



**417 - ResCare**  
**817 West El Camino Alto**  
**Springfield MO 65810**  
**Project #6177 RS**

**SUBMITTED TO MISSOURI HEALTH FACILITIES REVIEW COMMITTEE**



Project Name: 417 ResCare

Project No: 6177.RB

Project Description: 14-bed Assisted Living and Memory Care Home in Springfield, Missouri

Done Page N/A Description

**Divider I. Application Summary:**

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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.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

- ✓ 13 1. Provide a complete detailed project description.
- ✓ 13 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 14 3. Provide a legible city or county map showing the exact location of the proposed facility.
- ✓ 14 4. Provide a site plan for the proposed project.
- ✓ 14 5. Provide preliminary schematic drawings for the proposed project.
- ✓ 14 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- ✓ 14 7. Provide the proposed square footage.
- ✓ 14 8. Document ownership of the project site, or provide an option to purchase.
- ✓ 14 9. Define the community to be served.
- ✓ 15 10. Provide 2025 population projections for the 15-mile radius service area.
- ✓ 15 11. Identify specific community problems or unmet needs the proposal would address.
- ✓ 15 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.
- ✓ 16 13. Provide the methods and assumptions used to project utilization.
- ✓ 16 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 15. Provide copies of any petitions, letters of support or opposition received.
- ✓ 16 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.
- ✓ 16 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:**

- ✓ 28 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.
- ✓ 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.
- ✓ 29 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- ✓ 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.
- ✓ 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:**

- ✓ 33 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ✓ 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.
- ✓ 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.
- ✓ 33 4. Document how patient charges are derived.
- ✓ 33 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.

417 - ResCare  
Project #6177 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 and 1c.

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

See Attachments 1d and 1e.

**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 1f.

**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 6177 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
The Ridge HZ 55 LLC	431 S Jefferson Ave, Suite 134, Springfield, MO 65806	417-496-1535
(List entity to be licensed or certified.)		
List All Operator(s):	Address (Street/City/State/Zip Code)	Telephone Number
The Ridge HZ 55 LLC	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	E-mail Address madi@millercommerce.com
Signature of Contact Person  SIGNED BY: <i>Madison Miller</i>	Date of Signature 12/12/2024



Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

<i>(A registration form must be completed for <b>each</b> project presented.)</i>	
Project Name <b>417 ResCare</b>	Number <b>6177 RS</b>
<i>(Please type or print legibly.)</i>	
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) <b>431 S Jefferson Ave. Suite 134 Springfield, MO 65806</b>	
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	Telephone Number
Address (Street/City/State/Zip Code)	
<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 type="checkbox"/> Other (explain):</p>
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
<p>Signed by: <b>Madison Miller</b> <small>525EE15E5A804EE</small></p>	<b>12/12/2024</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>6177 RS</b>
------------------------------------	--------------------------

(Please type or print legibly.)

Name of Representative <b>Mike Oligschlaeger</b>	Title <b>Consultant</b>
---	----------------------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) <b>Aspen Valley Senior Homes</b>	Telephone Number <b>636-346-1649</b>
---	---

Address (Street/City/State/Zip Code)  
**1888 East 9th Street, Washington, MO 63090**

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 <b>The Ridge HZ 55 LLC</b>	Telephone Number <b>(417) 496-1535</b>
--	---

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

- 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>12/20/24</b>
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Certificate of Need Program  
**PROPOSED PROJECT BUDGET**

<u>Description</u>	<u>Dollars</u>
<b>COSTS:*</b>	<i>(Fill in every line, even if the amount is "\$0".)</i>
1. New Construction Costs ***	2474217
2. Renovation Costs ***	
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	2474217
4. Architectural/Engineering Fees	69750
5. Other Equipment (not in construction contract)	100000
6. Major Medical Equipment	
7. Land Acquisition Costs ***	163132
8. Consultants' Fees/Legal Fees ***	204200
9. Interest During Construction (net of interest earned) ***	126000
10. Other Costs ***	138714
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	801796
<b>12. Total Project Development Costs (#3 plus #11)</b>	3276013 **

<b>FINANCING:</b>	
13. Unrestricted Funds	819003
14. Bonds	
15. Loans	2457010
16. Other Methods (specify)	
<b>17. Total Project Financing (sum of #13 through #16)</b>	3276013 **

18. New Construction Total Square Footage	8,925
19. New Construction Costs Per Square Foot *****	277
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.

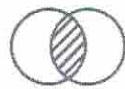
\*\* These amounts should be the same.

\*\*\* 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

Matthew Porteous  
President  
The Porteous Group

December 3, 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 14-bed RAL facility. The "Other Equipment" line is comprised of the FF&E budget. The "Other Costs" line item is comprised of permits & fees, 3<sup>rd</sup> party testing, general marketing, real estate taxes, and insurance. 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



State of Missouri  
John R. Ashcroft Secretary of State  
Corporations Division  
PO Box 778 / 600 W.Main St., Rm. 322  
Jefferson City, MO 65102

### Articles of Organization

Reference Number SR422240

Receipt Number TR2756920

1. The name of the limited liability company is: The Ridge HZ55, LLC

2. The purpose(s) for which the limited liability company is organized:

Real Estate Development

3. The name and address of the limited liability company's registered agent in Missouri is:

Name Matthew Miller

Address 431 S. Jefferson Ave. Suite 105, Springfield, Missouri, 65806, United States

4. The address of its principal place of business is:

431 S. Jefferson Ave Suite 105, Springfield, Missouri, 65806, United States

5. The management of the limited liability company is vested in:

Member

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

8/9/2021

7. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual:

Perpetual

8. The name(s) and street address(es) of each organizer:

Name Matthew Miller

Address 431 S. Jefferson Ave Suite 105, Springfield, Missouri, 65806, United States

#### In Affirmation thereof, the facts stated above are true and correct:

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

Name Matthew Miller

Title Organizer

Date 08/09/2021

417 - ResCare  
Project #6177 RS  
Divider II.

## II. Proposal Description

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

The Ridge HZ55, LLC is 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 a new 14-bedroom residential assisted living facility, designed for AL and Memory Care residents. The total building area will be approximately 8,925 square feet, 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.

Obtain Permits for Construction	March 15, 2025
Close on Construction Loan	March 15, 2025
Start Building Construction	March 15, 2025
Complete Building for Final Inspection	November 15, 2025
Obtain Final Approval for Occupancy	November 30, 2025
Project 100% Complete	November 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 home will be 8,925 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 home 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 home 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 69,587.

See Attachment 2f.

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

417 ResCare will be licensed as an Assisted Living home with a total of 14 bedrooms and will be among the smallest supportive homes in its surrounding 15-mile service area. While there are a total of 2,182 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 2026 Occupied Days 3,781 Days, Average Daily Occupancy 10.4 Residents  
Year 2027 Occupied Days 4,855 Days, Average Daily Occupancy 13.3 Residents  
Year 2028 Occupied Days 4,855 Days, Average Daily Occupancy 13.3 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.

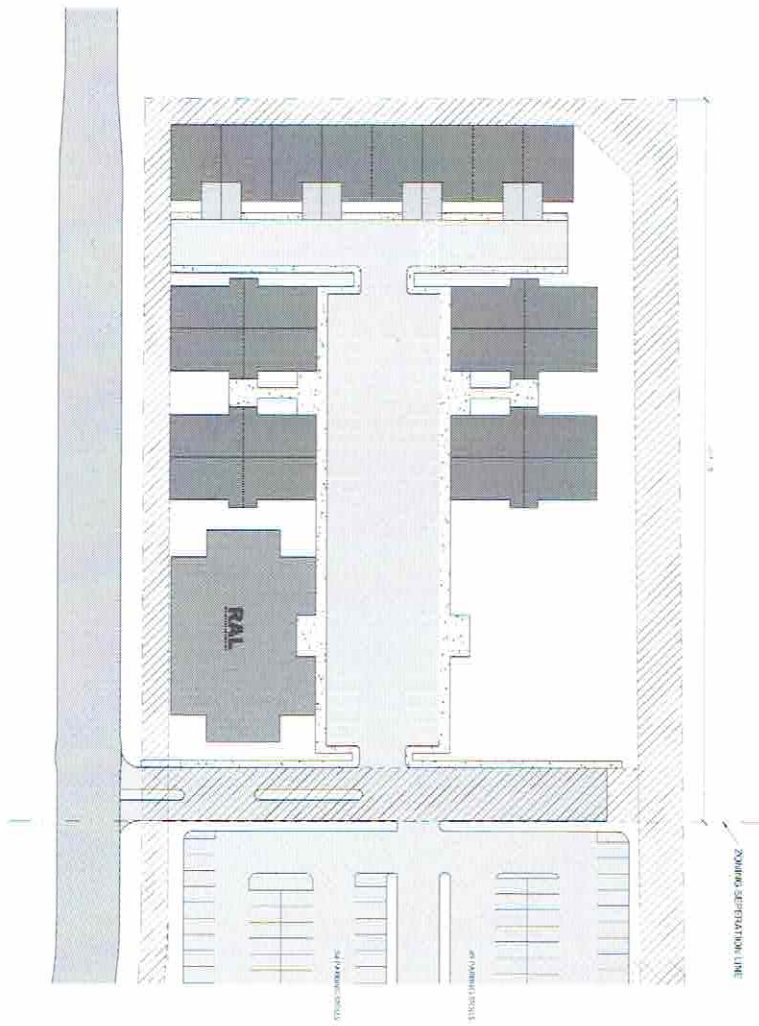


Google Maps 817 W El Camino Alto St



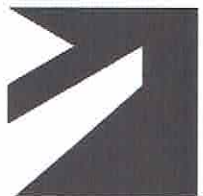
Map data ©2024 Google 2000 ft

AA



**417 RESCARE PARCEL**

**1**  
SITE PLAN  
1/22 - 1/19



**ARKIFEX**  
S T U D I O S  
211 SOUTH AVE. SPRINGFIELD, MO 65810

**PRELIMINARY - NOT FOR CONSTRUCTION**

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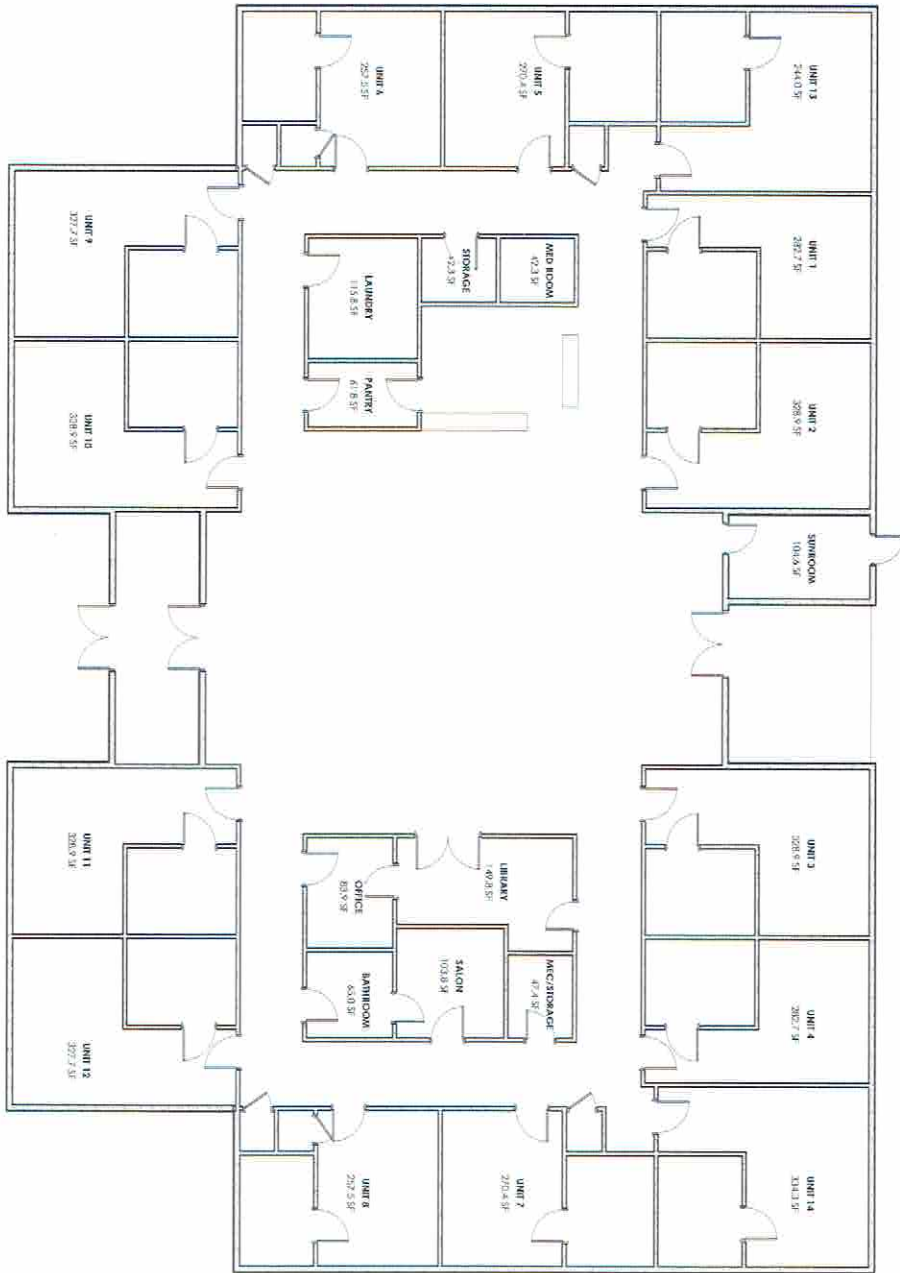
**417 RESCARE**  
817 W EL CAMINO ALTO ST,  
SPRINGFIELD, MO 65810

NO.	DESCRIPTION	DATE

**A0.5**  
SITE PLAN

DATE: 2/11/14  
DRAWN BY: [Name]  
CHECKED BY: [Name]

1 FLOOR PLAN - RAL 2 - 14 UNITS



STUDIO  
S T U D I O S

221 SOUTH AVE. SPRINGFIELD, MO 65804

PRELIMINARY - NOT FOR CONSTRUCTION

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417 RESCARE

817 W EL CAMINO ALTO ST,  
SPRINGFIELD, MO 65810

REVISIONS

No.	Description	Date

A1.3

FLOOR PLAN - RAL  
2

PROJECT NO. 2013-14  
DATE: 10/20/2014

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**From:** Madi Miller <madi@millercommerce.com>  
**Date:** Tuesday, December 10, 2024 at 1:20 PM  
**To:** david.east@health.mo.gov <david.east@health.mo.gov>  
**Subject:** CON Application

Mr. East,

The Ridge HZ55+ LLC is submitting a Certificate of Need application (#6177 RS) for one 14-bed assisted living home 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.

Please respond with confirmation that you have received this email.

Thanks!



**MADI MILLER**

DIRECTOR OF BUSINESS DEVELOPMENT  
MILLER COMMERCE

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

 : 417-496-1535

<b>BORROWER'S STATEMENT</b>
-----------------------------

**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.

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**DEBITS**

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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>	<u>827,861.92</u>

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**CREDITS**

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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>	<u>658,742.96</u>

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**BALANCE**

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<b>From Borrower</b>	<u>169,118.96</u>
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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
1	POPULATION 65+				Project Number:		#6139 RS	Project Address:				(37.13052778, -93.30508333) Springfield, MO 65810				
2	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		
3	1	65604	908	Ash Grove	396	100%	396	409	500	10%	50	0	0	50		
4	4			Halltown	25	50%	13	0			0%	0	0			
5	5				0		0					0				
6	2	65610	1,276	Billings	267	100%	267	307	969	50%	484	240	279	764		
7	7			Clewer	389	10%	39				10%	39				
8	8			Hurley	23	5%	1				0%	0				
9	3	65612	280	Haltown	25	50%	13	13	268	50%	134	0	0	134		
10	10						0					0				
11	11						0					0				
12	4	65619	1,530	Battlefield	848		0	0	1,530	100%	1,530	0	0	1,530		
13	13			Republ	2,706		0					0				
14	14			Springfield	34,743		0					0				
15	5	65631	935	Clewer	389		0	0	935	100%	935	0	0	935		
16	16						0					0				
17	17						0					0				
18	6	65633	954	Crane	380	100%	380	402	552	10%	55	0	0	55		
19	19			Hurley	23	95%	22				0%	0				
20	20						0					0				
21	7	65648	1,088	Fair Grove	250	100%	250	250	838	10%	84	0	0	84		
22	22						0					0				
23	23						0					0				
24	8	65652	645	Fordland	160	100%	160	160	485	5%	24	0	0	24		
25	25						0					0				
26	26						0					0				
27	9	65669	475	Highlandville	190	65%	124	124	352	50%	176	114	114	290		
28	28						0					0				
29	29						0					0				
30	10	65714	6,746	Fremont Hills	273		0	0	6,746	100%	6,746	0	0	6,746		
31	31			Nixa	4,162		0					0				
32	32			Ozark	3,152		0					0				
33	33			Springfield	34,743		0					0				
34	11	65721	6,024	Highlandville	190	45%	86	4,817	1,207	70%	845	86	4,817	5,662		
35	35			Ozark	3,152	95%	2,994				95%	2,994				
36	36			Springfield	34,743	5%	1,737				5%	1,737				
37	12	65725	385	Goodnight	3	100%	3	70	315	5%	16	0	0	16		
38	38			Pleasant Hope	84	80%	67				0%	0				
39	39						0					0				
40	13	65738	3,460	Republic	2,706	50%	1,353	1,353	2,107	80%	1,686	1,353	1,353	3,039		
41	41						0					0				
42	42						0					0				
43	14	65742	2,444	Rogersville	555	100%	555	2,292	152	70%	106	527	2,264	2,371		
44	44			Springfield	34,743	5%	1,737				5%	1,737				
45	45						0					0				
46	15	65753	1,093	Sparta	350	100%	350	350	743	30%	223	175	175	398		
47	47						0					0				
48	48						0					0				
49	16	65757	1,488	Springfield	34,743	0%	0	443	1,045	40%	418	0	399	817		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
50																
51				Strafford	443	100%	443	0				90%	399			
52	17	65781	1,677	Willard	839	70%	587	587	1,090	30%	327	70%	587	587	914	
53							0	0					0			
54							0	0					0			
55	18	65802	7,306	Republic	2,706		0	0	7,306	100%	7,306		0	0	7,306	
56				Springfield	34,743		0	0					0			
57							0	0					0			
58	19	65803	7,961	Springfield	34,743	20%	6,949	7,200	761	90%	685	20%	6,949	7,200	7,885	
59				Willard	839	30%	252					30%	252			
60							0	0					0			
61	20	65804	9,906	Springfield	34,743		0	0	9,906	100%	9,906		0	0	9,906	
62							0	0					0			
63							0	0					0			
64	21	65806	862	Springfield	34,743		0	0	862	100%	862		0	0	862	
65							0	0					0			
66							0	0					0			
67	22	65807	11,631	Springfield	34,743		0	0	11,631	100%	11,631		0	0	11,631	
68							0	0					0			
69							0	0					0			
70	23	65809	3,384	Springfield	34,743		0	0	3,384	100%	3,384		0	0	3,384	
71							0	0					0			
72							0	0					0			
73	24	65810	4,786	Battlefield	848		0	0	4,786	100%	4,786		0	0	4,786	
74				Springfield	34,743		0	0					0			
75							0	0					0			
76							0	0					0			
77			77,244		443,289		18,776	18,776	58,468		52,398		17,189	17,189	69,587	use ours



Missouri  
GANNETT

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:	Hannah Vergabera
Contact Phone:	
Contact Email:	ea@millercommerce.com
PO Number:	

Date:	12/16/2024
Order Number:	10863750
Prepayment Amount:	\$ 0.00

Column Count:	1.0000
Line Count:	17.0000
Height in Inches:	0.0000

Print

Product	#Insertions	Start - End	Category
SNL Springfield News-Leader	1	12/19/2024 - 12/19/2024	Public Notices
SNL news-leader.com	1	12/19/2024 - 12/19/2024	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	\$57.15
Tax Amount	\$0.00
Service Fee 3.99%	\$2.28
Cash/Check/ACH Discount	-\$2.28
Payment Amount by Cash/Check/ACH	\$57.15
Payment Amount by Credit Card	\$59.43

Order Confirmation Amount	\$57.15
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Ad Preview

## PUBLIC NOTICE

The Ridge HZ55+ LLC, a company related to Miller Commerce, the developer of Turner's Rock and Mission Ridge, plans to build a new 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 #6177 RS. Questions and comments may be submitted to Madison Miller at [madi@millercommerce.com](mailto:madi@millercommerce.com).



# Miller Commerce

431 S JEFFERSON AVE #106,  
SPRINGFIELD, MO 65806

December 10, 2024

To whom it may concern,

In accordance with CON State Regulation 19 CSR 60-50.430 (7), I am notifying you that The Ridge HZ55+ LLC, a company related to 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 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,

Signed by:

Madison Miller  
Director of Business Development  
Miller Commerce

417 ResCare  
Project #6177 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 69,587.

**See Attachment 2f.**

Applying the regulatory formula of 25 Residential Care Facility/Assisted Living Facility (RCF/ALF) beds per 1,000 to the 69,587 population figure results in a total RCF/ALF bed need of 1,740 in the 15-mile radius.

Within the 15-mile radius, there are 2,182 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 442 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



417 ResCare  
Project #6177 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 \$277, 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. Costs are higher in the Springfield area than in other rural parts of Missouri.

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**

December 17, 2024

RE: 417ResCare Ridge Project

To Whom It May Concern:

417ResCare has been pre-approved in the amount of \$2,457,010 to finance the development of the 417ResCare Ridge Project. The project includes site work and land development and construction of one 14-bed residential assisted living home. 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



## Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

Project Title: 417 ResCare

Project #: 6177 RS

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

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

	<b>Year</b>		
	<u>2026</u>	<u>2027</u>	<u>2028</u>
<b>Amount of Utilization:*</b>	3,781	4,855	4,855
<b>Revenue:</b>			
Average Charge**	\$263	\$271	\$279
Gross Revenue	\$994,403	\$1,315,705	\$1,354,545
Revenue Deductions	0	0	0
Operating Revenue	994,403	1,315,705	1,354,545
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$994,403</b>	<b>\$1,315,705</b>	<b>\$1,354,545</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	455,995	521,861	537,517
Fees	62,244	64,111	66,035
Supplies	28,738	29,600	30,488
Other	237,344	244,464	251,798
<b>TOTAL DIRECT</b>	<b>\$784,321</b>	<b>\$860,036</b>	<b>\$885,838</b>
Indirect Expenses			
Depreciation	115,475	115,475	115,475
Interest***	171,776	176,929	182,237
Rent/Lease	0	0	0
Overhead****	0	0	0
<b>TOTAL INDIRECT</b>	<b>\$287,251</b>	<b>\$292,404</b>	<b>\$297,712</b>
<b>TOTAL EXPENSES</b>	<b>\$1,071,572</b>	<b>\$1,152,440</b>	<b>\$1,183,550</b>
<b>NET INCOME (LOSS):</b>	<b>-\$77,169</b>	<b>\$163,265</b>	<b>\$170,995</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.