



Certificate of Need Program

NEW OR ADDITIONAL LONG TERM CARE BED APPLICATION (Use for RCF/ALF, ICF/SNF and LTCH beds)
Applicant's Completeness Checklist and Table of ContentsProject Name: Hidden Acres II bed additionProject No: 023425Project Description: Addition of 2 ALF beds

Done Page N/A Description

Divider I. Application Summary:

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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.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

- ✓ 1 1. Provide a complete detailed project description.
- ✓ 2 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 3 a-b 3. Provide a legible city or county map showing the exact location of the proposed facility.
- ✓ 4 4. Provide a site plan for the proposed project.
- ✓ 5 a-b 5. Provide preliminary schematic drawings for the proposed project.
- ✓ 6 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- ✓ 7 7. Provide the proposed square footage.
- ✓ 8 a-b 8. Document ownership of the project site, or provide an option to purchase.
- ✓ 9 9. Define the community to be served.
- ✓ 10 10. Provide projected year population for the 15-mile radius service area.
- ✓ 11 11. Identify specific community problems or unmet needs the proposal would address.
- ✓ 12 a-b 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.
- ✓ 13 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.
- ✓ 15 15. Provide copies of any petitions, letters of support or opposition received.
- ✓ 16 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.
- ✓ 17 a-b 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:

- ✓ 1 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 2 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 3 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- ✓ 4 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- ✓ 5 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.
- ✓ 6 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:

- ✓ 1 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ✓ 2 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.
- ✓ 3 a-b 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.
- ✓ 4 4. Document how patient charges are derived.
- ✓ 5 a-b 5. Document responsiveness to the needs of the medically indigent.
- ✓ 6 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 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 1



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 Hidden Acres II bed addition	Project Number 6234RS
Project Address (Street/City/State/Zip Code) 19235 State Rte EE Ste Genevieve, MO 63670	County Ste Genevieve

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
B+C Worldwide Properties, LLC	19235 State Rte EE Ste Genevieve, MO 63670	573-315-0881
<small>(List entity to be licensed or certified.)</small>		
List All Operator(s): <small>(List entity to be licensed or certified.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
B+C Worldwide II LLC	4077 Apache Dr #13 French Village, MO 63036	573-315-0881

3. Ownership (Check applicable category.)

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

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 Christy Asher	Title owner / LNHRA
Telephone Number 573 315 0881	Fax Number 573 756 9141
Signature of Contact Person Christy Asher	E-mail Address christydownbarton@yahoo.com
	Date of Signature 8-29-25

MO 580-1801 (03/13)



Certificate of Need Program

REPRESENTATIVE REGISTRATION

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

Project Name

Hidden Acres II bed addition

Number

6234 RS

(Please type or print legibly.)

Name of Representative

Christy Asher

Title

OWNER/LNHN

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)

Christy Asher - owner

Telephone Number

573-315-0881

Address (Street/City/State/Zip Code)

19235 State Rte EE
Ste Genevieve, MO 63670

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

B+C Worldwide # LLC

Telephone Number

573-315-0881

Address (Street/City/State/Zip Code)

19235 State Rte EE Ste Genevieve, MO

Check one. Do you:

- ☒ Support
☐ Oppose
☐ Neutral

Relationship to Project:

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

Other Information:

I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.

Original Signature

Christy Asher

Date

8-29-25

MO 580-1809 (11/01)



Certificate of Need Program

PROPOSED PROJECT BUDGET

Description

Dollars

COSTS:*

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

1. New Construction Costs ***	<u>0</u>
2. Renovation Costs ***	<u>0</u>
3. Subtotal Construction Costs (#1 plus #2)	<u>0</u>
4. Architectural/Engineering Fees	<u>0</u>
5. Other Equipment (not in construction contract)	<u>0</u>
6. Major Medical Equipment	<u>0</u>
7. Land Acquisition Costs ***	<u>0</u>
8. Consultants' Fees/Legal Fees ***	<u>0</u>
9. Interest During Construction (net of interest earned) ***	<u>0</u>
10. Other Costs ***	<u>0</u>
11. Subtotal Non-Construction Costs (sum of #4 through #10)	<u>0</u>
12. Total Project Development Costs (#3 plus #11)	<u>0 **</u>

FINANCING:

13. Unrestricted Funds	<u>0</u>
14. Bonds	<u>0</u>
15. Loans	<u>0</u>
16. Other Methods (specify)	<u>0</u>
17. Total Project Financing (sum of #13 through #16)	<u>0 **</u>

18. New Construction Total Square Footage	<u>0</u>
19. New Construction Costs Per Square Foot *****	<u>0</u>
20. Renovated Space Total Square Footage	<u>262,26 sq ft</u>
21. Renovated Space Costs Per Square Foot *****	<u>0</u>

* 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.



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

LC014407107

Date Filed: 9/20/2022

John R. Ashcroft

Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

Hidden Acres Assisted Living II, LLC

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

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

Assisted Living Facility

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

Christy Dawn Barton 9077 Apache Dr

French Village, MO 63036-1308

Name

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

City/State/Zip

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

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

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

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

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

Name

Address

City/State/Zip

Barton, Christy

9077 Apache Dr

French Village MO
63036-1308

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

New Series:

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

New Series:

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

New Series:

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

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

Name and address to return filed document:

Name: Christy Barton

Address: Email: christydawnbarton@yahoo.com

City, State, and Zip Code: _____

LLC-1 (10/2020)

①A

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

9077 Apache Dr

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

French Village, MO 63036-1308

City/State/Zip

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

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

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

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

All organizers must sign:

Christy Barton

Organizer Signature

CHRISTY BARTON

Printed Name

09/30/2022

Date of Signature

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Hidden Acres Assisted Living II, LLC
LC014407107

filed its Articles of Organization with this office on the 20th day of September, 2022, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 20th day of September, 2022, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this 20th day of September, 2022.


Secretary of State



STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Hidden Acres Assisted Living II, LLC
LC014407107

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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 20th day of September, 2022.


Secretary of State



5.

The license of the proposed operator and any affiliate of the proposed operator has never been revoked

CADW 8-29-25

5

6.

The license of the proposed operator and any affiliate of the proposed operator has never been revoked

N/a

Christy Asher 8-29-25



7.

The Medicare and/ or Medicaid certification of any facility owned or operated by the proposed operator has not ever been revoked

Christy Asher 8-29-25

7

8.

The Medicare and/ or Medicaid certification of any facility owned or operated by the proposed operator has not ever been revoked

N/A

Christy Ashu 8/29/25

(15)

Divider II

1. Detailed Project description

We will be turning the living room in the basement of Hidden Acres Assisted Living II from an empty room that was being used as recreational space into a 2 bed- bedroom for the additional bedrooms. The room is 24' 2 1/2" x 10' 10". The project should have zero costs as it is already an existing room.

1

2. Timeline of events

8/29/25 Application will be turned in for CON and fee will be paid.

11/10/25 Meeting Date of CON

As soon as determination is made state will notified and a bed increase will be requested through the state.

Apon receiving the increase the residents on the waiting list will be notified of the move in date.

2



Hidden Acres Assisted Living

Address: 19235 State Route EE, Saint Genevieve, MO 63670

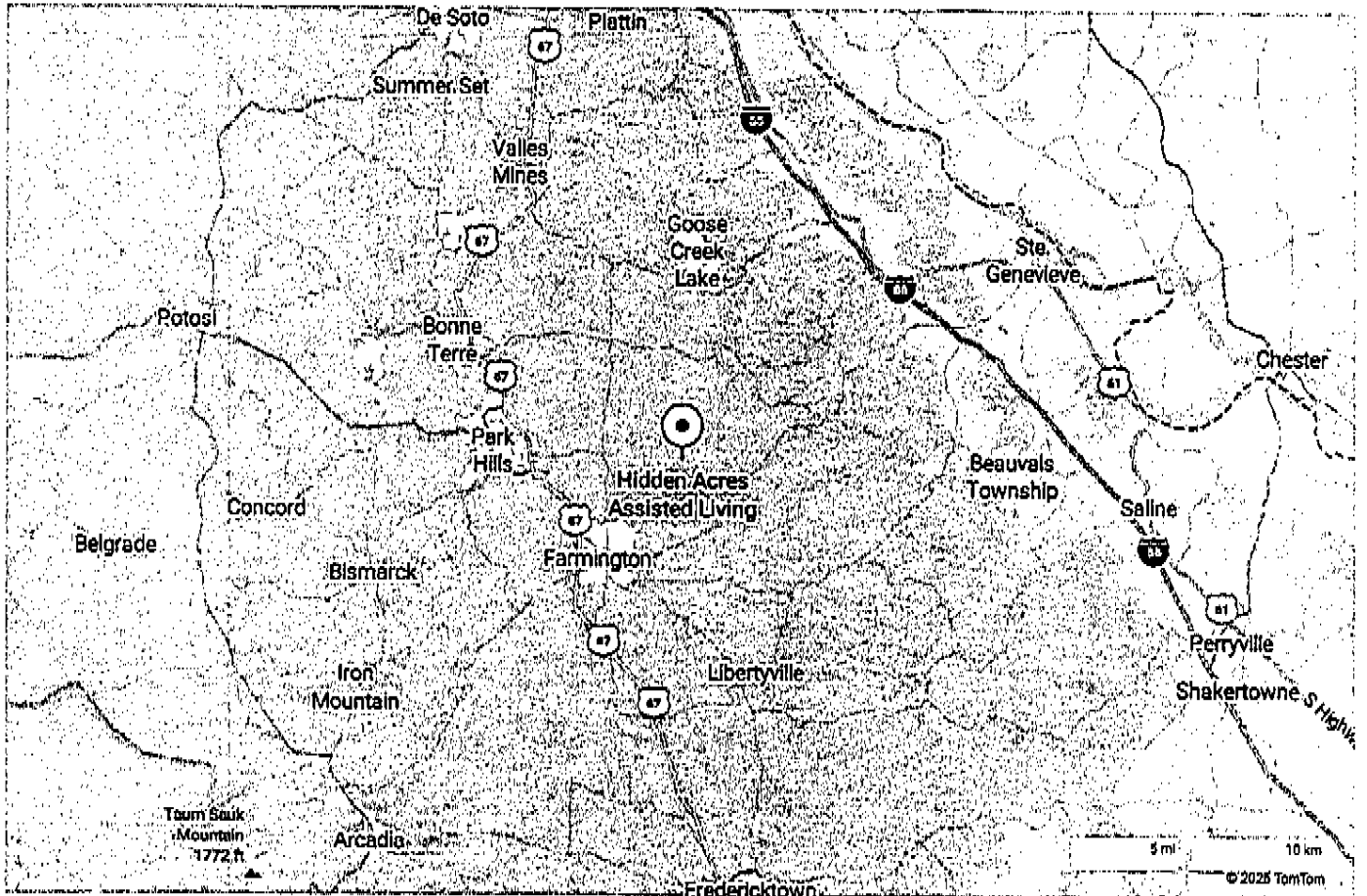
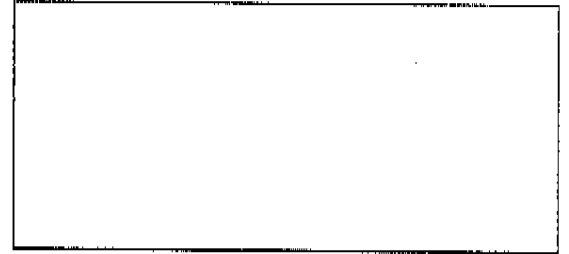
Phone: +1 573-756-8141

Website:

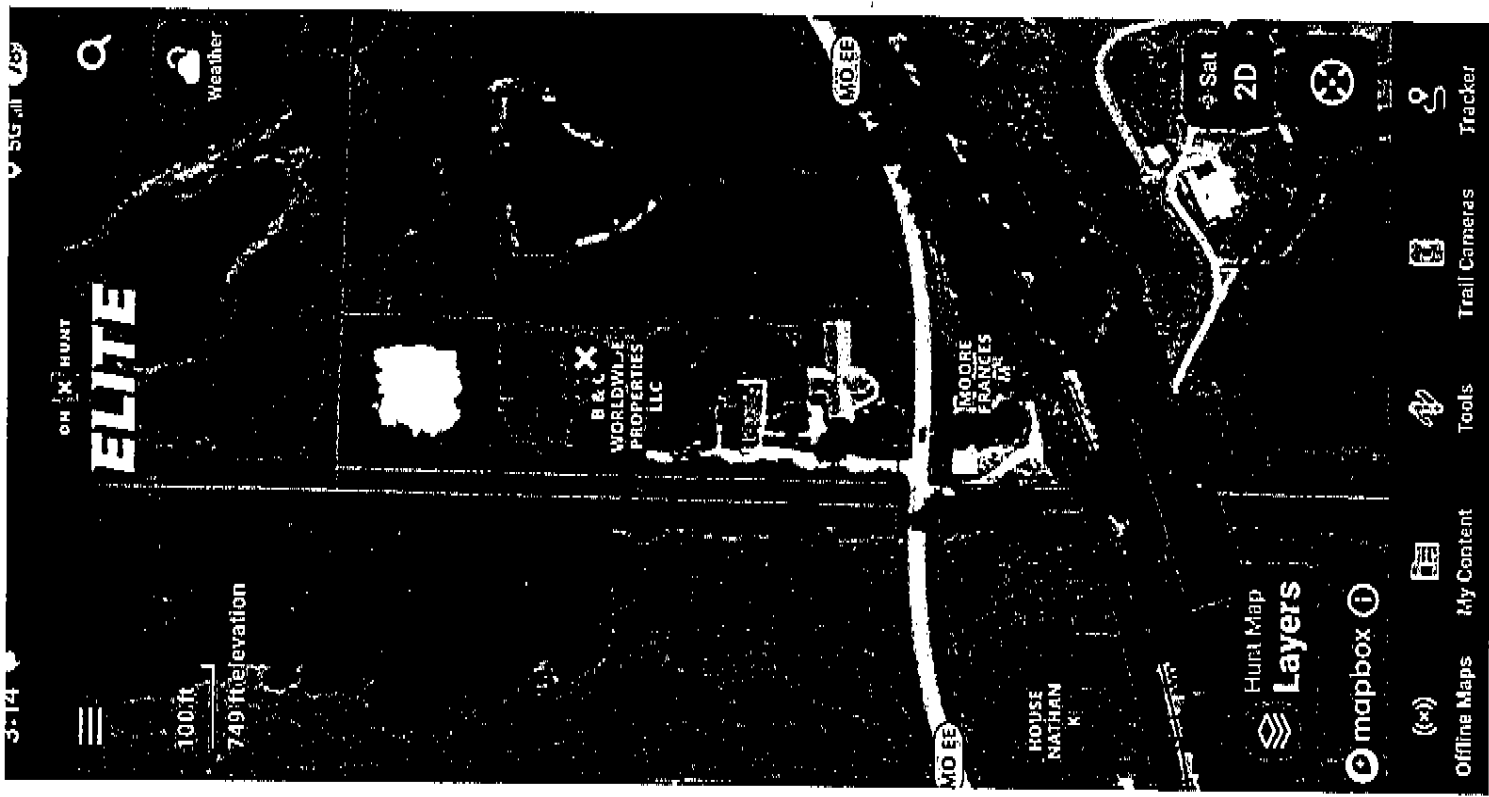
<https://careavailability.com/provider/hidden-acres-assisted-living/>

Hours

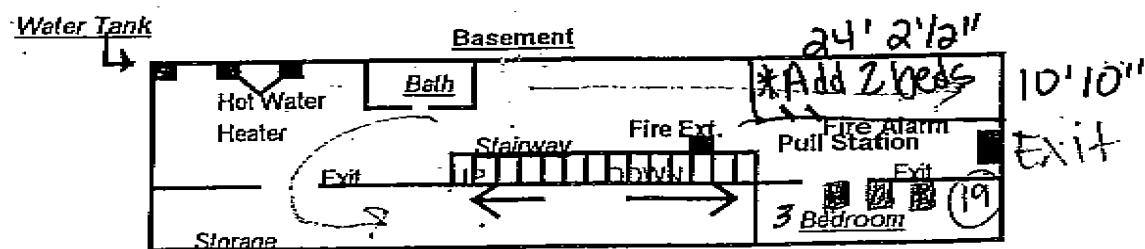
Monday - Friday 9:00 AM - 3:00 PM



38



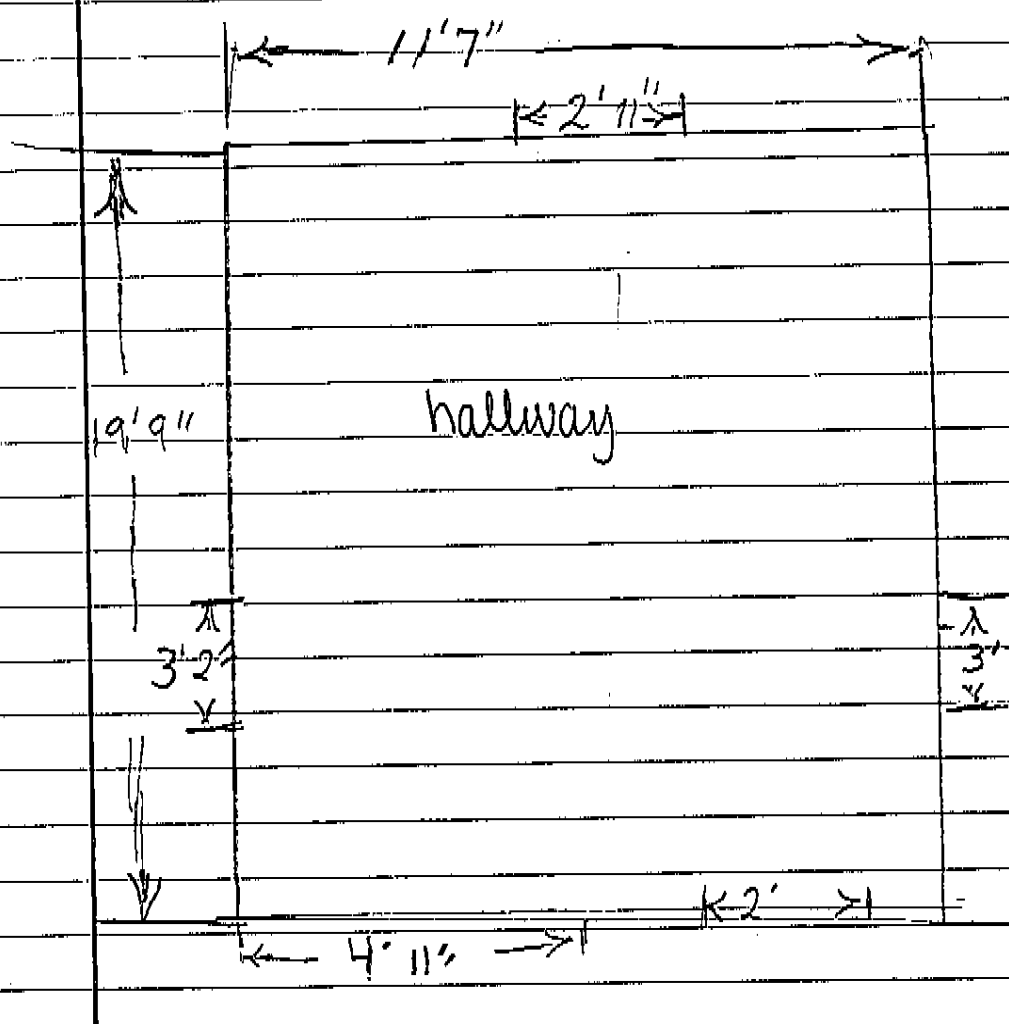
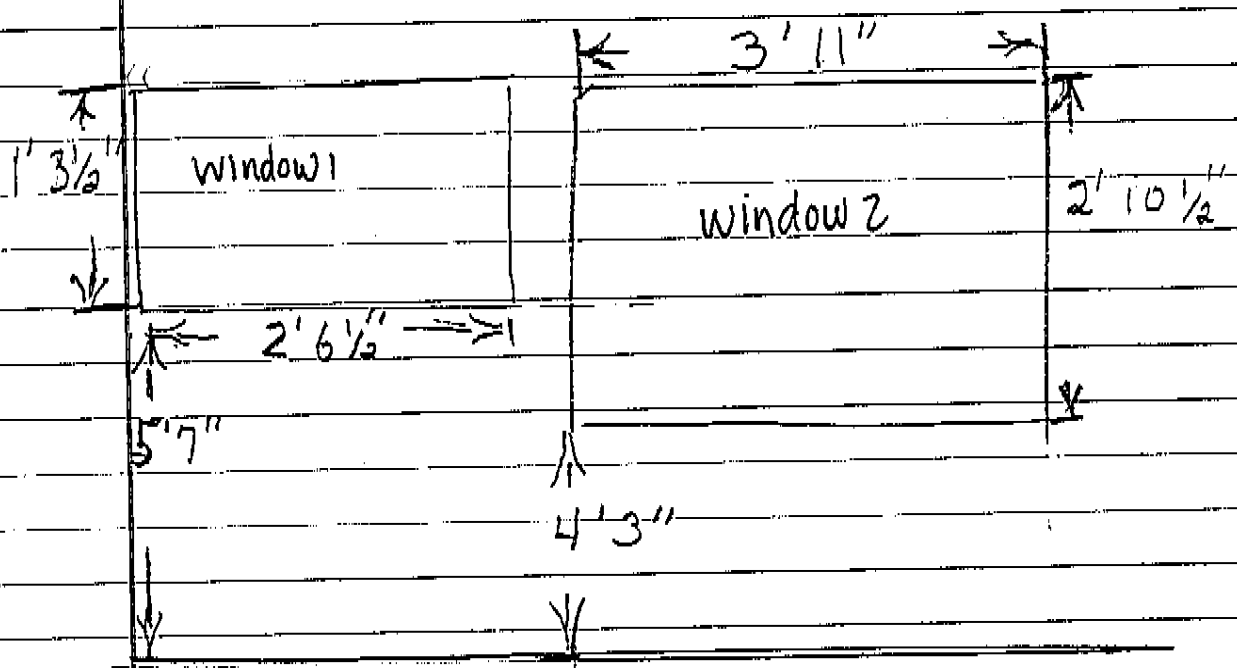
Site Plan



EMERGENCY # 911

$$3147.1 \div 12 = 262.25 \text{ g ft}$$

House
#2



Compose

← Back



Contacts

More

- Inbox 40
- Starred
- Sent
- Drafts 11
- Folders
- New Folder
- applications
- bank statements
- BKGND Checks 2
- CEU
- Construction 3
- DHSS
- Dining RD
- DMH
- Grants
- HAcres Reclopt 52
- Health Insurance 1
- Hidden Acres 4
- Insurance
- Junk 649
- MALA
- MCS 2
- minlater
- Nursing - Jobs
- Payroll 1
- pictures
- Policies- Forms
- receipts 14
- referrals
- Retirement
- school
- Spambox 54
- tax-job websites
- Unwanted 2028
- Vacations
- weightloss
- Wrestling 1

Sent

achitechual plans

Christy Asher

To: allison.dodge@health.mo.gov · Mon, Aug 11 at 4:12 PM

Attached is the architectural plans that Hidden Acres is sending to the CON unit for the addition of 2 beds to Hidden Acres ALF II.

Thanks,
Christy Asher

1 attachment

Download



site plan.jpg
JPG · 191.4 KB



RE'S THE PLAN

NAME YOUR PR
PTIONS IN YOU

SSIVE

Go



RE'S THE PLAN

NAME YOUR PR
PTIONS IN YOU

SSIVE

Go

Reply

Forward

6

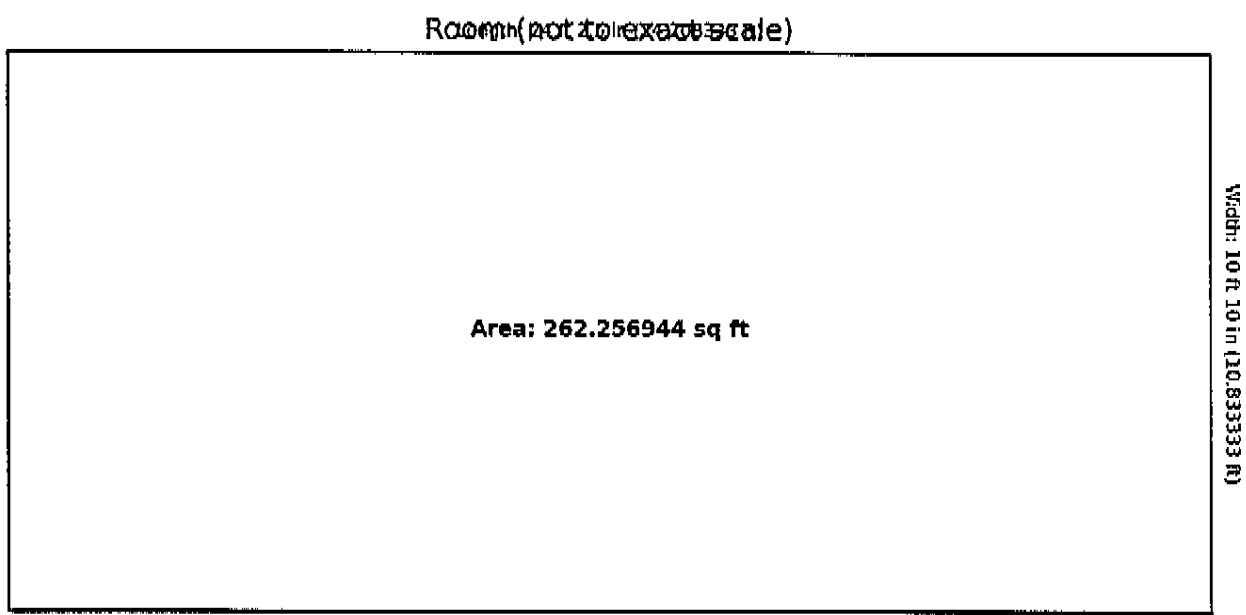


ChatGPT ▾



draw a room that that is 24ft 2.5" by 10ft 10" and show total square footage

Thought for 7s











Nice — I drew that for you and calculated the area.



Quick facts:

- Length = 24 ft 2.5 in = 24.208333 ft
- Width = 10 ft 10 in = 10.833333 ft
- Area = 24.208333 ft × 10.833333 ft = 262.256944 sq ft ≈ 262.26 sq ft (rounded to 2 decimals)

I also created a simple labeled drawing (not architect-level scale) showing the rectangle and the area; you should see it above. If you want a scaled-to-print drawing, measurements in inches, metric conversion, or a version with doors/windows marked, tell me which and I'll make it. <>



 Ask anything



ChatGPT can make mistakes. Check important info.



COPY

Space above this line reserved for Recorder of Deeds

SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED, is made and entered into this 20th day of September, 2021, by and between Chaudhry LLC, a Missouri limited liability company, whose address is 13210 Clayton Road, St. Louis, Missouri 63131 (referred to as "Grantor") and B&C Worldwide Properties LLC, a Missouri limited liability company, whose address is 9077 Apache, P.O. Box 13, French Village, Missouri 63036 (referred to as "Grantee").

WITNESSETH, That Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration paid by Grantee to Grantor, the receipt of which is hereby acknowledged, does by these presents BARGAIN AND SELL, CONVEY AND CONFIRM unto Grantee that certain real estate situated in the County of Ste. Genevieve, State of Missouri, and legally described as follows (referred to as the "Property"):

See Exhibit "A" attached hereto and incorporated herein by reference

SUBJECT, HOWEVER, to the title exceptions listed on Exhibit "B" attached to this Special Warranty Deed and by this reference made a part hereof, Grantee hereby accepting and agreeing to the same by Grantee's acceptance and recordation of this Special Warranty Deed.

TO HAVE AND TO HOLD the same, together with all rights and appurtenances to the same belonging to the extent not encumbered, restricted or reserved as contemplated by this Special Warranty Deed unto Grantee and its successors and assigns forever.

Grantor hereby covenants that, except as noted above, at the time of delivery of this Special Warranty Deed the Property was free from all encumbrances made by it and that Grantor shall and will WARRANT AND DEFEND the title to the Property unto Grantee and its successors and assigns forever, against the lawful claims of all persons claiming by, through or under Grantor but against none others.

IN WITNESS WHEREOF, the parties hereto have executed this Special Warranty Deed as of the day and year first above written.

Grantor:

Chaudhry LLC

By: Ali Chaudhry
Ali Chaudhry, Member

STATE OF MISSOURI)
) SS
COUNTY OF ST. LOUIS)

I, Melissa A. Saputo, a Notary Public, do hereby certify that on the 17th day of September, 2021, personally appeared before me Ali Chaudhry, a Member of Chaudhry LLC, a Missouri limited liability company, and being first duly sworn to me, acknowledged that he signed as his own free act and deed the foregoing document in the capacity therein set forth, and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, on the day and year first above written.

Melissa A. Saputo
Notary Public

My Commission Expires:



MELISSA A. SAPUTO
My Commission Expires
November 2, 2022
St. Charles County
Commission #14400315

EXHIBIT "A"
TO
SPECIAL WARRANTY DEED

LEGAL DESCRIPTION

EXHIBIT A

Part of Section 10 in Township 36 North, Range 6 East of the Fifth Principal Meridian in Sainte Genevieve County, Missouri. Also being part of a tract of land as recorded in Book 372 on Page 120 as recorded in the Office of the Recorder in Sainte Genevieve, Missouri. More particularly described as follows: Commencing at an Aluminum Monument marking the North Quarter Corner to said Section 10; thence South 89 degrees, 30 minutes, 0 seconds East, with the North Line of said Section 10, 208.50 feet to an Iron Pin; thence South, along the East Line of a tract of land as recorded in Book 372 on Page 120, 598.72 feet to an Iron Pin marking the point of beginning; thence continuing South, 17.82 feet to an Iron Pin; thence continuing South, 143.54 feet to an Iron Pin in a circular curve being the North Right of Way Line of State Highway EE; thence with said circular curve to the right having a radius of 607.28 feet for 56.06 feet (Chord bearing South 88 degrees, 31 minutes, 39 seconds West) to an Iron Pin marking PC Station 296+ 11.4, said Iron Pin is North 1 degree, 10 minutes, 20 seconds East, 60.00 feet from a Right of Way marker; thence North 88 degrees, 49 minutes, 40 seconds West along the North Right of Way of said State Highway EE, 152.50 feet to an Iron Pin, said Iron Pin is South 88 degrees, 49 minutes, 40 seconds East, 100.41 feet from a Right of Way marker; thence North, along the West Line of said Northeast Quarter of Section 10, 160.54 feet to an Iron Pin; thence South 89 degrees, 45 minutes, 53 seconds East, 208.49 feet to the point of beginning. Containing 0.78 acres.

Also part of Section 10 in Township 36 North, Range 6 East of the Fifth Principal Meridian in Sainte Genevieve County, Missouri. Also being part of a tract of land as recorded in Book 427 on Page 269 as recorded in the Office of the Recorder in Sainte Genevieve, Missouri. More particularly described as follows: Commencing at an Aluminum Monument marking the North Quarter Corner to said Section 10; thence South 89 degrees, 30 minutes, 0 seconds East, with the North Line of said Section 10, 208.50 feet to an Iron Pin; thence South, along the East Line of a tract of land as recorded in Book 372 on Page 120, 616.55 feet to an Iron Pin marking the point of beginning; thence South 45 degrees, 0 minutes, 0 seconds East, 49.50 feet to an Iron Pin; thence South, 105.00 feet to an Iron Pin in a circular curve being the North Right of Way of State Highway EE; thence with said circular curve to the right, having a radius of 607.28 feet for 35.18 feet (Chord bearing South 84 degrees, 13 minutes, 23 seconds West, 35.18') to an Iron Pin; thence leaving said North Right of Way Line, North, 143.54 feet to the point of beginning. Containing 0.10 acres.

Part of Section 10 in Township 36 North, Range 6 East of the Fifth Principal Meridian in Sainte Genevieve County, Missouri. Also being part of a tract of land as recorded in Book 372 on Page 120 as recorded in the Office of the Recorder in Sainte Genevieve, Missouri. More particularly described as follows: Beginning at an Aluminum Monument marking the North Quarter Corner to said Section 10; thence South 89 degrees, 30 minutes, 0 seconds East, with the North Line of said Section 10, 208.50 feet to an Iron Pin; thence South, along the East Line of a tract of land as recorded in Book 372 on Page 120, 598.72 feet to an Iron Pin; thence North 89 degrees, 45 minutes, 53 seconds West, 208.49 feet to an Iron Pin in the West Line of the Northeast Quarter of said Section 10; thence North, 598.69 feet to the point of beginning. Containing 2.87 acres.

EXHIBIT "B"
TO
SPECIAL WARRANTY DEED

PERMITTED EXCEPTIONS

1. Zoning and other ordinances.
2. Real estate taxes for the year 2021 and subsequent years.
3. Installments of special taxes and assessments not required to be paid prior to the effective date of this Special Warranty Deed.
4. Special taxes and assessments becoming a lien on or after the effective date of this Special Warranty Deed.
5. Visible easements and all other matters that would be disclosed by a current survey of the Property.
6. All valid and enforceable covenants, restrictions, reservations, easements and other matters as shown on the public record.

PURCHASE PRICE ALLOCATION

This Purchase Price Allocation reflects the allocation of the purchase price for the Purchase and Sale Agreement dated April 9, 2021 ("Agreement"), by and among Osman LLC and Chaudhry LLC (collectively, "Seller") and B&C Worldwide Properties LLC ("Purchaser").

Pursuant to Section 2.2 of the Agreement, Seller and Purchaser have allocated the total purchase price of Six Hundred Twenty-Five Thousand Dollars (\$625,000.00) as follows:

<u>Asset</u>	<u>Allocation</u>
Land and Improvements	\$343,750.00
Personal Property	<u>\$281,250.00</u>
TOTAL:	\$625,000.00

Executed and delivered effective as of September ____, 2021, by authorized representatives of Seller and Purchaser.

Seller:

Osman LLC

By: Ali Chaudhry
Ali Chaudhry, Member

Chaudhry LLC

By: Ali Chaudhry
Ali Chaudhry, Member

Purchaser:

B&C Worldwide Properties LLC

By: Christy B...
Name: _____
Title: _____

Purchase Price Allocation(2754311.1)

9. The community to be served by increasing from 18 beds to 20 beds is geriatric or low intellectual beds at an assisted living facility.

2030 Population Projections

Zip Codes

Zip	County	Total Population	65+ Population
63020	Jefferson	20372	4658
63028	Jefferson	29910	6489
63036	St. Francois	845	233
63601	St. Francois	15244	2771
63624	St. Francois	2820	623
63627	Ste. Genevieve	2935	589
63628	St. Francois	16351	3123
63637	St. Francois	755	159
63640	St. Francois	31502	6796
63645	Madison	12493	2848
63648	Washington	1164	216
63650	Iron	3681	951
63653	St. Francois	1027	136
63670	Ste. Genevieve	12081	3216
63673	Ste. Genevieve	2040	543
63087	St. Francois	1053	190
Totals		154,273	33,541

11. If the CON unit approves the addition of the 2 beds at Hidden Acres ALF II, it would help with the unmet needs of the community in the fact that our facility has transitioned to only accept geriatric and low intellectual individuals. I have found that our high census is directly related to the fact that we no longer accept residents with psychiatric behavioral disorders. This has enabled our facility to have a waiting list for residents now for a few years. We currently have 4 people on our waiting list. I believe that there is a huge need in this area for a facility that is not a private pay only facility. We accept people who receive only social security and Medicaid that can not afford to live in a private pay facility but do not feel comfortable being housed with a mixed psychiatric environment.

11

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12. 3 years of occupancy

Total occupancy= number or patient days/total available bed days*100

2022- 4059/6570=0.617*100= 62%

- 1- 438/558=0.78*100=78%
- 2- 389/504=.77*100=77%
- 3- 261/558=.467*100=47%
- 4- 233/540=.43*100=43%
- 5- 198/558=.35*100=35%
- 6- 294/540=.54*100=54%
- 7- 322/558=.577*100=58%
- 8- 340/558=.61*100=61%
- 9- 293/540=.54*100=54%
- 10-453/558=.81*100=81%
- 11-420/540=.78*100=78%
- 12-418/558=.75*100=75%

2023- 5843/6570=0.889*100= 89%

1. 463/558=.83*100=83%
2. 434/504=.86*100=86%
3. 502/558=.90*100=90%
4. 530/540=.98*100=98%
5. 512/558=.92*100=92%
6. 416/540=.77*100=77%
7. 489/558=.88*100=88%
8. 529/558=.95*100=95%
9. 498/540=.92*100=92%
10. 527/540=.98*100=98%
11. 480/540=.89*100=89%
12. 463/558=.83*100=83%

2024- 6117/6588=0.928*100=93%

1. 551/558=.99*100=99%
2. 514/522=.98*100=98%
3. 519/558=.93*100= 93%
4. 474/540= .87*100= 87%
5. 486/558=.87*100= 87%
6. 477/540=.88*100=88%

7. $461/558=.83*100=83\%$
8. $527/558=.94*100=94\%$
9. $508/540=.94*100=94\%$
10. $502/558=.90*100=90\%$
11. $540/540=1*100=100\%$
12. $558/558=1*100=100\%$

Projected Occupancy for the 2 new beds

2026-100%

2027-100%

2028-100%

1128

13.

The method for the projected utilization of new beds was figured because we currently have a waiting list with 3 residents on it. They have been on our waiting list for several months. All of the while we have been receiving other acceptable referrals that we can not admit due to not having available beds.

14. The community has been notified by putting a public notice in the local newspaper and by mailing letters to all facilities that are in a 15 mile radius. The notice included that the consumer needs and preferences have been included in planning this project and that consumers have the right to provide input by contacting the owner of the facility by phone or mail.

14

15

2025-08-29 11:33

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15. none received

Better Newspapers Inc

540 North Railway
Mascoutah, IL 62258
6185668282
accounting@heraldpubs.com

Invoice to

HIDDEN ACRES ALF I&II

HIDDEN ACRES ALF I&II

Billing Info

Hidden Acres ALF I&II
19235 STATE ROUTE EE
STE GENEVIEVE, MO, 63670

Shipping Info

Hidden Acres ALF I&II
19235 STATE ROUTE EE
STE GENEVIEVE, MO, 63670

PH-1060987

Invoice Number

08/12/2025

Invoice Date

09/11/2025

Due Date

\$21.42

Amount Due (USD)

DESCRIPTION

QTY

UNIT COST

TAX

TOTAL

Legal - PUBLIC NOTICE
DAILY JOURNAL LEGAL

1

\$21.42

0.00%

\$21.42

Subtotal: \$21.42

Tax: \$0.00

Invoice Total: \$21.42

Amount Due (USD): \$21.42

Requirement (USD): \$21.42

CONVENIENCE FEE Card: 4%
CONVENIENCE FEE Debit: 4%

Amount Paid: \$0.00

This invoice is brought to you by PayBright.

1101

Affidavit of Publication

PUBLIC NOTICE

Hidden Acres Assisted Living II, located at 19235 State Rte EE, Ste Genevieve, MO 63670 is applying for a certificate of need to increase the number of beds, at its facility from 18 beds to 20 through the states certificate of need program.
8/14/25

State of Missouri }
County of St Francois }

I, Dwight Stricklin, being duly sworn according to law, state that I am the General Manager of the Daily Journal, a daily newspaper of general circulation in the county of St Francois, where located; which has been admitted to the Post Office as second class matter in the city of Park Hills, the city of publication; which newspaper has been published regularly and consecutively for a period of three years and has a list of bonafide subscribers voluntarily engaged as such as who have paid or agreed to pay a stated price for a subscription for a definite period of time and that such newspaper has complied with the provisions of Section 14,968 Revised Statutes of Missouri, 1939. The affixed notice appeared in said newspaper on the following consecutive weeks (issues).

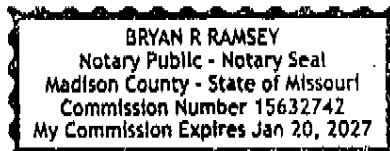
From August 14 2025 to August 14 2025
First Insertion August 14 2025
Second Insertion _____ 20____
Third Insertion _____ 20____
Fourth Insertion _____ 20____
Fifth Insertion _____ 20____

(Signed)

(Secretary, Editor or Publisher)

Printer's Fee: \$ 21.42

Sworn to (or affirmed) and subscribed before me on the 15th day of August 2025.



Bryan R Ramsey
Notary Public
My Commission Expires: 1/20/2027



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FARMINGTON, MO 63640-3162
www.usps.com

08/15/2025

11:52 AM

Product	Qty	Unit Price	Price
CelebrationBlossoms	1	\$0.78	\$0.78
U.S. Navy 250th	20	\$0.78	\$15.60

Grand Total: \$16.38

Debit Card Remit
Card Name: MasterCard
Account #: XXXXXXXXXX9288
Approval #: 057086
Transaction #: 226
Receipt #: 054894
Debit Card Purchase: \$16.38 Chip
AID: A000000042203
AL: US Debit
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Receipt #: 840-56400023-3-7862484-1

Clerk: 14

Total 769

County	Facility Name	Address	City	Zip	CON Approved	Licensed Beds			4th Qtr 2023 Occup %
						ALF	RCF	TOTAL	
St Francois	Anna Dodson Home	4616 Highway D	Farmington	63640	0	0	37	37	96.1%
St Francois	Ashbrook - Assisted Living By Americare	500 Ashbrook Dr	Farmington	63640	0	72	0	72	66.4%
St Francois	Bailey House	102 Bailey St	Farmington	63640	0	0	12	12	100.0%
St Francois	Bayless Boarding Home	3719 Sand Creek Rd	Farmington	63640	0	0	12	12	99.5%
St Francois	Brookside Manor Residential Care, LLC	2434 HWY H	Farmington	63640	0	0	20	20	100.0%
St Francois	Carriage Residential Care Center, LLC	508 North Washington St	Farmington	63640	0	0	20	20	94.4%
St Francois	Cedarhurst of Farmington	200 Maple Valley Drive	Farmington	63640	0	84	0	84	63.5%
St Francois	Columbia Street Residential Care Center, L	208 West Columbia St	Farmington	63640	0	0	16	16	99.8%
St Francois	Country Meadows	1301 N St Joe Dr	Park Hills	63601	0	15	0	15	55.7%
St Francois	Crawford Ranch Boarding Home, LLC	2200 Varvera Rd	Doe Run	63637	0	0	32	32	99.1%
St Francois	Farmington Assisted Living Center, LLC	2879 Us Highway 67	Farmington	63640	0	70	0	70	65.7%
St Francois	Farmington Presbyterian Manor	500 Cayce St	Farmington	63640	0	60	60	120	53.9%
St Francois	Green Acres Residential Care Facility, LLC	3688 Sand Creek Rd	Farmington	63640	0	0	12	12	100.0%
St Francois	Harris Residential Care Center, LLC	401 South Henry	Farmington	63640	0	0	37	37	86.5%
St Francois	Maple Ridge Residential Care Center, LLC	1034 Doris Dr	Farmington	63640	0	0	20	20	99.8%
St Francois	Maplebrook - Assisted Living By Americare	520 Maple Valley Lane	Farmington	63640	0	61	0	61	91.5%
St Francois	New Horizons RCF II	5858 Busiek Rd	Farmington	63640	0	15	0	15	100.0%
St Francois	Pine Valley RCF	3381 1St St	Doe Run	63637	0	0	12	12	100.0%
St Francois	Secret Gardens	351 Keith St	Park Hills	63601	0	0	10	10	92.4%
St Francois	St Francois Manor	1180 Old Jackson Rd	Farmington	63640	0	0	40	40	54.4%
St Francois	Watts Street Manor	301 Watts St	Park Hills	63601	0	0	16	16	95.1%
Ste Genevieve	Hidden Acres Assisted Living	19235 State Route EE	Ste Genevieve	63670	0	18	0	18	100.0%
Ste Genevieve	Hidden Acres Assisted Living II, LLC	19235 State Route EE	Ste Genevieve	63670	0	18	0	18	100.0%

8/15/25

To the Owner/ Operator,

I am writing you to inform you that Hidden Acres ALF II is asking the CON unit to increase our facility from 18 beds to 20 beds. If you have any questions or concerns you can reach us at 19235 State Rte EE, Ste. Genevieve, MO 63670 or on my cell phone at 573-315-0881.

We are also actively seeking other assisted living facilities to purchase if you are interested in selling any of your properties.

Thank you and I hope you have a great day.

Christy Asher,

Owner and operator of Hidden Acres



Divider III

1

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1.N/A

2.

Population bed need=population*0.035- #of beds in area

$$33541*0.035-769=404.92$$

2

③

3. N/a

1

4. We will be using the 2 additional beds as specialty beds for geriatric or low intellectual adults. We will not be admitting any psych residents .

4

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5

2025-08-29 11:35

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5. N/A

6. No. We have never received any notice of non compliance

6

Divider IV

①

2025-08-29 11:35

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1. N/A- no costs associated. Using an existing room to add the 2 beds.

2

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2. No funds needed for the project



Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

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:*	4,059	5,843	6,117
Revenue:			
Average Charge**	\$2,700	\$2,700	\$2,700
Gross Revenue	\$10,959,300	\$15,776,100	\$16,515,900
Revenue Deductions	10,304,106	14,765,520	15,377,006
Operating Revenue	655,194	1,010,580	1,138,894
Other Revenue	0	0	0
TOTAL REVENUE	\$655,194	\$1,010,580	\$1,138,894
Expenses:			
Direct Expenses			
Salaries	329,268	373,864	399,341
Fees	10,000	0	0
Supplies	58,488	84,107	105,401
Other	0	0	0
TOTAL DIRECT	\$397,756	\$457,971	\$504,742
Indirect Expenses			
Depreciation	12,460	149,806	63,642
Interest***	2,958	1,447	6,457
Rent/Lease	73,100	107,000	120,913
Overhead****	120,615	159,282	199,157
TOTAL INDIRECT	\$209,133	\$417,535	\$390,169
TOTAL EXPENSES	\$606,889	\$875,506	\$894,911
NET INCOME (LOSS):	\$48,305	\$135,074	\$243,983

*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:

Project #:

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		
	2026	2027	2028
Amount of Utilization:*	7,300	7,300	7,300
Revenue:			
Average Charge**	\$2,700	\$2,800	\$2,900
Gross Revenue	\$19,710,000	\$20,440,000	\$21,170,000
Revenue Deductions	16,000,000	16,000,000	16,000,000
Operating Revenue	3,710,000	4,440,000	3,710,000
Other Revenue	0	0	0
TOTAL REVENUE	\$3,710,000	\$4,440,000	\$3,710,000
Expenses:			
Direct Expenses			
Salaries	450,000	460,000	470,000
Fees	0	0	0
Supplies	150,000	150,000	150,000
Other	0	0	0
TOTAL DIRECT	\$600,000	\$610,000	\$620,000
Indirect Expenses			
Depreciation	70,000	70,000	70,000
Interest***	10,000	10,000	10,000
Rent/Lease	130,000	130,000	130,000
Overhead****	250,000	250,000	250,000
TOTAL INDIRECT	\$460,000	\$460,000	\$460,000
TOTAL EXPENSES	\$1,060,000	\$1,070,000	\$1,080,000
NET INCOME (LOSS):	\$2,650,000	\$3,370,000	\$2,630,000

*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.

38

4. Patient Charges are derived by the rates set by the facility.

Private pay rates are currently 2700.00/ month for a semi private room and 3700.00/month for a private room.

5. Responsiveness of the Need for Assisted Living Beds for Adults with Intellectual Disabilities

The demand for assisted living beds for adults with intellectual disabilities reflects both the unique support needs of this population and the broader responsibility of health and social care systems to respond effectively. Responsiveness in this context refers to the ability of services to adapt, scale, and deliver care that is timely, appropriate, and person-centered.

1. Changing Demographics

- Advances in healthcare have led to increased life expectancy among adults with intellectual disabilities. Many are now living longer than in past generations, which creates a growing and sustained need for long-term housing and support options such as assisted living.
- Families and caregivers of these adults are also aging. As parents and guardians become unable to provide care, demand for formal residential placements rises.

2. Complex Support Needs

- Adults with intellectual disabilities often experience co-occurring physical health challenges, mental health conditions, or age-related decline. Assisted living facilities need to be responsive to this diversity of needs by offering flexible and individualized support.
- Responsiveness requires not only providing a safe and structured environment but also promoting autonomy, dignity, and community integration.

3. Service Availability and Accessibility

- In many regions, there is a gap between the number of adults needing assisted living beds and the capacity available. Waiting lists and limited placements highlight the system's responsiveness—or lack thereof—to real-time needs.
- Effective responsiveness involves ensuring sufficient capacity, geographic accessibility, and affordability so that individuals are not left without appropriate care.

4. Person-Centered Planning

- Responsiveness goes beyond simply providing a bed. It means tailoring services to the individual's preferences, strengths, and goals, including opportunities for social participation, skill development, and meaningful daily activities.
- A responsive system actively involves individuals and families in care planning, ensuring respect for choice and self-determination.

5. Policy and Resource Allocation

- Responsiveness depends on effective policy frameworks and adequate funding. Governments and providers must anticipate demand and invest in sustainable models of assisted living to reduce crises and ensure continuity of care.
- Innovation—such as smaller, community-based residences or integrated models of care—can enhance responsiveness by offering flexible alternatives to traditional institutional settings.

5A

☑ **In summary:** The responsiveness of the need for assisted living beds for adults with intellectual disabilities reflects how well health and social systems adapt to a growing and changing population. A responsive approach ensures that placements are available, accessible, individualized, and supportive of independence and inclusion, while addressing both immediate demand and future trends. Increasing bed availability will ensure that these individuals get the care that they need in the future.

5B

②

6. N/A

7. Hidden Acres currently only has one private pay resident out of 36 in house. The current percent of residents is 97% that is Medicaid eligible on the 1st day of admission or will be active within 90 days of admission.

7