.docx](#)  
[form1863 Expenditure revised 5-24-2024.pdf](#)

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Mackinzey,

Good morning. As we discussed last week there are some changes in the estimate and financing. Since it is an expansion project, the Bank is willing to finance entire amount of \$900,000 and construction costs are at or under \$900,000. We will not be using any unrestricted funds. I have made changes to the budget estimate. Please find the attached documents. Thank you.

**Roystan Pais, MBA, FACHE**  
Lake George Senior Living  
5000 E Richland Rd  
Columbia MO 65201  
Cell: 816-888-9643  
[www.lakegeorgecolumbia.com](http://www.lakegeorgecolumbia.com)

On Thu, May 23, 2024 at 9:19 AM Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)> wrote:

Roystan,

After reviewing this information, an additional item is needed.

- Provide financial documentation for the unrestricted funds.

**This information is needed by Thursday, May 30, 2024.**

*Mackinzey Fick* (Name change from Lux to Fick)

Assistant Program Coordinator, Certificate of Need

Department of Health and Senior Services

920 Wildwood Drive, P.O. Box 570

Jefferson City, MO 65102



Certificate of Need Program

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

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

1. New Construction Costs ***	\$770,000
2. Renovation Costs ***	\$0
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$770,000</b>
4. Architectural/Engineering Fees	\$75,000
5. Other Equipment (not in construction contract)	\$20,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$10,000
9. Interest During Construction (net of interest earned) ***	\$25,000
10. Other Costs ***	\$0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$130,000</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$900,000 **</b>

**FINANCING:**

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$900,000
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$900,000 **</b>

18. New Construction Total Square Footage	3,500
19. New Construction Costs Per Square Foot *****	\$220
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.



## Proposed Project Budget Detail Sheet

**1. New Construction Costs**

\$770,000 is the total estimate of construction costs based on 3500 square feet.

**2. Renovation Costs**

None

**4. Architectural/ Engineering Fees**

\$75,000 is the architectural and civil engineering fee estimate provided by The Architects Alliance, Inc.

**5. Other Equipment (not included in construction contract)**

\$20,000 is the estimated amount needed for this category (video surveillance system).

**6. Major Medical Equipment**

Not applicable

**7. Land Acquisition Costs**

None, Land is already owned by the owner.

**8. Consultant's Fees/ Legal Fees**

\$10,000 for legal and consulting fees

**9. Interest During Construction**

\$25,000 is estimated interest accrued during construction.

**10. Other Costs**

None