



CERTIFICATE OF NEED APPLICATION

CHAPTERS LIVING OF JOPLIN – ADD SNF SERVICES

On Behalf Of

201 S NORTHPARK JOPLIN LLC & CHAPTERS JOPLIN OPCO, LLC



Project No. 6206 NS

Add 103 SNF Beds

Submitted to:

Missouri Health Facilities Review Committee

May 2, 2025

Submitted by:

Richard Hill

Attorney At Law

Lashly & Baer, P.C.

714 Locust Street

St. Louis, MO 63101

Project Name: Chapters Living of Joplin - Add SNF ServicesProject No: 6206 NSProject Description: Add 103 SNF Beds

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

- | | |
|--------|--|
| ✓ 3 | 1. Applicant Identification and Certification (Form MO 580-1861) |
| ✓ 4-5 | 2. Representative Registration (Form MO 580-1869) |
| ✓ 6-7 | 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs. |
| ✓ 8-14 | 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO. |
| ✓ 2 | 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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked. |
| ✓ 2 | 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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.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:

- | | |
|---------|---|
| ✓ 16 | 1. Provide a complete detailed project description. |
| ✓ 16 | 2. Provide a timeline of events for the project, from CON issuance through project completion. |
| ✓ 19 | 3. Provide a legible city or county map showing the exact location of the proposed facility. |
| ✓ 20-21 | 4. Provide a site plan for the proposed project. |
| ✓ 22-24 | 5. Provide preliminary schematic drawings for the proposed project. |
| ✓ 25 | 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services. |
| ✓ 16 | 7. Provide the proposed square footage. |
| ✓ 26-29 | 8. Document ownership of the project site, or provide an option to purchase. |
| ✓ 17 | 9. Define the community to be served. |
| ✓ 17 | 10. Provide projected year population for the 15-mile radius service area. |
| ✓ 17 | 11. Identify specific community problems or unmet needs the proposal would address. |
| ✓ 17 | 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. |
| ✓ 17 | 13. Provide the methods and assumptions used to project utilization. |
| ✓ 17 | 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input. |
| ✓ 17 | 15. Provide copies of any petitions, letters of support or opposition received. |
| ✓ 30-31 | 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. |
| ✓ 32-34 | 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:

- | | |
|---------|--|
| ✓ 36-41 | 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. |
| ✓ 36 | 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:

- | | |
|------|---|
| ✓ 43 | 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data" |
| ✓ 44 | 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. |
| ✓ 45 | 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. |
| ✓ 43 | 4. Document how patient charges are derived. |
| ✓ 43 | 5. Document responsiveness to the needs of the medically indigent. |
| ✓ 43 | 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

APPLICATION SUMMARY

DIVIDER I. APPLICATION SUMMARY

1. **Applicant Identification and Certification (Form MO 580-1861)**
See attached.
2. **Representative Registration (Form 580-1869)**
See attached.
3. **Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.**
See attached.
4. **Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.**
See attached.
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.**
Neither the operator nor any affiliate of the operator has had their license 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.**
Not applicable.
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 facility owned or operated by the operator or any affiliate of the operator has had its Medicare and/or Medicaid certification 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.**
Not applicable.



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 Chapters Living of Joplin - Add SNF Services	Project Number 6206 NS
Project Address <small>(Street/City/State/Zip Code)</small> 201 S Northpark Lane, Joplin, MO 64801	County Jasper

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

List All Owner(s): <small>(List corporate entity.)</small>	Address <small>(Street/City/State/Zip Code)</small>	Telephone Number
201 S Northpark Joplin LLC	7050 W Palmetto Park Road, Suite 15365, Boca Raton, FL 33433	314-403-4162
List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address <small>(Street/City/State/Zip Code)</small>	Telephone Number
Chapters Joplin Opco, LLC	1734 Gilsinn Lane, Saint Louis, MO 63026	314-403-4162

3. Ownership (Check applicable category.)

- | | | | |
|--|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual | <input type="checkbox"/> City | <input type="checkbox"/> District |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> County | <input checked="" type="checkbox"/> Other <u>LLC</u> |


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 Richard Hill	Title Attorney	
Telephone Number 314-621-2939	Fax Number 314-621-6844	E-mail Address rhill@lashlybaer.com
Signature of Contact Person 		Date of Signature 5/2/25



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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


Project Name Chapters Living of Joplin - Add SNF Services		Number 6206 NS																				
(Please type or print legibly.)																						
Name of Representative Richard Hill		Title Attorney																				
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lashly & Baer, P.C.		Telephone Number 314-621-2939																				
Address (Street/City/State/Zip Code) 714 Locust Street, St. Louis, MO 63101																						
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 201 S Northpark Joplin LLC		Telephone Number 314-403-4162																				
Address (Street/City/State/Zip Code) 7050 W Palmetto Park Road, Suite 15365, Boca Raton, FL 33433																						
<table border="0"><tr><td>Check one. Do you:</td><td>Relationship to Project:</td></tr><tr><td><input checked="" type="checkbox"/> Support</td><td><input type="checkbox"/> None</td></tr><tr><td><input type="checkbox"/> Oppose</td><td><input type="checkbox"/> Employee</td></tr><tr><td><input type="checkbox"/> Neutral</td><td><input checked="" type="checkbox"/> Legal Counsel</td></tr><tr><td></td><td><input type="checkbox"/> Consultant</td></tr><tr><td></td><td><input type="checkbox"/> Lobbyist</td></tr><tr><td></td><td><input type="checkbox"/> Other (explain):</td></tr><tr><td>Other Information:</td><td></td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> <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>			Check one. Do you:	Relationship to Project:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None	<input type="checkbox"/> Oppose	<input type="checkbox"/> Employee	<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Legal Counsel		<input type="checkbox"/> Consultant		<input type="checkbox"/> Lobbyist		<input type="checkbox"/> Other (explain):	Other Information:		_____	_____	_____	_____
Check one. Do you:	Relationship to Project:																					
<input checked="" type="checkbox"/> Support	<input type="checkbox"/> None																					
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<input type="checkbox"/> Neutral	<input checked="" type="checkbox"/> Legal Counsel																					
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	<input type="checkbox"/> Lobbyist																					
	<input type="checkbox"/> Other (explain):																					
Other Information:																						
_____	_____																					
_____	_____																					
Original Signature 		Date 5/2/25																				

MO 580-1869 (11/01)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Chapters Living of Joplin - Add SNF Services	Number 6206 NS
(Please type or print legibly.)	
Name of Representative Richard Hill	Title Attorney
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lashly & Baer, P.C.	Telephone Number 314-621-2939
Address (Street/City/State/Zip Code) 714 Locust Street, St. Louis, MO 63101	
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 Chapters Joplin Opco, LLC	Telephone Number 314-403-4162
Address (Street/City/State/Zip Code) 1734 Gilsinn Lane, Saint Louis, MO 63026	
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 type="checkbox"/> Employee <input checked="" type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> 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: <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>	
Original Signature 	Date 5/2/25



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	\$0
2. Renovation Costs ***	\$350,000
3. Subtotal Construction Costs (#1 plus #2)	\$350,000
4. Architectural/Engineering Fees	\$7,500
5. Other Equipment (not in construction contract)	\$30,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$200,000
8. Consultants' Fees/Legal Fees ***	\$10,000
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$52,500
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$300,000
12. Total Project Development Costs (#3 plus #11)	\$650,000 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$650,000
17. Total Project Financing (sum of #13 through #16)	\$650,000 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	30,838
21. Renovated Space Costs Per Square Foot *****	\$11

* 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.

Chapters Senior Living
New SNF
Budget Detail

	A	B	C
	Line Item Description	Amount	CON Cost Category
1	Existing Premises Value	\$200,000.00	Land Acquisition
2	Estimated Renovation	\$350,000.00	Renovation Costs
3	Estimated Architects & Engineering	\$7,500.00	Architectural / Engineering Fees
4	Estimated Equipment	\$30,000.00	Other Equipment
5	Estimated Consultants and Experts	\$10,000.00	Consultants' Fees / Legal Fees
6	Contingency	\$52,500.00	Other Costs
7	Total	\$650,000.00	



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

LC014596312
Date Filed: 12/16/2024
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

CHAPTERS JOPLIN OPCO LLC

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

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

The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

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

Tyler Brady

1734 Gilsinn Ln

Fenton, MO 63026

Name

Street Address: May not use PO Box unless street address also provided

City/State/Zip

4. The management of the limited liability company is vested in: ☐ managers ☒ members (check one)

5. 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

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

Name

Address

City/State/Zip

Brady, Tyler

1734 Gilsinn Ln

Fenton MO 63026-2004

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Tyler Brady

Address: Email: tbrady@chaptersliving.com

City, State, and Zip Code: _____

8. Principal Office Address (OPTIONAL) of the limited liability company (PO Box may only be used in addition to a physical street address):

1734 Gilsinn Ln

Fenton, MO 63026-2004

Address (PO Box may only be used in conjunction with a physical street address)

City/State/Zip

9. 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: _____

(Date may not be more than 90 days after the filing date in this office)

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

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Tyler Brady

TYLER BRADY

12/16/2024

Organizer Signature

Printed Name

Date of Signature

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

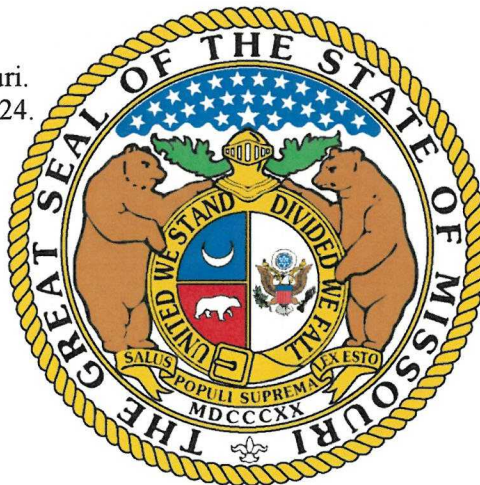
CHAPTERS JOPLIN OPCO LLC
LC014596312

filed its Articles of Organization with this office on the 16th day of December, 2024, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 16th day of December, 2024, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 16th day of December, 2024.


Secretary of State





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

FL001709144
Date Filed: 2/11/2025
Denny Hoskins
Missouri Secretary of State

**Application for Registration of a Foreign
Limited Liability Company**

(Submit with filing fee of \$105.00)

1. The name of the foreign limited liability company is 201 S NORTHPARK JOPLIN LLC
2. The name under which the foreign limited liability company will conduct business in Missouri is (must contain "limited company", "limited liability company", "LC", "LLC", "L.C.", or "L.L.C.") (must be filled out if different from line (1)):
201 S NORTHPARK JOPLIN LLC
3. The foreign limited liability company was formed under the laws of Florida on the
(state or jurisdiction)
date of 12/18/2024
(month/day/year)
4. The purpose of the foreign limited liability company or the general character of the business it proposes to transact in this state is:
The transaction of any and all lawful business for which limited liability companies may be organized under Missouri law.
5. The name and address of the limited liability company's registered agent in Missouri is (this line must be completed and include a street address):

<u>Tyler Brady</u>	<u>1734 Gilsinn Ln</u>	<u>Fenton MO 63026</u>
<i>Name</i>	<i>Address (PO Box may <u>only</u> be used in conjunction with a physical street address)</i>	<i>City/State/Zip</i>
- The Secretary of State is appointed agent for service of process if the foreign limited liability company fails to maintain a registered agent. **Note:** failure to maintain a registered agent constitutes grounds to cancel the registration of the foreign limited liability company.*
6. The address of the registered office in the jurisdiction organized. If none required, then the principal office address of the foreign limited liability company is:

<u>1734 Gilsinn Ln</u>	<u>Fenton MO 63026-2004</u>
<i>Address (PO Box may <u>only</u> be used in conjunction with a physical street address)</i>	<i>City/State/Zip</i>
7. This application must include a current certificate of good standing/existence from the secretary of state or other similar official in the state of domicile. Such document should be dated within 60 calendar days from filing.

(Please see next page)

LLC-4 (08/2013)

Name and address to return filed document:

Name: Tyler Brady

Address: Email: tbrady@chaptersliving.com

City, State, and Zip Code: _____

8. ☐ Pursuant to Section 347.186, the foreign limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company under which it has been admitted to transact business in this state and are the following:

New Series:

- ☐ The limited liability company gives notice that the series has limited liability.

New Series:

- ☐ The limited liability company gives notice that the series has limited liability.

New Series:

- ☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 4A.)

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

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Tyler Brady

Authorized Signature

TYLER BRADY

Printed Name

02/11/2025

Date

State of Florida

Department of State

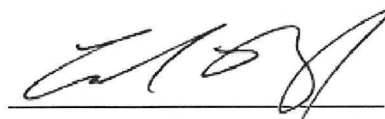
I certify from the records of this office that 201 S NORTHPARK JOPLIN LLC is a limited liability company organized under the laws of the State of Florida, filed on December 17, 2024.

The document number of this limited liability company is L24000523568.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024 and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of February,
2025*




Secretary of State

Tracking Number: 2867767625CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

STATE OF MISSOURI



Denny Hoskins
Secretary of State

CERTIFICATE OF REGISTRATION

WHEREAS,

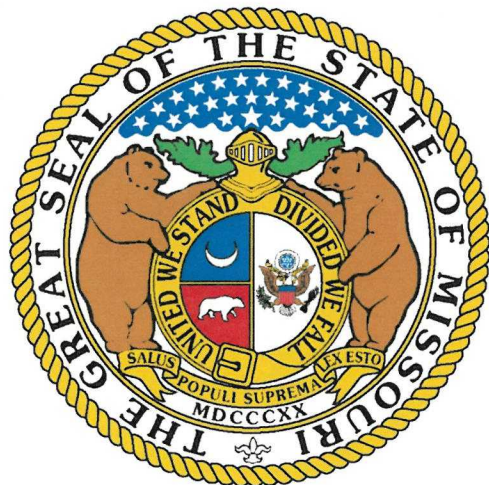
201 S NORTHPARK JOPLIN LLC
FL001709144

existing under the laws of the State of Florida has filed with this state its Application of Registration and whereas this Application of Registration conforms to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, DENNY HOSKINS, Secretary of State of the State of Missouri, by virtue of the authority vested in me by law, do hereby certify and declare that on the 11th day of February, 2025, the above Foreign Limited Liability Company is duly authorized to transact business in the State of Missouri and is entitled to any rights granted Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of February, 2025.

Denny Hoskins
Secretary of State



DIVIDER II

PROPOSAL DESCRIPTION

DIVIDER II. PROPOSAL DESCRIPTION

1. Provide a complete detailed project description.

The Applicants acquired the former Spring River Christian Village on February 6, 2025, including the operations of the 90-bed assisted living facility located on that campus. A key part of the Applicants' long-term plan for the campus includes the reopening of the skilled nursing facility that is located on the campus and attached to the existing assisted living facility. Before the Applicants' acquisition, the prior operator closed the skilled nursing facility on April 22, 2023. The purpose of this project is to renovate and reopen the skilled nursing facility to meet the significant need, as shown on the Committee's need formula, and to assist residents throughout the entire spectrum of senior care, including independent living, assisted living, and skilled nursing services.

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

CON Approval	July 14, 2025
Commence Construction	July 2025
Complete Construction	September 2025
Licensure	October 2025
First Resident Move In	October 2025

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

See attached.

4. Provide a site plan for the proposed project.

See attached.

5. Provide preliminary schematic drawings for the proposed project.

See attached.

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

See attached.

7. Provide the proposed gross square footage.

The total square footage of the renovation is approximately 30,838 square feet.

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

See attached.

9. Define the community to be served.

The community to be served is the 65 and older population located within a 15-mile radius of the proposed site.

10. Provide projected year population for the 15-mile radius service area.

There will be approximately 29,321 individuals aged 65 or older in the service area surrounding the project, based on the State of Missouri's 2030 population estimates.

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

There is a significant unmet need for additional skilled nursing beds in the service area pursuant to the Committee's formula.

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.

The SNF has been closed for more than one year, and as such, there is no historical utilization to present. Please see the projected utilization below.

Year 1 – 21.9% Occupancy; 8,215 resident days
Year 2 – 43.7% Occupancy; 16,425 resident days
Year 3 – 87.7% Occupancy; 32,985 resident days

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

The methods and assumptions used to project utilization and projections were based on the Applicant's historical experience with similar operations. The Applicant also anticipates that its existing independent living and assisted living operations will generate utilization for the skilled nursing facility.

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

Please see the attached notification published in the Joplin Globe on April 23, 2025, which invites consumers to submit commentary with respect to this project.

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

The Applicant will provide letters or petitions as it receives them.

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.**

Please see the attached notification published in the Joplin Globe on April 23, 2025, which invites consumers to submit commentary with respect to this project.

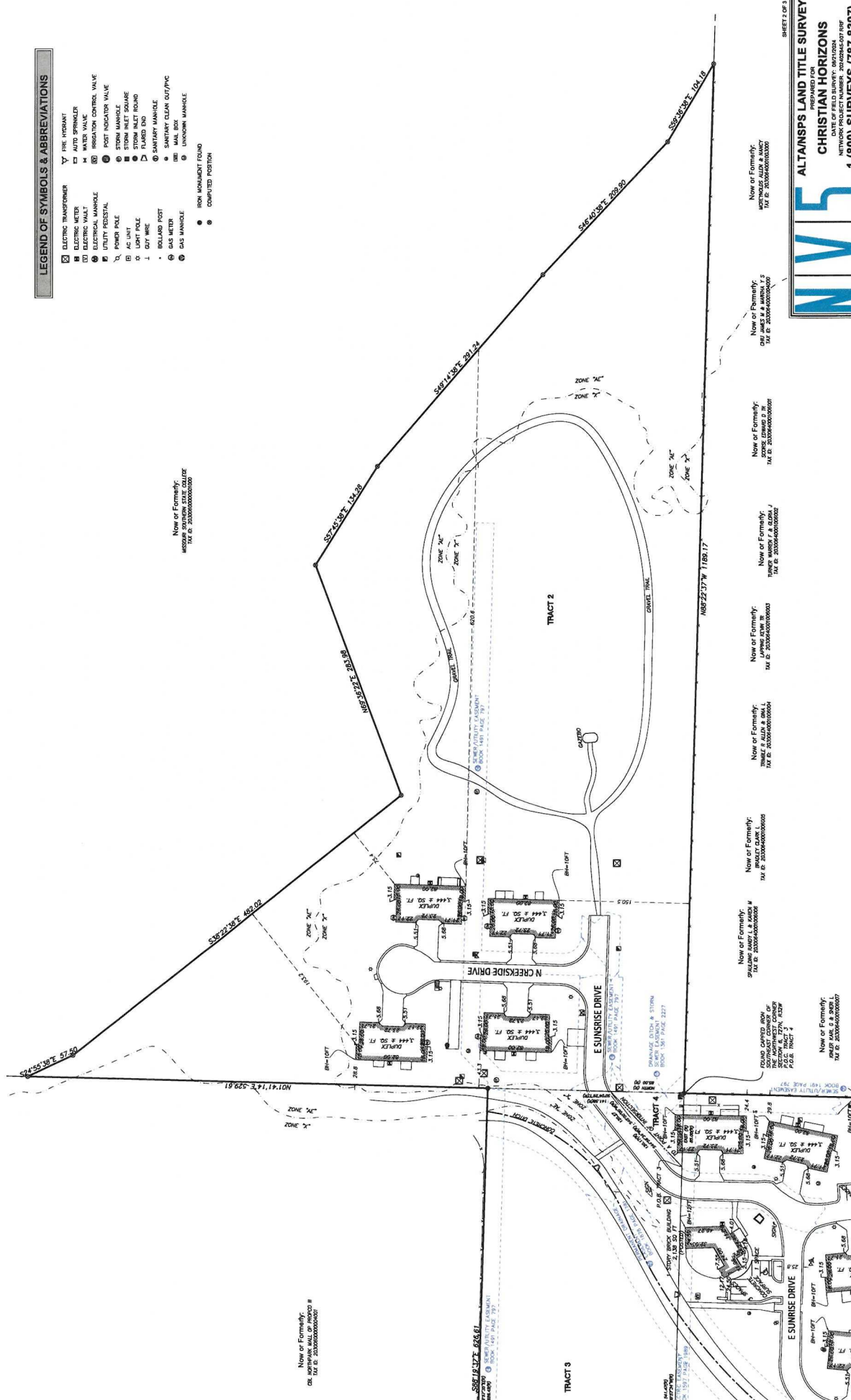
17. **Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.**

Please see attached for a signed and notarized attestation of compliance, an example copy of the letter that was sent to all facilities in the 15-mile radius, and a list of those facilities that were provided notice.

Location Map



- ⚡ ELECTRIC TRANSFORMER
- ⚡ ELECTRIC METER
- ⚡ ELECTRICAL WALK
- ⚡ ELECTRICAL MANHOLE
- ⚡ UTILITY DISTAL
- ⚡ POWER POLE
- ⚡ AC UNIT
- ⚡ LIGHT POLE
- ⚡ OUT WIRE
- ⚡ BOLLARD POST
- ⚡ GAS METER
- ⚡ GAS MANHOLE
- ⚡ IRON MONUMENT FOUND
- ⚡ COMPUTED POST
- ⚡ FIVE INCH
- ⚡ AIR SPRINGER
- ⚡ WATER VALVE
- ⚡ REGISTRATION CONTROL VALVE
- ⚡ REGISTRATION CONTROL VALVE
- ⚡ STORM MANHOLE
- ⚡ STORM INLET SQUARE
- ⚡ STORM INLET ROUND
- ⚡ FLARED INLET
- ⚡ SANITARY MANHOLE
- ⚡ SANITARY CLEAN OUT/PVC
- ⚡ 180 MAIL BOX
- ⚡ UNIFORM MANHOLE



1. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

ALT/NSPS LAND TITLE SURVEY SHEET 2 OF 3

PREPARED FOR

CHRISTIAN HORIZONS

ENZYME APPLICATIONS

DATE OF FIELD SURVEY: 08/21/2024
NETW/CRK PROJECT NUMBER: 202402845-007 SITE

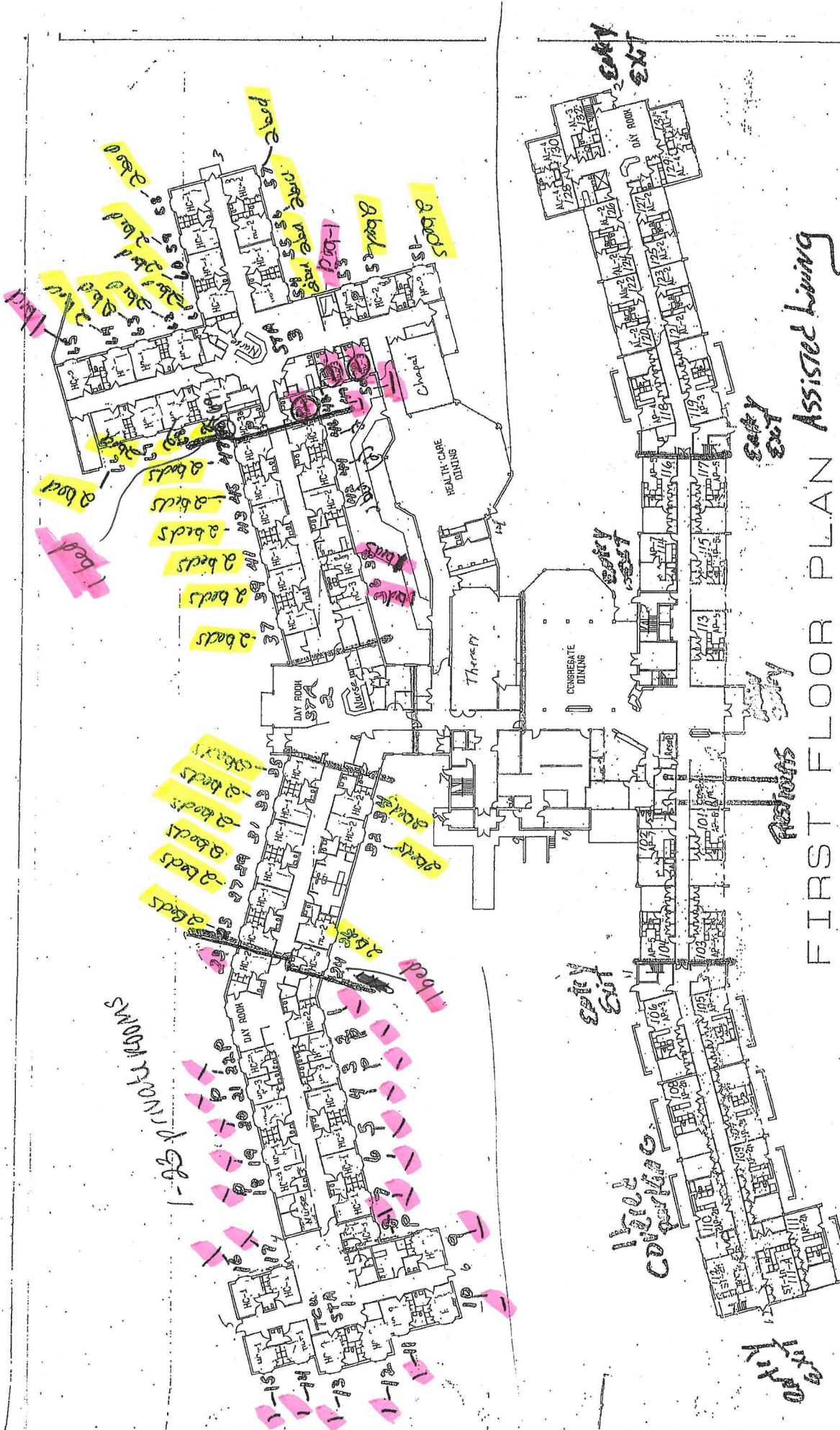
1-(800)-SLIP/VEYS (787-9297)

(1630-101) 213A YOC-(000)-1

TRANSACTION SERVICES

THE UNIVERSITY OF CHICAGO

VIRONMENTAL ASSESSMENT



FIRST FLOOR PLAN Assisted Living

SPRING RIVER CHRISTIAN VILLAGE
SCALE 1" = 40'-0"

- = 1 bed
- = 2 beds

11
Parking

Chapters Senior Living
New SNF
Bed Amount and Locations

	A	B	C
	Room	Beds	Station
1	1	1	Station 1
2	2	1	Station 1
3	3	1	Station 1
4	4	1	Station 1
5	5	1	Station 1
6	6	1	Station 1
7	7	1	Station 1
8	8	1	Station 1
9	9	1	Station 1
10	10	1	Station 1
11	11	1	Station 1
12	12	1	Station 1
13	13	1	Station 1
14	14	1	Station 1
15	15	1	Station 1
16	16	1	Station 1
17	17	1	Station 1
18	18	1	Station 1
19	19	1	Station 1
20	20	1	Station 1
21	21	1	Station 1
22	22	1	Station 1
23	23	1	Station 1
24	24	1	Station 2
25	25	2	Station 2
26	26	2	Station 2
27	27	2	Station 2
28	29	2	Station 2
29	31	2	Station 2
30	32	2	Station 2
31	33	2	Station 2
32	34	2	Station 2
33	35	2	Station 2
34	36	1	Station 2
35	37	2	Station 2
36	38	1	Station 2
37	39	2	Station 2
38	41	2	Station 2
39	42	2	Station 2
40	43	2	Station 2
41	44	2	Station 2
42	45	2	Station 2
43	46	2	Station 2
44	47	2	Station 2
45	48	1	Station 3
46	49	1	Station 3
47	50	1	Station 3
48	51	2	Station 3
49	52	2	Station 3

Chapters Senior Living
New SNF
Bed Amount and Locations

	A	B	C
	Room	Beds	Station
50	53	1	Station 3
51	54	2	Station 3
52	55	2	Station 3
53	56	2	Station 3
54	57	2	Station 3
55	58	2	Station 3
56	59	2	Station 3
57	60	2	Station 3
58	61	2	Station 3
59	62	2	Station 3
60	63	2	Station 3
61	64	2	Station 3
62	65	1	Station 3
63	66	2	Station 3
64	67	2	Station 3
65	68	2	Station 3
66	69	2	Station 3
67	70	1	Station 3

Hill, Richard W.

From: Hill, Richard W.
Sent: Thursday, May 1, 2025 5:17 PM
To: David.East@health.mo.gov; Carrie.Brixey@health.mo.gov
Subject: Chapters Joplin - Addition of SNF Services
Attachments: Preliminary Schematic - 5-1-25(3183846.1).pdf; Bed Count - 5-1-25(3183845.1).xlsb

David and Carrie:

Chapters Joplin is applying for CON approval to reopen SNF services at its 201 S Northpark Lane, Joplin, MO 64801 location. Please see the attached schematic showing the location of all 103 beds they are applying for, as well as table showing the location of those beds by room number. Please let me know if you have any questions or concerns. Thanks!

Rich

RICHARD W. HILL, III
Attorney at Law
rhill@lashlybaer.com
DIRECT: 314 436.8317
CELL: 314 749.2396



LASHLY & BAER, P.C.
ATTORNEYS AT LAW
714 Locust Street, St. Louis, MO 63101-1699

vCard Website Locations USLAW

Best Lawyers
ONES TO WATCH
RICHARD W. HILL III 2021

THIS ELECTRONIC COMMUNICATION IS PRIVILEGED, CONFIDENTIAL AND OTHERWISE LEGALLY PROTECTED INFORMATION FROM THE LAW FIRM OF LASHLY & BAER, P.C. The information contained in this communication and any attachments is intended solely for use by the addressee(s). If this was erroneously sent to you, please notify us immediately by reply email or by telephone at 314-621-2939 and permanently delete this communication including any electronic or printed versions and attachments. Electronic communications are not secure. Please advise if you do not wish to receive electronic communications in the future. [Click here](#) for additional disclaimers.

Please consider the environment before printing this email.

Recorded in Jasper County, Missouri

Recording Date/Time: **02/25/2025** at **09:11:20 AM**

Book: **2748** Page: **4**

Instr #: **2025002539**

Type: **QC**

Pages: **4**

Fee: **\$33.00 S**



Electronically Recorded

Charlotte Pickering
Recorder of Deeds

[SPACE ABOVE THIS LINE IS FOR RECORDING INFORMATION]

QUIT CLAIM DEED

Grantor: **SPRING RIVER CHRISTIAN VILLAGE, INC.,**
a Missouri not for profit corporation

Grantee: **201 S NORTHPARK JOPLIN LLC,**
a Florida limited liability company

Grantor's
Address: 2 City Place Drive, Second Floor
Saint Louis, Missouri 63141

Dated: As of February 1, 2025

Location: 201 South Northpark Lane
Joplin, Missouri 64801

County: Jasper

Legal
Description: See **Exhibit A**
Reference Book
and Page: _____

UPON RECORDATION RETURN TO:

Reiss Sheppe LLP
425 Madison Avenue, 19th Floor
New York, New York 10017
Amir Kornblum, Esq.

QUIT CLAIM DEED

This Quit Claim Deed is made as of February 1, 2025, by **SPRING RIVER CHRISTIAN VILLAGE, INC.**, a Missouri not for profit corporation, ("Grantor"), to **201 S NORTHPARK JOPLIN LLC**, a Florida limited liability company ("Grantee").

WITNESSETH, that Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, by these presents does REMISE, RELEASE, and QUIT CLAIM unto the Grantee, FOREVER, all the following described real estate, situated in the County of Jasper, State of Missouri, known and described as follows (the "Premises"):

See Exhibit A attached hereto and made a part hereof, together with all improvements and fixtures located thereon and owned by Grantor as of the date hereof and any rights, privileges and appurtenances pertaining thereto.

TO HAVE AND TO HOLD said Premises as described above, with the appurtenances unto, the Grantee forever.

This is a Quit Claim Deed. Grantor makes no representations whatsoever, express or implied, regarding the Premises. this Deed or any other matters.

[Remainder of page intentionally blank]

IN WITNESS WHEREOF, Grantor executed this Quit Claim Deed as of the day and year first above written.

GRANTOR:

SPRING RIVER CHRISTIAN VILLAGE, INC.,
a Missouri not for profit corporation

By: _____

Kate Bertram
President and Chief Executive Officer

STATE OF Illinois)

)

COUNTY OF COOK)

On this 30th day of January, 2025, before me appeared **KATE BERTRAM**, to me personally known, who, being by me duly sworn/affirmed did say that s/he is the President and Chief Executive Officer of SPRING RIVER CHRISTIAN VILLAGE, INC., a Missouri not for profit corporation, and that said instrument was signed on behalf of said Missouri not for profit corporation by authority of its Board of Directors, and said **KATE BERTRAM** acknowledged said instrument to be the free act and deed of said Missouri not for profit corporation.

V. Madrigal, Notary Public

Printed Name: Vanessa Madrigal

My Commission Expires:

05/25/2027

Send Subsequent Tax Bills to:

201 S NORTHPARK JOPLIN LLC
7050 West Palmetto Park Road, Suite 15365
Boca Raton, Florida 33433



EXHIBIT A
Legal Description

Spring River – Jasper County, Missouri

The Land is described as follows:

Tract 1:

All of East Half (E1/2) of the Northeast Quarter (NE1/4) of the Southwest Fractional Quarter (SWFrct11/4) of Section 6, Township 27, Range 32, in the City of Joplin, Jasper County, Missouri.

Tract 2:

All of that land lying Southwest of the center line of Turkey Creek in the Southwest Quarter (SW1/4) of the Northeast Fractional Quarter (NEFrct11/4) of Section 6, Township 27, Range 32, in the City of Joplin, Jasper County, Missouri.

Tract 3:

All that part of Lot Numbered One (1) in the Northwest Fractional Quarter (NWFrct11/4) in Section 6, Township 27, Range 32, in the City of Joplin, Jasper County, Missouri, described as follows: Commencing at the Southeast corner of the Northwest Quarter of said Section 6, thence South 89°57'34" West along the South line of the Northwest Quarter 85.0 feet to the point of beginning, thence South 89°57'34" West 541.47 feet, thence North 0°03'44" West 226.58 feet, thence North 89°57'35" East 626.42 feet, more or less, to the East line of the Northwest Quarter, thence South 0°04'26" East 141.58 feet, thence South 44°56'34" West 120.17 feet to the point of beginning.

Tract 4:

Beginning at the Southeast corner of the Southeast Quarter (SE1/4) of the Northwest Quarter (NW1/4) of Section 6, Township 27, Range 32, thence North 85 feet, thence South 45° West to a point of intersection of the South line of said Quarter, thence East along said Quarter Section line 85 feet to the point of beginning, being in the City of Joplin, Jasper County, Missouri.

Tax Parcel Number: 20-3.0-06-000-000-002.000

Common Address: 201 South Northpark Lane, Joplin, Missouri 64801

THE JOPLIN GLOBE

P.O.Box 7, Joplin, Missouri 64802
Phone(417)623-3480
Fax(417)623-1188

Published in The Joplin Globe
April 23rd, 2025 1 Time
201 S Northpark Joplin LLC and Chap-
ters Joplin Opco, LLC are seeking Cer-
tificate of Need approval to develop and
construct a 103-bed skilled nursing fa-
cility addition to their existing campus
at 201 S Northpark Lane, Joplin, MO
64801. If you have any comments or
concerns, please feel free to direct
them to Richard Hill at 714 Locust
Street, Saint Louis, MO 63101, (314)
621-2989, or rhill@lashlybaer.com.
(996498)

LASHLEY & BAER PC
ATTORNEYS AT LAW
714 LOCUST ST
ST LOUIS MO 63101-1699

AFFIDAVIT OF PUBLICATION

State Of Missouri:

Counties Of Jasper/Newton

I, KIMBRA GREEN, being duly sworn according to law, STATE
that I am Accounting Clerk of THE JOPLIN GLOBE.

The Joplin Globe is a daily newspaper of general circulation in
the counties of Jasper/Newton, which has been admitted to the post
office as second-class matter in city of Joplin, the city of
publication: which newspaper has been published regularly and
consecutively for a period of three years and has a list of
bonafide subscribers voluntarily engaged as such, who have
paid or agreed to pay a stated price for a subscription for a
definite period of time, and that such newspaper has complied
with the provisions of section 493.050, Missouri Revised
Statutes, 1959. The below listed advertisement appeared in
the following issue(s):

PUBLICATION	EXPIRED DATE	AD CAPTION	#TIMES	AMOUNT
THE JOPLIN GLOBE 04/23/2025	04/23/2025	CERTIFICATE OF	1	71.20

Kimbra Green (Accounting Clerk)
Kimbra Green

Subscribed and sworn to before me this 23rd day of

April, 2025

Daniel Kuhns/24679582
05/15/2028 Notary Public

Acknowledgement

State of Missouri

[SS]

County of Jasper

On this 23rd day of April in the year 2025, before me,
Daniel Kuhns, a Notary Public in and for said state, personally appeared Kim Green,
Accounting Clerk of The Joplin Globe, personally known to me to be the person who
executed the within Affidavit of Publication in behalf of said corporation and
acknowledged to me that he or she executed the same for the purposes therein stated.
In witness thereof, I hereunto set my hand and official seal.

[LS]



A handwritten signature in cursive script, appearing to read "Daniel Kuhns", written over a horizontal line.

Notary Public

This notarization certificate displays my official seal and signature to prove I witnessed Kim Green's acknowledgment that the attached Affidavit of Publication was signed for its intended purpose. I did not personally witness the signing or swearing which is part of the reason I do not sign on the attached document where it says "subscribed and sworn to before me". The rest of the reason is that statement alone is insufficient form for a notarization certificate, lacking several key elements which a notarization certificate must include according to the Missouri Secretary of State's Notary Public Handbook section 486.750.



LASHLY & BAER, P.C.
ATTORNEYS AT LAW

RICHARD W. HILL
Licensed in Missouri and Illinois
DIRECT: 314 436.8317
rhill@lashlybaer.com

MISSOURI
714 Locust Street
St. Louis, MO 63101-1699
TEL: 314 621.2939
FAX: 314 621.6844
www.lashlybaer.com

ILLINOIS
20 East Main Street
Belleville, IL 62220-1602
TEL: 618 233.5587
By Appointment Only

April 30, 2025

Carthage Health And Rehabilitation Center
Attn: Administrator
1901 Buena Vista Ave
Carthage, MO 64836

Re: Chapters Living of Joplin – Add 103 SNF Beds – CON Project No. 6206 NS

To Whom it May Concern

Please be advised that 201 S Northpark Joplin LLC and Chapters Joplin Opco, LLC will submit and/or have submitted a Certificate of Need application to add 103 skilled nursing facility beds to their existing facility at 201 S Northpark Lane, Joplin, Missouri 64801.

Very truly yours,

Richard W. Hill

RWH/

Chapters Senior Living
New SNF
Facility Notice List

	A	B	C	D	E
	County	Facility Name	Address	City	Zip
1	Jasper	Carthage Health And Rehabilitation Center	1901 Buena Vista Ave	Carthage	64836
2	Jasper	Communities of Wildwood Ranch	3222 South John Duffy Drive	Joplin	64804
3	Jasper	Joplin Gardens	2810 South Jackson Ave	Joplin	64804
4	Jasper	St Luke's Nursing and Rehabilitation	1220 East Fairview Ave	Carthage	64836
5	Jasper	Webb City Health And Rehabilitation Center	2077 Stadium Dr	Webb City	64870
6	Jasper	Westgate	3130 John Duffy Dr	Joplin	64804
7	Newton	Joplin Health And Rehabilitation Center	2218 West 32Nd St	Joplin	64804

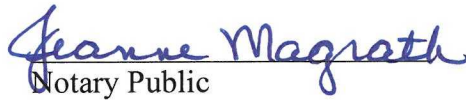
Attestation of Compliance

I, Richard Hill, certify that, to the best of my knowledge and belief, I have followed all applicable regulations regarding notifying surrounding facilities of the application submitted to the Missouri Health Facilities Review Committee by 201 S Northpark Joplin LLC and Chapters Joplin Opco, LLC for the establishment of a 103-bed skilled nursing facility at 201 S Northpark Lane, Joplin, MO 64801 by letter dated April 30, 2025.

Signature: 

Date: 5/1/25

I, Jeanne Magrath, a notary public in and for said State do hereby certify that Richard Hill, whose name is signed to the writing above, has this day acknowledged the same before me.


Notary Public

Date: 5/1/25
jun



DIVIDER III

SERVICE SPECIFIC CRITERIA AND STANDARDS

DIVIDER III. SERVICE SPECIFIC CRITERIA AND STANDARDS

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

The Department of Health and Senior Services provided the maps and 2030 population data for individuals aged 65 and older for those zip codes and cities within 15 miles of the proposed facility. The population data, facilities list, and calculations are attached (See Schedules 1 through 3).

Unmet need = $[(R \times P) - U]$

R = CON Need Coefficient for SNF/ICF = 53/1,000

P = 2030 Population aged 65 and older in 15-mile radius = 29,321

U = # of SNF/ICF beds in 15-mile radius = 787

Unmet Need = $[(0.053) \times 29,321] - 787 =$ **767 SNF BED NEED**

2. **For RCF/ALF Beds, address the population-based need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.**

Not applicable.

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

Not applicable.

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

Not applicable.

5. **For any proposed facility which is designed and operated exclusively for person with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.**

Not applicable.

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.**

No.

Chapters Senior Living
New SNF
Need Analysis

Schedule 1

Table 1 - Standard MHFRC Analysis

	A	B
1	2030 65+ Population in 15 Mile Radius	29,321
2	SNF / ICF Need Ratio	0.053
3	Line 1 * Line 2	1,554
4	Total Beds	787
5	SNF Licensed Beds	787
6	ICF Licensed Beds	0
7	CON Approved Beds	0
8	Need	767

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Chapters Senior Living														
2	New SNF														
3	Population Analysis														
4	POPULATION 65+			Project Number:			Project Address:			201 S Northpark Ln, Joplin, MO 64801					
5		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
6	1	64755	604	Jasper	178	100%	178	178	426	10%	43	0%	0	0	43
7				Neck City	46	0%	0	0				0%	0		
8				Purcell	53	0%	0	0				0%	0		
9	2	64801	6,978	Airport Drive	214	60%	128	6,554	424	100%	424	60%	128	6,554	6,978
10				Carl Junction	1,580	0%	0	0				0%	0		
11				Cartersville	372	5%	19	19				5%	19		
12				Duenweg	340	80%	272	272				80%	272		
13				Duquesne	575	60%	345	345				60%	345		
14				Joplin	11,331	50%	5,666	5,666				50%	5,666		
15				Webb City	2,498	5%	125	125				5%	125		
16	3	64804	8,866	Cliff Village	9	100%	9	6,118	2,748	100%	2,748	100%	9	6,118	8,866
17				Dennis Acres	7	100%	7	7				100%	7		
18				Duquesne	575	40%	230	230				40%	230		
19				Grand Falls Plaza	33	100%	33	33				100%	33		
20				Joplin	11,331	45%	5,099	5,099				45%	5,099		
21				Leawood	187	100%	187	187				100%	187		
22				Loma Linda	325	95%	309	309				95%	309		
23				Redings Mill	51	100%	51	51				100%	51		
24				Saginaw	91	100%	91	91				100%	91		
25				Shoal Creek Drive	78	100%	78	78				100%	78		
26				Shoal Creek Estates	24	100%	24	24				100%	24		
27	4	64830	78	Alba	76	100%	76	76	2	100%	2	100%	76	76	78
28					0		0	0					0		
29					0		0	0					0		
30				Asbury	47	100%	47	67	135	25%	34	100%	47	67	101
31	5	64832	202	Waco	20	100%	20	20				100%	20		
32					0		0	0					0		
33				Airport Drive	214	0%	0	1,580	421	100%	421	0%	0	1,580	2,001
34	6	64834	2,001	Carl Junction	1,580	100%	1,580	1,580				100%	1,580		
35					0		0	0					0		
36				Cartersville	372	85%	316	316	51	100%	51	85%	316	316	367
37	7	64835	367		0		0	0					0		
38					0		0	0					0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Chapters Senior Living														
2	New SNF														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			201 S Northpark Ln, Joplin, MO 64801				
5		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
39	8	64836	5,414	Brooklyn Heights	32	100%	32	3,103	2,311	70%	1,618	100%	32	3,086	4,703
40				Carthage	2,940	100%	2,940					100%	2,940		
41				Carytown	87	100%	87					80%	70		
42				Duenweg	340	0%	0					0%	0		
43				Fidelity	44	100%	44					100%	44		
44	9	64840	692	Diamond	186	100%	186	186	506	100%	506	100%	186	186	692
45				Fidelity	44	0%	0					0%	0		
46					0		0						0		
47	10	64841	261	Duenweg	340	20%	68	68	193	100%	193	20%	68	68	261
48					0		0						0		
49					0		0						0		
50	11	64844	971	Granby	478	100%	478	495	476	20%	95	5%	24	24	119
51				Ritchey	17	100%	17					0%	0	0	
52					0		0						0		
53	12	64849	47	Neck City	46	100%	46	46	1	100%	1	100%	46	46	47
54					0		0						0		
55					0		0						0		
56	13	64850	5,424	Neosho	2,695	100%	2,695	2,695	2,729	35%	955	5%	135	135	1,090
57					0		0						0		
58					0		0						0		
59	14	64855	486	Oronogo	364	75%	273	273	213	55%	117	75%	273	273	390
60					0		0						0		
61					0		0						0		
62	15	64857	61	Purcell	53	100%	53	53	8	100%	8	100%	53	53	61
63					0		0						0		
64					0		0						0		
65	16	64859	252	Reeds	13	100%	13	13	239	5%	12	0%	0	0	12
66					0		0						0		
67					0		0						0		
68	17	64862	752	Sarcoie	329	100%	329	329	423	10%	42	0%	0	0	42
69					0		0						0		
70					0		0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Chapters Senior Living														
2	New SNF														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			201 S Northpark Ln, Joplin, MO 64801				
5		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
71	18	64865	1,266	Loma Linda	325	5%	16	530	736	30%	221	5%	16	16	237
72				Seneca	514	100%	514					0%	0	0	
73							0						0		
74	19	64870	3,190	Airport Drive	214	40%	86	3,153	37	100%	37	40%	86	3,153	3,190
75				Cartersville	372	10%	37					10%	37		
76				Joplin	11,331	5%	567					5%	567		
77				Oronogo	364	25%	91					25%	91		
78				Webb City	2,498	95%	2,373					95%	2,373		
79	20	64858	43				0	0	43	100%	43		0	0	43
80							0						0		
81							0						0		
82							0						0		
83			37,955		55,833		25,834	25,834	12,121		7,570		21,751	21,751	29,321

Chapters Senior Living
New SNF
Facility Analysis

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
County	Facility Name	Address	City	Zip	CON Approved Beds	Licensed SNF Beds	Licensed ICF Beds	Total Licensed Beds	3rd Qtr 2023 Occup %	4th Qtr 2023 Occup %	1st Qtr 2024 Occup %	2nd Qtr 2024 Occup %	3rd Qtr 2024 Occup %	4th Qtr 2024 Pat Days	4th Qtr 2024 Occup Days	4th Qtr 2024 Occup %	Average Occup %
1 Jasper	Carthage Health And Rehabilitation Center	1901 Buena Vista Ave	Carthage	64836	0	120	0	120	92.8%	95.4%	91.2%	94.1%	92.6%	11,040	10,040	90.9%	92.8%
2 Jasper	Communities of Wildwood Ranch	3222 South John Duffy Drive	Joplin	64804	0	120	0	120	91.0%	90.1%	88.5%	88.0%	89.8%	11,040	9,821	89.0%	89.4%
3 Jasper	Joplin Gardens	2810 South Jackson Ave	Joplin	64804	0	92	0	92	69.1%	68.8%	69.3%	68.1%	68.6%				68.8%
4 Jasper	St Luke's Nursing and Rehabilitation	1220 East Fairview Ave	Carthage	64836	0	95	0	95	77.0%	80.1%	85.7%	83.3%	82.6%		7,111	83.1%	81.9%
5 Jasper	Webb City Health And Rehabilitation Center	2077 Stadium Dr	Webb City	64870	0	120	0	120	86.1%	89.1%	89.2%	89.0%	86.9%				88.1%
6 Jasper	Westgate	3130 John Duffy Dr	Joplin	64804	0	120	0	120	84.7%	85.0%	85.9%	89.2%	90.0%	11,040	9,744	88.3%	87.2%
7 Newton	Joplin Health And Rehabilitation Center	2218 West 32Nd St	Joplin	64804	0	120	0	120	88.3%	90.0%	90.0%	88.6%	89.6%	11,040	9,963	90.2%	89.5%
8	Total				0	787	0	787									

DIVIDER IV

FINANCIAL FEASIBILITY REVIEW CRITERIA AND STANDARDS

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”.**

The 2025 RS Means Building Construction Cost Data for the median nursing home in Missouri (non-Kansas City, non-Saint Louis) at the median is \$196.45 per square foot, and at the 75th percentile is \$258.88 per square foot. The renovation cost per square foot for the project is \$11.35 per square foot.

- 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditors statement indicating that sufficient funds are available.**

See attached.

- 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.**

See attached.

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

The Applicant calculated charges by taking the average of its projected Medicare, Medicaid, and private pay rates.

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

All beds will be certified for Medicaid reimbursement. The Applicants will provide qualified employees to assist residents and their families through the Medicaid application process. The Applicant will work with residents and their families to address financial challenges by setting up payment plans or identifying alternate sources of funding.

- 6. For a proposed new skilled nursing or intermediate care facility, what percent of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?**

50%.

- 7. For an existing skilled nursing or intermediate care facility proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission?**

Not applicable.



May 2, 2025

Alison Dorge
CON Program Coordinator
Missouri CON Program
P.O. Box 570
Jefferson City, MO 65102

Re: *Letter of Financial Feasibility*
 Certificate of Need Project #6206 NS

Dear Mrs. Dorge,

MO IA IL Holdings LLC is a company with its principal office located at 7050 W Palmetto Park Road, Suite 15365 Boca Raton, FL 33433. MO IA IL Holdings, LLC hereby confirms that it is the owner of 201 S Northpark Joplin, LLC and Chapters Joplin Opco, LLC.

We hereby provide this letter to confirm that MO IA IL Holdings, LLC maintains sufficient operating reserves to cover the budget for CON project #6206 NS, and can transfer those funds through inter-company transfer to 201 S Northpark Joplin, LLC and Chapters Joplin Opco, LLC.

Please do not hesitate to contact us should you require any further information.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tyler S. Brady'.

Tyler S. Brady, CPA
Chief Financial Officer



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Chapters Living of Joplin - Add SNF S **Project #:** 6206 NS

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		
	Year 1	Year 2	Year 3
Amount of Utilization:*	8,215	16,425	32,985
Revenue:			
Average Charge**	\$275	\$285	\$287
Gross Revenue	\$2,259,125	\$4,681,125	\$9,466,695
Revenue Deductions	0	0	0
Operating Revenue	2,259,125	4,681,125	9,466,695
Other Revenue	0	0	0
TOTAL REVENUE	\$2,259,125	\$4,681,125	\$9,466,695
Expenses:			
Direct Expenses			
Salaries	1,377,646	2,755,293	5,663,157
Fees	3,500	5,000	7,500
Supplies	238,500	385,000	575,000
Other	250,000	625,000	1,350,925
TOTAL DIRECT	\$1,869,646	\$3,770,293	\$7,596,582
Indirect Expenses			
Depreciation	150,000	325,000	465,000
Interest***	0	0	0
Rent/Lease	120,000	240,000	360,000
Overhead****	112,956	250,481	514,832
TOTAL INDIRECT	\$382,956	\$815,481	\$1,339,832
TOTAL EXPENSES	\$2,252,602	\$4,585,774	\$8,936,414
NET INCOME (LOSS):	\$6,523	\$95,351	\$530,281

*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.