

CERTIFICATE OF NEED APPLICATION

SILVERADO LEE'S SUMMIT – ADD ALF BEDS

On Behalf Of

SILVERADO LEE'S SUMMIT LLC



Project No. 6210 RS

Add 18 ALF 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: Silverado Lee's Summit - Add ALF BedsProject No: 6210 RSProject Description: Add 18 ALF BedsDone Page N/ADescription**Divider I. Application Summary:**

- ✓ 3 1. Applicant Identification and Certification (Form MO 580-1861)
- ✓ 4 2. Representative Registration (Form MO 580-1869)
- ✓ 5-6 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- ✓ 7-10 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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.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:

- ✓ 12 1. Provide a complete detailed project description.
- ✓ 12 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 15 3. Provide a legible city or county map showing the exact location of the proposed facility.
- ✓ 16-17 4. Provide a site plan for the proposed project.
- ✓ 18 5. Provide preliminary schematic drawings for the proposed project.
- ✓ 19 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- ✓ 13 7. Provide the proposed square footage.
- ✓ 20-24 8. Document ownership of the project site, or provide an option to purchase.
- ✓ 13 9. Define the community to be served.
- ✓ 13 10. Provide projected year population for the 15-mile radius service area.
- ✓ 13 11. Identify specific community problems or unmet needs the proposal would address.
- ✓ 13 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.
- ✓ 14 13. Provide the methods and assumptions used to project utilization.
- ✓ 14 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 14 15. Provide copies of any petitions, letters of support or opposition received.
- ✓ 25 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.
- ✓ 26-28 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:

- ✓ 30-43 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.
- ✓ 30-43 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.
- ✓ 30-43 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- ✓ 30-43 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- ✓ 32 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.
- ✓ 32 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:

- ✓ 45 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ✓ 48 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.
- ✓ 49-50 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.
- ✓ 45 4. Document how patient charges are derived.
- ✓ 45 5. Document responsiveness to the needs of the medically indigent.
- ✓ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- ✓ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

DIVIDER I

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 Silverado Lee's Summit - Add ALF Beds	Project Number 6210 RS
Project Address (Street/City/State/Zip Code) 3101 SW 3rd Street, Lee's Summit, MO 64081	County Jackson

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

List All Owner(s): <small>(List corporate entity.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Silverado Lee's Summit LLC	6400 Oak Canyon #200, Irvine, CA 92618	949-240-7200

List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Silverado Lee's Summit LLC	6400 Oak Canyon #200, Irvine, CA 92618	949-240-7200

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> |

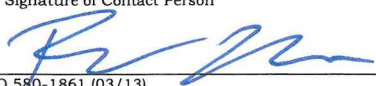
4. Certification

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 Silverado Lee's Summit - Add ALF Beds	Number 6210 RS
(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 Silverado Lee's Summit LLC	Telephone Number 949-240-7200
Address (Street/City/State/Zip Code) 6400 Oak Canyon #200, Irvine, CA 92618	
<div>Check one. Do you: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Neutral</div> <div>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):</div> <div>Other Information: _____ _____</div>	
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 ***	\$20,000
3. Subtotal Construction Costs (#1 plus #2)	\$20,000
4. Architectural/Engineering Fees	\$0
5. Other Equipment (not in construction contract)	\$20,000
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 ***	\$110,000
11. Subtotal Non-Construction Costs (sum of #4 through #10)	\$130,000
12. Total Project Development Costs (#3 plus #11)	\$150,000 **

FINANCING:

13. Unrestricted Funds	\$0
14. Bonds	\$0
15. Loans	\$0
16. Other Methods (specify)	\$150,000
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 *****	\$5

* 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	\$20,000.00	Renovation
2	Bed Purchase	\$20,000.00	Other Equipment
3	Contingency	\$110,000.00	Other
4	Total	\$150,000.00	



State of Missouri
John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

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: Silverado Lee's Summit, 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)):
3. The foreign limited liability company was formed under the laws of Delaware on the date of 05/21/2024
(month/day/year) (state or jurisdiction)
4. The purpose of the foreign limited liability company or the general character of the business it proposes to transact in this state is:

Developer and operator of assisted living communities.
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):

CSC-Lawyers Incorporating Service Company 221 Bolivar Street Jefferson City, MO 65101
Name Address (PO Box may only be used in conjunction with a physical street address) City/State/Zip
- 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:

c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808
Address (PO Box may only be used in conjunction with a physical street address) City/State/Zip
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)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

ORI-11152024-2869 State of Missouri
No of Pages 3 Pages



Creation - LLC/LP/LLP

8. ☐ Series LLC (OPTIONAL) 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.

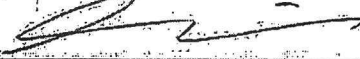
New Series:

- ☐ 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)

 Carmin Tomason 11.12.24
Authorized Signature Printed Name Date

Authorized Signature Printed Name Date

Authorized Signature Printed Name Date

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVERADO LEE'S SUMMIT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILVERADO LEE'S SUMMIT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



3731324 8300

SR# 20244170752

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204835837

Date: 11-08-24

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF REGISTRATION

WHEREAS,

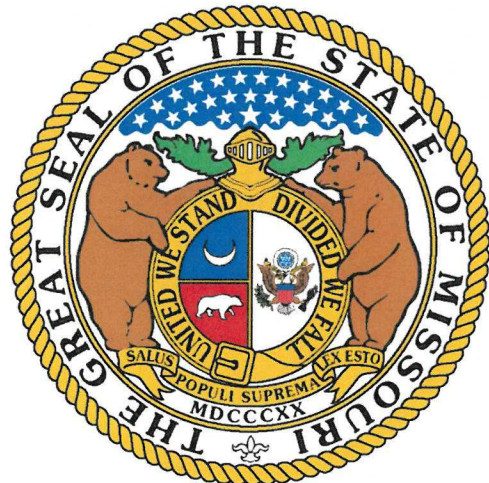
SILVERADO LEE'S SUMMIT, LLC
FL001707633

existing under the laws of the State of Delaware 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, JOHN R. ASHCROFT, 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 15th day of November, 2024, 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 15th day of November, 2024.


Secretary of State



DIVIDER II

PROPOSAL DESCRIPTION

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 Construction	July 2025
Complete Construction	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.

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 rooms in which the renovation will take place is approximately 4,500 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 144,224 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.

The elderly population continues to increase over time and more elderly people will be seeking memory care services in their community.

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.

2022 – 38.4% Occupancy; 7,573 resident days
2023 – 79.3% Occupancy; 15,627 resident days
2024 – 92.0% Occupancy; 18,128 resident days
Year 1 – 73.2% Occupancy; 19,259 resident days
Year 2 – 84.2% Occupancy; 22,123 resident days
Year 3 – 91.7% Occupancy; 24,090 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 and our experience in the Lee's Summit market. The Applicant has operated the facility for several years and has compiled a market analysis from which to make detailed rate and growth estimates. Likewise, the Applicant has detailed history on costs incurred and labor market data from which to make reasonable estimates on costs going forward.

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 Kansas City Star on April 29, 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.

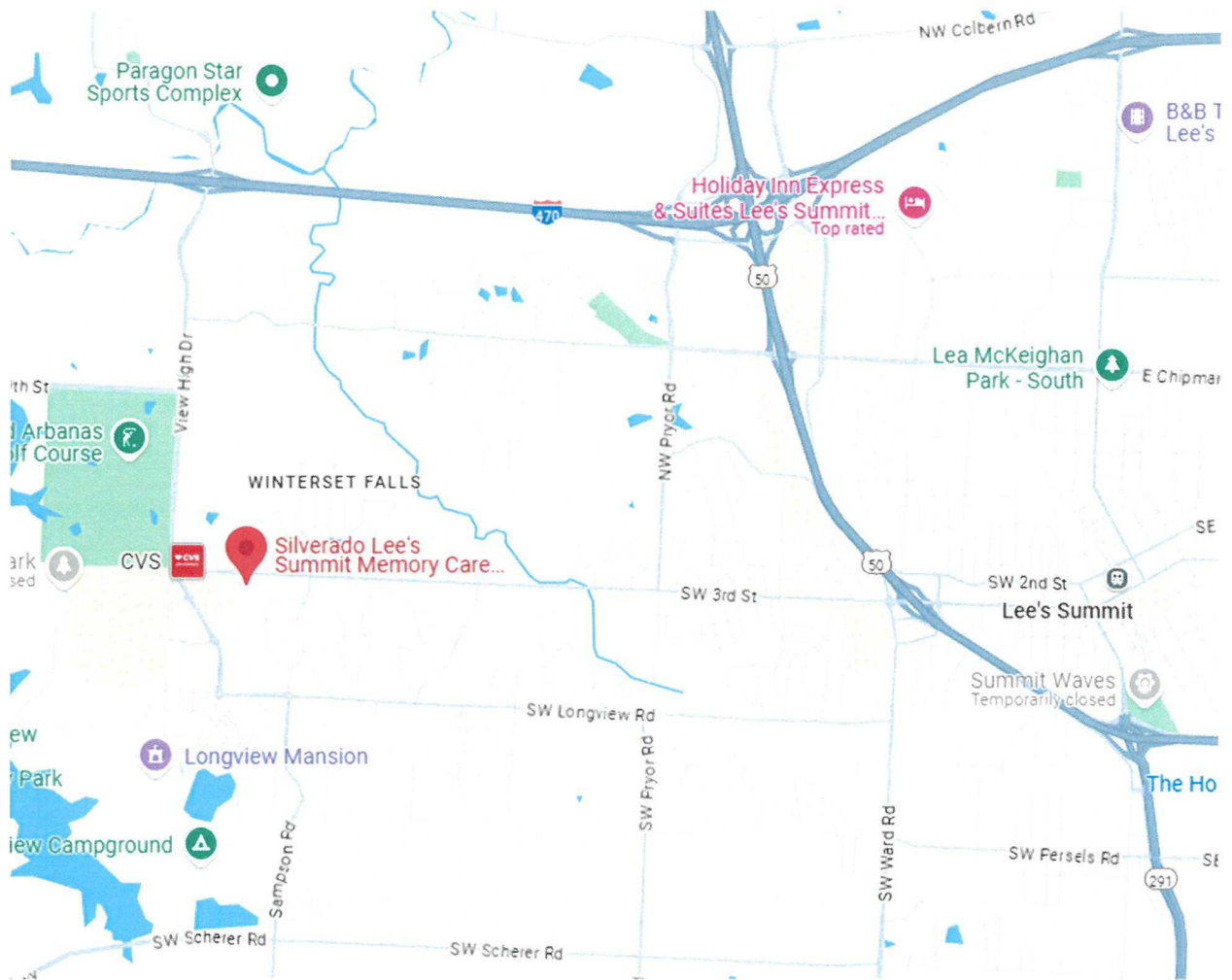
16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.

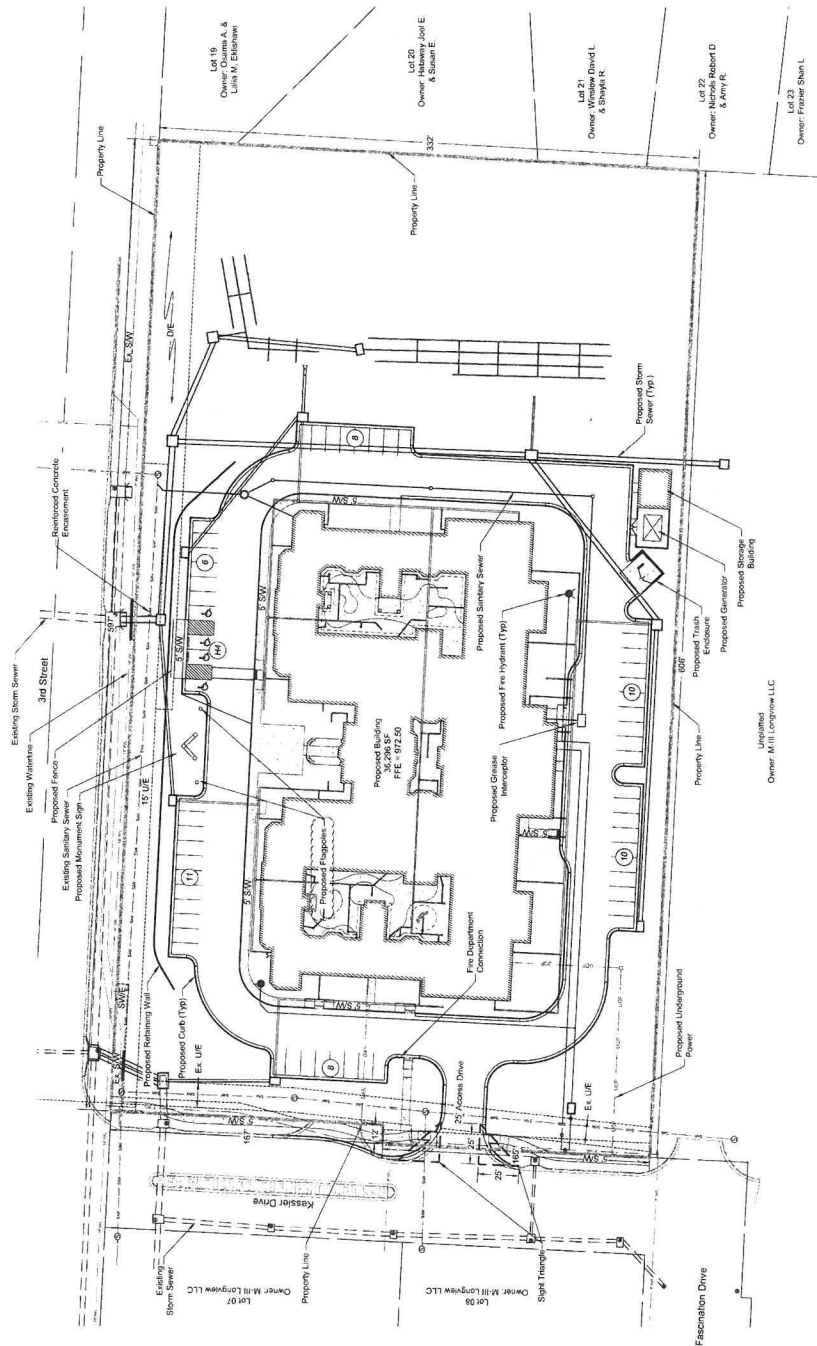
Please see the attached notification published in the Kansas City Star on April 29, 2025, which invites consumers to submit commentary with respect to this project.

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





SITE DATA TABLE

PROPERTY INFO	RAW
	0.07 Acres
	0.07 Acres
	0.07 Acres
PARKING INFO	157 Stalls
	1 Small/2 Bikes = 54 Bikes/2 = 27 Stalls
	1 Small/Employee = 30 Employees/1 = 30 Stalls
	1 Small/Employee = 30 Employees/1 = 30 Stalls
TOTAL PROVIDED	36,296 SF
	36,296 SF
	21.3%
	11.56





LEES SUMMIT MEMORY CARE, LLC
OF LEES SUMMIT
LEES SUMMIT, MISSOURI



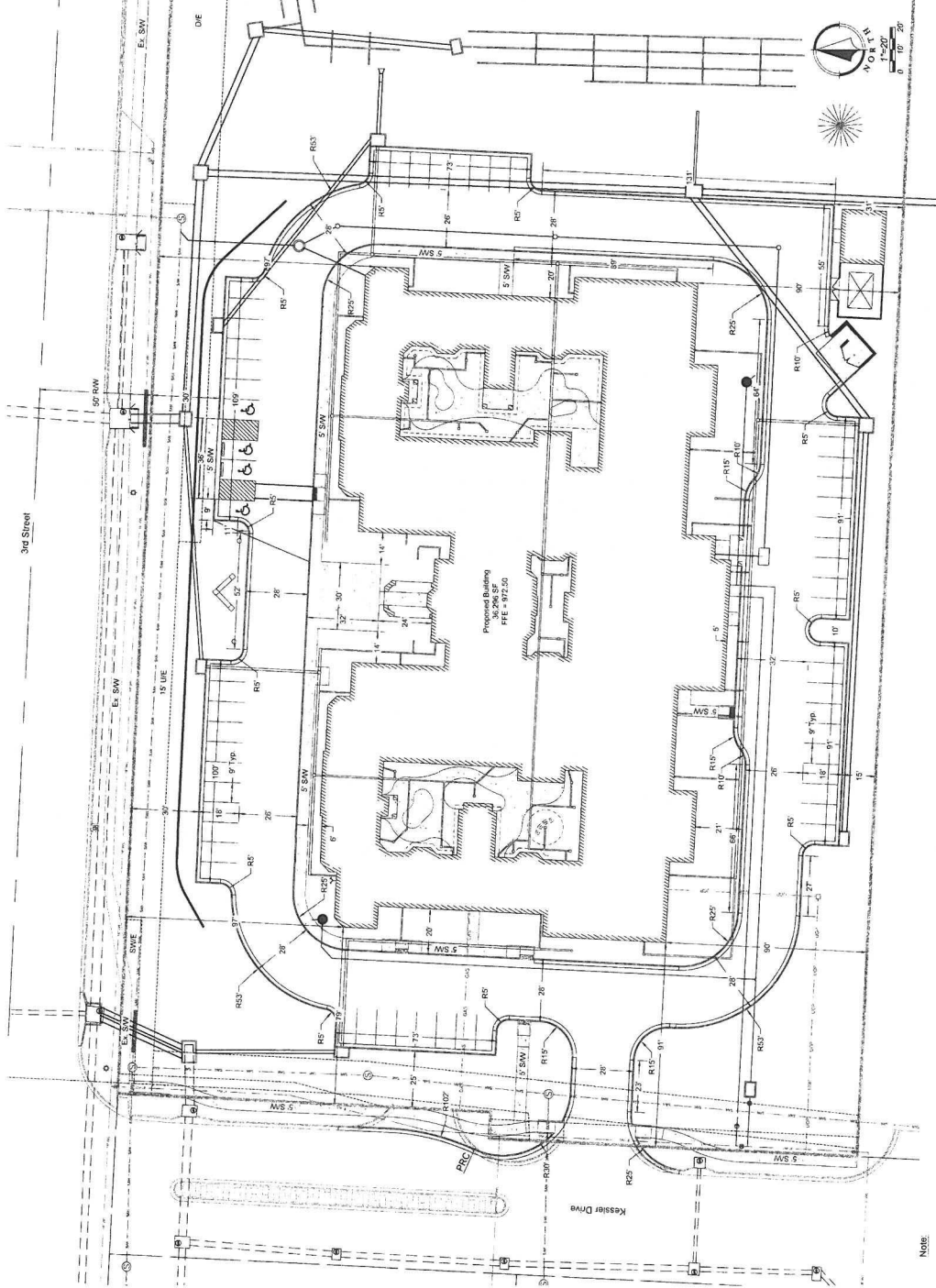
THE LASALLE GROUP, INC.
5000 BROADWAY
SUITE 200
ST. LOUIS, MO 63103
TEL: 314.433.1100
FAX: 314.433.1101

RENAISSANCE
INFRASTRUCTURE
1120 N. CAMDEN DR. DR. 100
ST. LOUIS, MO 63103
TEL: 314.371.3000

RENAISSANCE
INFRASTRUCTURE
1120 N. CAMDEN DR. DR. 100
ST. LOUIS, MO 63103
TEL: 314.371.3000

STEVENS
SCHUBERT, INC.
1000 N. 10TH ST.
ST. LOUIS, MO 63103
TEL: 314.433.1100

THE CONCRETE
ENGINEERING, INC.
5001 L. JAW GARDNER HWY.
SUITE 100, DOW
ST. LOUIS, MO 63114
TEL: 314.433.1100



Note: See Sheet C28 for curb types and curb schedule.



Hill, Richard W.

From: Hill, Richard W.
Sent: Wednesday, April 30, 2025 12:01 PM
To: East, David; Brixey, Carrie (Carrie.Brixey@health.mo.gov)
Subject: Silverado Lee's Summit - Additional ALF Beds
Attachments: LS Floor plan - Location of Beds and Renovation - 4-29-25(3178246.1).pdf

David and Carrie:

Please see the attached floorplans detailing Silverado Lee's Summit plan to add an additional 18 beds to their facility located at 3101 SW 3rd Street, Lee's Summit, MO 64081. The floorplans show the location of the new beds, and the minor renovations necessary to convert closets to a 2-person closet.

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.



ELECTRONICALLY RECORDED
JACKSON COUNTY, MISSOURI

12/16/2024 12:06 PM
COV FEE: \$30.00 4 PGS

INSTRUMENT NUMBER
2024E0085718

Execution Version

Title of Document: *Missouri Special Warranty Deed*

Date of Document: December 10, 2024

**Grantor(s):* *Seasons MSP Lee's Summit, LLC,
a Delaware limited liability company*

**Grantee(s):* *Silverado Lee's Summit, LLC,
a Delaware limited liability company*

Grantee(s) Mailing Address: *6400 Oak Canyon Drive, Suite 200
Irvine, CA 92618*

Legal Description: *See Exhibit A*

Reference Book and Page(s):

***FOR INDEXING PURPOSES ONLY**

*(If there is not sufficient space on this page for the information required, state the page
reference where it is contained within the document)*

5191864-MO
Lee's Summit,
MO

Laura

Title of Document: *Missouri Special Warranty*

Date of Document: December 10, 2024

***Grantor(s):** *Seasons MSP Lee's Summit, LLC,
a Delaware limited liability company*

***Grantee(s):** *Silverado Lee's Summit, LLC,
a Delaware limited liability company*

Grantee(s) Mailing Address: *6400 Oak Canyon Drive, Suite 200
Irvine, CA 92618*

Legal Description: *See Exhibit A*

Reference Book and Page(s):

***FOR INDEXING PURPOSES ONLY**

(If there is not sufficient space on this page for the information required, state the page reference where it is contained within the document)

MISSOURI SPECIAL WARRANTY DEED

This Indenture, made on the 10th day of December, 2024, by and between SEASONS MSP LEE'S SUMMIT LLC, a Delaware limited liability company ("Grantor"), and SILVERADO LEE'S SUMMIT, LLC, a Delaware limited liability company ("Grantee"), whose address is 6400 Oak Canyon Drive, Suite 200, Irvine, California 92618.


WITNESSETH, THAT GRANTOR, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, to Grantor paid by Grantee (the receipt of which is hereby acknowledged) does by these presents SELL and CONVEY unto Grantee, Grantee's successors and assigns, all of Grantor's interest in and to that certain property (the "Property") situated in the County of Jackson and State of Missouri, as more fully described on Exhibit A attached;

SUBJECT TO: all easements, covenants, conditions, restrictions, reservations, declarations, community contracts, deeds of trust and other matters of record as of the date hereof; unrecorded easements and other matters which would be disclosed by an accurate survey or physical inspection of the Property; applicable zoning laws; the lien of non-delinquent taxes and assessments, if any, for the current fiscal year; and the rights of the public in and to parts thereof in streets, roads or alleys.

TO HAVE AND TO HOLD the Property, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the Grantee and unto Grantee's successors and assigns forever; the Grantor hereby covenanting that the said Property is free and clear from any encumbrance done or suffered by Grantor except as set forth above; that Grantor will warrant and defend the title to said Property unto Grantee and Grantee's successors and assigns forever, against the lawful claims and demands of all persons claiming by, through or under Grantor except as set forth above.

IN WITNESS WHEREOF, Grantor has hereunto set its hand the day and year first above written.

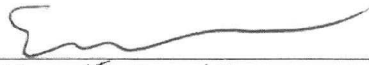
SEASONS MSP LEE'S SUMMIT, LLC,
a Delaware limited liability company

By: 
Name: Eric W. Jacobsen
Title: President

STATE OF Oregon)
COUNTY OF Clatsop) ss.

On this 17th day of December, 2024, before me, a Notary Public in and for said state, personally appeared Eric W. Jacobsen, President of Seasons MSP Lee's Summit, LLC, a Delaware limited liability company, to me known to be the person described in and who executed the within Instrument, and acknowledged to me that he executed the same as his free act and deed for the purposes therein stated.

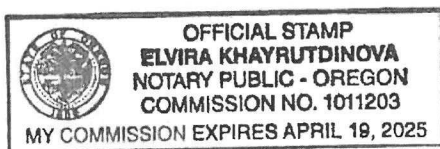
IN WITNESS WHEREOF, the above instrument was executed before me the day and year last above written.


Printed Name: Elvira Khayrutdinova
Notary Public in and for said State
Commissioned in Clatsop County

[SEAL]

My commission expires:

April 19th, 2025



[Signature Page to Deed]

EXHIBIT A

LEGAL DESCRIPTION

LOT 1, NEW LONGVIEW COMMERCIAL DISTRICT, FOURTH PLAT, LOT 1, A
SUBDIVISION IN THE CITY OF LEE'S SUMMIT, JACKSON COUNTY, MISSOURI.



The Beaufort Gazette
The Belleville News-Democrat
Bellingham Herald
Centre Daily Times
Sun Herald
Idaho Statesman
Bradenton Herald
The Charlotte Observer
The State
Ledger-Enquirer

Durham | The Herald-Sun
Fort Worth Star-Telegram
The Fresno Bee
The Island Packet
The Kansas City Star
Lexington Herald-Leader
The Telegraph - Macon
Merced Sun-Star
Miami Herald
El Nuevo Herald

The Modesto Bee
The Sun News - Myrtle Beach
Raleigh News & Observer
Rock Hill | The Herald
The Sacramento Bee
San Luis Obispo Tribune
Tacoma | The News Tribune
Tri-City Herald
The Wichita Eagle
The Olympian

AFFIDAVIT OF PUBLICATION

Account #	Order Number	Identification	Order PO	Cols	Depth
147690	657799	Print Legal Ad-IPL02300960 - IPL0230096		1	13 L

Attention: Richard Hill

Lashly & Baer, P.C.
714 Locust Street
St. Louis, MO 63101

Rhill@lashlybaer.com

Silverado Lee's Summit LLC
is seeking Certificate of Need approval
to develop and construct a 13-bed
skilled nursing addition to its existing
campus at 3101 SW 3rd Street, Lee's
Summit, MO 64081. 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) 621-2939, or
rhill@lashlybaer.com.
IPL0230096
Apr 29 2025

THE STATE OF TEXAS COUNTY OF TARRANT

Mary Castro,

make oath and swear that

CYPRESS MEDIA, LLC, publishers of The Kansas City
Star is published in the Kansas City, Missouri,
metro (distribution) area including but not
exclusively to Johnson and Wyandotte Counties in
the state of Kansas, and Cass, Clay, Jackson and
Platte Counties in the state of Missouri. We confirm
the notice ran the days scheduled in this
statement. A true copy of which is hereto attached
was duly published in The Kansas City Star.

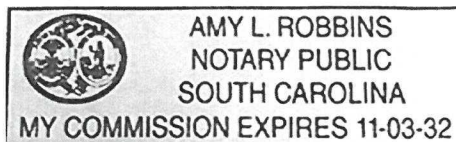
1 insertion(s) published on:
04/29/25

Mary Castro

Sworn to and subscribed before me this 29th day of
April in the year of 2025

Amy Robbins

Notary Public in and for the state of South Carolina,
residing in Beaufort County



Extra charge for lost or duplicate affidavits.
Legal document please do not destroy!



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

Jolet Home
Attn: Administrator
3920 Forest
Kansas City, MO 64110

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

Silverado Lee's Summit
Additional ALF Beds
Facility Notice List

	A	B	C	D	E
	County	Facility Name	Address	City	Zip
1	Cass	Beautiful Savior Home	1003 S Cedar St	Belton	64012
2	Cass	Benton House of Raymore	2100 Johnston Drive	Raymore	64083
3	Cass	Bristol Manor of Pleasant Hill	2124 Highridge	Pleasant Hill	64080
4	Cass	Bristol Manor Of Raymore	604 East Sunrise Dr	Raymore	64083
5	Cass	Carnegie Village Senior Living Community	103 Bernard Dr	Belton	64012
6	Cass	Foxwood Springs Living Center	1500 West Foxwood Dr	Raymore	64083
7	Jackson	Addington Place of Lee's Summit	2160 SE Blue Parkway	Lees Summit	64063
8	Jackson	Armour Oaks Senior Living Community	8100 Wornall Rd	Kansas City	64114
9	Jackson	Baptist Homes of Independence	17451 Medical Center Parkway	Independence	64057
10	Jackson	Beacon Hill Residential Care	2905 Campbell	Kansas City	64109
11	Jackson	Beehive Homes of Grain Valley	101 Cross Creek Dr	Grain Valley	64029
12	Jackson	Benton House of Blue Springs	1701 NW Jefferson Street	Blue Springs	64015
13	Jackson	Bishop Spencer Place, Inc, The	4301 Madison Ave	Kansas City	64111
14	Jackson	Brookdale Wornall Place	501 West 107th Street	Kansas City	64114
15	Jackson	Butterfly Haven	11500 Campbell St	Kansas City	64131
16	Jackson	Carrie Dumas Long Term Care Facility	2836 Benton Blvd	Kansas City	64128
17	Jackson	CCRC of Lee's Summit	1305 SW Arborwalk Blvd	Lee's Summit	64082
18	Jackson	Cedarhurst of Blue Springs	20551 East Trinity Place	Blue Springs	64015
19	Jackson	Collier Care Home, Inc	3001 Northwest Vesper St	Blue Springs	64015
20	Jackson	Cross Creek at Lee's Summit	3320 NE Wilshire Dr.	Lee's Summit	64064
21	Jackson	Essex of Grain Valley, The	401 SW Rock Creek Ln	Grain Valley	64029
22	Jackson	Harris House Residential Care Facility, The	3859 East 59th Terrace	Kansas City	64130
23	Jackson	House of Care Center	3744 Benton Blvd	Kansas City	64128
24	Jackson	Jackson Creek Post Acute	3980 S Jackson Dr	Independence	64057
25	Jackson	Jolet Home	3920 Forest	Kansas City	64110
26	Jackson	Kingswood	10000 Wornall Rd	Kansas City	64114
27	Jackson	Lodge Residential Care Facility, The	3860 East 60th St	Kansas City	64130
28	Jackson	Luxe Life Senior Living	111 Mock Ave	Blue Springs	64014
29	Jackson	Madison Senior Living, The	14001 Madison Avenue	Kansas City	64145
30	Jackson	Maywood Manor	1041 West Truman Rd	Independence	64050
31	Jackson	My Blessed Home	305 E 63rd St	Kansas City	64113
32	Jackson	Oaks, The	5550 Noland Rd	Kansas City	64133
33	Jackson	Palestine Legacy Residences	3640 Benton Boulevard	Kansas City	64128
34	Jackson	Parkway Senior Living, The	550 NE Napoleon Drive	Blue Springs	64014
35	Jackson	Princeton Senior Living The	1701 S E Oldham Parkway	Lee's Summit	64081
36	Jackson	Rockhill Manor Assisted Living	4235 Locust St	Kansas City	64110
37	Jackson	St. Anthony's	1010 East 68th Street	Kansas City	64131
38	Jackson	Summitview Terrace Assisted Living By Americare	12101 East Bannister Rd	Kansas City	64138
39	Jackson	The Ashton on the Plaza	2 Emanuel Cleaver II Blvd	Kansas City	64112
40	Jackson	Trustwell Living of Raytown	9110 E. 63rd Street	Raytown	64133
41	Jackson	Village Assisted Living	1701 NW O'Brien Road	Lee's Summit	64081
42	Jackson	Village Assisted Living	1704 Northwest O'Brien Rd	Lees Summit	64081
43	Jackson	Waterford Ladies Home	500 Nw Vesper St	Blue Springs	64014
44	Jackson	White Oak Assisted Living	1415-1515 West White Oak	Independence	64050
45	Jackson	Wood Oaks, Inc	1804 South Sterling Ave	Independence	64052
46	Jackson	Zebra Hitch Senior Living	405 6th Avenue, Suite 201	Des Moines	50309

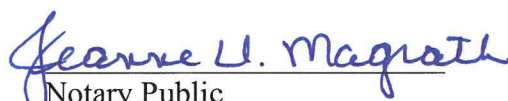
Attestation of Compliance

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 Silverado Lee's Summit, LLC for the addition of 18 assisted living facility beds to its Lee's Summit facility by letter dated April 30, 2025.

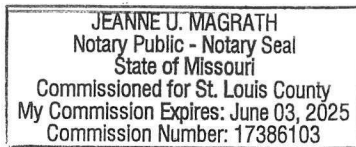
Signature: 

Date: 4/30/25

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: 4/30/25



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.**

Not applicable.

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.**

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 RCF / ALF = 25/1,000

P = 2030 Population aged 65 and older in 15-mile radius = 144,224

U = # of ALF/RCF beds in 15-mile radius = 2,710

Unmet Need = $[(0.025) \times 144,224] - 2,710 =$ **896 ALF BED NEED**

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.**

The current level of need in the 15-mile radius does not express the actual need for additional assisted living facility beds. The Applicants respectfully request that the Committee utilize its discretion under 19 CSR 60-50.420(10) and 19 CSR 60-50.430(8) to find a need for this project as otherwise set forth below.

RCF Beds

The bed need formula combines assisted living facility ("ALF") and residential care facility ("RCF") beds in a single category. There are 371 RCF beds in the service area. For the reasons discussed below, the Applicant believes, as the Committee has acknowledged before, that RCF beds should not be included in the inventory of ALF beds.

RCFs and ALFs are not equivalent; RCFs cannot care for many residents of ALFs. By law, ALFs provide assistance with the activities of daily living and supervise resident's healthcare under the direction of a licensed physician; RCFs are not permitted to provide either of these services. Mo. Rev. Stat. §§ 198.006(6); 198.006(22). Further, RCFs may not accept any residents who cannot independently negotiate a path to safety; ALFs may take

such residents. Mo. Rev. Stat. §§ 198.073(1); 198.073(6). As a result, ALFs (such as the Applicant) may accept residents with difficulties that prevent them from evacuating a facility independently. RCFs do not accept such patients. Accordingly, including RCFs in the inventory for ALF's misstates the number of ALF beds that are available.

Because RCF facilities cannot provide the same level of care as ALFs, it is inappropriate to count the RCF beds in the 15 mile radius as an alternative to ALF beds for purposes of determining need for ALF beds.

$$\text{Unmet Need} = [(0.025) \times 144,224] - 2,710 + 370 = \mathbf{1,267 \text{ ALF BED NEED}}$$

Please see Schedules 1 through 3, as attached hereto, for these calculations.

DMH Licensed Beds

There are 291 assisted living beds licensed by the Department of Mental Health in the service area. The Applicant believes, as the Committee has acknowledged before, that these DMH licensed beds should not be included in the inventory of ALF beds. These DMH beds are not reserved for frail and elderly individuals, and may be occupied by young, physical healthy adults with mental health issues. Socially, physically, by age, and by illness types, it is inappropriate combine these two very different resident populations in the same facility. Removing these beds from the inventory results in a need for additional ALF beds.

$$\text{Unmet Need} = [(0.025) \times 144,224] - 2,710 + 370 + 291 =$$

$$\mathbf{1,558 \text{ ALF BED NEED}}$$

Please see Schedules 1 through 4, as attached hereto, for these calculations.

Reported Unavailable Beds

There exist 120 assisted living beds in the service area that are licensed, but reported by the facilities themselves as unavailable. Subtracting these acknowledged unavailable beds, as has long been the history of this Committee, from the bed inventory results in a larger bed need in the true service area, as set forth below:

$$\text{Unmet Need} = [(0.025) \times 144,224] - 2,710 + 370 + 291 + 120 =$$

$$\mathbf{1,677 \text{ ALF BED NEED}}$$

These 120 unavailable beds are reported by the Operator as unavailable. This generally results from a facility that is licensed for 2 beds in a single room, the Operator utilizing that room for single occupancy, and reporting the extra bed as unavailable for occupancy.

As various applicants have testified to the Committee, the reported unavailable bed number is always an underestimate because some Operators still report the extra bed as available for occupancy – despite the fact that the room has only been utilized as a single occupancy

room for a significant amount of time. These second beds, which are allegedly available, are not truly available for occupancy and should not be counted in the inventory of available beds.

Please see Schedules 1 through 5, as attached hereto, for these unavailable bed calculations.

CON Approved, But Unbuilt Beds

There are a number of applicants with projects that were approved for construction by the Committee over the course of the past several years, but have not begun construction and have admittedly made very minimal progress with respect to the project. As the Committee has previously found, it is not certain that these beds will ever be built and available to the elderly population, and as such, they are proper to exclude these beds from the inventory of available beds. Doing so results in an even larger bed need in the service area, as set forth below:

$$\text{Unmet Need} = [(0.025) \times 144,224] - 2,710 + 370 + 291 + 120 + 39 =$$

1,716 ALF BED NEED

For the foregoing reasons, it is Applicant's opinion that there is a significant need in the service area for additional assisted living beds, i.e., **1,716 additional beds are needed.**

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.**

Yes.

Over Christmas of 2022, Silverado Lee's Summit's sister facility in Overland Park, Kansas experienced seriously low temperatures (approx. -4 degrees Fahrenheit), which caused the pipes in the facility to burst and required the movement of all the residents at Silverado Overland Park to another facility. Silverado Overland Park is constructed in a similar manner to Silverado Lee's Summit. On January 13, 2024, the temperatures in Lee's Summit settled at a low of approximately -11 degrees Fahrenheit. In order to avoid a similar outcome at Silverado Lee's Summit, the Applicant opened areas of its ceilings to ensure that its pipes would receive heat and would not burst. As a result, the temperature in certain rooms of Silverado Lee's Summit dipped below 68 degrees Fahrenheit. All residents were provided with sufficient blankets, warm clothing, and space heaters during the duration of the Applicant's remediation.

Table 1 - Standard MHFRC Analysis

	A	B
1	2030 65+ Population in 15 Mile Radius	144,224
2	ALF / RCF Need Ratio	0.025
3	Line 1 * Line 2	3,606
4	Total Beds	2,710
5	ALF Licensed Beds	2,035
6	RCF Licensed Beds	371
7	CON Approved Beds	304
8	Need	896

Table 2 - Alternative Need Analysis

	A	B
1	Standard MHFRC Need	896
2	RCF Beds	371
3	DMH Beds	291
4	Reported Unavailable Beds	120
5	CON Approved, Unbuilt Beds	39
6	Alternative Need Conclusion	1,716

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+			Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)					
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	64012	6,071	Belton	4,838	100%	4,838	5,700	371	95%	352	100%	4,838	5,700	6,052
7				Loch Lloyd	520	100%	520					100%	520		
8				Raymore	6,406	5%	320					5%	320		
9				Riverview Estates	22	100%	22					100%	22		
10	2	64034	1,562	Greenwood	667	100%	667	1,390	172	100%	172	100%	667	1,452	1,623
11				Lake Winnebago	613	80%	490					90%	552		
12				Pleasant Hill	1,552	15%	233					15%	233		
13	3	64075	2,463	Oak Grove	1,792	100%	1,792	1,792	671	15%	101	0%	0	0	101
14							0						0		
15							0						0		
16	4	64078	2,082	Peculiar	1,088	100%	1,088	1,088	994	55%	547	100%	1,088	1,088	1,635
17							0						0		
18							0						0		
19	5	64080	3,001	Baldwin Park	11	100%	11	1,725	1,276	40%	510	100%	11	1,712	2,222
20				Lake Winnebago	613	10%	61					10%	61		
21				Pleasant Hill	1,552	85%	1,319					85%	1,319		
22				Raymore	6,406	5%	320					5%	320		
23				Strasburg	13	100%	13					0%	0		
24	6	64082	3,418	Lake Winnebago	613	5%	31	31	3,387	100%	3,387	5%	31	31	3,418
25							0						0		
26							0						0		
27	7	64083	6,582	Raymore	6,406	90%	5,765	5,765	817	100%	817	90%	5,765	5,765	6,582
28							0						0		
29							0						0		
30	8	64147	3				0	0	3	100%	3		0	0	3
31							0						0		
32							0						0		
33	9	64701	3,346	East Lynne	32	5%	2	1,973	1,373	5%	69	0%	0	0	69
34				Harrisonville	1,971	100%	1,971					0%	0		
35							0						0		
36	10	64734	509	Cleveland	164	100%	164	189	320	5%	16	0%	0	0	16
37				West Line	25	100%	25					0%	0		
38							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+			City in Zip	Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)				
5		Zip In Radius	Pop 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	11	64014	5,342				0	0	5,342	100%	5,342		0	0	5,342
40							0						0		
41							0						0		
42	12	64015	7,003				0	0	7,003	100%	7,003		0	0	7,003
43							0						0		
44							0						0		
45	13	64029	3,584				0	0	3,584	65%	2,330		0	0	2,330
46							0						0		
47							0						0		
48	14	64030	4,555				0	0	4,555	100%	4,555		0	0	4,555
49							0						0		
50							0						0		
51	15	64050	4,452				0	0	4,452	60%	2,671		0	0	2,671
52							0						0		
53							0						0		
54	16	64052	4,188				0	0	4,188	100%	4,188		0	0	4,188
55							0						0		
56							0						0		
57	17	64053	995				0	0	995	100%	995		0	0	995
58							0						0		
59							0						0		
60	18	64054	678				0	0	678	90%	610		0	0	610
61							0						0		
62							0						0		
63	19	64055	10,559				0	0	10,559	100%	10,559		0	0	10,559
64							0						0		
65							0						0		
66	20	64056	2,667				0	0	2,667	45%	1,200		0	0	1,200
67							0						0		
68							0						0		
69	21	64057	4,273				0	0	4,273	95%	4,059		0	0	4,059
70							0						0		
71							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)				
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
72	22	64063	3,381				0	0	3,381	100%	3,381		0	0	3,381
73							0						0		
74							0						0		
75	23	64064	5,301				0	0	5,301	100%	5,301		0	0	5,301
76							0						0		
77							0						0		
78	24	64065	1				0	0	1	100%	1		0	0	1
79							0						0		
80							0						0		
81	25	64070	824				0	0	824	25%	206		0	0	206
82							0						0		
83							0						0		
84	26	64081	6,678				0	0	6,678	100%	6,678		0	0	6,678
85							0						0		
86							0						0		
87	27	64086	4,302				0	0	4,302	100%	4,302		0	0	4,302
88							0						0		
89							0						0		
90	28	64102	5				0	0	5	30%	2		0	0	2
91							0						0		
92							0						0		
93	29	64105	791				0	0	791	10%	79		0	0	79
94							0						0		
95							0						0		
96	30	64106	844				0	0	844	60%	506		0	0	506
97							0						0		
98							0						0		
99	31	64108	1,929				0	0	1,929	100%	1,929		0	0	1,929
100							0						0		
101							0						0		
102	32	64109	1,401				0	0	1,401	100%	1,401		0	0	1,401
103							0						0		
104							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)				
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
105	33	64110	2,190				0	0	2,190	100%	2,190		0	0	2,190
106							0						0		
107							0						0		
108	34	64111	2,425				0	0	2,425	100%	2,425		0	0	2,425
109							0						0		
110							0						0		
111	35	64112	2,127				0	0	2,127	100%	2,127		0	0	2,127
112							0						0		
113							0						0		
114	36	64113	2,731				0	0	2,731	100%	2,731		0	0	2,731
115							0						0		
116							0						0		
117	37	64114	5,674				0	0	5,674	100%	5,674		0	0	5,674
118							0						0		
119							0						0		
120	38	64120	179				0	0	179	10%	18		0	0	18
121							0						0		
122							0						0		
123	39	64123	1,217				0	0	1,217	95%	1,156		0	0	1,156
124							0						0		
125							0						0		
126	40	64124	1,157				0	0	1,157	95%	1,099		0	0	1,099
127							0						0		
128							0						0		
129	41	64125	162				0	0	162	100%	162		0	0	162
130							0						0		
131							0						0		
132	42	64126	669				0	0	669	100%	669		0	0	669
133							0						0		
134							0						0		
135	43	64127	2,221				0	0	2,221	100%	2,221		0	0	2,221
136							0						0		
137							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)				
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
138	44	64128	2,086				0	0	2,086	100%	2,086		0	0	2,086
139							0						0		
140							0						0		
141	45	64129	1,261				0	0	1,261	100%	1,261		0	0	1,261
142							0						0		
143							0						0		
144	46	64130	4,165				0	0	4,165	100%	4,165		0	0	4,165
145							0						0		
146							0						0		
147	47	64131	3,795				0	0	3,795	100%	3,795		0	0	3,795
148							0						0		
149							0						0		
150	48	64132	1,848				0	0	1,848	100%	1,848		0	0	1,848
151							0						0		
152							0						0		
153	49	64133	7,825				0	0	7,825	100%	7,825		0	0	7,825
154							0						0		
155							0						0		
156	50	64134	3,269				0	0	3,269	100%	3,269		0	0	3,269
157							0						0		
158							0						0		
159	51	64136	469				0	0	469	100%	469		0	0	469
160							0						0		
161							0						0		
162	52	64137	1,690				0	0	1,690	100%	1,690		0	0	1,690
163							0						0		
164							0						0		
165	53	64138	4,846				0	0	4,846	100%	4,846		0	0	4,846
166							0						0		
167							0						0		
168	54	64139	684				0	0	684	100%	684		0	0	684
169							0						0		
170							0						0		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Silverado Lee's Summit														
2	Additional ALF Beds														
3	Population Analysis														
4	POPULATION 65+				Project Number:			Project Address:			3101 SW 3rd St, Lee's Summit, MO 64081 (Lat: 38.912911, Long: -94.445331)				
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
171	55	64145	2,128				0	0	2,128	100%	2,128		0	0	2,128
172							0						0		
173							0						0		
174	56	64146	512				0	0	512	100%	512		0	0	512
175							0						0		
176							0						0		
177	57	64149	148				0	0	148	100%	148		0	0	148
178							0						0		
179							0						0		
180	58	64161	133				0	0	133	5%	7		0	0	7
181							0						0		
182							0						0		
183			158,401		35,304		19,653	19,653	138,748		128,477		15,748	15,748	144,224

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 Approve d Beds	Licensed ALF Beds	Licensed RCF 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 Days	4th Qtr 2024 Occup Days	4th Qtr 2024 Occup %	4th Qtr 2024 Occup %	4th Qtr 2024 Occup %	Average Occup %						
1	Cass	Beautiful Savior Home	Belton	64012	0	55	0	55	34.9%	38.8%	42.5%	42.8%	45.7%	4,784	1,911	39.9%			40.8%						
2	Cass	Benton House of Raymore	Raymore	64083	0	95	0	95	70.1%	77.1%	89.4%	90.5%	94.4%	6,716	6,074	90.4%			85.3%						
3	Cass	Bristol Manor of Pleasant Hill	Pleasant Hill	64080	0	0	12	12	67.0%	77.8%	82.0%	75.4%	68.4%	1,104	686	62.1%			72.1%						
4	Cass	Bristol Manor Of Raymore	Raymore	64083	0	0	12	12	78.4%	90.7%	93.1%	95.1%	92.6%	1,104	987	89.4%			89.9%						
5	Cass	Carnegie Village Senior Living Community	Belton	64012	0	85	0	85	82.4%	77.7%	71.0%	74.6%	84.8%	7,820	6,534	83.6%			79.0%						
6	Cass	Foxwood Springs Living Center	Raymore	64083	0	62	0	62	52.0%	50.7%	49.6%	52.4%	51.2%	5,520	3,150	57.1%			52.2%						
7	Jackson	Addington Place of Lee's Summit	Lee's Summit	64063	0	88	0	88	93.2%	75.9%	77.4%	80.9%	80.6%	8,096	6,467	79.9%			84.0%						
8	Jackson	Armour Oaks Senior Living Community	Kansas City	64114	0	47	0	47	73.7%	75.9%	77.4%	79.4%	82.3%						77.7%						
9	Jackson	Baptist Homes of Independence	Independence	64057	0	0	20	20	50.0%	50.0%	50.5%	50.5%	50.0%	3,404	1,749	51.4%			50.2%						
10	Jackson	Beacon Hill Residential Care	Kansas City	64109	0	0	37	37	48.9%	47.7%	53.0%	50.9%	48.8%	2,929	1,364	46.6%			59.2%						
11	Jackson	Beehive Homes of Grain Valley	Grain Valley	64029	0	32	0	32	62.5%	58.1%	55.6%	71.1%	61.1%	6,716	6,522	97.1%			88.1%						
12	Jackson	Benton House of Blue Springs	Blue Springs	64015	0	95	0	95	78.8%	80.5%	83.2%	93.8%	95.8%	3,680	1,600	43.5%			62.2%						
13	Jackson	Bishop Spencer Place, Inc, The	Kansas City	64111	21	40	0	40	35.7%	38.6%	44.2%	49.1%	42.4%	5,827	4,408	75.6%			60.6%						
14	Jackson	Brookdale Wornall Place	Kansas City	64114	0	68	0	68	44.5%	42.8%	54.8%	67.7%	75.8%												
15	Jackson	Butterfly Haven	Kansas City	64131	0	0	12	12																	
16	Jackson	Carrie Dumas Long Term Care Facility	Kansas City	64128	0	34	0	34	52.9%	52.3%	47.3%	47.6%	52.9%	3,128	1,656	52.9%			51.0%						
17	Jackson	CCRC of Lee's Summit	Lee's Summit	64082	106	0	0	0																	
18	Jackson	Cedarhurst of Blue Springs	Blue Springs	64015	0	89	0	89	73.5%	70.7%	65.8%	70.4%	78.2%	8,188	6,562	80.1%			73.1%						
19	Jackson	Collier Care Home, Inc	Blue Springs	64015	0	0	15	15	80.0%	73.3%	73.7%	73.3%	73.3%	1,380	1,012	73.3%			74.5%						
20	Jackson	Cross Creek at Lee's Summit	Lee's Summit	64064	0	55	0	55	65.0%	77.6%	76.0%	85.3%	89.1%	5,060	4,495	88.8%			80.3%						
21	Jackson	Essex of Grain Valley, The	Grain Valley	64029	0	12	12	12	87.5%	76.2%	74.3%	98.4%	100.0%	1,104	1,104	100.0%			89.4%						
22	Jackson	Harris House Residential Care Facility, The	Kansas City	64130	0	0	7	7	96.9%	100.0%	100.0%	100.0%	100.0%	644	644	100.0%			99.5%						
23	Jackson	House of Care Center	Kansas City	64128	0	0	8	8	86.1%	86.1%	87.5%	87.1%	97.8%	736	634	86.1%			88.5%						
24	Jackson	Jackson Creek Post Acute	Independence	64057	0	62	0	62	46.2%	50.8%	44.4%	43.9%	50.2%	5,704	2,989	52.4%			48.0%						
25	Jackson	Jolet Home	Kansas City	64110	0	0	17	17	88.5%	88.9%	88.2%	82.4%	88.2%	1,564	1,472	94.1%			88.4%						
26	Jackson	Kingswood	Kansas City	64114	0	67	0	67	83.8%	81.9%	82.9%	82.9%	75.2%	6,164	4,600	74.6%			79.5%						
27	Jackson	Lodge Residential Care Facility, The	Kansas City	64130	0	0	8	8	100.0%	100.0%	100.0%	100.0%	100.0%	736	736	100.0%			100.0%						
28	Jackson	Luxe Life Senior Living	Blue Springs	64014	0	0	57	57	52.4%	58.4%	67.1%	63.7%	58.6%	5,244	3,171	60.5%			60.1%						
29	Jackson	Madison Senior Living, The	Kansas City	64145	0	66	0	66	79.8%	81.5%	85.2%	81.1%	78.8%	5,888	4,709	80.0%			81.1%						
30	Jackson	Maywood Manor	Independence	64050	0	0	24	24	56.9%	72.9%	63.6%	72.6%	79.8%	2,208	1,751	79.3%			70.9%						
31	Jackson	My Blessed Home	Kansas City	64113	0	0	11	11	97.6%	73.5%	75.5%	81.3%	78.2%	262	222	84.7%			83.1%						
32	Jackson	Oaks, The	Kansas City	64133	0	0	62	62	64.5%	65.6%	66.3%	67.2%	66.7%	5,704	3,862	67.7%			66.3%						
33	Jackson	Palestine Legacy Residences	Kansas City	64128	39	0	0	0																	
34	Jackson	Parkway Senior Living, The	Blue Springs	64014	0	72	0	72	91.8%	92.9%	88.3%	91.4%	92.2%	6,624	6,198	93.6%			91.7%						
35	Jackson	Princeton Senior Living, The	Lee's Summit	64081	0	74	0	74	94.2%	93.3%	87.5%	86.8%	88.1%	6,256	5,733	91.6%			90.3%						
36	Jackson	Rockhill Manor Assisted Living	Kansas City	64110	0	190	0	190	78.8%	94.8%	93.8%	98.1%	96.9%	15,180	13,892	91.5%			92.0%						
37	Jackson	Silverado Lee's Summit	Lee's Summit	64081	0	54	0	54	85.2%	100.0%	100.0%	88.9%	100.0%	4,968	4,600	92.6%			93.4%						
38	Jackson	St. Anthony's	Kansas City	64131	0	81	0	81	65.4%	59.3%	65.3%	63.6%	63.6%	7,084	4,692	66.2%			63.9%						
39	Jackson	Summitview Terrace Assisted Living By Americare	Kansas City	64138	0	52	0	52	52.2%	53.9%	48.9%	49.0%	46.5%						50.1%						
40	Jackson	The Ashton on the Plaza	Kansas City	64112	0	96	0	96	49.7%	58.2%	64.0%	48.6%	44.8%						52.8%						
41	Jackson	Trustwell Living of Raytown	Raytown	64133	0	76	0	76																	
42	Jackson	Village Assisted Living	Lee's Summit	64081	0	50	0	50	98.7%	84.7%	83.0%	80.7%	77.7%	2,300	1,995	86.7%			85.3%						
43	Jackson	Village Assisted Living	Lee's Summit	64081	4	172	0	172	82.5%	85.8%	88.8%	85.6%	84.6%	15,456	13,484	87.2%			85.7%						
44	Jackson	Waterford Ladies Home	Blue Springs	64014	0	0	27	27	66.7%	64.5%	70.6%	73.6%	74.2%	2,484	1,635	65.8%			69.2%						
45	Jackson	White Oak Assisted Living	Independence	64050	0	78	0	78	45.7%	49.3%	45.4%	44.2%	44.2%	7,176	3,028	42.2%			45.2%						
46	Jackson	Wood Oaks, Inc	Independence	64052	0	0	30	30	91.7%	90.0%	91.8%	81.5%	91.7%	2,760	2,470	89.5%			89.4%						
47	Jackson	Zebra Hitch Senior Living	Lee's Summit	64086	134	0	0	0																	
48	Total					304	2,035	371	2,406																

Silverado Lee's Summit
Additional ALF Beds
DMH Bed Analysis

Schedule 4

A	B	C	D	E	F	G	H	I
County	Facility Name	Address	City	Zip	CON Approved	Licensed ALF Beds	DMH Licensed?	DMH Beds
1	Cass	Beautiful Savior Home	1003 S Cedar St	Belton	64012	0	No	0
2	Cass	Benton House of Raymore	2100 Johnston Drive	Raymore	64083	0	No	0
3	Cass	Carnegie Village Senior Living Community	103 Bernard Dr	Belton	64012	0	No	0
4	Cass	Foxwood Springs Living Center	1500 West Foxwood Dr	Raymore	64083	0	No	0
5	Jackson	Addington Place of Lee's Summit	2160 SE Blue Parkway	Lees Summit	64063	0	No	0
6	Jackson	Armour Oaks Senior Living Community	8100 Wornall Rd	Kansas City	64114	0	No	0
7	Jackson	Beehive Homes of Grain Valley	101 Cross Creek Dr	Grain Valley	64029	0	No	0
8	Jackson	Benton House of Blue Springs	1701 NW Jefferson Street	Blue Springs	64015	0	No	0
9	Jackson	Bishop Spencer Place, Inc, The	4301 Madison Ave	Kansas City	64111	21	No	0
10	Jackson	Brookdale Wornall Place	501 West 107th Street	Kansas City	64114	0	No	0
11	Jackson	Carrie Dumas Long Term Care Facility	2836 Benton Blvd	Kansas City	64128	0	Yes	34
12	Jackson	Cedarhurst of Blue Springs	20551 East Trinity Place	Blue Springs	64015	0	No	0
13	Jackson	Cross Creek at Lee's Summit	3320 NE Wilshire Dr.	Lee's Summit	64064	0	No	0
14	Jackson	Jackson Creek Post Acute	3980 S Jackson Dr	Independence	64057	0	No	0
15	Jackson	Kingswood	10000 Wornall Rd	Kansas City	64114	0	Yes	67
16	Jackson	Madison Senior Living, The	14001 Madison Avenue	Kansas City	64145	0	No	0
17	Jackson	Parkway Senior Living, The	550 NE Napoleon Drive	Blue Springs	64014	0	No	0
18	Jackson	Princeton Senior Living The	1701 S E Oldham Parkway	Lee's Summit	64081	0	No	0
19	Jackson	Rockhill Manor Assisted Living	4235 Locust St	Kansas City	64110	0	Yes	190
20	Jackson	Silverado Lee's Summit	3101 SW 3rd Street	Lee's Summit	64081	0	No	0
21	Jackson	St. Anthony's	1010 East 68th Street	Kansas City	64131	0	No	0
22	Jackson	Summitview Terrace Assisted Living By Americare	12101 East Bannister Rd	Kansas City	64138	0	No	0
23	Jackson	The Ashton on the Plaza	2 Emanuel Cleaver II Blvd	Kansas City	64112	0	No	0
24	Jackson	Trustwell Living of Raytown	9110 E. 63rd Street	Raytown	64133	0	No	0
25	Jackson	Village Assisted Living	1701 NW O'Brien Road	Lee's Summit	64081	0	No	0
26	Jackson	Village Assisted Living	1704 Northwest O'Brien Rd	Lees Summit	64081	4	No	0
27	Jackson	White Oak Assisted Living	1415-1515 West White Oak	Independence	64050	0	No	0
28	Total				25	2,029		291

Silverado Lee's Summit
Additional ALF Beds
Reported Unavailable Bed Analysis

Schedule 5

	A	B	C	D	E	F	G	H	I	J	K
	County	Facility Name	Address	City	Zip	CON Approved Beds	Licensed ALF Beds	4th Qtr 2024 Pat Days	4th Qtr 2024 Occup Days	Total Available Licensed Beds [Col. H / 92]	Reported Unavailable Beds [Col. G - Col. J]
1	Cass	Beautiful Savior Home	1003 S Cedar St	Belton	64012	0	55	4,784	1,911	52	3
2	Cass	Benton House of Raymore	2100 Johnston Drive	Raymore	64083	0	95	6,716	6,074	73	22
3	Cass	Carnegie Village Senior Living Community	103 Bernard Dr	Belton	64012	0	85	7,820	6,534	85	0
4	Cass	Foxwood Springs Living Center	1500 West Foxwood Dr	Raymore	64083	0	62	5,520	3,150	60	2
5	Jackson	Addington Place of Lee's Summit	2160 SE Blue Parkway	Lees Summit	64063	0	88	8,096	6,467	88	0
6	Jackson	Beehive Homes of Grain Valley	101 Cross Creek Dr	Grain Valley	64029	0	32	2,929	1,364	32	0
7	Jackson	Benton House of Blue Springs	1701 NW Jefferson Street	Blue Springs	64015	0	95	6,716	6,522	73	22
8	Jackson	Bishop Spencer Place, Inc, The (CON app. 5/6/24)	4301 Madison Ave	Kansas City	64111	21	40	3,680	1,600	40	0
9	Jackson	Brookdale Wornall Place	501 West 107th Street	Kansas City	64114	0	68	5,827	4,408	63	5
10	Jackson	Carrie Dumas Long Term Care Facility	2836 Benton Blvd	Kansas City	64128	0	34	3,128	1,656	34	0
11	Jackson	Cedarhurst of Blue Springs	20551 East Trinity Place	Blue Springs	64015	0	89	8,188	6,562	89	0
12	Jackson	Cross Creek at Lee's Summit	3320 NE Wilshire Dr.	Lee's Summit	64064	0	55	5,060	4,495	55	0
13	Jackson	Jackson Creek Post Acute	3980 S Jackson Dr	Independence	64057	0	62	5,704	2,989	62	0
14	Jackson	Kingswood	10000 Wornall Rd	Kansas City	64114	0	67	6,164	4,600	67	0
15	Jackson	Madison Senior Living, The	14001 Madison Avenue	Kansas City	64145	0	66	5,888	4,709	64	2
16	Jackson	Parkway Senior Living, The	550 NE Napoleon Drive	Blue Springs	64014	0	72	6,624	6,198	72	0
17	Jackson	Princeton Senior Living, The	1701 S E Oldham Parkway	Lee's Summit	64081	0	74	6,256	5,733	68	6
18	Jackson	Rockhill Manor Assisted Living	4235 Locust St	Kansas City	64110	0	190	15,180	13,892	165	25
19	Jackson	Silverado Lee's Summit	3101 SW 3rd Street	Lee's Summit	64081	0	54	4,968	4,600	54	0
20	Jackson	St. Anthony's	1010 East 68th Street	Kansas City	64131	0	81	7,084	4,692	77	4
21	Jackson	Village Assisted Living	1701 NW O'Brien Road	Lee's Summit	64081	0	50	2,300	1,995	25	25
22	Jackson	Village Assisted Living (RCF Closed 10/01/18)	1704 Northwest O'Brien Rd	Lees Summit	64081	4	172	15,456	13,484	168	4
23	Jackson	White Oak Assisted Living	1415-1515 West White Oak	Independence	64050	0	78	7,176	3,028	78	0
24	Total					25	1,764				120

Silverado Lee's Summit
Additional ALF Beds
CON Approved, Unbuilt Analysis

Schedule 6

A	B	C	D	E	F	G	H	I	J
County	Facility Name	Address	City	Zip	CON Approved	CON Approval Date	% Complete	Status	Excluded Beds
1 Jackson	Bishop Spencer Place, Inc, The	4301 Madison Ave	Kansas City	64111	21	5/6/2024	30%	N/A	0
2 Jackson	CCRC of Lee's Summit	1305 SW Arborwalk Blvd	Lee's Summit	64082	106	1/4/2022	72%	N/A	0
3 Jackson	Palestine Legacy Residences	3640 Benton Boulevard	Kansas City	64128	39	11/7/2016	17%	2/3/25 - 16th and 17th extension to 11/7/25	39
4 Jackson	Village Assisted Living	1704 Northwest O'Brien Rd	Lees Summit	64081	4	N/A	N/A	N/A	0
5 Jackson	Zebra Hitch Senior Living	38.948556, -94.355917	Lee's Summit	64086	134	9/12/2023	0%	N/A	0
6	Total				304				39

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 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 new construction cost per square foot for the project is approximately \$5.00 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.

- 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.

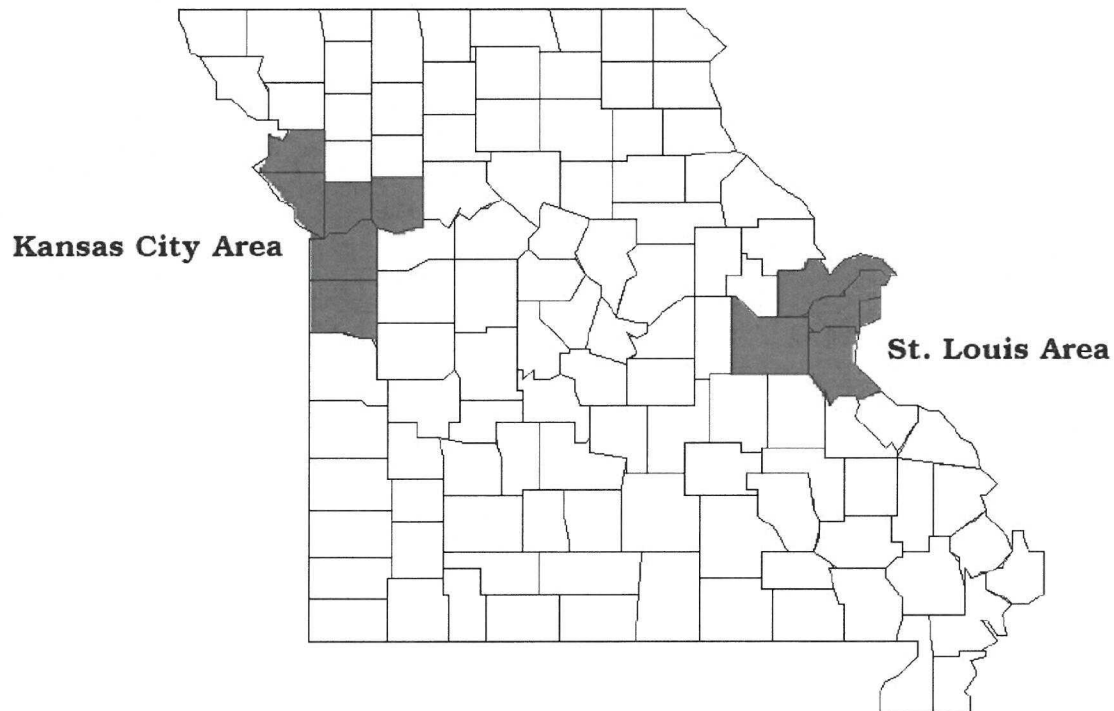
RS Means Cost Data

RS Means Cost Data Percentile Limits Total New Construction Project Costs*

Source: 2025 RS Means Building Construction Cost Data

<u>Type of Facility</u>	<u>Percentile</u>	<u>St. Louis</u> <u>Area</u>	<u>Kansas City</u> <u>Area</u>	<u>Other Missouri</u> <u>Area</u>
Hospital	3/4	519.93	522.58	486.54
Cost Per Sq. Ft.	Median	480.69	483.14	449.82
Nursing Home/ Assisted Living Facility**	3/4	276.64	278.05	258.88
Cost Per Sq. Ft.	Median	209.93	211.00	196.45

***Since 2017, nursing homes and assisted living facilities have been combined into one cost per square foot.*



*** Renovation costs should not exceed 70% of total new construction project costs.**



April 25, 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,

We, Silverado Senior Living Holdings, Inc, a company duly incorporated, with its principal office located at 6400 Oak Canyon, Ste 200, Irvine, CA, hereby confirm that we are the parent company of Silverado Lee's Summit.

We hereby provide this letter to confirm that Silverado Senior Living Holdings, Inc. maintains sufficient operating reserves to cover the \$150,000 budget for CON project #6210 RS, and can transfer those funds through inter-company transfer to Silverado Lee's Summit.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Carmin Tomassi', with a stylized flourish at the end.

Carmin Tomassi
CFO, Silverado Senior Living Holdings, Inc
ctomassi@silverado.com



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Silverado Lee's Summit - Add ALF Beds **Project #:** 6210 RS

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

	Year		
	2022	2023	2024
Amount of Utilization:*	7,573	15,627	18,128
Revenue:			
Average Charge**	\$272	\$276	\$323
Gross Revenue	\$2,056,978	\$4,306,957	\$5,849,724
Revenue Deductions	28,681	64,606	64,291
Operating Revenue	2,028,298	4,242,352	5,785,433
Other Revenue	-30	18,887	917
TOTAL REVENUE	\$2,028,268	\$4,261,239	\$5,786,350
Expenses:			
Direct Expenses			
Salaries	1,461,093	2,857,260	3,289,703
Fees	19,281	41,420	71,004
Supplies	163,098	247,097	333,938
Other	164	595	7,817
TOTAL DIRECT	\$1,643,637	\$3,146,371	\$3,702,461
Indirect Expenses			
Depreciation	0	0	30,263
Interest***	427	1,649	159,219
Rent/Lease	0	0	0
Overhead****	835,902	1,255,773	764,982
TOTAL INDIRECT	\$836,329	\$1,257,423	\$954,464
TOTAL EXPENSES	\$2,479,966	\$4,403,794	\$4,656,925
NET INCOME (LOSS):	-\$451,699	-\$142,555	\$1,129,425

*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.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Silverado Lee's Summit - Add ALF Beds **Project #:** 6210 RS

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

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

	Year		
	Year 1	Year 2	Year 3
Amount of Utilization:*	19,259	22,123	24,090
Revenue:			
Average Charge**	\$339	\$354	\$370
Gross Revenue	\$6,520,059	\$7,821,769	\$8,910,278
Revenue Deductions	6,598	8,373	9,118
Operating Revenue	6,513,462	7,813,396	8,901,160
Other Revenue	623	0	0
TOTAL REVENUE	\$6,514,085	\$7,813,396	\$8,901,160
Expenses:			
Direct Expenses			
Salaries	3,661,187	4,020,315	4,527,410
Fees	69,355	73,967	77,236
Supplies	353,909	408,281	442,448
Other	14,052	13,624	14,836
TOTAL DIRECT	\$4,098,503	\$4,516,186	\$5,061,929
Indirect Expenses			
Depreciation	364,573	364,403	364,403
Interest***	2,465,241	2,385,013	2,386,694
Rent/Lease	0	0	0
Overhead****	1,320,061	1,422,286	1,520,491
TOTAL INDIRECT	\$4,149,875	\$4,171,703	\$4,271,588
TOTAL EXPENSES	\$8,248,378	\$8,687,889	\$9,333,517
NET INCOME (LOSS):	-\$1,734,293	-\$874,493	-\$432,357

*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.