



La Bonne Maison
Project #6161 RS

Application for 6 New ALF Beds
Sikeston, MO



Project Name: _____

Project No: _____

Project Description: _____

Done	Page	N/A	Description
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Divider I. Application Summary:

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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.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

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

1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
6. If the project is to add beds to an existing facility, has the facility received 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:

1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
4. Document how patient charges are derived.
5. Document responsiveness to the needs of the medically indigent.
6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

Divider I:
PROPOSAL DESCRIPTION



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.)

Table with 2 columns: Title of Proposed Project, Project Number, Project Address, County. Values: La Bonne Maison, 6161 RS, 226 Plaza Dr, Sikeston, MO 63801, Scott.

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

Table with 3 columns: List All Owner(s), Address, Telephone Number. Includes entries for Sikeston I, LLC and Americare at La Bonne Maison Assisted Living, LLC.

3. Ownership (Check applicable category.)

- Ownership options: Nonprofit Corporation, Partnership, Individual, Corporation, City, County, District, Other.

4. Certification

In submitting this project application, the applicant understands that: (A) The review will be made as to the community need... (F) A CON, if issued, may not be transferred, relocated, or modified...

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Table with 3 columns: Name of Contact Person, Title, Telephone Number, Fax Number, E-mail Address, Signature of Contact Person, Date of Signature. Values: Heather Westenhaver, Development Assistant, 573-442-5188, 573-442-5277, hwestenhaver@americareusa.net, [Signature], 10/18/24.



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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


Project Name La Bonne Maison		Number 6161 RS
<i>(Please type or print legibly.)</i>		
Name of Representative Will Montgomery		Title Sr. VP of Development
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Americare Senior Living		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>		
Name of Individual/Agency/Corporation/Organization being Represented Americare Senior Living		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>	<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input checked="" type="checkbox"/> Other (explain): owner</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 10/18/24



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

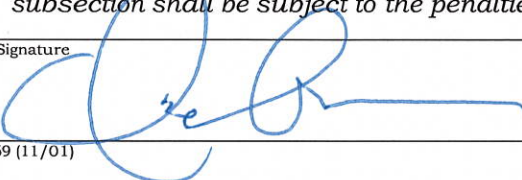
Project Name La Bonne Maison		Number 6161 RS	
(Please type or print legibly.)			
Name of Representative Heather Westenhaver		Title Development Assistant	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Americare Senior Living			Telephone Number 573-442-5188
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801			
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 Americare Senior Living			Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801			
Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral		Relationship to Project: <input type="checkbox"/> None <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):	
Other Information:			
_____		_____	
_____		_____	
<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 10/18/24



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name La Bonne Maison		Number 6161 RS
(Please type or print legibly.)		
Name of Representative Henley Montgomery		Title Sr. VP of Development
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Americare Senior Living		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
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 Americare Senior Living		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N Scott St, Sikeston, MO 63801		
<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 checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input checked="" type="checkbox"/> Other (explain): owner</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 10/18/24



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

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

FINANCING:

- 13. Unrestricted Funds _____
- 14. Bonds _____
- 15. Loans _____
- 16. Other Methods (specify) _____
- 17. Total Project Financing** (sum of #13 through #16) _____ ******

18. New Construction Total Square Footage	_____
19. New Construction Costs Per Square Foot *****	_____
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.

DETAILED COST BREAKDOWN

Budget	Description
Construction	\$0 No construction will take place for this project
Architect/Engineering	\$0 n/a
Other Equipment	\$0 n/a
Medical Equipment	\$0 n/a
Land Acquisition	\$0 The land is already owned
Consultants'/Legal Fees	\$0 n/a
Interest During Construction	\$0 n/a
Other	\$0 n/a
Total	\$0

Divider I:
PROPOSAL DESCRIPTION

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

See attachment I-3.

- 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 - The license of the proposed operator or any affiliate of the proposed operator has NOT been revoked within the previous 5 years.

- 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 - The Medicare/Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has NOT been revoked within the previous 5 years.

- 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

Divider II:
PROPOSAL DESCRIPTION

Divider II:
PROPOSAL DESCRIPTION

1. Provide a complete detailed project description

The La Bonne Maison ALF project involves the addition of 6 new ALF beds. The project does not include a physical addition and has a cost of \$0. Currently, La Bonne Maison has 29 units and is licensed for 30 beds. Upon completion, La Bonne Maison Assisted Living will still have 29 units but will be licensed for 36 beds.

The current limited capacity restricts our ability to offer semi-private accommodations, which have become increasingly desired by our consumers. As inflation and living costs continue to rise, many consumers are seeking more affordable housing options, including semi-private rates and accommodations. Expanding our bed capacity will not only address this financial concern, but it will also provide an essential service option for couples seeking to stay together in a semi-private setting.

Services: The facility will continue to be professionally managed and operated in the same manner as it has been. It will provide a comfortable residential environment for its residents, compassionate care, supervision of their diets, assistance in their personal care needs, medication management, the supervision of their health care under the direction of a physician, and protective oversight, in accordance with Missouri law governing assisted living facilities.

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

January 13, 2025	Approval by CON
January 14, 2025	New beds available for use
January 14, 2025	Project completion

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

See Attachment II-3.

4. Provide a site plan for the proposed project.

See Attachment II-4.

5. Provide preliminary schematic drawings for the proposed project

See Attachment II-5.

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

See Attachment II-6.

7. Provide the proposed gross square footage

Total = 21,588 sf (existing)

8. Document ownership of the project site

See attachment II-8

9. Define the community to be served.

The proposed additional beds will serve those members of the Columbia community (primarily those aged 65+) who are in need of some assistance with the activities of daily living, but who do not need to or want to give up all of their independence. Residents will have high-end living amenities in a smaller setting.

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

The projected population age 65 years and old is 4,548 in the 15-mile radius service area.

See Attachment II-10.

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

La Bonne Maison Assisted Living has been operating with several rooms accommodating couples, which has resulted in unoccupied units that lack licensed beds. The additional beds would allow La Bonne Maison Assisted Living to be able to utilize those currently unused units, while still serving those couples who wish to remain together.

Americare has also found that Assisted Living residents appreciate having a more intimate environment that allows for closer connections with staff and other residents and helps to preserve maximum independence and functional capabilities. The facility currently offers their residents several amenities that distinguish them from the competition, including rooms with private baths and showers, restaurant style dining with a full menu, no “institutional-like” long hallways, individualized laundry services, full-time lifestyle coordinator, and (2) full-time licensed nurses present 40+ hours per week and available 24 hours per day.

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

The historical utilization rates for the past three full years of operation are as follows:

Year	Patient Days	Occupancy %
2021	6,802 Days	62%
2022	7,762 Days	71%
2023	7,576 Days	69%

The projected utilization rates for the first three full years of operation are as follows:

Year	Patient Days	Occupancy %
2025	11,680 Days	89%
2026	12,045 Days	92%
2027	12,410 Days	94%

13. Provide the methods and assumptions used to project utilization

The projected utilization is based on Americare's experience in like markets, as well as its experience at the La Bonne Maison Assisted Living campus, and Americare's other nearby campuses.

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

Our team has had discussions with local leaders to discuss our project, and it has been very well received. This request is also based on the need for semi-private accommodations that our existing community is experiencing currently.

15. Provide copies of any petitions, letters 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 Attachments II-16.

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

See Attachments II-17.

Divider III:
SERVICE SPECIFIC CRITERIA AND STANDARDS

Divider III:
SERVICE SPECIFIC CRITERIA AND STANDARDS

- 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

n/a

- 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.**

The population data provided by the Department of Health and Senior Services (“DHSS”) is included in Divider II and the Attachments are included within this application. Also included in Divider II and the Attachments are the zip code percentage adjustments made by the applicant to calculate the population inside the Service Area.

According to the DHSS existing RCF and ALF facilities inside the 15-mile radius, the population-based need formula shows there is a surplus of 36 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 specialty beds.**

n/a

- 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.**

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.**

The facility received two tags on 7/30/24: one for the Resident Rights Annual Review and the second for the Advanced Directives Annual Review. Both deficiencies have been cleared. We conducted an audit of all resident records and provided re-education for the nursing staff to ensure that both Resident Rights and Advanced Directives are reviewed upon admission and annually thereafter.

Divider IV:
FIANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

Divider IV:
FIANCIAL 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”.**

n/a

- 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.**

n/a

- 3. Provide Service-Specific Revenues and Expenses for the last three years and projected through three full years beyond project completion.**

See Attachment IV-3.

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

Our charge structure is based on sound business practices using projected labor costs in a community, costs of projected service package, and variable cost projections based on other “like facilities” located in Missouri and Americare’s other facilities.

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

The applicant will assist residents in obtaining any state, federal, or other governmental support available for those health care services that are authorized in an Assisted Living Facility. The assisted living and memory care beds in the proposed project do not qualify for Medicaid funding and thus would not impact Mo HealthNet. These services are paid for privately by the resident/family.

- 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 becomes Medicaid eligible within 90 days of admission?**

n/a

Attachment I – 3

Missouri Business Filings – Americare at La Bonne Maison Assisted Living, LLC



John R. Ashcroft
Missouri Secretary of State

MISSOURI ONLINE BUSINESS FILING

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Limited Liability Company Details as of 10/18/2024

Required Field *

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

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Amended Certificate of Registration of a Foreign LLC

General Information	Filings	Principal Office Address	Contact(s)
Name		AMERICARE AT LA BONNE MAISON ASSISTED LIVING, LLC	Principal Office Address
Type		Limited Liability Company	Charter No. FL1225670
Domesticity		Foreign	Home State DE
Registered Agent		CSC-LAWYERS INCORPORATING SERVICE COMPANY 221 BOLIVAR STREET JEFFERSON CITY, MO 65101	Status Active
Date Formed		5/4/2012	
Duration		Perpetual	

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Missouri Business Filings – Sikeston I, LLC



John R. Ashcroft
Missouri Secretary of State

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Limited Liability Company Details as of 10/18/2024

Required Field *

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

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Amended Certificate of Registration of a Foreign LLC

[FILE ONLINE](#)

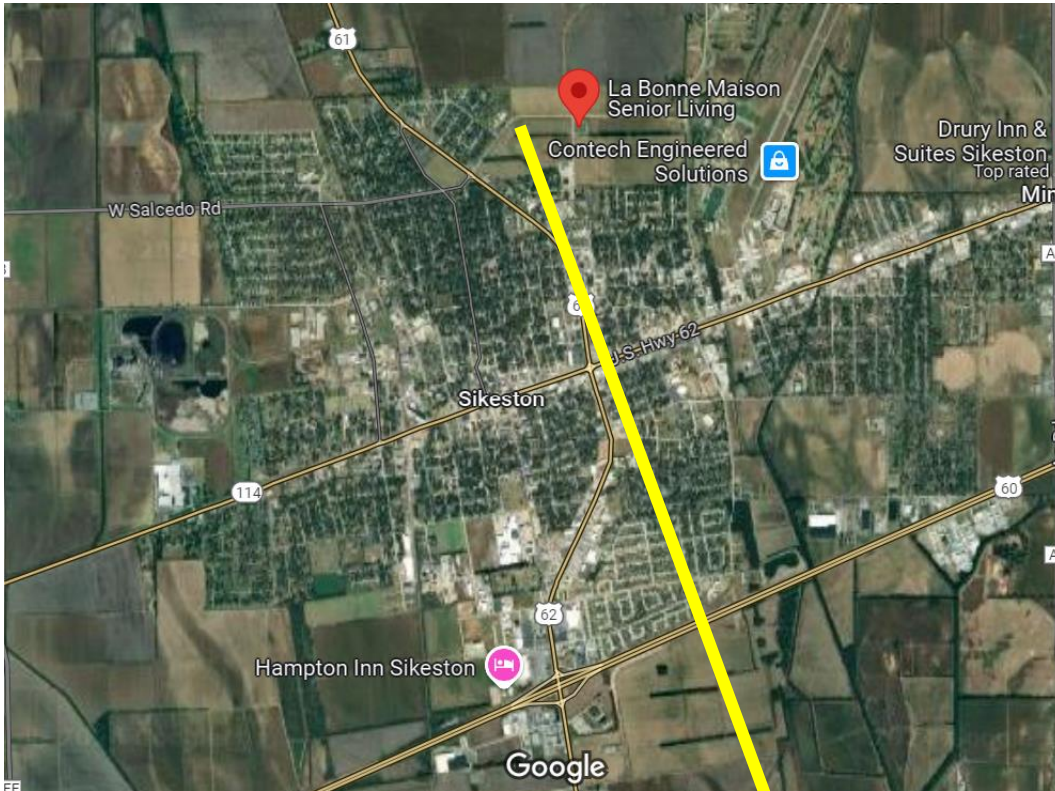
[ORDER COPIES/ CERTIFICATES](#)

General Information	Filings	Principal Office Address	Contact(s)
Name	SIKESTON I, LLC	Principal Office Address	
Type	Limited Liability Company	Charter No.	FL1170653
Domesticity	Foreign	Home State	DE
Registered Agent	CSC-LAWYERS INCORPORATING SERVICE COMPANY 221 BOLIVAR STREET JEFFERSON CITY, MO 65101	Status	Active
Date Formed	9/16/2011		
Duration	Perpetual		

The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.

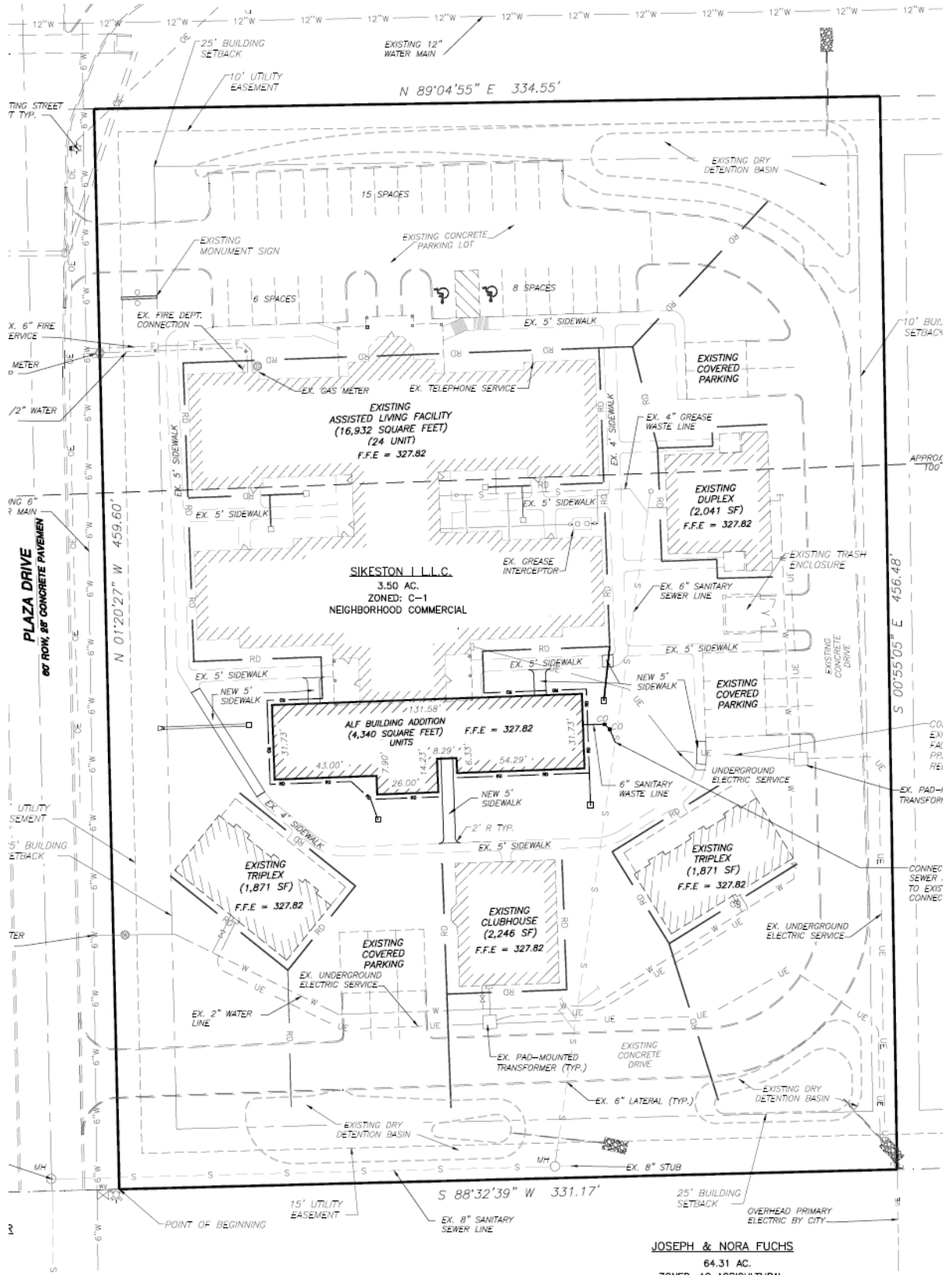
Attachment II – 3

La Bonne Maison Assisted Living – City Map



Attachment II – 4

La Bonne Maison Assisted Living – Full Site Plan



JOSEPH & NORA FUCHS
64.31 AC.

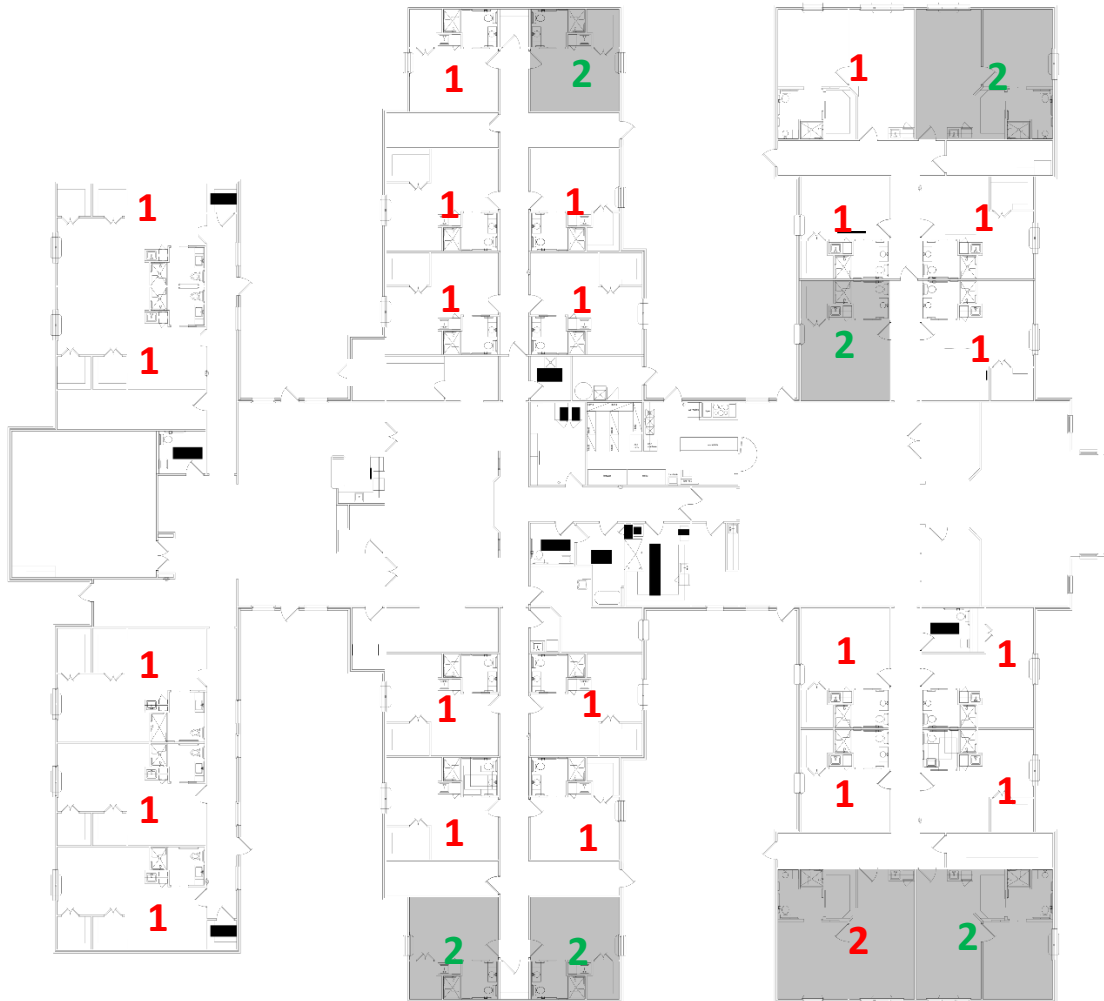
Attachment II – 5

Schematic Drawings

	Current Beds	Projected Beds
Assisted Living	30	36
Arbors (Memory Care)	20	23

Units containing the additional 6 beds are noted in green on the schematic

La Bonne Maison Assisted Living



Attachment II – 8

Evidence of Architectural Plans being Submitted to Department of Health and Senior Services

RE: LaBonne Mason ALF - increase in licensed beds



East, David <David.East@health.mo.gov>
To: Kylee Lashley; Schaumburg, Carrie
Cc: Will Montgomery; Heather Westenhover



Tue 10/1/2024 10:09 AM

Approved to continue with the CON process. Let us know the result and if approved reach out to us again.

Online Reporting for Abuse and Neglect is available 24/7: . <https://health.mo.gov/safety/abuse/>

For the latest information related to Long-Term Care, please subscribe [here](#) and select "LTCR: Long-Term Care Regulation" under the Subscription Topics.



David East

Mechanical Engineer | Missouri Department of Health and Senior Services
Email: david.east@health.mo.gov | Phone: 573-526-8521
Health.Mo.Gov

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: david.east@health.mo.gov or by calling 573-526-8521.

From: Kylee Lashley <klashley@americareusa.net>
Sent: Tuesday, October 1, 2024 9:53 AM
To: Schaumburg, Carrie <Carrie.Schaumburg@health.mo.gov>; East, David <David.East@health.mo.gov>
Cc: Will Montgomery <wmontgomery@americareusa.net>; Heather Westenhover <hwestenhover@americareusa.net>
Subject: LaBonne Mason ALF - increase in licensed beds

Carrie and David,

LaBonne Mason ALF in Sikeston is in the process of increasing their number of beds. It is being requested to raise the bed count from 30 to 36.

The CON office requested architectural plans be submitted to your office for review.

Attached is the building plan identifying the unit types, square footages, etc. Although all the units meet the minimum requirements, the specific units have been identified that would be used as semi-private at this time.

Let me know if there is additional information that you need.

Thanks!



Kylee Lashley AIA
Architect
Americare Senior Living
214 N Scott
Sikeston, MO 63801
| Cell: (785) 979-7349
klashley@americareusa.net

Attachment II – 8

Documentation of ownership of the project site



(1 of 1)

PARCEL: 184.018.0000000002.40

PID: 184.018.0000000002.40

Owner: SIKESTON I LLC

Acre: 3.50d 3.50c

Site Address: CORNER OF SALCEDO ROAD & PLAZA
SIKESTON 63801

Latitude: 36.896190

Longitude: -89.580724

...

Attachment II – 10

Population Data

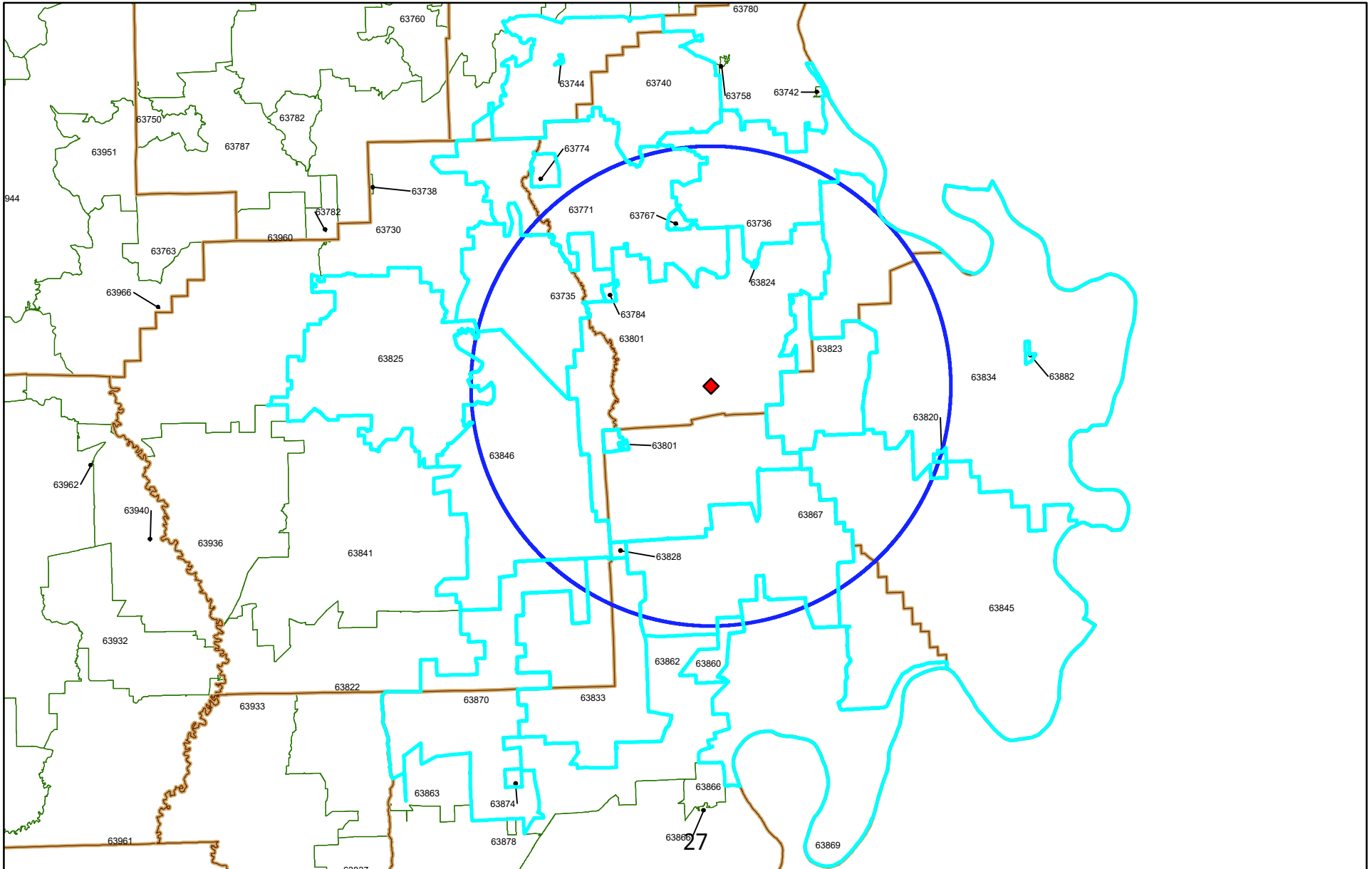
POPULATION 65+		Project Number:				Project Address: 226 Plaza Dr, Sikeston, MO 63801 (36.895949, -89.581210)								
Zip In Radius	Pop in Zip	City in Zip	City Pop	% of City in ZIP	City Pop in ZIP	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius	
1	63735	123	Bell City	68	100%	68	68	55	80%	44	0%	0	0	44
						0					0	0		
						0					0	0		
2	63736	589	Benton City	34	100%	34	34	555	60%	333	100%	34	34	367
			Lambert	0	100%	0					100%	0	0	
			Morley	151	0%	0					0%	0	0	
3	63740	1,115	Allenville	22	100%	22	773	342	0%	0	0%	0	0	0
			Chaffee	656	100%	656					0%	0	0	
			Delta	95	100%	95					0%	0	0	
4	63767	135	Morley	151	80%	121	121	14	100%	14	80%	121	121	135
						0					0	0	0	
						0					0	0	0	
5	63771	536	Haywood City	27	100%	27	316	220	70%	154	10%	3	292	446
			Morley	151	20%	30					20%	30	0	
			Oran	259	100%	259					100%	259	0	
6	63784	62	Vanduser	54	100%	54	54	8	100%	8	100%	54	54	62
						0					0	0	0	
						0					0	0	0	
7	63801	4,656	Blodgett	26	40%	10	3,740	916	100%	916	40%	10	47	963
			Miner	225	100%	225						0	0	
			Morehouse	184	20%	37					20%	37	0	
			Sikeston	3,468	100%	3,468						0	0	
8	63820	44	Anniston	59	70%	41	41	3	50%	1	50%	30	30	31
						0					0	0	0	
						0					0	0	0	
9	63823	270	Bertrand	221	100%	221	221	49	100%	49	100%	221	221	270
						0					0	0	0	
						0					0	0	0	
10	63824	17	Blodgett	26	60%	16	16	1	100%	1	60%	16	16	17
						0					0	0	0	
						0					0	0	0	
11	63825	857	Bloomfield	498	100%	498	498	359	0%	0	0%	0	0	0
						0					0	0	0	
						0					0	0	0	
12	63828	35	Canalou	31	100%	31	31	4	100%	4	100%	31	31	35
						0					0	0	0	
						0					0	0	0	
13	63833	39	Catron	11	100%	11	11	28	10%	3	0%	0	0	3
						0					0	0	0	
						0					0	0	0	
14	63834	1,020	Anniston	59	0%	0	923	97	40%	39	0%	0	702	740
			Charleston	842	100%	842					80%	674	0	
			Diehlstadt	28	100%	28					100%	28	0	
			Wyatt	53	100%	53					0%	0	0	
15	63845	1,025	East Prairie	677	100%	677	677	348	20%	70	100%	677	677	747
			Pinhook	0	100%	0					0%	0	0	
						0					0	0	0	
16	63846	307	Baker	0	100%	0	164	143	70%	100	100%	0	57	157
			Essex	91	100%	91					0%	0	0	
			Grayridge	57	100%	57					100%	57	0	
			Penermon	16	100%	16					0%	0	0	
17	63860	26				0	0	26	10%	3		0	0	3
						0					0	0	0	
						0					0	0	0	
18	63867	216	Matthews	165		0	0	216	90%	194	100%	165	165	359
						0					0	0	0	
						0					0	0	0	
19	63868	160	Morehouse	184	80%	147	147	13	100%	13	80%	147	147	160
						0					0	0	0	
						0					0	0	0	
20	63869	688	Howardville	63	90%	57	641	47	10%	5	0%	0	0	5
			New Madrid	584	100%	584					0%	0	0	
						0					0	0	0	
21	63870	166	Parma	114	100%	114	114	52	10%	5	0%	0	0	5
						0					0	0	0	
						0					0	0	0	
						0					0	0	0	
		12,086		9,350		8,590	8,590	3,496		1,956		2,593	2,593	4,548
													bed need =	114
													existing beds	78
													surplus	36

CON 15 Mile Radius

226 Plaza Dr

Sikeston, MO 63801

(Lat: 36.895949 & Long: -89.581210)

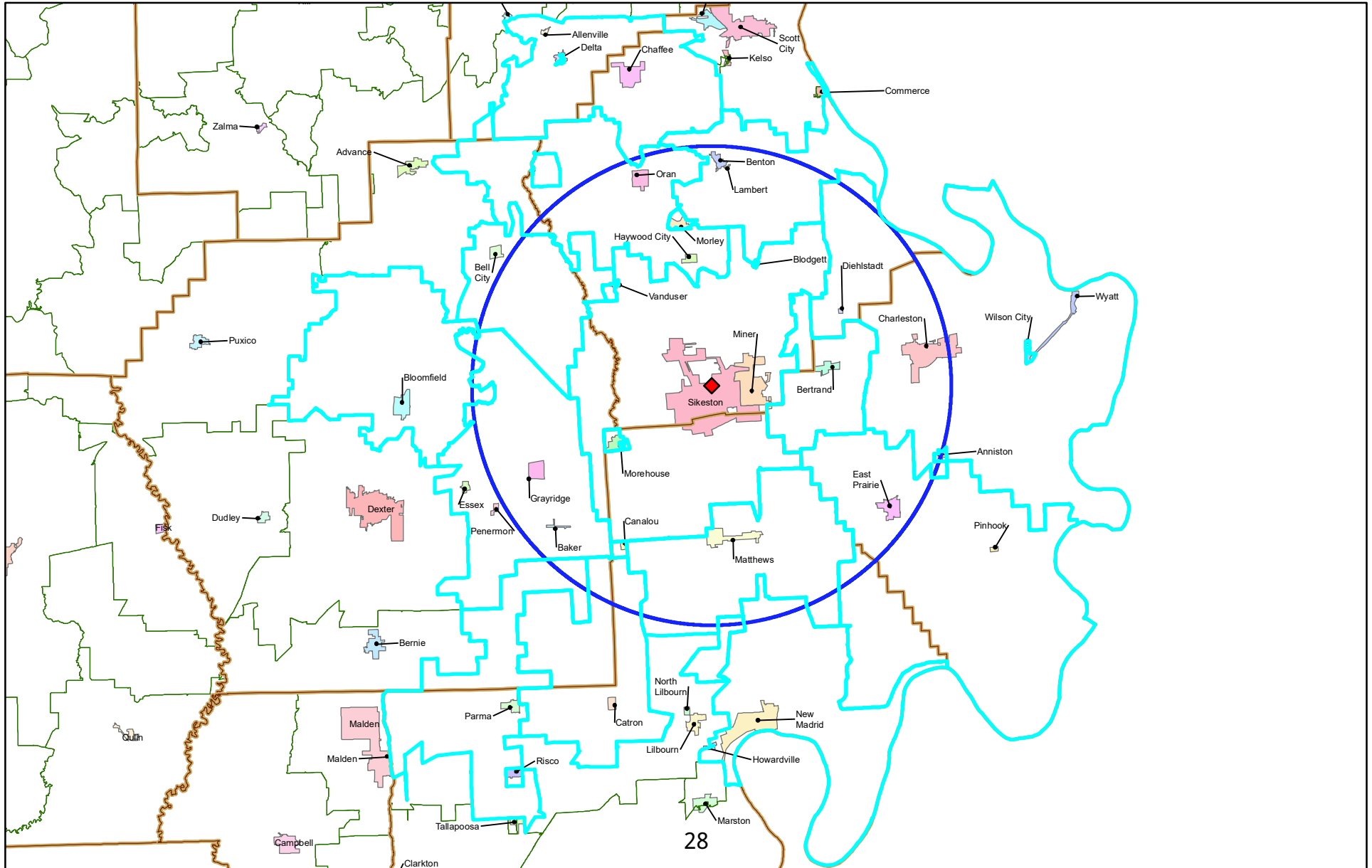


CON 15 Mile Radius

226 Plaza Dr

Sikeston, MO 63801

(Lat: 36.895949 & Long: -89.581210)

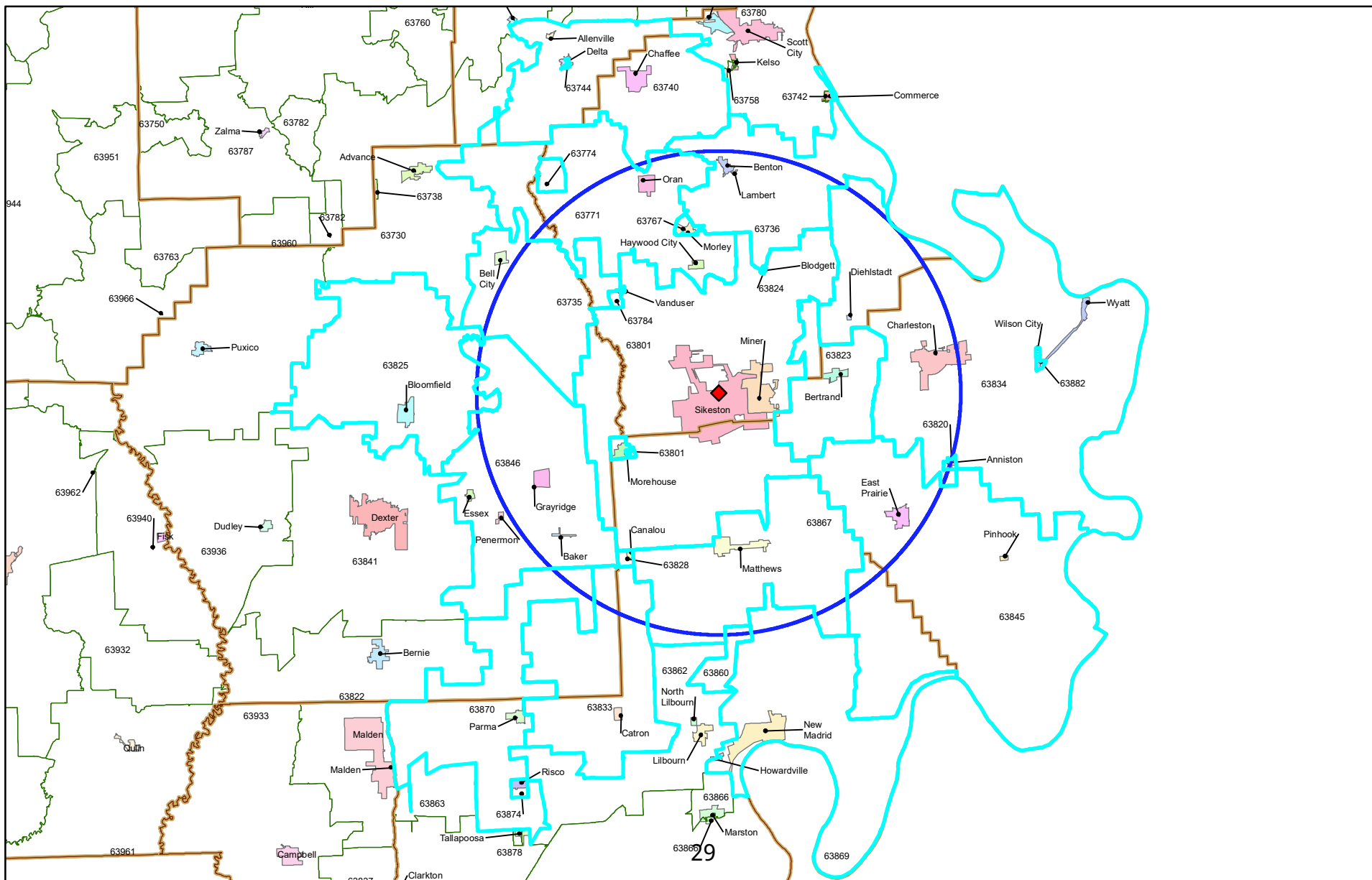


CON 15 Mile Radius

226 Plaza Dr

Sikeston, MO 63801

(Lat: 36.895949 & Long: -89.581210)

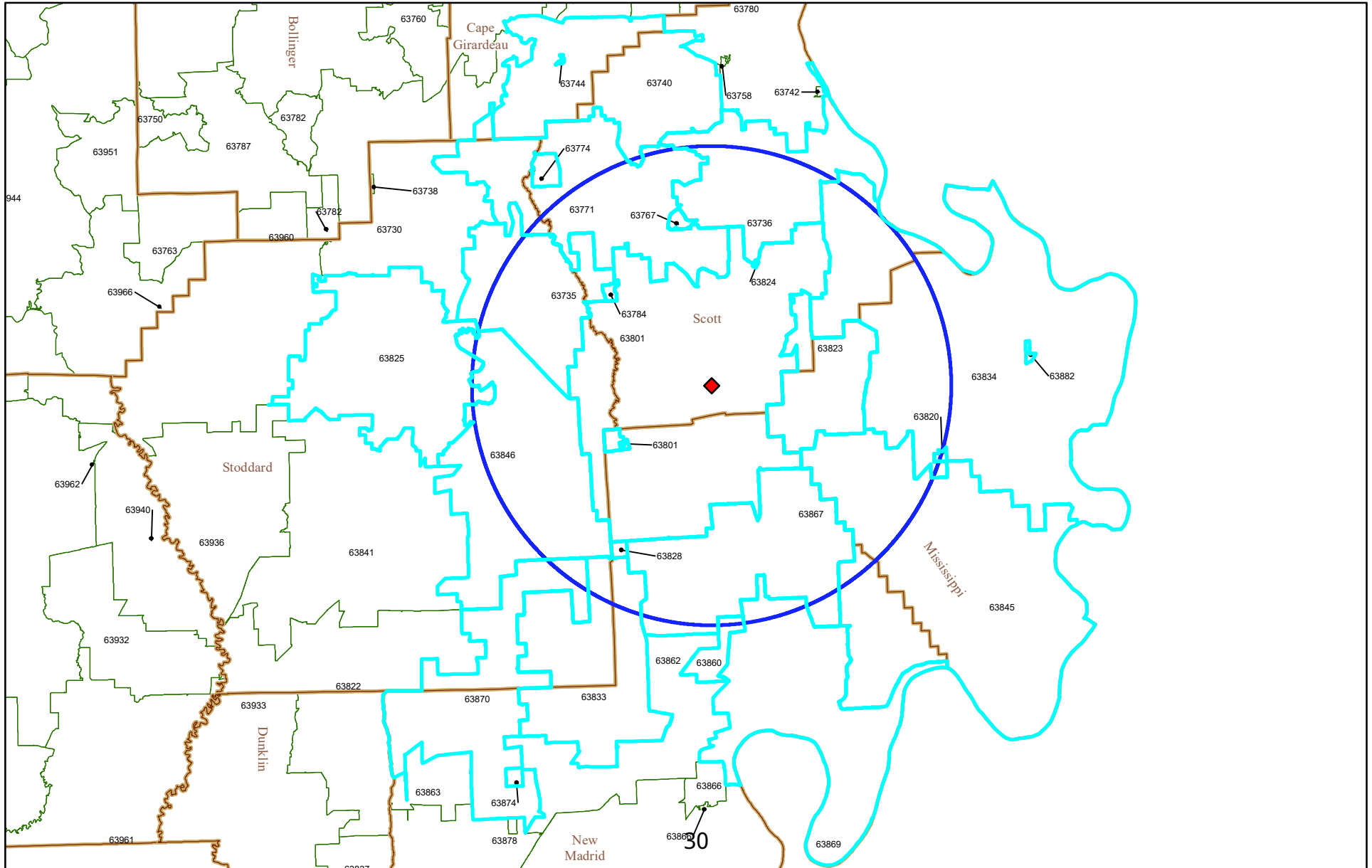


CON 15 Mile Radius

226 Plaza Dr

Sikeston, MO 63801

(Lat: 36.895949 & Long: -89.581210)



AFFP

\$57.70 La Bonne Maison

Affidavit of Publication

STATE OF MISSOURI }
COUNTIES OF SCOTT SS
AND NEW MADRID

I, DeAnna Nelson, being duly sworn, says:

That she is General Manager of the Standard-Democrat, a triweekly newspaper of general circulation, published in Portageville, New Madrid County and Sikeston, Scott County, Missouri; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

October 08, 2024

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

General Manager

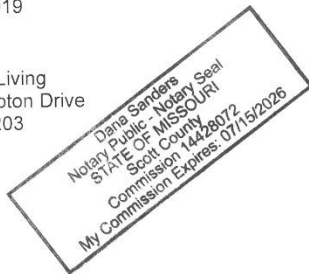
Subscribed to and sworn to me this 8th day of October 2024.

Dana Sanders, 14428072, Sikeston, Scott County, Missouri

My commission expires: July 15, 2026

03112360 00083019

Will Montgomery
Americare Senior Living
2082 W. Southampton Drive
Columbia, MO 65203



AMERICARE SEEKS CERTIFICATE OF NEED APPROVAL IN SIKESTON

Americare Senior Living of Sikeston, Missouri is seeking certificate of need approval from the State of Missouri's Health Facilities Review Committee (HFRC). Americare is requesting the addition of 6 beds to its La Bonne Maison Senior Living facility at 226 Plaza Dr. Sikeston, MO, 63801 which currently consists of 30 beds at it's assisted living facility. There will be no new construction at this location; the request is solely for a bed increase to accommodate the needs and preferences of the consumer.

Americare plans to present its proposal to the Committee on January 13, 2025 in Jefferson City. Established in 1981, Americare is headquartered in Sikeston, Missouri and operates 11 skilled nursing communities and 52 assisted living communities throughout the state.

#73



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		
	<u>2025</u>	<u>2026</u>	<u>2027</u>
Amount of Utilization:*	11,680	12,045	12,410
Revenue:			
Average Charge**	\$175	\$180	\$185
Gross Revenue	\$2,044,000	\$2,168,100	\$2,295,850
Revenue Deductions	0	0	0
Operating Revenue	<u>2,044,000</u>	<u>2,168,100</u>	<u>2,295,850</u>
Other Revenue	0	0	0
TOTAL REVENUE	<u>\$2,044,000</u>	<u>\$2,168,100</u>	<u>\$2,295,850</u>
Expenses:			
Direct Expenses			
Salaries	700,000	720,000	750,000
Fees	150,000	160,000	170,000
Supplies	160,000	170,000	170,000
Other	140,000	160,000	170,000
TOTAL DIRECT	<u>\$1,150,000</u>	<u>\$1,210,000</u>	<u>\$1,260,000</u>
Indirect Expenses			
Depreciation	20,000	20,000	20,000
Interest***	0	0	0
Rent/Lease	366,000	366,000	366,000
Overhead****	0	0	0
TOTAL INDIRECT	<u>\$386,000</u>	<u>\$386,000</u>	<u>\$386,000</u>
TOTAL EXPENSES	<u>\$1,536,000</u>	<u>\$1,596,000</u>	<u>\$1,646,000</u>
NET INCOME (LOSS):	<u>\$508,000</u>	<u>\$572,100</u>	<u>\$649,850</u>

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

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

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

****Indicate how overhead was calculated.



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

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

*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.

Attachment II – 17

Documentation of letter to facilities within 15-mile radius

Letters were sent to the following facilities:

Assisted Living Facilities within a 15-mile Radius

County	Facility Name	Address	City	Zip
Scott	Arbors At Westridge Place - Memory Care By Americare, The	539 North West St	Sikeston	63801
Scott	Colonial Manor, LLC	907 West Malone St	Sikeston	63801
Scott	La Bonne Maison - Assisted Living By Americare	226 Plaza Dr	Sikeston	63801



Americare™

Subject: Notification of Planned Bed Capacity Increase at La Bonne Maison Senior Living

Attention Administrator,

I am writing to inform you that La Bonne Maison Senior Living, located at 226 Plaza Drive, Sikeston, MO 63801, plans to increase its bed capacity by a total of 6 beds. Currently, our campus has 30 beds, and this increase will expand our total bed count to 36 beds. These changes are part of our ongoing efforts to better serve our community, pending approval from the Missouri Health Facilities Review Committee.

For more information, please contact us at wmontgomery@americareusa.net.

Thank you for your attention to this matter.

The application for this project (Project #6161 RS) will be filed in November 2024. For more information, please contact us at wmontgomery@americareusa.net.

Thank you for your attention to this matter.

Best regards,

Will Montgomery
Sr. VP Of Development
Americare Senior Living



573-471-1113 • www.americareusa.net • 214 N Scott St. Sikeston, MO 63801