

From: [Hill, Richard W.](#)
To: [Fick, Mackinzev](#)
Subject: RE: CON 6210 RS
Date: Wednesday, May 21, 2025 4:19:46 PM
Attachments: [image001.png](#)
[Budget - 5-21-25\(3206948.1\).pdf](#)
[Budget Detail - 5-21-25\(3206945.1\).pdf](#)
[Closet-bed cost breakdown\(3206827.1\).xlsx](#)
[6210 RS - Revised Pages - 5-21-25\(3206963.1\).pdf](#)
[Lee's Summit CON floor plan\(3206855.1\).pdf](#)
[Facility letter to Jackson Creek Memory Care 5-15-25\(3199252.1\).pdf](#)
[Lees Summit Financial Inst. Letter 5.19.25 \(KA Signed\)\(3206848.1\).pdf](#)

Mackinzev:

Please see below. Thanks!

- Provide 3rd party documents or methods/assumptions for the renovation costs.
 - See attached method for estimating renovation and equipment costs, as well as revised budget and budget detail.
- The application states renovations and new construction is happening. Which is correct?
 - See revised application pages. There is no new construction – the project consists solely of renovation.
- The bed utilization numbers provided within the application for years 2022-2024 versus the numbers we received within the applicants recent 10/10% non-applicability bed increase request AND submissions on 2022-2024 CON surveys are all significantly different. Can you explain how the numbers provided in the CON application were determined and if they are correct, why our office has received incorrect survey submissions on multiple occasions?
 - My understanding is that the discrepancy relates to reporting in the situation where a resident occupies a room that is licensed for two beds but utilizes the room as a private room. The applicant recently had a discussion with Alison Dorge regarding proper reporting on the six quarter occupancy reports. The reporting in the application reflects the reporting method requested by Alison Dorge. The applicant is working to submit revised occupancy reports that report occupancy in accordance with Alison Dorge's instructions.
- For utilization on year 3 after completion, I calculate 91.4%. Please advise.
 - We utilize 24,090 resident days divided by the product of 72 total beds multiplied by 365. $[24,090 / (72 * 365)] = 91.7\%$
- Provide clearer schematics. I am unable to tell how many beds are semi-private vs private.
 - See attached floor plan.
- After reviewing the facilities within your service area, a letter was not sent to the following facility: Jackson Creek Memory Care. A letter should be sent to this facility and a copy of such should be submitted back to our office.
 - See attached letter.
- The letter from Carmin Tomassi does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.
 - See attached letter and revised budget showing revised source of funding.

Rich

RICHARD W. HILL
Attorney at Law
DIRECT: 314 436.8317
CELL: 314 749 2396
rhill@lashlybaer.com
Licensed in Missouri

LASHLY & BAER, P.C.

Attorneys at Law

714 Locust Street St. Louis, MO 63101-1699 TEL: 314 621.2939
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>

Sent: Tuesday, May 13, 2025 9:36 AM

To: Hill, Richard W. <RHill@lashlybaer.com>

Subject: CON 6210 RS

Importance: High

Rich,

After review of the application, some additional information is needed.

- Provide 3rd party documents or methods/assumptions for the renovation costs.
- The application states renovations and new construction is happening. Which is correct?
- The bed utilization numbers provided within the application for years 2022-2024 versus the numbers we received within the applicants recent 10/10% non-applicability bed increase request AND submissions on 2022-2024 CON surveys are all significantly different. Can you explain how the numbers provided in the CON application were determined and if they are correct, why our office has received incorrect survey submissions on multiple occasions?
- For utilization on year 3 after completion, I calculate 91.4%. Please advise.
- Provide clearer schematics. I am unable to tell how many beds are semi-private vs private.
- After reviewing the facilities within your service area, a letter was not sent to the following facility: Jackson Creek Memory Care. A letter should be sent to this facility and a copy of such should be submitted back to our office.
- The letter from Carmin Tomassi does not appear to be sufficient documentation for unrestricted funds. 19 CSR 60-50.470 (2) Document that sufficient financing will be available to assure completion of the project by providing a letter from a financial institution saying it is willing to finance the project, or an auditor's statement that unrestricted funds are available for the project.

This information is needed by Friday, May 23rd, 2025.



Mackinzezy Fick

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

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DIVIDER II. PROPOSAL DESCRIPTION

1. Provide a complete detailed project description.

The Applicant seeks to add 18 additional ALF, memory-care specific beds to its Silverado Lee's Summit facility. The Applicant is seeking to add additional beds to its facility due to the facility's existing high occupancy and significant need in the Lee's Summit area pursuant to the Committee's formula.

Silverado Lee's Summit is a facility with an innovative social community-based model exclusively dedicated to serving the memory impaired. Silverado's model of care includes a mix of licensed nurses 24 hours a day 7 days a week, Masters-level social worker, Medical Director, a well-staffed engagement department, Dementia-training certified caregivers, in addition to separate culinary, housekeeping, laundry and maintenance staff which allows the caregiving staff to focus on the needs of the residents and their families. All staff in the community have passed the 20+ hour Silverado Dementia certification program which is the only internationally accredited Dementia-training program in the United States and 1 of 5 in the world. This Accreditation is through the Alzheimer's Disease International Organization. Silverado has a highly recognized Love > fear culture where staff enjoy rewarding work and best results for residents and families. Silverado's early-stage dementia program, called the Nexus program, is internationally recognized with evidence-based results of 60 % improvement in cognition for residents with a 20 or better Mini Mental Score Examination (MMSE) per University of California San Diego Psychiatry and Geriatrics Departments review of 730 cases. This program has been successfully duplicated in Denmark and presented internationally at the ADI Conferences in Krakow Poland in 2024, as well as and at Budapest Conference several years ago. Silverado has innovated many other programs over the past 28 years since its founding, and continues to be a pioneer Dementia-specific assisted living company, now operating in 27 locations across 10 states.

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

CON Approval	July 14, 2025
Commence Renovation	July 2025
Complete Renovation	September 2025
First Resident Move In	September 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.

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 Cost Data for New Construction for the median nursing home the Kansas City Area at the median is \$211.00 per square foot, and at the 75th percentile is \$278.05 per square foot. The RS Means Data page (but not the CON regulations) advises that renovation costs should not exceed 70% of new construction project costs. Accordingly, it appears that the comparable RS Means renovation data is $\$211.00 \times 70\% = \147.70 . The renovation cost per square foot for the project is approximately \$4.00 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. With respect to the projections, the total interest expense includes deferred financing costs, which are loan fees paid up front that are amortized throughout the life of the loan. The total amortized deferred financing costs projected are \$1,047,838 (Year 1), \$1,029,455 (Year 2), and \$1,029,455 (Year 3). After adjusting for non-cash items like Depreciation, the projected SSRE form shows positive income in Year 2.

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

Charges are based on the Applicant’s experience and knowledge of patient charges at this existing facility that is the subject of the project and are determined by competitive analysis and review of market differentiators. As residents’ needs change, they may be assessed an additional fees for incontinence care and/or an increase based on their progression from Nexus to community living.

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

The Applicant has a history of working with residents and their families to address financial challenges by setting up payment plans, waiving fee increases, 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?**

Not applicable.



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 ***	\$19,440
3. Subtotal Construction Costs (#1 plus #2)	\$19,440
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$16,792
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$0
9. Interest During Construction (net of interest earned) ***	\$0
10. Other Costs ***	\$113,768
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$130,560
12. Total Project Development Costs (#3 plus #11)	\$150,000 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$150,000
16. Other Methods (specify)	\$0
17. Total Project Financing (sum of #13 through #16)	\$150,000 **

18. New Construction Total Square Footage	0
19. New Construction Costs Per Square Foot *****	\$0
20. Renovated Space Total Square Footage	4,500
21. Renovated Space Costs Per Square Foot *****	\$4

* 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.

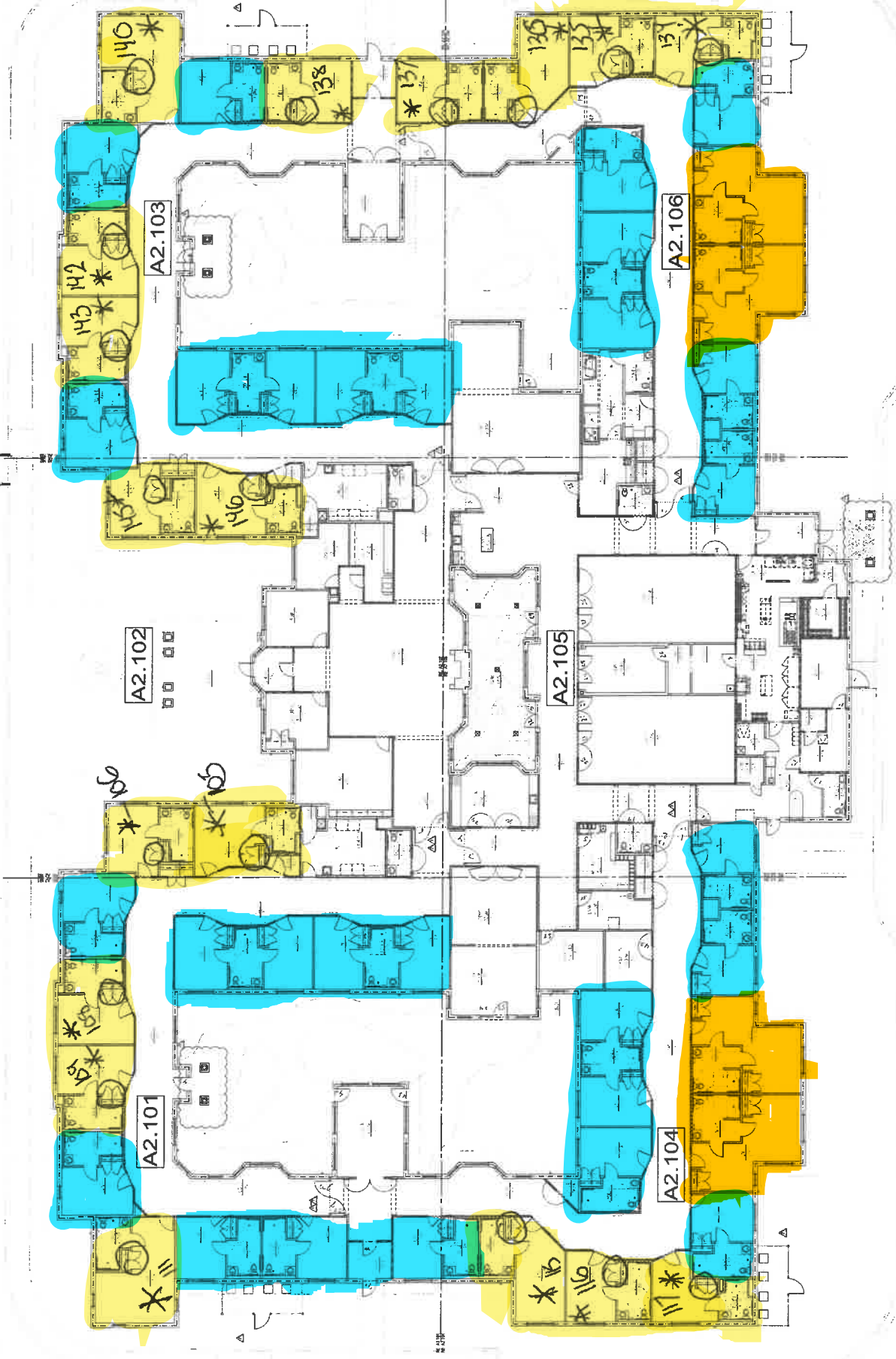
***** Divide renovation costs by total renovation square footage.

Silverado Lee's Summit
Additional ALF Beds
Budget Detail

	A	B	C
	Line Item	Amount	CON Cost Category
1	Renovation Costs	\$19,440.00	Renovation
2	Bed Purchase	\$16,792.00	Other Equipment
3	Contingency	\$113,768.00	Other
4	Total	\$150,000.00	

KEY:

- YELLOW- Room currently single will move to double post CON
- ORANGE- Room currently double will remain post CON
- BLUE- Rooms currently single will not change post CON





LASHLY & BAER, P.C.
ATTORNEYS AT LAW

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

May 15, 2025

Jackson Creek Memory Care
Attn: Administrator
19400 E 40th St Court S
Independence, MO 64057

Re: Silverado Lee's Summit – Add ALF Beds – CON Project No. 6210 RS

To Whom it May Concern

Please be advised that Silverado Lee's Summit LLC will submit and/or have submitted a Certificate of Need application to add 18 additional assisted living facility beds to its existing facility at 3101 SW 3rd Street, Lee's Summit, Missouri 64081.

Very truly yours,

Richard W. Hill

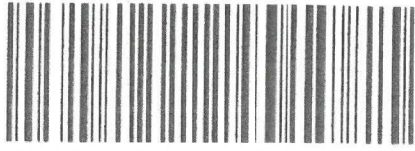
RWH/kb



LASHLY & BAER, P.C.
ATTORNEYS AT LAW

714 Locust Street, Saint Louis, Missouri 63101-1600

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Jackson Creek Memory Care
Attn: Administrator
19400 E 40th St Court S
Independence, MO 64057



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Postage \$
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Send To
Jackson Creek Memory Care
Street and Apt. No., or PO Box No.
Attn: Administrator 19400 E 40th St.,
City, State, ZIP+4®
Independence, MO 64057

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

MAY 15 2025
ST LOUIS MO 63101

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- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jackson Creek Memory
care
attn: administrator
19400 E. 40th St. Court S
Independence, MO 64057



9590 9402 8331 3094 8795 53

2. Article Number (Transfer from service label)

7022 3330 0001 1979 4388

PS Form 3811, July 2020 PSN 7530-02-003-9053

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☒ X

☐ Agent
☐ Addressee

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C. Date of Delivery

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- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



Capital Funding, LLC

May 19, 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 #6210 RS**

Dear Mrs. Dorge,

I serve as Managing Director, Senior Housing, for Capital Funding, LLC, a financial institution principally based in Baltimore, Maryland. I write this letter for the benefit of Silverado Senior Living Holdings, Inc. ("Silverado"), which is the parent company of Silverado Lee's Summit LLC ("Applicant"), the applicant on the above-referenced CON project (the "Project").

It is my understanding the Project's budget is estimated to be \$150,000. I hereby provide this letter to confirm that Capital Funding, LLC is willing to finance the Project, under our usual procedures should Silverado require such financing assistance.

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

Sincerely,

Kenneth Assiran
Managing Director, Senior Housing
Capital Funding, LLC

2455 House Street
Baltimore, MD 21230

410.342.3155
www.capfundinc.com



Closet renovation	Unit Price	QTY	Total
Conversion of single closets to double closets	\$ 1,080.00	18	\$ 19,440.00
		Total	\$ 19,440.00
Beds	Unit Price	QTY	Total
Headboard	\$ 220.00	18	\$ 3,960.00
bed frame	\$ 33.00	18	\$ 594.00
foot board	\$ 109.00	18	\$ 1,962.00
Mattress	\$ 275.90	18	\$ 4,966.20
Box Spring	\$ 295.00	18	\$ 5,310.00
		Total	\$ 16,792.20
		Grand Total	\$36,232.20

From: [Hill, Richard W.](#)
To: [Fick, Mackinzey](#)
Subject: RE: CON 6210 RS
Date: Monday, May 19, 2025 8:26:09 AM
Attachments: [image001.png](#)

Mackinzey:

We agree with your result from the base MHFRC analysis as set forth in the regulations. Notwithstanding, as shown in our application, we're proposing an alternative need methodology that has been accepted by the Committee in the past.

Thanks!

Rich

RICHARD W. HILL
Attorney at Law
DIRECT: 314 436.8317
CELL: 314 749 2396
rhill@lashlybaer.com
Licensed in Missouri

L A S H L Y & B A E R , P . C .

Attorneys at Law

714 Locust Street St. Louis, MO 63101-1699 TEL: 314 621.2939
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From: Fick, Mackinzey <Mackinzey.Fick@health.mo.gov>
Sent: Friday, May 16, 2025 3:31 PM
To: Hill, Richard W. <RHill@lashlybaer.com>
Subject: CON 6210 RS
Importance: High

Rich,

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 144,509 (attached). We found 2,745 (339 CON Approved & 2,406 Licensed) RCF/ALF beds in the 15-mile radius (attached). Therefore, we calculated **a bed need of 867 RCF/ALF beds** within 15 miles of the site.

This information is needed by Friday, May 23rd, 2025.



Mackinzezy Fick

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

✉: mackinzezy.fick@health.mo.gov | ☎: 573-751-6403

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