



**417 - ResCare**  
**817 West El Camino Alto**  
**Springfield MO 65810**  
**Project # 6139 RS**

**SUBMITTED TO MISSOURI HEALTH FACILITIES REVIEW COMMITTEE**



Project Name: 417 ResCare

Project No: 6139 RS

Project Description: 12 and 14 bed Assisted Living and Memory Care Homes in Springfield, Missouri

Done Page N/A Description

**Divider I. Application Summary:**

- x 4 1. Applicant Identification and Certification (Form MO 580-1861)
- x 4 2. Representative Registration (Form MO 580-1869)
- x 4 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- x 4 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- x 4 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- x 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- x 4 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
- x 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

- x 12 1. Provide a complete detailed project description.
- x 12 2. Provide a timeline of events for the project, from CON issuance through project completion.
- x 13 3. Provide a legible city or county map showing the exact location of the proposed facility.
- x 13 4. Provide a site plan for the proposed project.
- x 13 5. Provide preliminary schematic drawings for the proposed project.
- x 13 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- x 13 7. Provide the proposed square footage.
- x 13 8. Document ownership of the project site, or provide an option to purchase.
- x 13 9. Define the community to be served.
- x 14 10. Provide 2025 population projections for the 15-mile radius service area.
- x 14 11. Identify specific community problems or unmet needs the proposal would address.
- x 14 12. Provide historical utilization for each of the past three (3) **FULL** years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- x 15 13. Provide the methods and assumptions used to project utilization.
- x 15 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- x 15 15. Provide copies of any petitions, letters of support or opposition received.
- x 15 16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.
- x 15 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- x 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.
- x 28 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.
- x 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- x 29 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- x 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.
- x 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- x 33 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- x 33 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.
- x 33 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.
- x 33 4. Document how patient charges are derived.
- x 33 5. Document responsiveness to the needs of the medically indigent.
- x 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?
- x 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

**417 - ResCare**  
**Project #6139 RS**  
**Divider 1**

**I. Application Summary:**

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

See Attachment 1a.

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

See Attachments 1b.

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

See Attachments 1c and 1d.

**4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.**

See Attachments 1e.

**5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.**

No

**6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.**

N/A

**7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.**

No

8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

N/A





Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

The information provided must match the **Letter of Intent** for this project, without exception.

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

Title of Proposed Project 417 ResCare	Project Number 6139 RS
Project Address (Street/City/State/Zip Code) 817 West El Camino Alto, Springfield, MO 65810	County Greene

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

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
Miller Commerce	431 S Jefferson Ave, Suite 134, Springfield, MO 65806	417-496-1535

List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
Miller Commerce	431 S Jefferson Ave, Suite 134, Springfield, MO 65806	417-496-1535

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

- Nonprofit Corporation     
  Individual     
  City     
  District  
 Partnership     
  Corporation     
  County     
  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.)

Name of Contact Person Madison Miller	Title Manager
Telephone Number 417-496-1535	Fax Number E-mail Address madi@millercommerce.com
Signature of Contact Person 	Date of Signature 9/5/2024

Attachment 1 b.



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name <b>417 ResCare</b>	Number <b>6139 RS</b>
------------------------------------	--------------------------

*(Please type or print legibly.)*

Name of Representative <b>Madison Miller</b>	Title <b>Manager</b>
---	-------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Miller Commerce</b>	Telephone Number <b>417-496-1535</b>
---	---

Address (Street/City/State/Zip Code)  
**431 S Jefferson Ave. Suite 134 Springfield, MO 65806**

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

Name of Individual/Agency/Corporation/Organization being Represented	Telephone Number
--	------------------

Address (Street/City/State/Zip Code)

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 <b>9/5/2024</b>
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Certificate of Need Program  
**PROPOSED PROJECT BUDGET**

Attachment 1.c

**Description**

**Dollars**

**COSTS:\***

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

1. New Construction Costs ***	\$4,347,980
2. Renovation Costs ***	_____
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$4,347,980</b>
4. Architectural/Engineering Fees	\$69,750
5. Other Equipment (not in construction contract)	\$200,000
6. Major Medical Equipment	_____
7. Land Acquisition Costs ***	\$417,629
8. Consultants' Fees/Legal Fees ***	\$208,700
9. Interest During Construction (net of interest earned) ***	\$101,388
10. Other Costs ***	\$158,715
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$1,156,182</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$5,504,162 **</b>

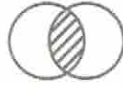
**FINANCING:**

13. Unrestricted Funds	\$1,376,041
14. Bonds	_____
15. Loans	\$4,128,121
16. Other Methods (specify)	_____
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$5,504,162 **</b>

18. New Construction Total Square Footage	17,250
19. New Construction Costs Per Square Foot *****	\$252
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

\* 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.





THE PORTEOUS GROUP

*Attachment 1 d.*

Matthew Porteous  
President  
The Porteous Group

September 4, 2024

Dear Members of the Missouri Health Facilities Review Committee,

As the third-party development manager for the 417 ResCare project, we prepared the development budget for the construction of one 12-bed RAL facility and one 14-bed RAL facility. This budget was developed based on actual costs incurred to date and historical costs from similar projects under development with our client, Miller Commerce.

It is our professional opinion that this budget accurately reflects the expected costs based on the current design.

Thank you for your consideration.

Sincerely,

*Matthew Porteous*

Matthew Porteous  
President

*Address*

4101 Birch St. • Newport Beach, California 92660  
T: (949) 244-1053

No. LC0062630

# STATE OF MISSOURI



**Matt Blunt**  
Secretary of State

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

WHEREAS,

MILLER COMMERCE, LLC

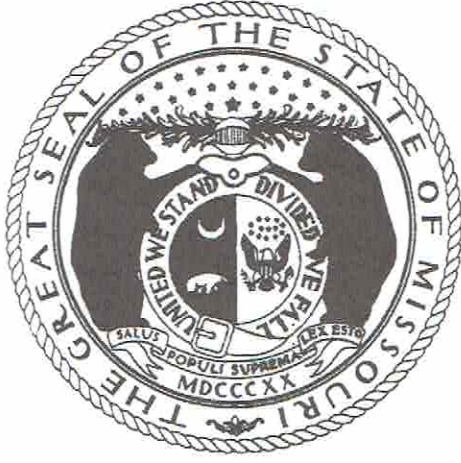
filed its ARTICLES OF ORGANIZATION with this office on the 20th day of MARCH, 2002, and that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law, do certify and declare that on the 20th day of MARCH, 2002, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of MARCH, 2002.

*Matt Blunt*  
Secretary of State

\$105.00



**417 - ResCare**  
**Project #6139 RS**  
**Divider II.**



## II. Proposal Description

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

- Miller Commerce, a well-established real estate development company in Springfield, Missouri, is seeking approval to expand its portfolio of Residential Assisted Living (RAL) homes. The company has a proven track record of successfully operating similar facilities, offering high-quality care in a personalized, home-like environment. Their projects have consistently been well-received by the local community, and they remain committed to meeting the growing demand for elder care services.
- The proposed project involves the construction of two new residential assisted living facilities. One building will consist of 12 private bedrooms, while the other will have 14 bedrooms, both designed for Assisted Living and Memory Care residents. The total building area will be approximately 8,050 square feet per facility, featuring private half-bathrooms for each resident, alongside shared communal spaces to encourage social interaction and community engagement.
- This project is vital to the Springfield community as it addresses the increasing need for specialized elder care. By providing a smaller, more intimate setting, these RAL homes will offer a more personalized level of care and support. This development will not only improve the quality of life for future residents but also provide much-needed services for families seeking care for their loved ones in a comfortable, community-focused environment.

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

Close on Purchase of Land	September 27, 2024
Obtain Permits for Construction	October 15, 2024
Close on Construction Loan	November 15, 2024
Start Building Construction	December 15, 2024
Complete Building for Final Inspection	August 15, 2025
Obtain Final Approval for Occupancy	August 30, 2025
Project 100% Complete	August 30, 2025



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

**See Attachment 2a.**

- 4. Provide a site plan for the proposed project.**

**See Attachment 2b.**

- 5. Provide preliminary schematic drawings for the proposed project.**

**See Attachment 2c.**

- 6. Provide evidence that architectural plans have been submitted to the Department of Health and Human Services.**

**See Attachment 2d.**

- 7. Provide the proposed square footage.**

The total square footage of the two homes will be 17,250 square feet.

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

**See Attachment 2e.**

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

The proposed homes will be located in the southern part of Springfield, Greene County, Missouri, a city in southwest Missouri with a population of approximately 370,000. The proposed homes will serve individuals needing assistance for everyday living, primarily age 65 or older, and will be licensed to serve those who need or may need in the future memory care.

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

The projected 2025 65+ population in the 15-mile radius service area has been calculated in accordance with Missouri regulations to be 68,728.

See Attachment 2f.

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

417 ResCare will be licensed as Assisted Living homes with a total of 26 bedrooms and will be among the smallest supportive homes in its surrounding 15-mile service area. While there are a total of 2,185 Assisted Living Facilities (ALF's) and Residential Care Facilities (RCF's) in the service area, almost all would be classified as larger facilities, versus this smaller home setting.

The advantages of a small residential community setting allow for a quiet, friendly and more intimate atmosphere for family and friends to visit their loved ones. The emotional benefits of a small group increase for the residents as well as their extended families as they have the opportunity to form a strong support system in a small home. The small home decreases confusion and anxiety in residents when trying to navigate the building on a day-to-day basis. Having to move from one's family home to a supportive environment is overwhelming under the best of circumstances but moving to a small home will decrease anxiety and increase one's ability to adjust to a new living situation.

**12. Provide historical utilization for each of the past three (3) full years and utilization projections through the first three (3) full years of operation of the new LTC beds.**

This is a new Assisted Living home and therefore no historical data is available to report. The three-year projected occupied days and average daily occupancy for the first three full years of operations are as follows:

Year 2025	Occupied Days 6,833 Days, Average Daily Occupancy 18.7 Residents
Year 2026	Occupied Days 8,541 Days, Average Daily Occupancy 23.4 Residents
Year 2027	Occupied Days 8,541 Days, Average Daily Occupancy 23.4 Residents

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

Projections are based upon expected demand for this model of senior care in this area, given the lack of homes such as these in this service area.

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

Feedback has been shared by other RALs in the State of Missouri. This feedback has been considered in the design of these homes.

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

N/A

**16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.**

See attached copy of public notice published in local newspaper (**Attachment 2g**).

**17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.**

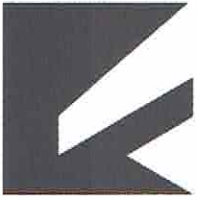
Letters have been sent out to all affected facilities in the proposed 15-mile radius. See **attachment 2h** for a copy of one of those letters.

Google Maps 817 W El Camino Alto St



Map data ©2024 Google 2000 ft





ARKIFEX STUDIOS

224 SOUTH BAY SPRINGFIELD AND ARDOR

Project No. 1000000

PRELIMINARY - NOT FOR CONSTRUCTION

Project No. 1000000

Project No. 1000000

Project No. 1000000

Project No. 1000000

Project No. 1000000

Project No. 1000000

Project No. 1000000

Project No. 1000000

THE RIDGE - TOWNHOMES

817 W EL CAMINO ALTO ST, SPRINGFIELD, MO 65810

Revisions

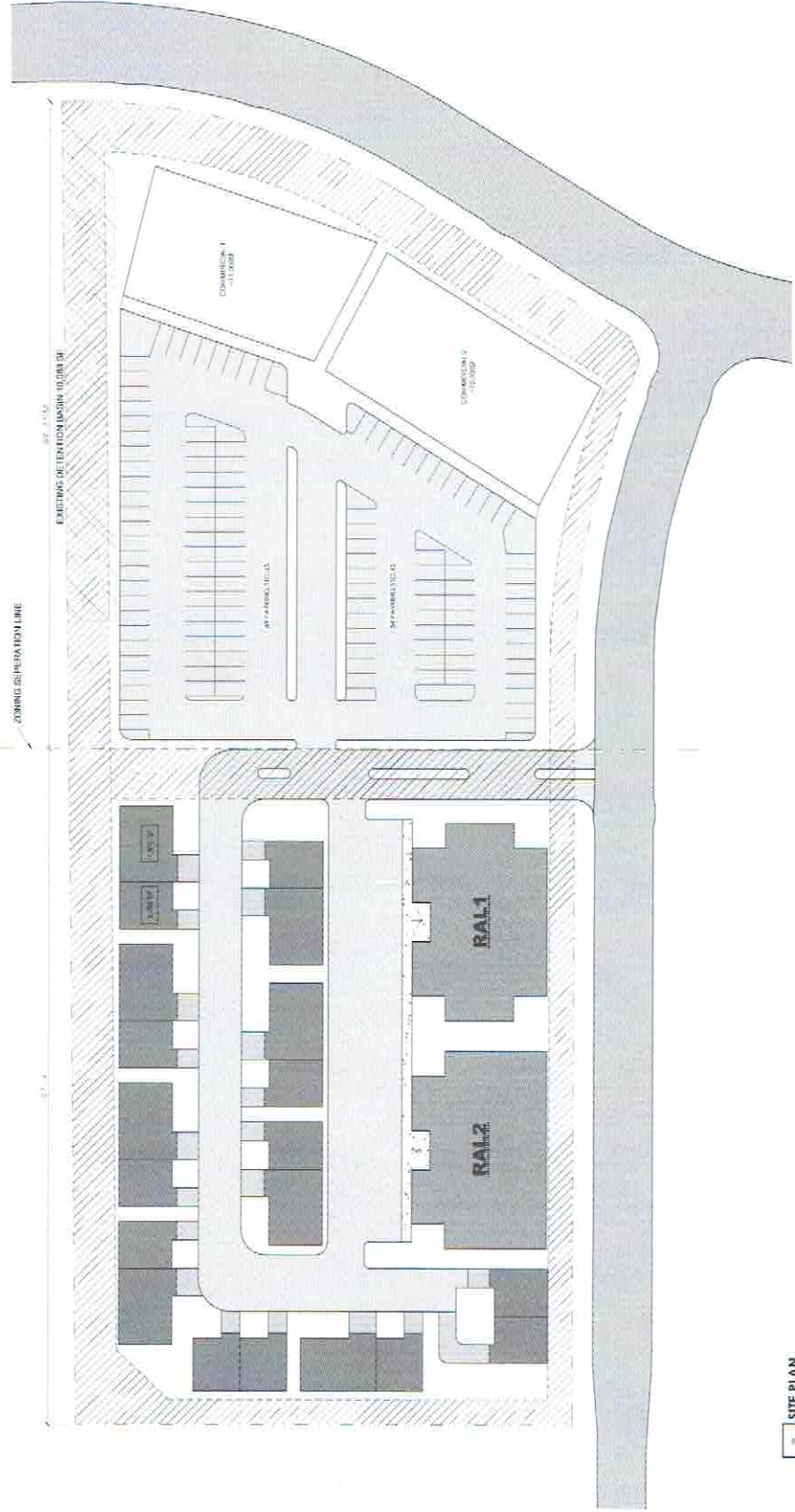
No.	Description	Date

A0.5 SITE PLAN

Project No. 22174 Date: 6/28/2000

417 RESCARE PARCEL

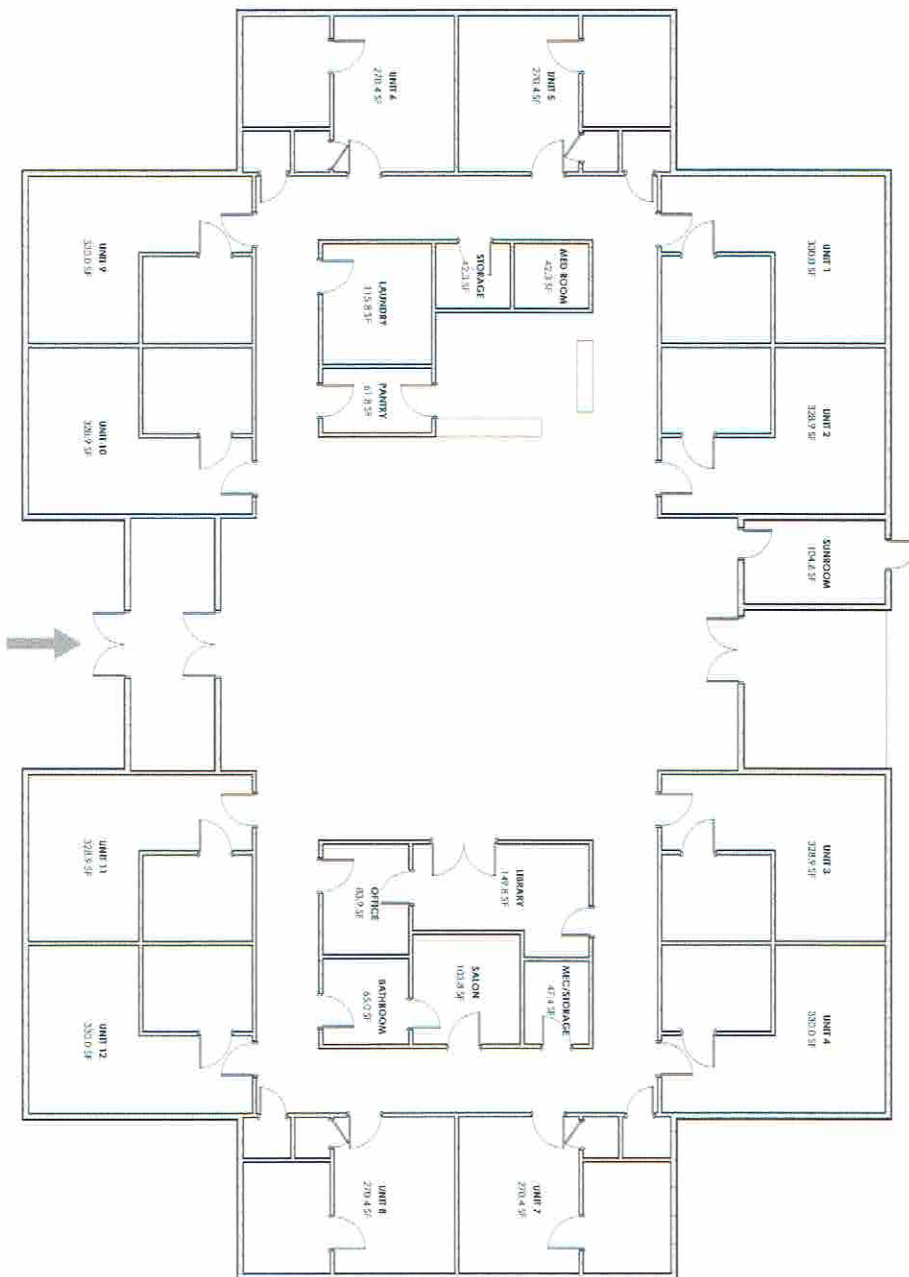
RIDGE COMM NORTH PARCEL



SITE PLAN 1/32" = 1'-0"

027224 85147 AN

1 FLOOR PLAN - RAL 1  
Scale = 1/2"



**THE RIDGE - TOWNHOMES**

817 W EL CAMINO ALTO ST.  
SPRINGFIELD, MO 65810

No.	Description	Date

**A1.0**  
FLOOR PLAN - RAL  
1

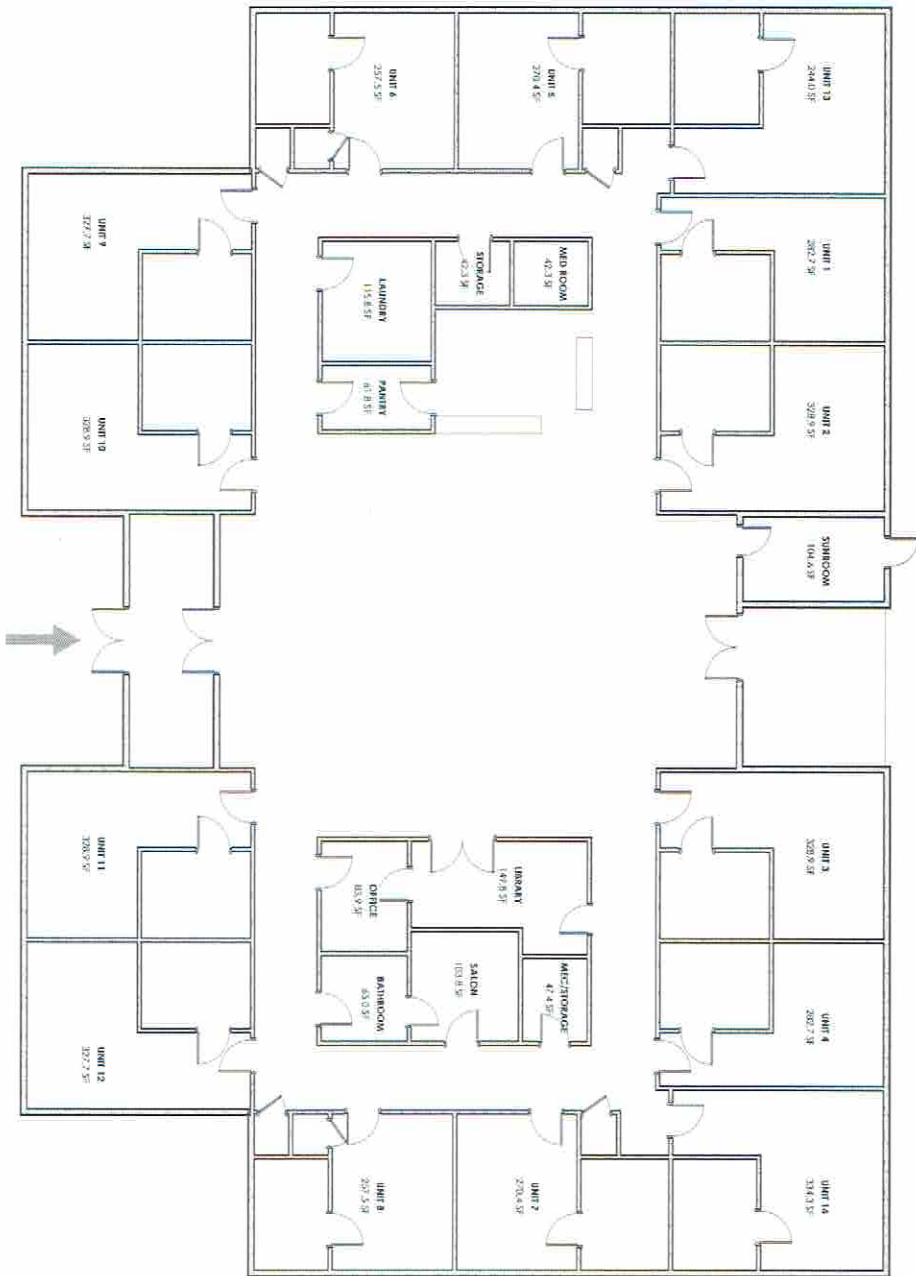
Project # \_\_\_\_\_  
Date \_\_\_\_\_  
Scale \_\_\_\_\_

**ARKIFEX**  
S T U D I O S  
221 JORDAN AVENUE, SPRINGFIELD, MO 65804  
Arkifex is a brand

**PRELIMINARY - NOT FOR CONSTRUCTION**

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1 FLOOR PLAN - RAL 2  
3/16/24



Project # 22-172  
Date 3/16/24

**A1.3**  
FLOOR PLAN - RAL  
2

No.	Description	Date

**THE RIDGE - TOWNHOMES**  
817 W EL CAMINO ALTO ST,  
SPRINGFIELD, MO 65810

ARKIFEX  
S T U D I O S  
221 SOUTH AVE SPRINGFIELD, MO 65806  
PRELIMINARY - NOT FOR CONSTRUCTION



## Preliminary Plans for 12 and 14 Bed Assisted Living Homes in Springfield, Missouri

From: Executive Assistant (ea@millercommerce.com)

To: david.east@health.mo.gov

Date: Thursday, September 5, 2024 at 12:17 PM CDT

Mr. East,

Miller Commerce is submitting a Certificate of Need application (# 6139 RS) for 12-bed and 14-bed assisted living homes in Springfield, Missouri. Attached are preliminary site and architectural plans for this home, which will be located at 817 West El Camino Alto, Springfield, MO 65810 and will be called 417 ResCare.

Please respond with confirmation that you have received this email.


Thanks!

**Hannah Vergabera**

Executive Assistant

Miller Commerce

 [ea@millercommerce.com](mailto:ea@millercommerce.com)

 +1 (816) 300-8700



417 ResCare - Site Plan & Floor Plans (1).pdf

2MB



**BORROWER'S STATEMENT**

**Borrower:** THE RIDGE HZ 55+ LLC  
**Seller:** RW DEVELOPMENTS, LLC  
**Lender:** CENTRAL BANK OF THE OZARKS  
**Settlement Agent:** Hogan Land Title  
 (417)882-3000  
**Place of Settlement:** 1605 E Sunshine  
 Springfield, MO 65804  
**Settlement Date:** August 20, 2021  
**Property Location:** 5.398 +/- ACRES - S CAMPBELL AVE.  
 SPRINGFIELD, MO 65810  
 GREENE County, Missouri  
 LOT 3  
 AT WARD BRANCH PH 2  
 GREENE COUNTY, MISSOURI.

DEBITS			
Purchase Price			823,284.00
Loan Orig. Fee	0.0987 percent	CENTRAL BANK OF THE OZARKS	650.00
Appraisal Fee		CENTRAL BANK OF THE OZARKS	2,277.00
Settlement or Closing Fee		Hogan Land Title	250.00
Insured Closing Protection Fee		Fidelity National Title Insurance Co.	25.00
Title Insurance		Hogan Land Title	1,284.92
ERECORD FEE		Hogan Land Title	10.00
Recording Fees		HOGAN LAND TITLE	81.00
<b>Gross Amount Due From Borrower</b>		<b>TOTAL DEBITS</b>	827,861.92

CREDITS			
Deposit or Earnest money			658,625.00
Principal Amount of New Loan(s)			117.96
County Taxes	01/01/21 to 08/21/21	GREENE County Tax Collector	117.96
<b>Less Total Credits to Borrower</b>		<b>TOTAL CREDITS</b>	658,742.96

BALANCE	
<b>From Borrower</b>	169,118.96

APPROVED:  
 THE RIDGE HZ 55+ LLC

BY: \_\_\_\_\_  
 MATTHEW E MILLER, MANAGER

\_\_\_\_\_  
 Hogan Land Title

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
POPULATION 65+				Project Number:	Project Address: (37.13052778, -93.30508333) 817 West El Camino Alto, Springfield, MO 65810										
1	Zip in Radius	Pop in Zip	City in Zip	City Pop	% of City in Zip	City Pop in Zip	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius	ALF Beds Allowed (25 per 1,000 of 65+ Pop)
2															
3	1	65604	908	Ash Grove	396	100%	396	409	500	10%	50	0%	0	0	50
4				Haltown	25	50%	13	0			0%	0	0	0	
5															
6	2	65610	1,276	Billings	267	100%	267	267	1,009	50%	505	90%	240	240	745
7				Clewer	389	0%	0	0			0%	0	0	0	
8				Hurley	23	0%	0	0			0%	0	0	0	
9	3	65612	280	Haltown	25	0%	0	0	280	50%	140	0%	0	0	140
10															
11															
12	4	65619	1,530	Battlefield	848	100%	848	1,389	141	100%	141	100%	848	1,389	1,530
13				Republic	2,706	20%	541				20%	541			
14				Springfield	34,743	0%	0				0%	0			
15	5	65631	935	Clewer	389	100%	389	389	546	100%	546	100%	389	389	935
16															
17															
18	6	65633	954	Crane	380	100%	380	403	551	10%	55	0%	0	0	55
19				Hurley	23	100%	23				0%	0	0	0	
20															
21	7	65648	1,088	Fair Grove	250	100%	250	250	838	10%	84	0%	0	0	84
22															
23															
24	8	65652	645	Fordland	160	100%	160	160	485	0%	0	0%	0	0	0
25															
26															
27	9	65669	475	Highlandville	190	60%	114	114	361	50%	181	60%	114	114	295
28															
29															
30	10	65714	6,746	Fremont Hills	273	100%	273	4,435	2,311	100%	2,311	100%	273	4,435	6,746
31				Nixa	4,162	100%	4,162				100%	4,162			
32				Ozark	3,152	0%	0				0%	0			
33				Springfield	34,743	0%	0				0%	0			
34	11	65721	6,024	Highlandville	190	40%	76	3,228	2,796	70%	1,957	40%	76	3,228	5,185
35				Ozark	3,152	100%	3,152				100%	3,152			
36				Springfield	34,743	0%	0				0%	0			
37	12	65725	385	Goodnight	3	100%	3	70	315	0%	0	0%	0	0	0
38				Pleasant Hope	84	80%	67				0%	0			
39															
40	13	65738	3,460	Republic	2,706	70%	1,894	1,894	1,566	80%	1,253	50%	1,353	1,353	2,606
41															
42															
43	14	65742	2,444	Rogersville	555	100%	555	555	1,889	70%	1,322	100%	555	555	1,877
44				Springfield	34,743	0%	0				0%	0			
45															
46	15	65753	1,093	Sparta	350	100%	350	350	743	30%	223	50%	175	175	398
47															
48															
49	16	65757	1,488	Springfield	34,743	0%	0	443	1,045	40%	418	0%	0	399	817
50				Strafford	443	100%	443				90%	399			20

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
51																
52	17	65781	1,677	Willard	839	80%	671	671	1,006	30%	302	80%	671	671	973	24
53							0	0					0			
54							0						0			
55	18	65802	7,306	Republic	2,706	10%	271	7,219	87	100%	87	30%	812	11,235	11,322	283
56				Springfield	34,743	20%	6,949					30%	10,423			
57							0						0			
58	19	65803	7,961	Springfield	34,743	20%	6,949	7,116	845	90%	760	30%	10,423	10,591	11,351	284
59				Willard	839	20%	168					20%	168			
60							0						0			
61	20	65804	9,906	Springfield	34,743	20%	6,949	6,949	2,957	100%	2,957	20%	6,949	6,949	9,906	248
62							0						0			
63							0						0			
64	21	65806	862	Springfield	34,743	0%	0	0	862	100%	862	0%	0	0	862	22
65							0						0			
66							0						0			
67	22	65807	11,631	Springfield	34,743	30%	10,423	10,423	1,208	100%	1,208	20%	6,949	6,949	8,157	204
68							0						0			
69							0						0			
70	23	65809	3,384	Springfield	34,743	0%	0	0	3,384	100%	3,384	0%	0	0	3,384	85
71							0						0			
72							0						0			
73	24	65810	4,786	Battlefield	848	0%	0	3,474	1,312	100%	1,312	0%	0	0	1,312	33
74				Springfield	34,743	10%	3,474					0%	0			
75							0						0			
76							0						0			
77			77,244				50,209	50,209	27,035		20,057		48,671	48,671	68,728	1,718
78																
79																



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Missouri  
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Order Confirmation

Not an Invoice

Account Number:	1010410
Customer Name:	Miller Commerce LLC
Customer Address:	Miller Commerce LLC 431 S Jefferson Ave Springfield MO 65806-2325
Contact Name:	MILLER COMMERCE LLC
Contact Phone:	
Contact Email:	
PO Number:	PUBLIC NOTICE

Date:	09/05/2024
Order Number:	10550840
Prepayment Amount:	\$ 0.00

Column Count:	1.0000
Line Count:	14.0000
Height in Inches:	0.0000

Print

Product	#Insertions	Start - End	Category
SNL Springfield News-Leader	1	09/10/2024 - 09/10/2024	Public Notices
SNL news-leader.com	1	09/10/2024 - 09/10/2024	Public Notices

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by Cash/Check/ACH and save!

Total Cash Order Confirmation Amount Due	\$50.40
Tax Amount	\$0.00
Service Fee 3.99%	\$2.01
Cash/Check/ACH Discount	-\$2.01
Payment Amount by Cash/Check/ACH	\$50.40
Payment Amount by Credit Card	\$52.41

Order Confirmation Amount	\$50.40
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24



## PUBLIC NOTICE

Miller Commerce plans to build a new 12-bed and 14-bed Boutique-Style Assisted Living and memory care homes at 817 W El Camino Alto, Springfield, MO 65810 pending approval of Certificate of Need #6139 RS. Questions and comments may be submitted to Maddison Miller at [madi@milliercommerce.com](mailto:madi@milliercommerce.com).



# Miller Commerce

431 S JEFFERSON AVE #106.  
SPRINGFIELD, MO 65806

September 05, 2024

To whom it may concern,

In accordance with CON State Regulation 19 CSR 60-50.430 (7), I am notifying you that Miller Commerce, the developer of Turner's Rock and Mission Ridge, has submitted an application to the Missouri Health Facilities Review Committee to construct and operate 12-bed and 14-bed assisted living and memory care homes in Southwest Springfield, Missouri. This notification is required because the proposed homes will be within 15 miles of your facility.

Please contact me at 417 496 1535 or [madi@millercommerce.com](mailto:madi@millercommerce.com) if you have any questions about this project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Madison Miller'.

Madison Miller  
Director of Business Development  
Miller Commerce

417 ResCare  
Project #6139 RS  
Divider III.

### III. Service Specific Criteria and Standards:

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

N/A

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

The projected 2025 65+ population for the 15-mile radius for the proposed site, calculated using the methodology mandated by Missouri regulations is 68,728.

**See Attachment 2f.**

Applying the regulatory formula of 25 Residential Care Facility/Assisted Living Facility (RCF/ALF) beds per 1,000 to the 68,728 population figure results in a total RCF/ALF bed need of 1,718 in the 15-mile radius.

Within the 15-mile radius, there are 2,185 licensed RCF/ALF beds.

**See Attachment 3a.**

Comparing the CON-approved and licensed RCF/ALF beds to the population-based need in the 15-mile radius results in a deficit of 467 RCF/ALF beds.

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

N/A



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

Per 19 CSR 60-50.420 (10), in addition to using the Community Need Criteria and Standards as guidelines, "the Committee "may also consider other factors to include... mental health diagnoses and special exceptions to the Community Need Criteria and Standards for new or additional long-term care beds.

Among the "alternate need methodology" and "special exceptions" that apply to this project are the following:

- Because a number of the RCF's/ALF's in the 15-Mile radius are licensed as RCF's (total of 630 beds), such facilities cannot provide memory care services, and they generally focus on a different population that may not be compatible with an elderly population requiring assisted living services. Facilities licensed as ALF's can provide residents with a much higher level of assistance to perform tasks such as evacuating the building in an emergency. ALF residents also require assistance with ADL and IADL's, administration of medications, and/or supervision of health care.
  - According to current statistics from the Alzheimer's Association, more than 6.5 million Americans are living with this disease. By 2050 this number will rise to nearly 13 million. Memory care services will continue to grow in demand in the next coming years.
  - The American Academy of Neurology documents that veterans who have suffered a traumatic brain injury (TBI) show a 60% increased risk of developing dementia. As our veterans age, there will be an increased need for memory care services.
- 5. For any proposed facility which is designed and operated exclusively for person with acquired human immunodeficiency (AIDS) provide information to justify the need for the types of beds being proposed.**

N/A

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

N/A

County	Facility Name	Address	City	Zip	CON Approved	Licensed Beds			Average Occup %	Distance
						ALF	RCF	TOTAL		
Greene	Lakewood - Assisted Living By Americare	4685 Robberson Ave	Springfield	65810	0	67	0	67	87.6%	1.00
Greene	Mission Ridge (Opened 1/17/24)	4349 South Kansas Avenue	Springfield	65810	0	60	0	60	88.0%	1.00
Greene	Cedarhurst of Springfield	1146 E Lakewood St	Springfield	65810	0	66	0	66	88.0%	1.41
Greene	Fremont Senior Living, The	1520 E Bates St	Springfield	65804	0	72	0	72	78.1%	2.04
Greene	Spring Ridge - Assisted Living By Americare	2828 South Meadowbrook	Springfield	65807	0	44	0	44	58.2%	2.32
Greene	Gardens, The	1302 West Sunset	Springfield	65807	0	148	0	148	95.2%	2.46
Greene	Ravenwood - Assisted Living By Americare	1950 East Republic Rd	Springfield	65804	0	66	0	66	55.5%	2.61
Greene	Spring Valley Assisted Living	2915 S Fremont	Springfield	65804	0	40	0	40	11.5%	2.80
Greene	Bungalows at Chesterfield Village, The	2410 West Chesterfield Blvd	Springfield	65807	0	0	92	92	67.5%	3.30
Greene	Township Senior Living, The	4150 W Republic Road	Battlefield	65619	0	66	0	66	85.0%	3.47
Greene	VSL Springfield Assisted Living, LLC (Opened 5/11/21)	1401 West Elfindale St.	Springfield	65807	0	50	0	50	71.1%	3.71
Christian	Castlewood Senior Living, The	1538 N Old Castle Road	Springfield	65807	0	66	0	66	86.3%	4.43
Greene	Lodges, The	2401 W Grand St	Springfield	65802	0	0	99	99	78.6%	4.82
Greene	Jacobs Care Center, LLC	932 West State	Springfield	65806	0	0	12	12	84.0%	4.98
Greene	Joy Assisted Living For Seniors	2030 W Mount Vernon St	Springfield	65802	0	74	0	74	82.6%	5.18
Christian	Sequoia Village (Approved 10/16/23)	657 N. Montego St.	Nixa	65714	6	0	0	0	89.6%	5.23
Greene	Quality Residential Care	2034 West College	Springfield	65806	0	0	42	42	89.6%	5.46
Greene	Bungalows at Springfield East, The	3540 East Cherokee	Springfield	65809	0	0	67	67	58.7%	5.49
Greene	Springhouse Village (CON App 5/11/17)	4374 East Mary Road	Rogersville	65742	105	0	0	0	58.7%	5.58
Christian	Essex of Ozark, The	5173 North 22nd	Ozark	65721	0	0	12	12	70.8%	5.89
Greene	Turners Rock (Opened 5/21/21)	3911 East State Highway D	Springfield	65809	0	0	12	12	83.3%	6.10
Christian	Promise Care Center, LLC	1111 Care Ave	Nixa	65714	0	70	0	70	83.3%	6.10
Christian	Special Force Family Ministries	428 South Harrison St	Nixa	65714	0	0	126	126	77.7%	6.46
Christian	Life Enhancement Village of the Ozarks, INC	732 South Gregg Rd	Nixa	65714	0	0	12	12	76.9%	6.58
Christian	Northpark Village - Assisted Living By Americare	4449 North Highway Nn	Ozark	65721	0	52	0	52	40.4%	6.81
Christian	Oaks Cottage Assisted Living, The	5448 N. 2nd Ave	Ozark	65721	0	12	0	12	74.5%	7.10
Greene	Springhouse Village East, LLC (Opened 3/17/21)	3877 East Farm Road 132	Springfield	65802	0	100	0	100	95.1%	7.48
Greene	Hampton Manor of Republic (CON App. 9/12/22)	37.132303, -93.453678	Republic	65738	107	0	0	0	86.2%	8.19
Greene	Golden Estate Residential Care	1134 West Norton Rd	Springfield	65803	0	0	31	31	86.2%	8.37
Greene	Maranatha Village, Inc	233 East Norton Rd	Springfield	65803	0	0	29	29	89.1%	8.51
Christian	Riverview Residential Place	1200 West Hall St	Ozark	65721	0	0	40	40	37.2%	8.97
Greene	Bristol Manor Of Republic	634 East Highway 174	Republic	65738	0	0	12	12	90.4%	9.06
Christian	Hopedale Cottage Assisted Living, The (12 ALF beds CON App 9/21/18 to 1314 W School Street	1314 W School Street	Ozark	65721	0	14	0	14	73.5%	9.20
Christian	Baptist Home, The	1625 West Garton Rd	Ozark	65721	0	30	0	30	96.1%	10.30
Christian	Bradford Court - Assisted Living By Americare	902 North Main	Nixa	65714	0	50	0	50	50.7%	11.96
Christian	Century Pines Assisted Living (2 ALF beds CON App 11/4/19 to be replac 709 East McCracken Rd	709 East McCracken Rd	Ozark	65721	3	103	0	103	96.9%	12.90
Christian	Cottage at Century Pines, The (Re-Opened 8/16/22)	707 East McCracken Rd	Ozark	65721	0	24	0	24	2.6%	12.90
Greene	Bristol Manor Of Willard	511 Watson	Willard	65781	0	0	12	12	72.4%	13.37
Webster	Copper Rock Village (CON Approved 1/4/16)	712 Copper Rock Drive	Rogersville	65742	60	0	0	0	72.4%	13.37
					281	1,274	630	1,904		13.48
								2,185		

Attachment 3a

31

**417 ResCare**  
**Project #6139 RS**  
**Divider IV.**



#### **IV. Financial Feasibility Review Criteria and Standards:**

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

The construction cost per square foot for this project is \$252, which is slightly higher than the current RS Means ¾ percentile cost per square foot (\$242.97) for Nursing Home/Assisted Living Facility in the Other Missouri Area.

- 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.**

See Attachment 4a.

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

See Attachment 4b.

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

The applicant bases patient charges on their estimate of revenue required for the services that the applicant plans to offer.

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

The staff of 417 ResCare will assist residents in obtaining any state, federal or other governmental support available for those health care services that are authorized in an ALF.

- 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?**

N/A

7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?

N/A



**Community Banking Made Better**

August 29, 2024

RE: 417ResCare Ridge Project

To Whom It May Concern:

417ResCare has been pre-approved to finance the development of the 417ResCare Ridge Project. The project includes site work and land development and construction of two residential assisted living homes and 20 independent living cottages. The proposed financing will be subject to Old Missouri Bank receiving an updated appraisal on the property from a bank approved appraiser, satisfactory title work to the property, and final verification of assets and income of the borrower. If you have any questions please feel free contact me.

Regards,

Ryan Sutherland  
SVP, Director of Commercial Lending  
OMB Bank  
888-662-2443  
NMLS# 716508



# 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.

	<b>Year</b>		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
<b>Amount of Utilization:*</b>	6,833	8,541	8,541
<b>Revenue:</b>			
Average Charge**	\$263	\$271	\$280
Gross Revenue	\$1,797,079	\$2,314,611	\$2,391,480
Revenue Deductions	0	0	0
Operating Revenue	1,797,079	2,314,611	2,391,480
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$1,797,079</b>	<b>\$2,314,611</b>	<b>\$2,391,480</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	973,414	1,002,616	1,032,695
Fees	111,150	114,485	117,919
Supplies	53,370	54,971	56,620
Other	431,238	444,175	457,500
<b>TOTAL DIRECT</b>	<b>\$1,569,172</b>	<b>\$1,616,247</b>	<b>\$1,664,734</b>
Indirect Expenses			
Depreciation	149,930	154,428	159,061
Interest***	148,163	152,607	157,186
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$298,093</b>	<b>\$307,035</b>	<b>\$316,247</b>
<b>TOTAL EXPENSES</b>	<b>\$1,867,265</b>	<b>\$1,923,282</b>	<b>\$1,980,981</b>
<b>NET INCOME (LOSS):</b>	<b>-\$70,186</b>	<b>\$391,329</b>	<b>\$410,499</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.