

From: [Dierks, Haley K.](#)
To: [CONP CONP](#); [Dorge, Alison](#)
Cc: [Hill, Richard W.](#); [Fick, Mackinzev](#)
Subject: RE: CON 6218
Date: Monday, July 21, 2025 11:58:53 AM
Attachments: [image001.png](#)
[6218 NS Supplemental Response 7.21.2025\(3288086.1\).pdf](#)

Alison,

Please find attached the supplemental response addressing the issues below:

- The methods and assumptions state the construction cost is \$430,000, however the proposed project budget states \$435,760. Please advise which is correct and resubmit the proper documentation or advise why these are different.
 - **The assumptions were included in the previous attachment on 7/10/2025. The original estimate was \$430,000 but was updated to \$435,760 based on an updated quote. These were assumptions prepared and provided by Larry Nelson, the architect.**
- The CONSurvey submissions do not match what is listed within the application. Please advise why these are different and submit revised survey numbers if needed.
 - **Please see the revised MO 580-1865 forms and utilization calculations attached.**
- We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 19,673 (attached). We agreed with the applicants total ICF/SNF bed count of 916. Therefore, we calculated **a bed need of 126 ICF/SNF beds** within 15 miles of the site. Please let me know if you agree or disagree with our findings.
 - **We agree with these findings that there is a bed need of 126 ICF/SNF beds within 15 miles of the site.**

HALEY K. DIERKS
DIRECT: 314 436.8346
CELL: 720 687.9966
hdierks@lashlybaer.com

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
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587
FAX: 314 621.6844 www.lashlybaer.com

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From: CONP CONP <CONP@health.mo.gov>
Sent: Friday, July 18, 2025 1:12 PM
To: Dierks, Haley K. <HDierks@lashlybaer.com>
Cc: Hill, Richard W. <RHill@lashlybaer.com>
Subject: RE: CON 6218

Haley,

After review of the additional information, some items are either still needed or need clarification.

- The methods and assumptions state the construction cost is \$430,000, however the proposed project budget states \$435,760. Please advise which is correct and resubmit the proper documentation or advise why these are different.
- The CONSurvey submissions do not match what is listed within the application. Please advise why these are different and submit revised survey numbers if needed.

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 19,673 (attached). We agreed with the applicants total ICF/SNF bed count of 916. Therefore, we calculated **a bed need of 126 ICF/SNF** beds within 15 miles of the site. Please let me know if you agree or disagree with our findings.

This information is needed by July 25, 2025.



Alison Dorge
Regulatory Compliance Manager
Certificate of Need & Supplemental Health Care Service Agencies
Missouri Department of Health and Senior Services
✉: Alison.Dorge@health.mo.gov | ☎: 573-751-6700 or 573-418-4602

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From: Dierks, Haley K. <HDierks@lashlybaer.com>
Sent: Thursday, July 10, 2025 4:55 PM
To: CONP CONP <CONP@health.mo.gov>; Dorge, Alison <Alison.Dorge@health.mo.gov>
Cc: Hill, Richard W. <RHill@lashlybaer.com>
Subject: RE: CON 6218

Alison,

Please find attached the supplemental response addressing the issues below:

- On the proposed project budget, the sqft is 2,074, however pg 14 states 2,000.
 - **Corrected.**
- Provide methods/assumptions or 3rd party documentation of construction costs and other equipment.
 - **These were assumptions by Larry Nelson, the architect. Please see the email with his method and assumptions and the budget provided.**
- Provide the 2029 utilization.
 - **Please see Year 3 on Divider II question 12.**
- The CONSurvey submissions do not match what is listed within the application. Please advise.

Please see the revised MO 580-1865 forms attached.

- Provide a revenues and expenses form for the year 2029.
 - **Please see Year 3 on the Revised Projected MO 580-1865.**

Please let me know if you have any further questions.

Thanks!

HALEY K. DIERKS
DIRECT: 314 436.8346
CELL: 720 687.9966
hdierks@lashlybaer.com

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
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587
FAX: 314 621.6844 www.lashlybaer.com

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

Sent: Wednesday, July 2, 2025 5:40 PM

To: Dierks, Haley K. <HDierks@lashlybaer.com>

Subject: FW: CON 6218

Importance: High

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
20 East Main Street Belleville, IL 62220-1602 TEL: 618 233.5587
FAX: 314 621.6844 www.lashlybaer.com

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From: CONP CONP <CONP@health.mo.gov>

Sent: Wednesday, July 2, 2025 5:40 PM
To: Hill, Richard W. <RHill@lashlybaer.com>
Subject: CON 6218
Importance: High

Rich,

After additional review of the application, some additional items are needed.

- On the proposed project budget, the sqft is 2,074, however pg 14 states 2,000. Please advise.
- Provide methods/assumptions or 3rd party documentation of construction costs and other equipment.
- Provide the 2029 utilization.
- The CONSurvey submissions do not match what is listed within the application. Please advise.
- Provide a revenues and expenses form for the year 2029.

This information is needed by July 14, 2025.



Mackinze Fick (Last Day in CON will be 6/16)

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

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

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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 65 and older population of Cape Girardeau and the surrounding area 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 19,607 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 skilled nursing care 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.

Historical

2022 – 90.2% Occupancy; 10,863 resident days
2023 – 90.1% Occupancy; 10,853 resident days
2024 – 88.4% Occupancy; 10,643 resident days

Projected

Year 1 – 90.0% Occupancy; 13,469 resident days
Year 2 – 91.0% Occupancy; 13,618 resident days
Year 3 – 92.3% Occupancy; 13,806 resident days

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

The methods and assumptions used to project utilization was based on the Applicant's historical operations in the Cape Girardeau market over the last several years.

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 Southeast Missourian on June 3, 2025, and again on June 26, 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.



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Fountainbleau Lodge - Add SNF Beds **Project #:** 6218 NS

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

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

	Year		
	2022	2023	2024
Amount of Utilization:*	10,863	10,853	10,643
Revenue:			
Average Charge**	\$172	\$185	\$200
Gross Revenue	\$1,868,436	\$2,007,805	\$2,128,600
Revenue Deductions	414,467	411,513	389,286
Operating Revenue	1,453,969	1,596,292	1,739,314
Other Revenue	9,578	4,374	4,013
TOTAL REVENUE	\$1,463,547	\$1,600,666	\$1,743,327
Expenses:			
Direct Expenses			
Salaries	688,996	720,216	836,836
Fees	167,740	178,510	202,910
Supplies	165,425	176,802	152,183
Other	0	0	0
TOTAL DIRECT	\$1,022,161	\$1,075,528	\$1,191,929
Indirect Expenses			
Depreciation	43,994	44,407	45,173
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	331,039	362,201	435,036
TOTAL INDIRECT	\$375,033	\$406,608	\$480,209
TOTAL EXPENSES	\$1,397,194	\$1,482,136	\$1,672,138
NET INCOME (LOSS):	\$66,353	\$118,530	\$71,189

*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: Fountainbleau Lodge - Add SNF Beds **Project #:** 6218 NS

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

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

	Year		
	Year 1	Year 2	Year 3
Amount of Utilization:*	13,469	13,618	13,806
Revenue:			
Average Charge**	\$209	\$214	\$219
Gross Revenue	\$2,815,021	\$2,914,252	\$3,023,514
Revenue Deductions	397,071	401,042	405,053
Operating Revenue	2,417,950	2,513,210	2,618,461
Other Revenue	6,850	6,987	7,127
TOTAL REVENUE	\$2,424,800	\$2,520,197	\$2,625,588
Expenses:			
Direct Expenses			
Salaries	962,361	991,230	1,011,050
Fees	233,346	240,937	261,597
Supplies	175,010	188,559	189,076
Other	0	0	0
TOTAL DIRECT	\$1,370,717	\$1,420,726	\$1,461,723
Indirect Expenses			
Depreciation	56,528	57,923	62,715
Interest***	306,000	312,120	321,483
Rent/Lease		0	0
Overhead****	575,291	582,550	626,850
TOTAL INDIRECT	\$937,819	\$952,593	\$1,011,048
TOTAL EXPENSES	\$2,308,536	\$2,373,319	\$2,472,771
NET INCOME (LOSS):	\$116,264	\$146,878	\$152,817

*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.