

WE LOVE GOD
WE LOVE YOU
WE LOVE THE BLUFF

Westwood Baptist Church

March 6, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

***RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living***

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

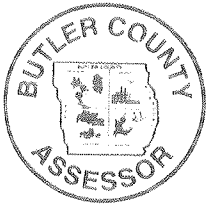
I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,

Dave Young
- Pastor

Senior Pastor Dave Young



BUTLER COUNTY

Chris Rickman - Assessor
100 N. Main Street, Suite 206
Poplar Bluff, MO 63901

March 17, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Chris Rickman", written over a horizontal line.

Chris Rickman
Butler County Assessor



Butler County Recorder of Deeds
Debby Lundstrom
100 N. Main Street
Courthouse
Poplar Bluff, MO 63901
573-686-8086

March 13, 2025

Missouri Certificate of Need Program
Attn: Alison Dorge
P.O. Box 570
Jefferson City, Missouri 65102

*RE: New Skilled Nursing Facility in Poplar Bluff, Missouri
Paradigm Senior Living*

Dear Mrs. Dorge:

This letter is written in support of Paradigm Senior Management's ("Paradigm") proposal to construct a brand new, state of the art, 85-bed skilled nursing facility in Poplar Bluff, Missouri. The community in Poplar Bluff is in serious need of a new long-term care facility such as the one proposed by Paradigm.

Paradigm has a proven track record of developing and operating skilled nursing facilities. The addition of this new facility will be a fantastic, and much needed addition to the community in Poplar Bluff, Missouri.

I urge the MHFRC to recognize the need for this skilled nursing facility, and to vote in support of this project.

Thank you for your time and attention to this matter.

Sincerely,

Debby Lundstrom

From: [Jay Frances](#)
To: [CONP CONP](#)
Subject: CON Opposition - Poplar Bluff, MO, Butler County
Date: Thursday, April 17, 2025 11:14:54 AM

Preserve Quality and Stability: Oppose Unnecessary Expansion of Skilled Nursing Beds in Poplar Bluff

Context: Poplar Bluff, located in Butler County, Missouri, currently hosts multiple skilled nursing facilities. The area has been identified as overbedded, indicating that the existing capacity meets or exceeds the community's needs. Introducing additional beds through a new facility could have unintended consequences.

Key Considerations:

1. Economic Impact on Existing Facilities:

- **Financial Strain:** Existing facilities have made significant investments based on current demand projections. Introducing new competition in an already saturated market can dilute occupancy rates, leading to financial instability.
- **Risk of Closure:** Reduced occupancy can jeopardize the viability of current providers, potentially leading to closures and job losses, which would negatively affect the local economy.

2. Quality of Care Concerns:

- **Staffing Challenges:** An oversupply of beds can exacerbate staffing shortages, as facilities compete for a limited pool of qualified healthcare professionals, potentially compromising care quality.
- **Resource Allocation:** Resources may become stretched thin, affecting the ability of facilities to maintain high standards of care and invest in improvements.

3. Regulatory and Planning Principles:

- **Certificate of Need (CON) Objectives:** Missouri's CON program aims to prevent unnecessary duplication of healthcare services, control costs, and ensure the availability of quality care. Approving additional beds in an overbedded area contradicts these objectives.
- **Community Needs Assessment:** Decisions should be grounded in comprehensive assessments of community needs, ensuring that expansions align with actual demand.

4. Precedent and Policy Implications:

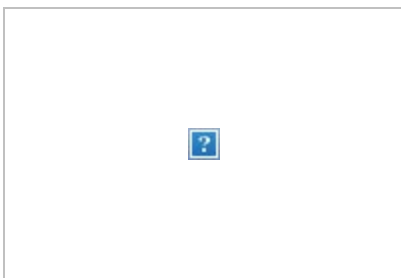
- **Setting a Precedent:** Approving new facilities in overbedded areas may set a precedent that undermines the integrity of the CON process, leading to unchecked expansions elsewhere.
- **Policy Consistency:** Upholding the CON guidelines ensures consistent and fair application of healthcare planning policies across the state.

Conclusion: To maintain the stability and quality of long-term care services in Poplar Bluff, it is crucial to adhere to established CON principles. Approving additional skilled nursing beds in an overbedded area poses risks to existing providers, care quality, and the local economy. Decisions should prioritize sustainable healthcare planning that truly reflects community needs.

Thank you for your consideration on this matter,

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Jay M. Frances
CEO, Owner
Legacy Health Services, Inc.
7003 Chadwick Drive
Suite 287
Brentwood, TN 37027
(314) 605-9939 Mobile
(314) 241-1131 Fax
jfrances@lhsliving.org



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April 17, 2025

Missouri Certificate of Need Program

Attn: Alison Dorge
P.O. Box 570
Jefferson City, MO 65102

Re: New Skilled Nursing Facility in Poplar Bluff, Missouri

To the Missouri Certificate of Need Decision-Makers,

My name is Sherrie Small, and I am writing on behalf of Cedargate Healthcare to voice our opposition to the proposed establishment of a new skilled nursing facility in Butler County.

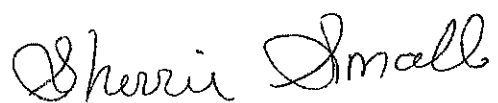
The CON process exists to prevent oversupply, safeguard service quality, and ensure thoughtful, evidence-based expansion of healthcare infrastructure. Approving a new facility in Poplar Bluff, an area already overbedded, would undermine those principles.

We are deeply concerned that this move would destabilize the market, threaten the viability of existing facilities, and impact care outcomes. Our facility—and many others—are experiencing severe staffing shortages. The proposed addition would make it even harder to hire and retain skilled workers, ultimately diminishing the quality of care.

For the sake of care continuity, financial sustainability, and responsible planning, we respectfully request that the application be denied.

Thank you for your leadership and thoughtful consideration.

Warm regards,

A handwritten signature in black ink that reads "Sherrie Small". The script is cursive and fluid, with the first name and last name clearly distinguishable.

Sherrie Small
Administrator
Cedargate Healthcare
ssmall@cedargatehc.com



April 17, 2025

Missouri Certificate of Need Program

**Attn: Alison Dorge
P.O. Box 570
Jefferson City, MO 65102**

Re: New Skilled Nursing Facility in Poplar Bluff, Missouri

Dear Members of the Review Board,

As the owner of Cedargate Healthcare, I respectfully submit this letter to oppose the proposal for an additional skilled nursing facility in Poplar Bluff. Our community is already well-served by existing providers, and this expansion does not reflect a demonstrated need.

Opening a new facility in a region already deemed overbedded threatens the sustainability of current care providers. Our facility has made significant investments in infrastructure, workforce, and resident-centered care. Allowing new beds would diminish occupancy rates and divert critical resources.

Furthermore, it would place added strain on an already limited healthcare workforce in our county. With staffing challenges already impacting operations, increasing the number of facilities will only make recruitment and retention more difficult.

We ask that you uphold the purpose of the Certificate of Need—to support rational growth based on community need—and deny this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kimberly Smith". The signature is fluid and cursive, with the first name "Kimberly" written in a larger, more prominent script than the last name "Smith".

Kimberly Smith

Owner

Cedargate Healthcare Group, LLC

ksmith@lhsliving.org



Certificate of Need Program

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

Project Name	Black River Skilled Nursing	Number	6205
(Please type or print legibly.)			
Name of Representative	James Foley	Title	Partner
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Burton-Liege, LLC	Telephone Number	573-893-6834
Address (Street/City/State/Zip Code) 730 W. Main St., 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	Black River Skilled Nursing, LLC	Telephone Number	573-614-7772
Address (Street/City/State/Zip Code) 300 N. Walnut Dexter, MO 63841			

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

4/18/25



Certificate of Need Program

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

Project Name	Black River Skilled Nursing	Number	6205
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(Please type or print legibly.)

Name of Representative	Joe Bruns	Title	Associate
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Burtm-Liege LLC	Telephone Number	573-893-6834
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Address (Street/City/State/Zip Code)	730 W. Main St. Jefferson City, MO 65101
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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	Black River Skilled Nursing LLC	Telephone Number	573-614-7472
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Address (Street/City/State/Zip Code)	300 N. Walnut Dexter MO 63841
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Check one. Do you:

- ☒ Support
☐ Oppose
☐ Neutral

Relationship to Project:

- ☐ None
☐ Employee
☐ Legal Counsel
☒ Consultant
☐ Lobbyist
☐ Other (explain):

Other Information:

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Original Signature

Date



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name	Black River Skilled Nursing	Number	6205
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(Please type or print legibly.)

Name of Representative	Tony Dugger	Title	Associate
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Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)	Burton-Liese, LLC	Telephone Number	573-893-6834
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Address (Street/City/State/Zip Code)	730 W. Main St. Jefferson City, MO 65101
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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	Black River Skilled Nursing, LLC	Telephone Number	573-614-7472
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Address (Street/City/State/Zip Code)	300 N. Walnut Dexter, MO 63841
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Check one. Do you:

- ☒ Support
- ☐ Oppose
- ☐ Neutral

Relationship to Project:

- ☐ None
- ☐ Employee
- ☐ Legal Counsel
- ☒ Consultant
- ☐ Lobbyist
- ☐ Other (explain):

Other Information:

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Original Signature	Tony Dugger	Date	4/18/25
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From: [Molly Frances](#)
To: [CONP CONP](#)
Subject: Opposition to proposed CON in Poplar Bluff, MO
Date: Wednesday, April 23, 2025 12:06:40 PM

To Whom it May Concern:

I am writing in opposition to granting a Certificate of Need for the proposed additional skilled nursing facility in Poplar Bluff, Missouri. I am the Chief of Compliance for Legacy Health Services, the managing company for Cedargate Healthcare located in Poplar Bluff, and strongly oppose the granting of a Certificate of Need for a new facility in the community. The CON process exists to prevent oversaturation of skilled facilities within a local community, to safeguard service quality, and facilitate thoughtful, evidence based expansion of healthcare services. Simply stated, the decision to approve additional beds should be determined by clear and convincing demand. Poplar Bluff is already classified as an over bedded area under Missouri's Certificate of Need criteria. Approving additional beds in an over bedded area contradicts the very principles the CON process is designed to protect.

There are currently five skilled nursing facilities in Butler County, with a total of 520 licensed beds. The combined average occupancy from the fourth quarter of 2024 is only 61.2%. These figures clearly demonstrate that not only is there not a need for additional providers in the area, but that current providers are operating at a census deficit. Additionally, community census data shows that the population is consistently decreasing in Poplar Bluff and surrounding areas, negating any arguments that the need for additional beds is population driven. Existing facilities have used this data and their individual future projections to make significant investments in their businesses and introducing an unnecessary provider in the area can dilute already struggling occupancy rates and lead to financial instability in the local market.

Granting a CON to an unnecessary provider will also exacerbate current staffing challenges. The skilled nursing industry post COVID has struggled to secure qualified healthcare professionals, and the existing facilities in Poplar Bluff are no exception. Allowing another provider to open operations in the area will only compound the current staffing shortage, potentially compromising the quality of care facilities can provide. A new provider in the area will not add jobs, it will simply poach staff from existing providers that are already dealing with workplace shortages.

The existing providers in Butler County have provided healthcare services for local seniors for decades. My facility, Cedargate Healthcare, has served the community for over 30 years. If a CON is granted for a new facility, there is an almost certainty that Cedargate Healthcare and other existing facilities will be unable to remain viable. We urge you to uphold the foundational principles of the CON process and deny the request for this unnecessary and harmful expansion.

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Molly Frances
Chief Compliance Officer
Legacy Health Services
7003 Chadwick Drive, Suite 287
Brentwood, TN 37027