



Certificate of Need Program

EXPEDITED LTC RENOVATION/MODERNIZATION APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: Friendship Village Chesterfield Project No: 6152 NT

Project Description: Renovation

Done Page N/A Description

Divider I. Application Summary:

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

Divider II. Proposal Description:

- 14 1. Provide a complete detailed project description.
- 14 2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
- 14 3. Provide preliminary schematic drawings for the proposed project.
- 15 4. Provide the existing and proposed gross square footage.
- 15 5. Document ownership of the project site.

Divider III. Community Need Criteria and Standards:

- 34 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state or federal governments.
- 34 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification or accreditation, which if not undertaken, could result in a loss of accreditation or certification.
- 34 3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.
- 34 4. Describe the methodologies used for determining need.
- 34 5. Provide the rationale for the reallocation of space and functions.

EXPEDITED CERTIFICATE OF NEED APPLICATION
FRIENDSHIP VILLAGE CHESTERFIELD – RENOVATION
PROJECT # 6152 NT

DESCRIPTION

**Request to Renovate Existing Skilled Nursing Facility at
15250 Village View Drive, Chesterfield, MO 63017**

DIVIDER I. APPLICATION SUMMARY

DIVIDER I. APPLICATION SUMMARY:

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

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

ANSWER: Attached as **Exhibit 1** is the Applicant Identification and Certification form.

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

ANSWER: Attached as **Exhibit 2** are Representative Registration forms.

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

ANSWER: Attached as **Exhibit 3** are the Proposed Project Budget, the detail sheet, documentation from PARIC Construction and Modern Business Interiors, which include estimates for project completion, and documentation from ZCM Advisory Group regarding the unrestricted funds available for the project.

DIVIDER I. ATTACHMENTS



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 Friendship Village Chesterfield - Renovation	Project Number 6152 HT
Project Address (Street/City/State/Zip Code) 15250 Village View Drive, Chesterfield MO 63017	County Saint Louis County

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
Friendship Village of West County	15201 Olive Blvd, Chesterfield, MO 63017	(636) 898-8500
(List entity to be licensed or certified.)		
List All Operator(s):	Address (Street/City/State/Zip Code)	Telephone Number
Friendship Village of West County	15201 Olive Blvd, Chesterfield, MO 63017	(636) 898-8500

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 Emily M. Solum	Title Attorney
Telephone Number (573) 761-1120	Fax Number (573) 634-7854
Signature of Contact Person 	E-mail Address emily.solum@huschblackwell.com
	Date of Signature 10/10/2024



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Friendship Village Chesterfield - Renovation		Number 6152 NT
(Please type or print legibly.)		
Name of Representative Emily Solum		Title Partner
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Husch Blackwell LLP		Telephone Number (573) 761-1120
Address (Street/City/State/Zip Code) 630 Bolivar Street, Suite 300, Jefferson City, MO 65101		
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 Friendship Village of West County		Telephone Number (636) 898-8500
Address (Street/City/State/Zip Code) 15201 Olive Blvd, Chesterfield, MO 63017		
<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>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input checked="" 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>Other Information:</p> <p>_____</p> <p>_____</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 10/10/2024



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name Friendship Village Chesterfield - Renovation		Number 6152 NT
(Please type or print legibly.)		
Name of Representative Katey Hinz		Title Attorney
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Husch Blackwell LLP		Telephone Number (573) 761-1146
Address (Street/City/State/Zip Code) 630 Bolivar Street, Suite 300, Jefferson City, MO 65101		
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 Friendship Village of West County		Telephone Number (636) 898-8500
Address (Street/City/State/Zip Code) 15201 Olive Blvd, Chesterfield, MO 63017		
<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>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input checked="" 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>Other Information:</p> <p>_____</p> <p>_____</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 10/10/2024



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$2,272,553
3. Subtotal Construction Costs (#1 plus #2)	\$2,272,553
4. Architectural/Engineering Fees	\$92,045
5. Other Equipment (not in construction contract)	\$125,192
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$9,000
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$0
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$226,237
12. Total Project Development Costs (#3 plus #11)	\$2,498,790 **

FINANCING:

13. Unrestricted Funds	\$2,498,790
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$2,498,790 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	5,739
21. Renovated Space Costs Per Square Foot *****	\$435

* 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.

Budget Detail Sheet
Attachment to MO 580-1863

2. Renovation costs were determined using an estimate from PARIC Construction.
4. Architectural and engineering fees were determined using an estimate from PARIC Construction.
5. Other equipment fees (not in construction contract) were determined using an estimate from designer, Modern Business Interiors.
6. There will be no major medical equipment.
8. Consultants' fees/legal fees were determined from fees for prior certificate of need projects.
13. Unrestricted funds are available to finance the costs of this project, as reflected in a letter from Kevin Carlson, Managing Director for ZCM Advisory Group.



PARIC PROJECT SUMMARY

PROJECT: Friendship Village SNF 8 Units
 LOCATION: Chesterfield, MO
 ESTIMATE NO.: 24613

BUILDING GROSS AREA (SF): 5,400
 JOB DURATION (MO): 6
 ADDENDA: 0

	DESCRIPTION	TOTAL	\$/ SF
1	SELECTIVE DEMOLITION	\$ 45,870	\$ 8.49
2	CONCRETE PATCH	\$ 10,800	\$ 2.00
3	MASONRY	\$ 18,000	\$ 3.33
4	MISC METALS	\$ 2,609	\$ 0.48
5	CARPENTRY	\$ 6,683	\$ 1.24
6	CASEWORK - RESIDENTIAL	\$ -	\$ -
7	CASEWORK - COMMERCIAL	\$ 35,357	\$ 6.55
8	QUARTZ C-TOPS	\$ 9,668	\$ 1.79
9	WIRE SHELVING	\$ 3,000	\$ 0.56
10	WINDOWS	\$ 22,919	\$ 4.24
11	SIDING	\$ 7,318	\$ 1.36
12	FIREPROOFING/FIRESTOPPING	\$ 12,000	\$ 2.22
13	JOINT SEALANTS	\$ 10,000	\$ 1.85
14	DOORS/FRAMES/HARDWARE	\$ 60,270	\$ 11.16
15	ENTRANCES/STOREFRONTS	\$ -	\$ -
16	DRYWALL w/ INSULATION	\$ 162,214	\$ 30.04
17	FLOORING	\$ 48,600	\$ 9.00
18	ACOUSTICAL CEILING	\$ 11,857	\$ 2.20
19	PAINTING	\$ 40,500	\$ 7.50
20	SIGNAGE	\$ 1,500	\$ 0.28
21	WALL AND DOOR PROTECTION	\$ 749	\$ 0.14
22	WINDOW TREATMENTS	\$ 22,800	\$ 4.22
23	TOILET ACCESSORIES	\$ 9,368	\$ 1.73
24	SHOWER DOORS	\$ 13,791	\$ 2.55
25	FIRE EXT CABINETS	\$ 300	\$ 0.06
26	POSTAL SPECIALITIES	\$ -	\$ -
27	RESIDENTIAL APPLIANCES	\$ -	\$ -
28	FIRE PROTECTION	\$ 43,200	\$ 8.00
29	PLUMBING	\$ 172,800	\$ 32.00
30	HVAC	\$ 259,700	\$ 48.09
31	ELECTRICAL	\$ 297,000	\$ 55.00
32	LANDSCAPING	\$ 5,000	\$ 0.93
33	DESIGNS SERVICES	\$ 85,000	\$ 15.74
34	GENERAL REQUIREMENTS	\$ 159,005	\$ 29.45
35	ON-SITE SUPERVISION/CONSTRUCTION FACILITIES	\$ 93,985	\$ 17.40
36	PROJECT MANAGEMENT	\$ 111,727	\$ 20.69
37	PRECONSTRUCTION	\$ 13,060	\$ 2.42
38	PERMITS	\$ 24,999	\$ 4.63
39	SUBCONTRACTOR DEFAULT INSURANCE	\$ 17,736	\$ 3.28
40	BUILDERS RISK	\$ 3,096	\$ 0.57
41	RISK MANAGEMENT	\$ 22,726	\$ 4.21
42	ESCALATION	\$ 64,318	\$ 11.91
43	CONTINGENCY	\$ 214,392	\$ 39.70
44	PERFORMANCE & PAYMENT BOND	\$ -	\$ -
SUBTOTAL CONSTRUCTION COST		\$ 2,143,917	\$ 397
FEE		\$ 128,636	\$ 23.82
TOTAL PROJECT COST		\$ 2,272,553	\$ 421

ALTERNATES

Alt # 1 Delete 2 activity Kitchens	\$ 92,045
Project Total	\$ 2,364,598

Item	Mfg	Part Num	Qty	Part Description	Sell	Ext Sell
1				BUDGET - SNF EXPANSION - 8 ROOMS		\$ 0.00
2		IE1045-1011	8	SINGLE UNIT CASEWORK INCLUDES WARDROBE UNIT 3 DR CHEST 3 DRAWER CHEST HUTCH CURVED FRON wardrobe 3 drawer chest 3 drawer chest hutch end cap curved bookcase unit	\$ 5,912.00	\$ 47,296.00
3			8	FILLER PANEL	\$ 400.00	\$ 3,200.00
4		IE1045-102	8	2 DR NIGHTSTAND 20" w x 16" d x 29"h	\$ 404.00	\$ 3,232.00
5		#3921-103	8	Series 350 K Komfort Power Room Saver Chaise Lift Recliner Upholstered Arms Seamless Back Style 350 lb capacity Overall Dims- 30.75w x 35"d x 22.25w - st ht 18.5" Upholsterv Grade 8 - Desiantex Linnen Seedling	\$ 1,961.58	\$ 15,692.64
6		MDT10	8	Kwalu Montedoro Chair + COM BUDGET - 5.75 Yards req- Aurora Textile DISC English Chestnut Wolf Gordon Aurora Color?	\$ 1,455.00	\$ 11,640.00
7		PVTBL002	8	Kwalu Pavia End Table wo Drawers with Solid Surface Top English Chestnut Solid Surface - Linen Top	\$ 885.83	\$ 7,086.64
8		4516-SN-IISR	8	Scott Lamp - Stock left of this lamp & there is another option same \$.	\$ 200.00	\$ 1,600.00
9				SMALL LOUNGE		\$ 0.00
10			2	Lounge Chairs	\$ 1,900.00	\$ 3,800.00
11			1	Occasional Table & Lamp	\$ 1,800.00	\$ 1,800.00
sub				Subtotal		\$ 95,347.28
12			1	FREIGHT SCOTT LAMP \$400 LAZBOY \$775 KWALU \$950 WOLF GORDON \$320 IE CASEWORK \$4000	\$ 6,445.00	\$ 6,445.00
13		UNION	1	DELIVERY & INSTALL	\$ 23,400.00	\$ 23,400.00
				Grand Total		\$ 125,192.28

Kathy Francescon
Chief Financial Officer
Friendship Village Sunset Hills
12563 Village Circle Drive
St. Louis, MO 63127

Re: Friendship Village Chesterfield - Renovation #6152-NT

Dear Kathy,

Please consider this letter as confirmation that Friendship Village Chesterfield has in excess of \$2,498,790 in unrestricted funds that would be readily available to assist in the completion of the project, if needed.

Please let me know if you need additional information.

Sincerely,



Kevin Carlson
Managing Director
ZCM Advisory Group,
a division of F/m Investments, LLC
EMAIL: kcarlson@zcm.com
PHONE: 312.847.8274

DIVIDER II. PROPOSAL DESCRIPTION

DIVIDER II. PROPOSAL DESCRIPTION

Proposal description shall include documents which:

1. Provide a complete detailed project description.

ANSWER: This project is to renovate space at Friendship Village Chesterfield’s 90-bed skilled nursing facility (“SNF”), located at 15250 Village View Drive, Chesterfield, MO 63017. Applicant is seeking approval to renovate 4,345 square feet of office space occupied by the Housekeeping, Maintenance, and Purchasing Departments on the lower level of the SNF to add electricity, plumbing, and an HVAC system, and to allow those office areas to be used as resident space at a future time. Applicant also seeks to reconfigure 697 square feet of activity space on the first and second floors of the SNF, which will consist of removal of cabinetry and counters to allow more floor space for activities.

The renovation project is comprised of three areas at the SNF: a large office and maintenance space and two small activity kitchens. The office and maintenance space will be renovated to accommodate a future need for resident space. The renovation work will include the addition of plumbing for private restrooms with showers, ductwork for each HVAC unit, wiring for power and low voltage (data/phone/fire alarm/nurse call/etc.), and exterior work to add windows and enclose a large delivery door. The activity space on the first and second floors will be renovated to remove and condense the cabinetry to only the wall area to allow more tables for residents to participate in activities and allow residents in wheelchairs to move around in the activity space.

The SNF is a Type 2 concrete slab with a non-combustible frame that is fully sprinkled. The renovation work will be consistent with current conditions. The resident space and common area finishes will match the existing space.

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

ANSWER: Applicant has the following projected timeline:

Certificate of Need Awarded	November 21, 2024
Complete Design	December 2025
Renovation Begins	January 2025
Renovation Completed	June 2025

3. Provide preliminary schematic drawings for the proposed project.

ANSWER: **Exhibit 4** includes a campus map of Friendship Village Chesterfield with markings to identify the location of the renovations on the campus, the current floor plan of the existing office and activity areas, and schematic drawings for renovations to both the office space and activity areas.

4. Provide the existing and proposed square footage.

ANSWER: The total gross square footage of the proposed renovated space is approximately 5,739 square feet. This includes 4,345 square feet of office space currently occupied by the Housing, Maintenance, and Purchasing Departments on the lower level of the building and 697 square feet of activity space on both the first and second floors.

5. Document ownership of the project site.

ANSWER: Attached as **Exhibit 5** is a copy of the general warranty deed for the property on which the existing SNF building is located.

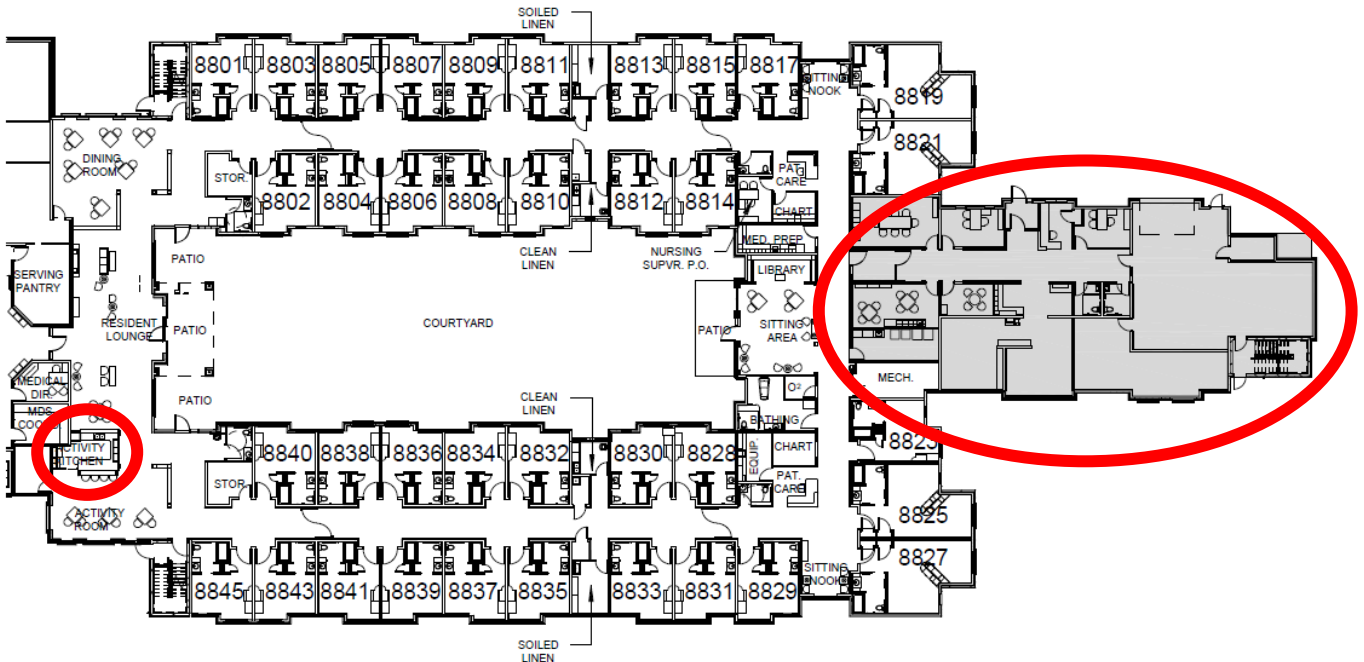
DIVIDER II. ATTACHMENTS

FVC Skilled Nursing and Rehabilitation

Areas for renovations are circled in Red

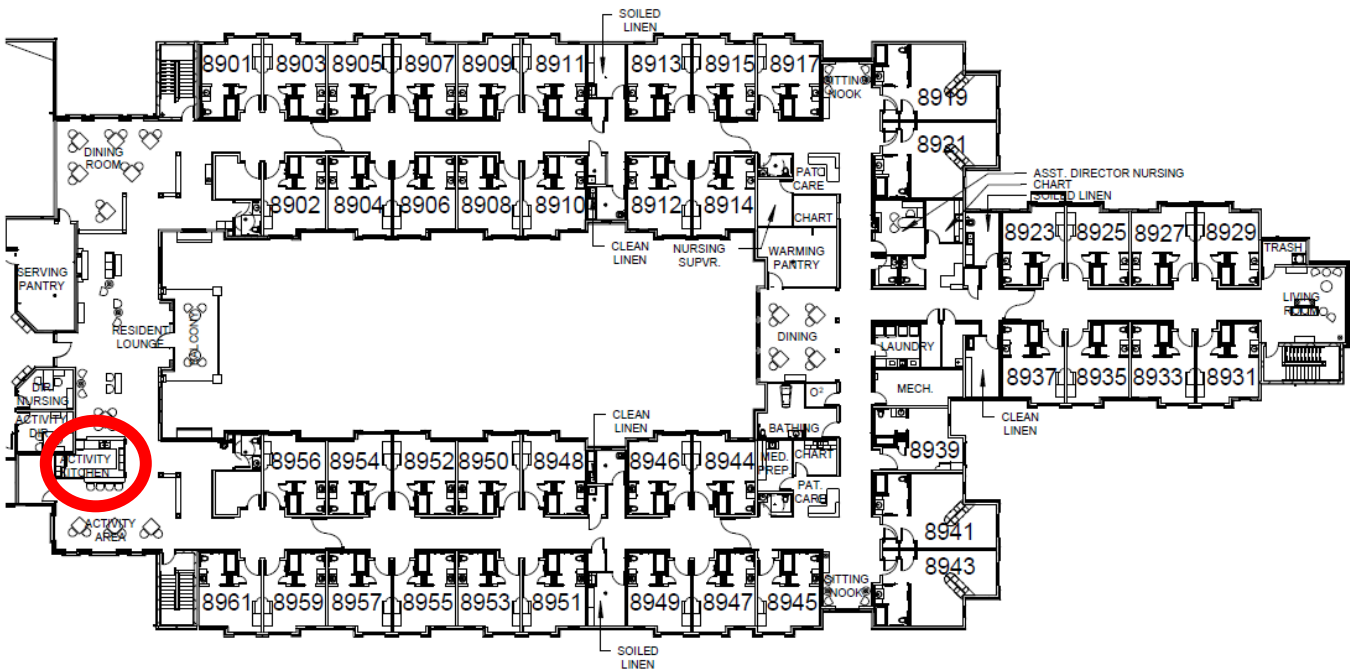


Current Level Plan of Renovation Areas



FRIENDSHIP VILLAGE CHESTERFIELD - SKILLED NURSING FACILITY - FIRST FLOOR PLAN

NOT TO SCALE



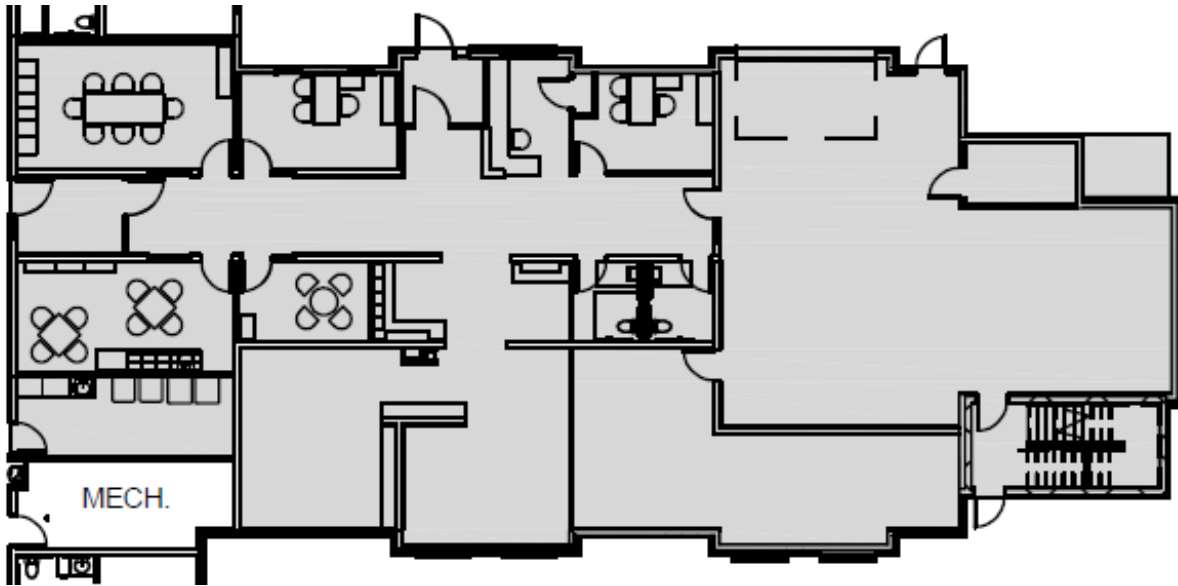
FRIENDSHIP VILLAGE CHESTERFIELD - SKILLED NURSING FACILITY - SECOND FLOOR PLAN

NOT TO SCALE

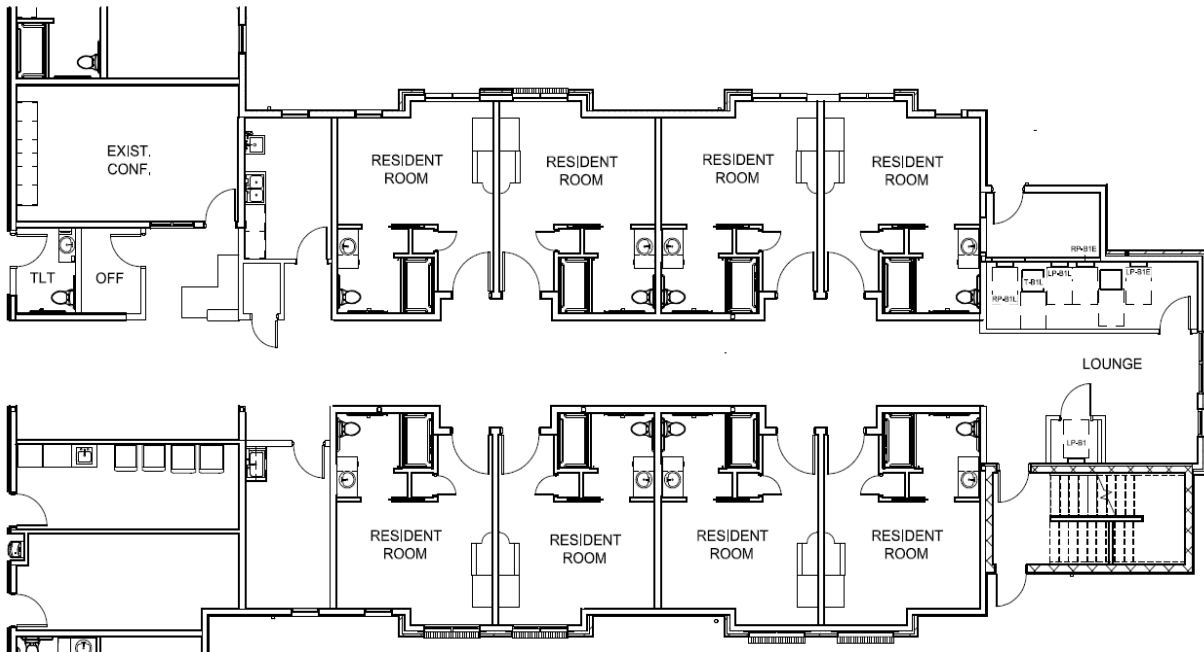
Before and After Floor Plan of Renovation Areas

Office Area

BEFORE

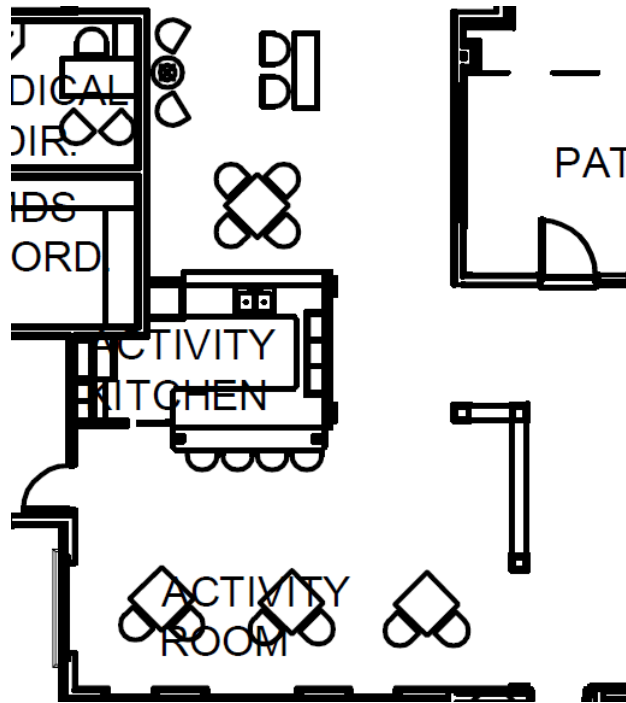


AFTER

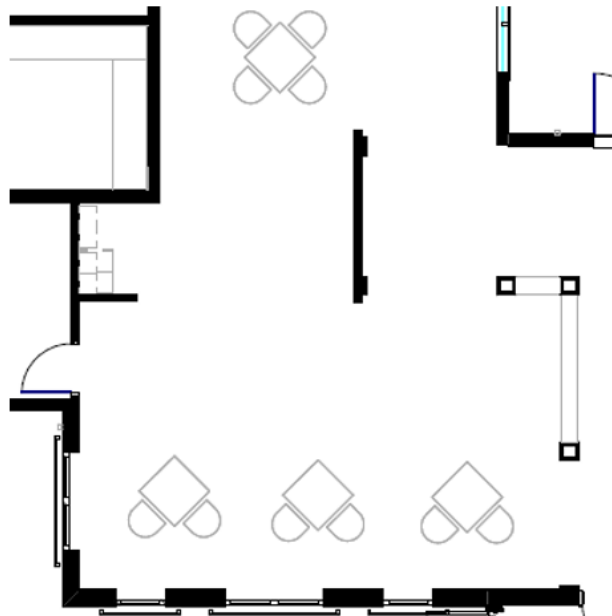


Activity Areas (1st and 2nd floors are identical)

BEFORE



AFTER



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* 2 0 1 4 0 9 1 1 0 0 1 9 4 *

GERALD E. SMITH, RECORDER OF DEEDS
ST. LOUIS COUNTY MISSOURI
41 SOUTH CENTRAL, CLAYTON, MO 63105

TYPE OF INSTRUMENT	GRANTOR	TO	GRANTEE
WD	WCSS PROPERTIES INC		FRIENDSHIP VILLAGE OF WEST COUNTY
PROPERTY DESCRIPTION:	US SUR 157 T45N R4E		

Lien Number	Notation	Locator
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NOTE: I, the undersigned Recorder of Deeds, do hereby certify that the information shown on this Certification Sheet as to TYPE OF INSTRUMENT, the NAMES of the GRANTOR and GRANTEE as well as the DESCRIPTION of the REAL PROPERTY affected is furnished merely as a convenience only, and in the case of any discrepancy of such information between this Certification Sheet and the attached Document, the ATTACHED DOCUMENT governs. Only the DOCUMENT NUMBER, the DATE and TIME of filing for record, and the BOOK and PAGE of the recorded Document is taken from this CERTIFICATION SHEET.

RECORDER OF DEEDS DOCUMENT CERTIFICATION

STATE OF MISSOURI)
SS.
COUNTY OF ST. LOUIS)

Document Number
00194

I, the undersigned Recorder of Deeds for said County and State, do hereby certify that the following and annexed instrument of writing, which consists of 4 pages, (this page inclusive), was filed for record in my office on the 11 day of September 2014 at 08:25AM and is truly recorded in the book and at the page number printed above.

In witness whereof I have hereunto set my hand and official seal the day, month and year aforesaid.

CF
Deputy Recorder



Gerald E. Smith
Recorder of Deeds
St. Louis County, Missouri

Mail to:

Continental Title Company
9358 Dielman Industrial Drive
St. Louis, MO 63132

Destination code: 4000

RECORDING FEE 30.00
(Paid at the time of Recording)

Description: St Louis,MO Document (W) - Book:Page 21170.286 Page: 1 of 4
Order: 202335 Comment:

Book:21170 - Page:287

GENERAL WARRANTY DEED
(Corporation)

File No.: 05010539

This Deed, Made and entered into this 5th of September, 2014, by and between **WCSS Properties, INC**, a Missouri corporation a Corporation, organized and existing under the laws of the State of Missouri with its principal office at: 15239 Olive Blvd., Chesterfield, MO 63005, in the county of St. Louis, State of Missouri, party or parties of the first part, Grantor(s), and **Friendship Village of West County**, whose mailing address is 15201 Olive Boulevard, Chesterfield, MO 63017, in the county of St. Louis, State of Missouri, party or parties of the second part, Grantee(s).

WITNESSETH, that the said party of the first part, for and in consideration of the sum of One Dollar (\$1.00) and other valuable considerations paid by the said party or parties of the second part, the receipt of which is hereby acknowledged, does by these presents GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM unto the said party or parties of the second part, the following described Real Estate, situated in the County of St. Louis, State of Missouri, to-wit:

See attached exhibit "A"

Subject to building lines, conditions, easements, restrictions of record, and any zoning laws or ordinances affecting this property, if any.

TO HAVE AND TO HOLD the same, together with all rights and appurtenances to the same belonging, unto the said party or parties of the second part, and to the heirs and assigns of such party or parties forever.

The said party of the first part hereby covenanting that it and its successors, shall and will **WARRANT AND DEFEND** the title to the premises unto the said party or parties of the second part, and to the heirs and assigns of such party or parties forever against the lawful claims of all persons whomsoever, excepting, however, the general taxes for the calendar year 204 and thereafter, and special taxes becoming a lien after the date of this deed.

Book:21170 - Page:315



* 2 0 1 4 0 9 1 1 0 0 2 0 1 *

GERALD E. SMITH, RECORDER OF DEEDS
ST. LOUIS COUNTY MISSOURI
41 SOUTH CENTRAL, CLAYTON, MO 63105

TYPE OF INSTRUMENT	GRANTOR	TO	GRANTEE
WD	PRANGE DAVID L ETUX		FRIENDSHIP VILLAGE OF WEST COUNTY
PROPERTY DESCRIPTION:	HUGGON ESSEN FARM US SURVEY 154 & 157 T 45 R 4		

Lien Number

Notation

Locator

NOTE: I, the undersigned Recorder of Deeds, do hereby certify that the information shown on this Certification Sheet as to TYPE OF INSTRUMENT, the NAMES of the GRANTOR and GRANTEE as well as the DESCRIPTION of the REAL PROPERTY affected is furnished merely as a convenience only, and in the case of any discrepancy of such information between this Certification Sheet and the attached Document, the ATTACHED DOCUMENT governs. Only the DOCUMENT NUMBER, the DATE and TIME of filing for record, and the BOOK and PAGE of the recorded Document is taken from this CERTIFICATION SHEET.

RECORDER OF DEEDS DOCUMENT CERTIFICATION

STATE OF MISSOURI)
SS.
COUNTY OF ST. LOUIS)

Document Number
00201

I, the undersigned Recorder of Deeds for said County and State, do hereby certify that the following and annexed instrument of writing, which consists of 5 pages, (this page inclusive), was filed for record in my office on the 11 day of September 2014 at 08:29AM and is truly recorded in the book and at the page number printed above.

In witness whereof I have hereunto set my hand and official seal the day, month and year aforesaid.

CB
Deputy Recorder



Gerald E. Smith
Recorder of Deeds
St. Louis County, Missouri

Mail to:

Continental Title Company
9358 Dielman Industrial Drive
St. Louis, MO 63132

Destination code: 4000

RECORDING FEE 33.00
(Paid at the time of Recording)

Description: St Louis, MO Document (W) - Book. Page 21170.315 Page: 1 of 5
Order: 202335 Comment:

Book:21170 - Page:316

GENERAL WARRANTY DEED
(Individual)

File No.: 05010544

This Deed, Made and entered into this 5th of September, 2014, by and between David L. Prange* and Lizbeth A. Prange, husband and wife, acting individually and pursuant to Power of Attorney as recorded on even date herewith whose address is: 15255 Olive Blvd., Chesterfield, MO 63017, in the county of St Louis, State of Missouri, party or parties of the first part, as Grantor(s), and Friendship Village of West County, whose address is: 15201 Olive Blvd., Chesterfield, MO 63005, in the county of St. Louis, State of Missouri, party or parties of the second part, as Grantee(s).

WITNESSETH, that the said party (or parties) of the first part, for and in consideration of the sum of One Dollar (\$1.00) and other valuable considerations paid by the said party (or parties) of the second part, the receipt of which is hereby acknowledged, does by these presents GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM unto the said party (or parties) of the second part, the following described Real Estate, situated in the County of St. Louis, State of Missouri, to-wit:

See attached exhibit "A"

Subject to building lines, conditions, easements, restrictions of record, and any zoning laws or ordinances affecting this property, if any.

TO HAVE AND TO HOLD the same, together with all rights and appurtenances to the same belonging, unto the said party (or parties) of the second part, and to the heirs and assigns of such party or parties forever.

The said party or parties of the first part hereby covenanting that said party or parties and the heirs, executors, administrators and assigns of such party or parties, shall and will *WARRANT AND DEFEND* the title to the premises unto the said party or parties of the second part, and to the heirs and assigns of such party or parties forever, against the lawful claims of all persons whomsoever, excepting, however, the general taxes for the calendar year 2014 and thereafter, and any special taxes becoming a lien after the date of this deed.

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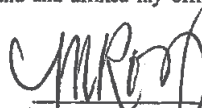
STATE OF MISSOURI

}
}SS.
}

COUNTY OF St. Louis

On this 5th day of September, 2014 before appeared David L. Prange, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

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



Melissa L. Roy, Notary Public
My commission expires:



MELISSA L. ROY
My Commission Expires
January 21, 2015
St. Louis City
Commission #111391712

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File No.: 05010544

EXHIBIT "A"

LEGAL DESCRIPTION

A tract of land in HUGO ESSEN FARM in U.S. Survey 154 and 157 in Township 45 North, Range 4 East, St. Louis County, Missouri, and being more particularly described as follows: Beginning at a point in the centerline of East Drive, a private street, North 30 degrees 31 minutes West, a distance of 230.00 feet from the centerline of Olive Street Road; thence North 30 degrees 31 minutes West along the centerline of East Drive, a private street, a distance of 135.00 feet to a point; thence North 57 degrees 52 minutes East, a distance of 160.00 feet to a point; thence South 30 degrees 31 minutes East, a distance of 135.00 feet to a point on the Northern line of property, now or formerly of Thomas C. Eggers and wife; thence South 57 degrees 52 minutes West along the said Northern line of property of Thomas C. Eggers and wife, a distance of 160.00 feet to the point of beginning; according to survey executed by Rowland Surveying Company, Inc., on May 16, 1984 and revised on May 29, 1984.

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* 2 0 1 4 0 9 1 1 0 0 2 3 6 *

GERALD E. SMITH, RECORDER OF DEEDS
ST. LOUIS COUNTY MISSOURI
41 SOUTH CENTRAL, CLAYTON, MO 63105

TYPE OF INSTRUMENT WD	GRANTOR EGGERS GLORIA G	TO	GRANTEE FRIENDSHIP VILLAGE OF WEST COUNTY
PROPERTY DESCRIPTION:	HUGO ESSEN FARM L: PT 2 PB: 11 PG: 18		

Lien Number	Notation	Locator
-------------	----------	---------

NOTE: I, the undersigned Recorder of Deeds, do hereby certify that the information shown on this Certification Sheet as to TYPE OF INSTRUMENT, the NAMES of the GRANTOR and GRANTEE as well as the DESCRIPTION of the REAL PROPERTY affected is furnished merely as a convenience only, and in the case of any discrepancy of such information between this Certification Sheet and the attached Document, the ATTACHED DOCUMENT governs. Only the DOCUMENT NUMBER, the DATE and TIME of filing for record, and the BOOK and PAGE of the recorded Document is taken from this CERTIFICATION SHEET.

RECORDER OF DEEDS DOCUMENT CERTIFICATION

STATE OF MISSOURI)
SS.
COUNTY OF ST. LOUIS)

Document Number 00236

I, the undersigned Recorder of Deeds for said County and State, do hereby certify that the following and annexed instrument of writing, which consists of 4 pages, (this page inclusive), was filed for record in my office on the 11 day of September 2014 at 08:50AM and is truly recorded in the book and at the page number printed above.

In witness whereof I have hereunto set my hand and official seal the day, month and year aforesaid.

JM
Deputy Recorder



Gerald E. Smith
Recorder of Deeds
St. Louis County, Missouri

Mail to:

Continental Title Company 9358 Dielman Industrial Drive St. Louis, MO 63132

Destination code: 4000

RECORDING FEE 30.00
(Paid at the time of Recording)

Description: St Louis,MO Document (W) - Book,Page 21170.391 Page: 1 of 4
Order: 202335 Comment:

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**GENERAL WARRANTY DEED
(Individual)**

File No.: 05010540

This Deed, Made and entered into this 5th of September, 2014, by and between Gloria G. Eggers, a single person, by Gloria E. Turner, her Attorney in Fact acting individually and pursuant to Power of Attorney as recorded on even date herewith, whose address is: 13927 Raintree Dr., Olathe, KS, in the county of 66062, State of Kansas, county of Johnson, party or parties of the first part, as Grantor(s), and Friendship Village of West County, whose address is: 15201 Olive Blvd., Chesterfield, MO 63005, in the county of St. Louis, State of Missouri, party or parties of the second part, as Grantee(s).

WITNESSETH, that the said party (or parties) of the first part, for and in consideration of the sum of One Dollar (\$1.00) and other valuable considerations paid by the said party (or parties) of the second part, the receipt of which is hereby acknowledged, does by these presents GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM unto the said party (or parties) of the second part, the following described Real Estate, situated in the County of St. Louis, State of Missouri, to-wit:

See attached exhibit "A"

Subject to building lines, conditions, easements, restrictions of record, and any zoning laws or ordinances affecting this property, if any.

TO HAVE AND TO HOLD the same, together with all rights and appurtenances to the same belonging, unto the said party (or parties) of the second part, and to the heirs and assigns of such party or parties forever.

The said party or parties of the first part hereby covenanting that said party or parties and the heirs, executors, administrators and assigns of such party or parties, shall and will *WARRANT AND DEFEND* the title to the premises unto the said party or parties of the second part, and to the heirs and assigns of such party or parties forever, against the lawful claims of all persons whomsoever, excepting, however, the general taxes for the calendar year 2014 and thereafter, and any special taxes becoming a lien after the date of this deed.

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IN WITNESS WHEREOF, the said party (or parties) of the first part has or have hereunto set their hand or hands the day and year first above written.

Gloria G. Eggers

Gloria E. Turner power of attorney
By: Gloria E. Turner, Power Of Attorney
for Gloria G. Eggers

STATE OF *Kansas*)
COUNTY OF *Johnson*) ss.

On this 5th of September, 2014, before me personally appeared Gloria E. Turner acting individually and pursuant to Power of Attorney recorded on even date herewith to me personally known to be the person(s) who executed the foregoing instrument on behalf of Gloria G. Eggers and acknowledged that Gloria E. Turner executed the same as the free act and deed of said Gloria G. Eggers and said Gloria E. Turner further declared that said Gloria G. Eggers is (are) alive, competent and that the Power of Attorney under which Gloria E. Turner acted is still in full force and effect and has not been amended, rescinded or revoked.

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

Jennifer L. Gamber Notary Public

My term expires: 2/18/18



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File No.: 05010540

EXHIBIT "A"

LEGAL DESCRIPTION

Part of Lot 2 of the Subdivision of the Hugo Essen Farm, according to the plat thereof recorded in Plat Book 11 page 18 of the St. Louis County Records and described as: Beginning at the intersection of the north line of Olive Street Road, 60 feet wide, with the center line of East Drive, 40 feet wide, thence along the North line of Olive Street Road, North 57 degrees 55 minutes East 200 feet to the Southwest corner of property conveyed to Carl H. Albrecht and wife, by deed recorded in Book 2009 page 66 of the St. Louis County Records; thence along the West line of said property so conveyed to Albrecht and wife, North 30 degrees 31 minutes West, 200 feet to the Northwest corner thereof; thence South 57 degrees 55 minutes West, 200 feet to the center line of East Drive; thence along the center line of said Drive, South 30 degrees 31 minutes East, 200 feet to the beginning. Less and excepting therefrom that portion conveyed to Missouri Highway and Transportation Commission, according to instrument recorded in Book 9097 page 903 and in Book 9347 page 205.

DIVIDER III. COMMUNITY NEED CRITERIA AND STANDARDS

Divider III: COMMUNITY NEED CRITERIA AND STANDARDS:

- 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state, or federal governments.**

ANSWER: No.

- 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification, or accreditation, which if not undertaken, could result in loss of accreditation or certification.**

ANSWER: No.

- 3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.**

ANSWER: The reconfiguration of the activity space on the first and second floors will provide more open and functional areas for residents to enjoy activities and will include an additional dining area on both the first and second floors. The current activity space is separated into small sections by the existing cabinetry and counters in the middle of the area and the unused cabinetry does not align with the activities offered by the SNF. The cabinetry and counter space inhibit room circulation for residents in wheelchairs, thus limiting their activity options. Removing and condensing this cabinetry to only the wall area will allow for more tables for residents to participate in activities and enable residents in wheelchairs to move around more freely.

The renovation and reconfiguration of the existing office and maintenance space on the lower level of the SNF is being undertaken to allow that space to be available for resident use in the future.

- 4. Describe the methodologies used for determining need.**

ANSWER: Friendship Village Chesterfield is a Life Care provider and has a contractual obligation to provide all levels of care to its Life Care residents during their lifetime. Friendship Village Chesterfield anticipates a future need for additional resident space based on the capacity of its ALF and independent living facilities, as well as inquiries received by the Applicant. Additionally, current residents and staff are unable to adequately use the activity space, limiting the types of activities available to current residents at the SNF.

- 5. Provide the rational for the reallocation of space and functions.**

ANSWER: See response to 3 above.