



DATE: October 16, 2025

TO: Commissioners

FROM: Ewurama Shaw-Taylor
Chief, Certificate of Need

SUBJECT: Residences at Vantage Point, Docket # 25-13-2472

Enclosed is the staff report and recommendation for the Certificate of Need (CON) application filed by Columbia Vantage House Corporation, d/b/a Residences at Vantage Point (RVP). Residences at Vantage Point owns the bed rights and operates the facility under a lease agreement with Vantage House, LLC who also owns the real property. In addition to its 44 comprehensive care facility (CCF) or nursing home beds, Residences at Vantage Point has 201 independent apartment units in the continuing care retirement community (CCRC), and 50 assisted living beds. Residences at Vantage Point proposes to convert 13 of its 44 CCRC-restricted nursing home beds to public-use beds, thereby making them available to non-residents of the CCRC. The applicant states that the primary goal of the proposed project is to increase access to skilled nursing home beds in Howard County. There is no cost associated with the bed conversion, other than planning and legal fees.

Staff conclude that the project complies with the standards in COMAR 10.24.20, the State Health Plan for Facilities and Services: Comprehensive Care Facility Services (Nursing Home Chapter). Staff finds that the criteria were satisfied. The project is needed and cost-effective; the project facilitates geographic and financial access to services; and the project will have a positive impact on impact on the health care system. Staff recommend that the Commission APPROVE Residences at Vantage Point's application for Certificate of Need with the following conditions:

1. For three years after receiving first use, Residences at Vantage Point shall document its progress in increasing its number of Medicaid patient days in the 13 public-use beds. Residences at Vantage Point shall file reports annually with the Commission auditing its total days and the provision of Medicaid patient days as a percentage of the total days.
2. By year three, Residences at Vantage Point shall agree to serve and maintain a proportion of Medicaid days in the 13 public-use beds at its facility that is

at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region (Howard County or the Central Region), whichever is lower, calculated in accordance with Maryland COMAR 10.24.20.05A(2)(b) of the Nursing Home Chapter of the State Health Plan.

3. To address its commitment to Health Equity, before first use, RVP shall establish community partnerships with entities in Howard County that have implemented initiatives to address chronic diseases in at-risk populations. For three years, RVP shall document its strategies that will result in an increase in access to older adults at-risk for chronic diseases. RVP shall, upon admission, screen and develop care plans for each resident seeking a public-use bed regarding their access to primary health care, unmet social needs, and resources that reduce their chronic disease burden. Upon discharge, RVP will utilize the community partnerships for the appropriate referral to assist the patient in meeting one of these three areas.

IN THE MATTER OF

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BEFORE THE

COLUMBIA VANTAGE HOUSE CORP.

MARYLAND

d/b/a RESIDENCES AT VANTAGE POINT

HEALTH CARE

Docket No. 25-13-2472

COMMISSION

STAFF REPORT AND RECOMMENDATION

October 16, 2025

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I. INTRODUCTION

A. The Applicant

Columbia Vantage House Corporation d/b/a Residences at Vantage Point (RVP) is a continuing care retirement community (CCRC) in Columbia, Howard County, with 201 independent apartments and 50 assisted living apartments and a 44-bed comprehensive care facility (CCF) or nursing home. The nursing home provides skilled nursing services, long-term care, and rehabilitation services. RVP is a licensed Medicare and Medicaid provider.

RVP is a nonstock corporation organized and operated for charitable and educational purposes. The corporation is governed by a volunteer board of directors who have no ownership stake in the organization.

Columbia Vantage House Corporation owns the bed rights and is the operator of the facility. Vantage House, LLC (Vantage House) is the owner of the real property.

Life Care Services, LLC (Life Care) is a management services company that provides operational and financial management services to RVP, including accounting and financial services, policies and procedures, compliance, with respect to federal and state statutes and regulations, marketing, clinical activities, human resources, and IT services and systems support.

B. The Project

As a CCRC, RVP's 44 nursing home beds are limited to residents who have purchased contracts for their apartments, with coverage for assisted living or nursing home care as needed. RVP seeks to convert 13 of the 44 nursing home beds into publicly available beds. With this conversion, RVP will make the nursing home beds available to residents of Howard County. There will be no change in the number of beds or room type as a result of this project.

The applicant states that the primary goal of the proposed project is to address the community need for short-term rehabilitation and long-term nursing home beds for residents of Howard County. (DI #12, p.5). RVP states that the project is in response to the Maryland Health Care Commission's FY 2022 bed need projections, that show need for 13 nursing home beds in Howard County.¹ According to the applicant, the project would meet a need for long-term care for the growing Howard County population of residents who are aged 70 and older, as shown in Table I-1. (DI #6, p. 34, DI #12, p.11).

¹ Maryland Health Care Commission. Special Document. Gross, Net, and Effective Bed Need Projections for Comprehensive Care Facility or Nursing Home Beds, Target Year 2022. Updated September 27, 2019. https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chfc_ccf_bedneed_projections_target2022_20190927.pdf

Table I-1: Population Distribution, Howard County, CY 2020-2035

Region	Age Group	2020	Projected 2025	Projected 2030	Projected 2035	Percent Change (2020-2035)
Howard County	65 - 69	16,841	19,126	21,098	19,374	15%
	70 - 74	13,312	15,175	17,257	19,085	43%
	75 - 79	9,204	12,329	14,083	16,048	74%
	80 - 84	5,493	7,786	10,423	11,954	118%
	85+	4,847	6,047	8,226	11,343	134%
	Total		49,697	60,463	71,087	77,804

Source: DI #12, p.11.

Maryland Department of Planning, Total Population Projections by Age, Sex, 2020. Accessed September 18, 2025. https://planning.maryland.gov/MSDC/Pages/s3_projection.aspx

The applicant indicates that there are no costs associated with this project, other than planning and legal fees.

C. Recommended Decision

Staff concludes that the project complies with the standards in COMAR 10.24.20, the State Health Plan for Facilities and Services: Comprehensive Care Facility Services (Nursing Home Chapter). Staff conclude that there is a need for the project and that it is cost-effective, financially viable, and will have a positive impact on access. Staff recommends that the Commission APPROVE RVP’s application for Certificate of Need with the following conditions:

1. For three years after receiving first use, RVP shall document its progress in increasing its number of Medicaid patient days in the 13 public-use beds. RVP shall file reports annually with the Commission auditing its total days and the provision of Medicaid patient days as a percentage of the total days.
2. RVP shall agree to serve and maintain a proportion of Medicaid days in the 13 public-use beds at its facility that is at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region (Howard County or the Central Region), whichever is lower, calculated in accordance with Maryland COMAR 10.24.20.05A(2)(b) of the Nursing Home Chapter of the State Health Plan.
3. To address its commitment to Health Equity, before first use, RVP shall establish community partnerships with entities in Howard County that have implemented initiatives to address chronic diseases in at-risk populations. For three years, RVP shall document its strategies that will result in an increase in access to older adults at-risk for chronic diseases. RVP shall, upon admission, screen and develop care plans for each resident seeking a public-use bed regarding their access to primary health care, unmet social

needs, and resources that reduce their chronic disease burden. Upon discharge, RVP will utilize the community partnerships for the appropriate referral to assist the patient in meeting one of these three areas.

II. PROCEDURAL HISTORY

The Maryland Health Care Commission's (MHCC or Commission) current CCF Bed Need Projections show a need for 13 additional nursing home beds in Howard County. The applicant filed a letter of intent for 13 beds on December 20, 2024. RVP was the only applicant to submit a letter of intent for this review. The applicant submitted its application on June 5, 2025. The application was docketed on August 22, 2025.

A. Record of the Review

See Appendix 1, Record of the Review.

B. Local Government Review and Comment

No comments were received from a local government body.

C. Community Support

The Commission received two letters of support for this project. These letters express support for the project and state that RVP is a quality nursing home care provider. Letters came from Gilchrist Hospice Care and Morningside House Senior Living. (DI #6, Exh. 18).

D. Interested Party

There are no interested parties in this review.

III. STAFF REVIEW AND ANALYSIS

COMAR 10.24.01.08G(3)(a) State Health Plan.

An application for a Certificate of Need shall be evaluated according to all relevant State Health Plan standards, policies, and criteria.

The relevant State Health Plan Chapter that will be considered in the review of this project is COMAR 10.24.20, Comprehensive Care Facility (Nursing Home) Services.

A. COMAR 10.24.20.05 – Nursing Home Standards

(1) Bed Need and Average Annual Occupancy.

- (a) For a relocation of existing nursing home beds currently in the inventory, an applicant shall demonstrate the need for the beds at the new site in the same jurisdiction. This demonstration may include, but is not limited to, a demonstration of unmet needs by a particular demographic, high utilization of nursing home beds in the jurisdiction during the past five years, and the ways in which the relocation will improve access to needed services or improve the quality of nursing home services.**
- (b) An applicant proposing a project that will not add nursing home beds to a jurisdiction but will add beds to an existing facility by relocation of existing licensed or temporarily delicensed nursing home beds within a jurisdiction, shall demonstrate that the facility being expanded operated all of its licensed beds at an occupancy rate of 80 percent or higher during the last two fiscal years.²**
- (c) An applicant shall only propose a project in a jurisdiction that has an identified need for additional nursing home beds and the proposed increase in beds does not exceed the identified need for additional beds unless:**
 - (i) More than fifty percent of the nursing homes in the jurisdiction had an average overall Centers for Medicare & Medicaid Services (CMS) star rating of less than three stars in CMS’s most recent five quarterly refreshes for which CMS data is reported; and**
 - (ii) The applicant meets the quality requirement at §A(1)(d) of this regulation.**
- (d) An applicant shall only propose a project under §A(1)(c) of this regulation if:**

² KFF, 185 Berry Street, Suite 2000, San Francisco, CA 94107, accessed August 19, 2024, “Certified Nursing Facility Occupancy,” <https://www.kff.org/other-health/state-indicator/nursing-facility-occupancy-rates/>

- (i) **The applicant is an existing nursing home in the jurisdiction that is proposing expansion of its bed capacity and had an average overall CMS star rating of at least three stars in the most recent five quarterly refreshes for which CMS data are reported; or**
 - (ii) **The applicant proposing a new nursing home in the jurisdiction can document that all of the nursing homes it or any related entity operates had an average overall CMS star rating of at least three stars in the most recent five quarterly refreshes for which CMS data is reported.**
- (e) **The Commission may consider an application by an existing freestanding nursing home with fewer than 100 beds that proposes a replacement facility with an appropriate expansion of bed capacity in a jurisdiction without identified need for additional beds if the applicant demonstrates that:**
- (i) **Replacement of its physical plant is warranted, given the facility's age and condition; and**
 - (ii) **The additional bed capacity proposed is needed to make the replacement facility financially feasible and viable.**

Applicant Response

RVP states that it is a five star rated facility, and that it meets the conditions set forth in 10.24.20.05(1)(c) because there is an identified need for 13 nursing home beds in Howard County and that the number of CCRC-restricted nursing home beds requested to be converted does not exceed the MHCC identified need. (DI #6, p. 14, DI #18, p. 4).

Staff Analysis

Staff concludes that the applicant complies with this standard.

(2) Medicaid Participation.

- (a) **The Commission may approve a Certificate of Need for a nursing home only for an applicant that participates or proposes to participate in the Medicaid program.**
- (b) **Each applicant shall agree to serve and maintain a proportion of Medicaid patient days that is at least equal to the proportion of Medicaid patient days in all other nursing home facilities in the jurisdiction or region, whichever is lower, calculated as the weighted mean minus the 25th percentile value across all jurisdictions for each year based on the most recent Maryland Long Term**

Care Survey data and Medicaid Cost Reports available to the Commission, as published in the *Maryland Register*.³ Additional information is available on the MHCC website.⁴ This requirement shall be a condition on any CON issued by the Commission.

- (c) An applicant for new nursing home beds has three years during which to achieve the applicable proportion of Medicaid participation from the time the facility is licensed and shall show a good faith effort and reasonable progress toward achieving this goal in the first two of its operation.
- (d) An applicant shall agree to continue to admit Medicaid residents to maintain its required level of participation when attained and have a written policy to this effect.
- (e) Prior to licensure, an applicant shall provide an attestation of its intent to participate in the Medicaid Program of the Maryland Department of Health to:
 - (i) Achieve and maintain the level of Medicaid participation required by COMAR 10.24.20.05A(2)(b); and
 - (ii) Admit residents whose primary source of payment on admission is Medicaid.
- (f) An applicant may show evidence of why this rule should not apply.

Applicant Response

As a CCRC, RVP states that it has not participated in the Medicaid program. RVP attests to its intent to participate with the Medicaid program of the Maryland Department of Health. RVP included a letter of this intent as an exhibit in the application. (DI #6, pp. 15-16, Exh. 6).

³ The required level of Medicaid participation is calculated as follows. For the most recent three years: (1) calculate the weighted mean of the proportion of Medicaid participation (defined as Medicaid patient days divided by total patient days) for each jurisdiction and region; (2) calculate the 25th percentile value for Medicaid participation in each jurisdiction; (3) subtract the 25th percentile value from the weighted mean value of Medicaid participation for each jurisdiction; (4) calculate the average difference for step 3 across all jurisdictions for each year; (5) calculate the average across all three years. The resulting proportion is subtracted from the weighted mean for each jurisdiction.

⁴ See the following link regarding the calculation:
https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chcf_ltc_nh_required_md_medical_assistance_participation_fy2020.pdf

RVP states that it commits to meeting the required minimum Medicaid patient days for its 13 public beds within three years of project approval, per the latest participation rates for Central Maryland. It plans to make substantial annual progress, as outlined in its submitted tables. (DI #6, Exh. 2, Tables F and G).

To maintain Medicaid targets, RVP states it will implement daily census monitoring. Admissions and finance teams will analyze occupancy, payer sources, and transitions and review data in daily meetings. Its electronic health record system supports real-time reporting on census trends and payer mix, which will enable prompt action to address meeting its Medicaid targets through coordinated outreach and referrals. (DI #6, p. 16).

RVP has also adopted a written admissions policy accepting Medicaid as the primary payment source for the admissions for the requested beds. The policy ensures incremental progress toward the required participation rate within three years and ongoing compliance thereafter. (DI #6, Exh. 8).

RVP also states that, if the beds become publicly available, their social workers, outreach and admissions coordinators will outreach to local hospitals, home health agencies, and other providers to inform them of the expanded services available at Vantage House. (DI #12, p.14).

Staff Analysis

The applicant has stated its commitment to participate in the Maryland Medicaid program. The applicant will also proactively provide outreach to surrounding providers about the increased availability of services for Medicaid patients in the nursing home. Further, the applicant has provided a series of steps it will take at its daily case mix meeting, including a plan to monitor compliance as part of its admissions program. These outreach and operational efforts should assist RVP in meeting the service goal of providing care to Medicaid patients.

Staff concludes that the applicant has stated its commitment to comply with the Medical Assistance Participation standard.

The Commission website has published the required Medicaid participation rate by jurisdiction and region. The applicant is expected to meet the current Medicaid participation rate for Howard County of 48.6 percent of Medicaid patient days.⁵

Staff recommends that any CON issued for the project include the following conditions:

1. For three years after receiving First Use, RVP shall document its progress in increasing its number of Medicaid patient days in the 13 public-use beds. RVP shall file reports annually with the Commission auditing its total days and the provision of Medicaid patient days as a percentage of the total days.

⁵ Maryland Health Care Commission. Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction: Fiscal Year 2023. No date. Accessed August 20, 2025.
https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_ltc/documents/chcf_ltc_nh_jurisdiction_fy_23.pdf

2. RVP shall agree to serve and maintain a proportion of Medicaid days in the 13 public-use beds at its facility that is at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region (Howard County or the Central Region), whichever is lower, calculated in accordance with Maryland COMAR 10.24.20.05A(2)(b) of the Nursing Home Chapter of the State Health Plan.

(3) Community-Based Services.

An applicant shall demonstrate in writing its commitment to alternative community-based services and to minimizing the comprehensive care facility length of stay as appropriate for each resident and agree to:

- (a) Provide information to every prospective resident about the existence of alternative community-based services, including Medicaid home and community-based waiver programs, Money Follows the Person Program, and other initiatives to promote care in the most appropriate settings;**
- (b) Use Section Q of Minimum Data Set (MDS) 3.0 to assess the individual's interest in and willingness to pursue community-based alternatives;**
- (c) Develop a discharge plan on admission with resident reassessment and plan validation at six-month intervals for the first 24 months. This plan is to be provided to the resident and/or designated representative; and**
- (d) Provide access to the facility for all long-term care home and community-based services education and outreach efforts approved by the Maryland Department of Health and the Maryland Department of Disabilities to provide education and outreach for residents and their families regarding home and community-based alternatives.**

Applicant Response

In response to paragraph (a), RVP states that it maintains strong relationships with home health and hospice providers, which enables them to guide patients to the most appropriate level of care based on patient's situation. The relationships with community-based organizations enable RVP to provide patients with an array of long-term care options with seamless transitions from nursing home care to the community, whether in their own homes or other community setting. RVP gives its patients a choice of where to receive care, shifting services from a facility to home or community-based services. RVP will provide information on community-based services and Money Follows the Person Program to its CCRC residents and potential nursing home residents. (DI #6, p. 16 and Exh. 10, DI #12 p 5, Exh. 21, 22, 27).

RVP states that it uses Section Q of the MDS 3.0 to assess each resident's interest and willingness to pursue community-based alternatives to nursing home care. Every resident receives care

from a registered nurse who will conduct and coordinate each resident's MDS assessment. (DI #6, p.17). The MDS policy and update were included in the application. (DI #6, Exh. 11, DI #12, Exh. 23).

For discharge planning in paragraph (c), RVP initiates discharge planning upon admission for all CCRC residents to the nursing home and will continue to do the same for public patients. RVP staff must review and update the care plan for all nursing home patients at least quarterly, in conjunction with the required quarterly MDS assessment (DI #12, p. 6). To ensure a smooth transition for all nursing home patients, patients or their family member or representative (sponsor) are requested to provide a minimum 72-hour notice before discharge. This allows RVP to develop a complete discharge evaluation and a comprehensive post-discharge plan. RVP reviews the final post-discharge plan with the nursing home patient and family at least 24 hours before discharge. Additionally, an evaluation of the nursing home patient's discharge needs, a post-discharge plan, and a discharge summary are provided to both the patient and any receiving facility, be it home health, hospice provider or other community-based service, with a copy retained in the patient's medical records. RVP included a sample discharge plan, as well as its transfer policy. (DI #6, Exh. 12 and Exh. 13).

In response to paragraph (d), RVP states it maintains a strong relationship with the hospice provider Gilchrist Hospice Care and partnerships with home health agencies such as Bayada Home Health Care and BrightStar Care, which allows RVP to educate and guide patients to the provider in the community that best meets their needs. RVP will inform prospective residents about the Money Follows the Person Program to educate prospective residents about their options for care. RVP also states that it has collaborated with organizations that provide community-based and home-based health care services in Columbia and other areas of Howard County for 35 years. RVP maintains partnerships with community service providers across the county, including home care, hospice, and long-term care providers, to support alternative placement and discharge planning for future patients. Letters of support for the project and for RVP were included by the applicant. (DI # 6, p. 16, 39, Exh. 9, 18, DI #12, p. 5, Exh. 21).

Staff Analysis

RVP has longstanding relationships with community-based organizations, which will enable them to facilitate appropriate community placement and services for its patients post-discharge. It also uses Section Q of MDS 3.0 for assessment of residents and develops discharge plans as required. Staff concludes that the applicant complies with the Community-Based Services standard, based on the documentation provided.

(4) Appropriate Living Environment.

- (a) An applicant shall provide each resident with an appropriate living environment that demonstrates compliance with the most recent Facility Guidelines Institute's Guidelines for Design and Construction of Residential Health, Care, and Support Facilities (FGI Guidelines).⁶**

⁶ The Facility Guidelines Institute. *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*. 2022 Edition. St. Louis, MO 63127; Facility Guidelines Institute; 2022.

(b) If an applicant is proposing a project that involves new construction, the applicant shall:

- (i) Develop rooms with no more than two beds for each resident room;**
- (ii) Provide individual temperature controls for each room;**
- (iii) Assure that no more than two residents share a toilet; and**
- (iv) Identify in detail, by means of architectural plans or line drawings, plans to develop a comprehensive care facility that provides a cluster/neighborhood design or a connected household design, rather than an institutional design, consistent with the most recent FGI Guidelines.**

(c) In a renovation or expansion project:

- (i) Reduce the number of resident rooms with more than two residents per room;**
- (ii) Provide individual temperature controls in each newly renovated or constructed room;**
- (iii) Reduce the number of resident rooms where more than two residents share a toilet; and**
- (iv) Document that the applicant considered development of a cluster/neighborhood design or a connected household design, and, if the project includes an institutional model, document why the alternative models were not feasible.**

(d) The applicant shall demonstrate compliance with Subsection .05A (4) of this Regulation by submitting an affirmation from a design architect for the project that:

- (i) The project complies with applicable FGI Guidelines; and**
- (ii) Each design element of the project that deviates from the FGI Guidelines is justified by specific stated reasons.**

Applicant Response

RVP states that for paragraph (a), it interprets appropriate living environment as providing for the residents, a home-like and non-clinical or non-institutional setting. Its focus areas include ensuring that each room has separate temperature control, providing each resident privacy, and keeping the total room occupancy number to two or fewer beds. (See Appendix 2, Facility Drawing). Also, RVP ensures that each room has its own toileting and hand-washing hygiene facilities. Any minor deviations from the most recent FGI Guidelines (e.g., grab bar length, bathroom depth) are mitigated with other assistive devices (e.g., additional grab bars) as needed. (DI #6, pp. 19-23).

RVP states it has a program that addresses the Safety Risk Assessment factors included in the Guidelines, Section 1.2-4.⁷ The program includes having a full-time registered nurse to manage the infection control programs, audits, training, and staff education. To reduce risks for patients with mobility challenges, RVP staff conduct screenings and reassessments; provide early interventions; suggest and supply assistive devices; make therapy referrals; and offer trainings to caregivers to reduce the likelihood of falls at home.

RVP creates a safe living environment also by protecting residents from access to medications. RVP maintains a dedicated medication room and secures its medical carts. Additionally, its pharmacy partner routinely monitors medication management as part of its quality assurance program. (DI #6, p. 21).

RVP states that it maintains a comprehensive emergency preparedness program to ensure resident safety. RVP reviews and updates the emergency plans annually and undergoes regular audits by State surveyors to ensure compliance with evolving regulations. With these proactive measures, RVP states that it is confident in its ability to respond effectively to emergencies and to protect its residents. (DI #6, p. 22).

RVP states that, while the facility may not meet all current facility guidelines due to its age, it will ensure that every Safety Risk Assessment topic is addressed in policies and procedures and implemented accordingly. RVP adds that its facility and operations are consistent with the spirit and intent of the current guidelines, Section 3.1, as would apply to a renovation project.⁸ Further, RVP states that the nursing home's dining center and multipurpose spaces were designed to promote accessibility, social interaction, and flexibility to support diverse recreational needs and activities for its residents. (DI #6, pp. 21-24). The applicant states that it strives to foster a culture of safety consistent with quality care

RVP states that paragraphs (b) and (c) are not applicable because the project involves neither new construction nor renovation.

The applicant provided a letter from an architect affirming that the project design complies with the design intent of the current FGI Guidelines to satisfy paragraph (d). The letter states, "The project

⁷ *Ibid.* pp. 16-60

⁸ *Ibid.* pp. 129-157

deviates from specific FGI requirements in some respects primarily because it was built long before the current FGI Guidelines came into effect.” (DI #6 p. 25, Exh. 14).

Staff Analysis

The applicant is neither constructing a new residential facility nor renovating the existing facility, as such, paragraphs (b) and (c) do not apply, and meeting the current FGI guidelines for these sections are not applicable. RVP will be implementing the project in its nursing home facility as currently constructed and configured. The design of the nursing home meets standards for occupancy, temperature controls, and toilets. RVP provided an affirmation letter from an architect stating that the facility has implemented alternative or supplemental measures to uphold the intent and spirit of the FGI guidelines. Staff concludes that the applicant complies with the Appropriate Living Environment standard.

(5) Specialized Unit Design.

An applicant shall administer a defined model of resident-centered care for all residents and, if serving a specialized target population (such as, Alzheimer’s, respiratory, post-acute rehabilitation) demonstrate that its proposed facility and unit design features will best meet the needs of that population. The applicant shall:

- (a) Identify the types of residents it proposes to serve, their diagnostic groups, and their care needs;**
- (b) If developing a unit to serve respiratory patients, demonstrate the ability to meet Office of Health Care Quality standards in COMAR 10.07.02.24;**
- (c) If developing a unit to serve dementia patients, demonstrate the ability to meet Office of Health Care Quality standards and the most current FGI Guidelines.**
- (d) Demonstrate that the design of the comprehensive care facility is consistent with current FGI Guidelines and serves to maximize opportunities for ambulation and selfcare, socialization, and independence. An applicant shall also demonstrate that the design of the comprehensive care facility promotes a safe and functional environment and minimizes the negative aspects of an institutional environment.**

Applicant Response

For paragraph (a), RVP states that it serves and will continue to serve long-term care and short-stay residents with chronic illnesses and conditions including, but not limited to diabetes, hypertension, heart disease, as well as neurodegenerative disorders like Alzheimer's and Parkinson's Diseases. RVP states that it also serves residents who require assistance for mobility challenges, arthritis, and sensory impairments. Lastly, RVP’s nursing home serves patients who need specialized support for post-

operative recovery or palliative care. RVP states it provides personalized care and treatment plans that consider the healthcare conditions and needs of its patients. (DI #6, p. 26).

The applicant states that paragraphs (b) and (c) of the standard are not applicable because the facility will not have a specialized unit for respiratory or dementia care.

The applicant states that the design of the existing facility meets the spirit and intent of current FGI Guidelines and, as mentioned in the Appropriate Living Environment section above, RVP will provide opportunities for ambulation, self-care, socialization, and independence, thus satisfying paragraph (d). (DI #6, p. 26).

Staff Analysis

The applicant sufficiently described the range of diagnostic groups, conditions, and types of services offered to the current and proposed residents. RVP documented how it complies with the spirit and intent of the FGI Guidelines to create a safe and functional environment. RVP supplied documentation from an architect regarding the applicant's intent to uphold the guidelines by implementing alternative or supplemental measures. (DI #6, p. 25 and Exh. 14). Staff agrees with applicant that paragraphs (b) and (c) are not applicable to this project, and concludes that the applicant complies with paragraphs (a) and (d) of this standard.

(6) Renovation or Replacement of Physical Plant.

An applicant shall demonstrate how the renovation or replacement of its comprehensive care facility will:

(a) Improve the quality of care for residents in the renovated or replaced facility;

(b) Provide a physical plant design consistent with the FGI Guidelines; and

(c) If applicable, eliminate or reduce life safety code waivers from the Office of Health Care Quality and the Office of the Maryland State Fire Marshal.

Applicant Response

RVP states that there will be no renovation or replacement of the existing facility in its project to convert CCRC-restricted beds to publicly available beds; therefore, the standard does not apply. (DI #6, p. 27).

Staff Analysis

Staff concludes the standard does not apply.

(7) Public Water.

Unless otherwise approved by the Commission and the Office of Health Care Quality in accordance with COMAR 10.07.02.26, an applicant for a

comprehensive care facility shall demonstrate that its facility is, or will be, served by a public water system that meets the Safe Drinking Water Act standards of the Maryland Department of the Environment.

The applicant states that the facility currently uses the Howard County public water system that meets the referenced Safe Water Drinking Act standards.

Staff Analysis

The proposed project will utilize the same water source that is currently being used at the facility that meets the Safe Water Drinking Act standards. Staff concludes that the applicant complies with this standard.

(8) Quality Rating.

The applicant shall demonstrate that it will provide high quality of care, as determined by an assessment of the following information requested in subsection (8)(a)-(g).

- (a) An applicant shall report on its overall CMS Five Star Rating for all the nursing homes owned or operated by the applicant or a related or affiliated entity for three years or more, for the five quarterly refreshes for which CMS data is reported preceding the date of the applicant's letter of intent submission, or submission date for other Commission approval.**
 - (i) If the applicant or a related or affiliated entity owns or operates one or more nursing homes in Maryland, the CMS star ratings for Maryland facilities shall be used.**
 - (ii) If the applicant or a related or affiliated entity does not own or operate nursing homes in Maryland, the applicant shall select the state or states in which it owns the most facilities and the CMS star ratings for such facilities shall be used.**
- (b) If any facilities identified under paragraph (a) has an average star rating below 3 stars, the applicant shall provide a detailed quality rating analysis demonstrating good cause for not meeting the CMS star rating threshold and that the applicant is likely to provide adequate quality of care in the nursing home subject to the request.**
- (c) The applicant shall address whether any nursing home currently or previously owned by the applicant or a related or affiliated entity, within or outside the State, for the period of 3 years immediately preceding the submission of the letter of intent or request for other Commission approval was the subject of an enforcement action, a special focus facility designation, or a deficiency involving**

serious or immediate threat, actual harm, or immediate jeopardy to a resident. The applicant shall describe what measurable efforts it has taken to address the deficiencies.

- (d) The applicant shall address whether any nursing home currently or previously owned by the applicant or a related or affiliated entity, within or outside the State, for the period of 3 years immediately preceding the submission of the letter of intent or request for other Commission approval was the subject of a lawsuit judgment or an arbitration finding, following a complaint filed by a resident, resident representative, or a government agency. The applicant shall provide an explanation of the circumstances surrounding the judgment or finding and subsequent actions taken.**
- (e) An applicant shall demonstrate appropriate infection prevention and control by providing the percent of residents receiving COVID, flu and pneumonia vaccinations, and the percent of staff receiving COVID, flu and pneumonia vaccinations:**
 - (i) At the nursing home that is the subject of the request, for a CON or exemption request; or**
 - (ii) At the nursing homes identified under §(8)(a), for a request for acquisition approval.**
- (f) If the applicant or a related affiliated entity owns or operates or previously owned Maryland nursing homes, it shall report its rating of overall care and percent satisfied for the most recent three years on the MHCC Family Experience of Care Survey, reporting on any trends in the results. If the facility's average rating of overall care is below 7.0, the applicant shall document efforts to improve the facility's rating. If the facility's average percent satisfied overall rating is below 70 percent, the applicant shall document efforts to improve the facility's rating.**
- (g) Quality Assurance.**
 - (i) An applicant shall demonstrate that it has an effective quality assurance program in each nursing home facility that is owned or operated by the applicant or a related or affiliated entity for the period of 3 years immediately preceding the submission of the letter of intent or request for other Commission approval by providing the Commission with a schedule of its quarterly Quality Assurance meetings.**
 - (ii) An applicant that has never owned or operated a nursing home shall provide documentation that demonstrates a thorough understanding of assessing quality assurance in a long term care facility or related facility/program. Include any documentation of a prior assessment that**

reviewed quality metrics, a review of operations, and regulatory compliance and include any subsequent follow up in the form of actions taken, results, or improvement plans.

Applicant Response

The applicant states that Residences at Vantage Point is the only nursing home that it owns and operates. For paragraph (a), it states that it has achieved an overall rating of 5 stars for each of the previous five quarters as measured by Centers for Medicare and Medicaid Services (CMS). The time periods are shown in table III-1.

Table III-1: CMS Five Star Rating Residences at Vantage Point

Oct-Dec 23	Jan-March 24	April-June 24	July-Sept 24	Oct-Dec 24
5 stars	5 stars	5 stars	5 stars	5 stars

DI #6, p. 28, Source: Data was accessed December 20, 2024, from [medicare.gov/care-compare](https://www.medicare.gov/care-compare) Data files from December, September, June and March of 2024 and December 2023

Paragraph (b) does not apply to the applicant.

The applicant states that RVP’s nursing home has not been the subject of an enforcement action, a special focus facility designation, or a deficiency by CMS. (DI # 6, p. 28).

The applicant states that it has not been the subject of a lawsuit judgment or an arbitration finding, resulting from a complaint filed by a resident, resident representative, or a government agency. (DI #6, p.29).

The applicant provided its performance on the vaccination rates as specified in paragraph (e) and recognizes that its residents are below the Maryland state average for pneumonia vaccination rates and staff are below the average rate for COVID and flu. RVP states that it provides ongoing education regarding the importance of vaccinations for their community and hosts regular on-site vaccination clinics where staff and residents are able to participate. RVP states that it will seek out and evaluate the methods its peer nursing home providers have used to achieve greater vaccination rates among residents and staff. (DI # 6, p. 29, DI #12, p. 8).

For paragraph (f), the applicant states that it has participated in the MHCC annual Family Experience of Care Survey; however, the response rate has been low, thereby precluding reporting of the survey results. RVP does not have data on patient or their representative’s ratings of overall care and satisfaction with services at the facility. (DI #6, p. 29). The applicant states the survey is designed and conducted by an independent third-party vendor to ensure objectivity and consistency across all participating facilities, and that RVP is not in control of the survey process. RVP states that it submits patient’s names, addresses, and email addresses to MHCC, and the survey agency that MHCC engages uses that information to contact residents and their representatives. RVP states that it remains fully committed to the MHCC survey process, and that it will emphasize the importance to patients and families of participation and completion of the MHCC Family Experience of Care Survey. (DI # 12, p. 9).

The applicant states that to promote and assure quality care as stated in paragraph (g) it has a quality assurance committee that meets monthly. RVP provided an example of their meeting minutes. (DI #6, pp. 30-31, Exh. 15). The quality assurance meeting agenda and minutes indicate that the applicant was surveyed by the Office of Health Care Quality on December 13, 2024 and cited for deficiencies with its infection prevention and control program. RVP submitted a copy of its plan of correction regarding the following three items:

- (a) failure to provide and implement an infection prevention and control program;
- (b) failure of staff to properly sanitize during a medication pass; and
- (c) improper disposal of syringes into the sharps container.

In its plan of correction, RVP stated that staff were educated regarding infection control standards and sanitation requirements. The education included reinforcement of the requirement to sanitize hands between medication administration for each resident and proper disposal of used syringes. RVP stated it reviewed the facility policy for “Infection Prevention and Control Program” and it was found to meet professional standards regarding routine review of performance and risk assessment. (DI #12, p. 9, Exh. 24).

The applicant also provided information on its low score on the quality measure of the Medicare Care Compare data from June 2025. RVP states that it continuously monitors quality measures and provides regular updates to the Quality Assurance Committee on any identified deficiencies. RVP notes that its performance is influenced by its small census, in which one or two residents can skew percentages. The applicant states that if there were persistent quality issues, it would be reflected in the annual CMS Care Compare survey; RVP’s most recent survey (December 2024) resulted in six deficiencies, compared to 9.5 and 19.3 deficiencies nationwide and for Maryland, respectively. The applicant adds that, while the Medicare Care Compare consists of four ratings (i.e., health inspections, staffing, and quality measures, and overall), the overall score is primarily used. RVP states that its overall survey rating is a better indicator of its ongoing commitment to quality care. (DI #12, pp. 10-11).

Staff Analysis

Staff reviewed the CMS website for the quality rating for RVP (a) and confirmed that RVP has been rated as a five-star facility consistently for the past five quarters. As a result of this quality rating, several paragraphs of this standard (i.e., (b), (c), and (d)) are not applicable.

RVP’s patient and staff vaccination rates were below the State average in 2024. The applicant presented its plan to improve the results that include re-education for staff and residents and consultation with other nursing home providers. Staff believes that the suggested remedies to improve vaccination rates are reasonable.

Staff reviewed the 2024 MHCC Annual Family Experience Survey, and confirmed that RVP did not receive a sufficient number of responses from its residents to generate a report. Staff has also considered RVP’s low average annual occupancy, under 50 percent, and patients short stay in the nursing home, at an average of 100 days, as contributing factors to RVP’s low survey response rate. If

this project is approved, enabling an increase in occupancy and improved census, combined with RVP staff's emphasis of the importance of survey participation (and completion), RVP may improve the response rate on the MHCC Annual Family Experience Survey.

Staff reviewed RVP's Quality Assurance meeting agendas and performance improvement plan. While the standard requires quarterly meetings, RVP's Quality Assurance meetings occur monthly. Also, the applicant provided an example of a performance improvement project that it implemented in response to deficiencies in its infection prevention and control program. Staff reviewed the Medicare Care Compare Data, and the overall record suggests that the applicant strives to maintain a high-quality care.

Staff finds the consistent rating of the nursing home as a five-star facility, among other quality factors, as a strong indicator of the quality of care provided by RVP, and concludes that RVP meets the requirements of the Quality Rating standard.

(9) Collaborative Relationships.

- (a) An applicant shall document its relationships with hospitals, hospice programs, home health agencies, assisted living providers, Assessments Evaluation and Review Services, adult day care programs, and other community providers in the long-term care continuum. This may include contracts, letters or other relevant documentation.**

- (b) An applicant shall demonstrate its commitment to effective collaboration with hospitals by documenting its successful efforts in reducing inappropriate readmissions to hospitals, improving the overall quality of care, and providing care in the most appropriate and cost-effective setting. The demonstration shall include:**
 - (i) Data showing a reduction in inappropriate hospital readmissions;**

 - (ii) Data showing improvements in the quality of care and provision of care in the most appropriate setting.**

- (c) An applicant shall demonstrate its commitment to providing an effective continuum of care by documenting its collaborative efforts with Medicare-certified home health agencies and hospices to facilitate home-based care following comprehensive care facility discharge and shall facilitate delivery of hospice services for terminally ill residents. The demonstration shall document that the applicant has:**
 - (i) Planned for the provision of home health agency services to residents who are being discharged; and**

(ii) Arranged for hospice and palliative care services, when appropriate, for residents who are being discharged.

Applicant Response

The applicant states that it has established collaborative relationships with other service providers mentioned in paragraph (a) and (c), including:

- Hospitals – Howard County General Hospital
- Hospice programs – Gilchrist and Accent Care
- Home health agencies – Bayada and BrightStar Care
- Assisted living providers – Morning Side House
- Adult Evaluation and Review Services – including the Preadmission Screening and Resident Review (PASRR) screen⁹
- Adult day care program and other community providers – Winter Growth.

RVP documented the linkages by providing agreements or letters verifying the collaborative relationship. (DI #6, Exh. 9 and 16 and DI #12, Exh. 27).

For paragraph (b), the applicant provided Medicare Care Compare data that showed an RVP rehospitalization rate of 25 percent for short-stay residents, the same as the national average. Also, RVP had lower rates of emergency department visits for both their short-stay and long-stay residents than the Maryland and national averages (where low scores are better for this measure). (DI #6, p. 32).

Staff Analysis

The applicant demonstrated collaboration with community providers through letters of support and contracts. RVP presented its low rate of emergency department visits as evidence of its effective collaboration with hospitals. The applicant's linkages with hospice and palliative care providers show a commitment to quality care in all phases of life. Staff concludes that the applicant complies with this standard.

B. COMAR 10.24.01.08G(3)(b) Need.

The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated a need for the proposed project.

Applicant Response

The applicant supplied five main points for the need for 13 additional nursing home beds. These are:

⁹ A Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long-term care. RVP conducts the PASSR on each new admission to rule out intellectual disability or mental illness that would be better served in a different facility other than a nursing home, such as a group home or other, more appropriate placement. (stated in Admissions Policy, DI #6, Exh. 8).

- MHCC’s need projection that shows a need for 13 beds in Howard County;
- The population of adults aged 65 and over in Howard County is projected to increase at a rate that exceeds the statewide rate;
- The per capita supply of nursing home beds in Howard County, relative to the population aged 65 and over, is among the lowest in the state (23 out of 24 jurisdictions);
- Howard County nursing homes deliver a higher percentage of their patient days to patients paid for by Medicaid than most of the State’s other jurisdictions; and
- Prior to COVID-19, the occupancy rates for Howard County nursing homes were among the highest in Maryland.

State Health Plan Projection

The applicant states that in accordance with COMAR 10.24.20.07, MHCC published a notice of jurisdictional bed need in 2019 that contained projections through 2022 and was the most recent available bed need projections for nursing homes at the time of application. The applicant states that in the notice, MHCC projected a need for 13 nursing home beds in Howard County.

Howard County Population

RVP provided the analysis in Table III-2 to show that the population of adults age 65 and older for Howard County is projected to increase. (Staff added the State totals for comparison). For every older adult age group, Howard County’s population is expected to increase more than the State. The greatest percent change is expected for older adults aged 85 and older, with an increase by 134 percent between 2020 to 2035. (DI #6, p.34, DI #12, p. 11).

Table III-2: Population Distribution, Howard County, CY 2020-2035

Jurisdiction	Age Group	2020	Projected 2025	Projected 2030	Projected 2035	Percent Change (2020-2035)
Howard County	65 to 69	16,841	19,126	21,098	19,374	15%
	70 to 74	13,312	15,175	17,257	19,085	43%
	75 to 79	9,204	12,329	14,083	16,048	74%
	80 to 84	5,493	7,786	10,423	11,954	118%
	85+	4,847	6,047	8,226	11,343	134%
	Total 65+	49,697	60,463	71,087	77,804	57%
State of Maryland	65 to 69	322,390	363,987	382,878	353,927	10%
	70 to 74	254,354	284,856	324,672	344,032	35%
	75 to 79	170,511	218,675	246,604	282,727	66%
	80 to 84	105,632	135,391	175,030	198,754	88%
	85+	122,092	136,727	167,491	215,791	77%
	Total 65+	852,887	1,002,909	1,129,184	1,395,231	43.1%

Source: DI #12 p.11. Maryland Department of Planning. Maryland State Data Center. 2020 Total Population Projections for Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Other and Hispanic by Age and Gender (12/03/2020). <https://planning.maryland.gov/MSDC/pages/projection/projectionsbytopic.aspx>. Accessed September 18, 2025

Ratio of Beds to Population

The purpose of the proposed project is to increase access to nursing home beds in Howard County. To demonstrate support for this need, RVP presented the number of nursing home beds available per 1,000 individuals in Howard County and in the State, from the MHCC long-term care survey. The data presented is the most recent set of tables from the survey. Howard County is ranked 23 out of 24 jurisdictions in Maryland in the ratio of nursing home beds to the population (DI #6, p. 35). RVP finds that, in each of three age cohorts, there are fewer nursing home beds in Howard County, nearly half the number, as compared to nursing home beds statewide.

Table III-3: Howard County and State of Maryland Bed Ratios, CY 2020

Jurisdiction	Beds Per 1,000 Population 65+ Years	Beds Per 1,000 Population 75+ Years	Beds Per 1,000 Population 85+ Years
Howard County	12.15	30.91	124.61
Maryland	28.62	70.06	228.52

Source: DI #6, p. 35.

Percent of County Nursing Home Days Paid by Medicaid

The applicant presented data (Table III-4) that the nursing homes days in Howard County, which include the CCRC-restricted nursing homes beds, serve a higher percentage of Medicaid patients than the statewide average, at 70 percent compared to 63.4 percent. Howard County is ranked 9th out of the 24 jurisdictions.

Table III-4: Percentage of Nursing Homes Bed Days Paid by Medicaid in Calendar Year 2020¹⁰

Jurisdiction	Nursing Home Days Paid by Medicaid Program
Dorchester County	78.8%
Garrett County	76.5%
Baltimore City	73.8%
Carroll County	73.2%
Wicomico County	72.8%
Charles County	71.5%
Caroline County	71.1%
Queen Anne's County	70.3%
Howard County	70.0%
Somerset County	69.9%
Maryland	63.4%

Source: DI #6, p. 35.

¹⁰ Most recent data available from the Maryland Health Care Commission.

https://mhcc.maryland.gov/mhcc/pages/hcfs/hcfs_Itc/documents/Routine%20Reports%20All%20Tables%2011_14_22%20FINAL.pdf

Table III-5 shows nursing home occupancy ranking for Howard County among other jurisdictions in Maryland. Howard County’s occupancy rate increased from 2014 to 2019 (i.e., low ranking equals high occupancy). Occupancy rates decreased in 2020, concomitant with COVID-19, and continued to decrease through 2022. As of 2022, Howard County ranked 13th among Maryland jurisdictions in its nursing home occupancy rate.

Table III-5: Rank of the Howard County by Nursing Home Occupancy

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022
Rank among 24 Jurisdictions	15	11	8	5	7	4	6	8	13

Source: DI #6, p. 40.

Staff Analysis

In addition to the MHCC Bed Need projection that identify a need for nursing home beds in Howard County, RVP provided other data that support this need. RVP presented data that show a steady increase in the older adult population in Howard County. Howard County has fewer nursing home beds per capita for its residents as compared to the State. Although few, the nursing home beds have shown high occupancy rates over the past ten years. Lastly, Howard County nursing homes do well in serving Medicaid eligible adults. RVP has made a case for a growing demand for nursing home beds, consistent with research that projects that approximately half of all older adults (65+) in the United States are likely to use long-term care services, including nursing homes.¹¹ The applicant has provided data that lead staff to conclude that the project is needed in Howard County.

C. COMAR 10.24.01.08G(3)(c). Alternatives to the Project.

The Commission shall consider the alternative approaches to meeting the need identified for the project that were considered by the applicant in planning the project and the basis for the applicants’ choice of the project among considered alternatives. In a comparative review of applications within the same review cycle, the Commission shall compare the costs and the likely effectiveness of alternative projects in meeting identified needs, improving the availability and accessibility of care, and improving the quality of care.

Applicant Response

RVP is making its surplus capacity of nursing home beds available for public use. The applicant submitted its nursing home occupancy from 2014 through 2023 by its CCRC residents, which showed an average occupancy rate of 36 percent, with the highest occupancy in 2017 at 57 percent. (DI #12, pp. 11-12). RVP presented actuarial data that projects the utilization of the nursing home beds by its CCRC residents between 10 and 12 beds from 2024 and 2033. The projections show that

¹¹ Johnson, RW, Favreault, MM, Dey, J, Marton, W, Andrson, L. Most older adults are likely to need and use long-term services and supports. ASPE Issue Brief. <https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0>. Published January 13, 2021. Accessed October 2, 2025.

less than half of the existing 44-bed unit will be utilized. (DI # 6, pp. 36-37). RVP states that it has ample current and projected capacity to meet the needs of its CCRC residents who need skilled nursing. (DI #6, p. 36). RVP states that this conversion of beds was the only option that it had as a CCRC to meet the published bed need. (DI #6, p. 37). RVP states that no other nursing homes submitted a proposal to meet the published need. RVP states that its submission of the letter of intent ensured that the healthcare community was informed of the option to compete for the beds and propose an alternative. Since no such interest was expressed, RVP states that its proposal is the only practical solution to meet this community need.

RVP states that a factor it also considered in the decision to open the existing nursing home beds to non-CCRC residents was the opportunity for a new revenue stream. RVP's board recognized the financial benefit of making unused nursing home beds available to the public; the additional revenue could support programs at the CCRC and helps advance RVP's mission to serve older adults in Howard County. (DI #12, p. 12).

Staff Analysis

RVP did not present alternative approaches to meeting the identified need. The applicant did not have other options available to it for adding the 13 nursing home beds in Howard County without incurring significant costs, from renovation or new construction. Instead, the applicant has proposed a cost-effective, unconventional approach that optimizes resources and meets the need. Staff concludes that RVP has presented an effective approach that meets the need and improves availability and accessibility of nursing home care.

D. COMAR 10.24.01.08G(3)(d). Project Financial Feasibility and Facility or Program Viability.

The Commission shall consider the availability of resources necessary to implement the project and the availability of revenue sources and demand for the proposed services adequate to ensure ongoing viability and sustainability of the facility to be established or modified or the service to be introduced or expanded.

Applicant Response

The applicant states that the proposed project requires no financial investment from RVP. (DI #6, p. 11).

Table III-6 below summarizes the nursing home bed utilization before and after the project's completion, projected to be in 2026. The applicant projects that RVP will remain profitable and will have increased profitability beginning in the first full year of operation of the project. The applicant projects that the incremental revenue associated with the conversion will exceed the incremental costs, for a net income of \$794,480 by FY 2026. (DI #12, Table F).

Table III-6: Current and Projected Volumes and Financials for the Proposed Project

Period	Current Year Period			Projected Year Period			
	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Public Beds	0	0	0	13	13	13	13
CCRC Beds	44	44	44	31	31	31	31
Total Beds	44	44	44	44	44	44	44
Public Admissions	N/A	N/A	N/A	45	65	65	65
CCRC Admissions	65	64	65	65	65	65	65
Total Admissions	65	64	65	110	130	130	130
Public Patient Days	n/a	n/a	n/a	2,738	3,650	3,650	3,650
CCRC Patient Days	6,570	7,574	7,300	6,570	6,570	6,570	6,570
Total Patient Days	6,570	7,574	7,300	9,308	10,220	10,220	10,220
Public Bed Occupancy	N/A	N/A	N/A	57.7%	76.9%	76.9%	76.9%
CCRC Bed Occupancy	40.9%	47.2%	45.5%	58.1%	58.1%	58.1%	58.1%
Total Bed Occupancy	40.9%	47.2%	45.5%	58.0%	63.6%	63.6%	63.6%
Operating Revenues	\$17,969,364	\$20,801,482	\$21,969,851	\$23,080,636	\$23,381,094	\$23,384,539	\$23,381,094
Operating Expenses	\$19,704,942	\$21,517,382	\$21,789,660	\$22,769,344	\$22,942,344	\$22,904,477	\$22,861,614
Net Income	\$(782,084)	\$399,510	\$927,842	\$586,292	\$713,749	\$755,062	\$794,480

Source: DI #12, Exh. 28, Tables D and F.

Staff Analysis

Staff observe that the primary drivers of profitability for RVP, as an organization are entrance fees from the independent living residents and assisted living residential fees, health care services funded by private payers, and nursing home patient days. The fees for services funded by private payers for assisted living residents, combined with the entrance fees from independent living units represented net operating revenue of 98 percent between FY 2023 through FY 2025 and 94 percent from FY 2026 through FY 2032. With the historical and projected occupancy across assisted living and independent living units of 80 percent and 90 percent, respectively (see Appendix 4, Table A1), staff consider these numbers to favorably support the availability of resources for the project.

With respect to the current and future profitability of the nursing home, year over year inpatient service revenues mirror the growth in patient-days. FY 2026 appears to be a ‘ramp-up’ year, with occupancy at 58 percent and thereafter stabilizing at 77 percent from FY 2027 through FY 2032. Favorable cost-to-revenue ratio yields a positive Net Operating Margin of 14 percent from FY 2026 through FY 2032 making the projections stronger.

With regard to RVP’s short-term financial sustainability at an organization level, in FY 2024, it reported over \$11.3 M in working capital and maintained 287 days of cash on hand.¹² (DI #6, Exhibit 17, p. 18, Note 2). Reasonable levels of working capital with 15 percent growth (\$9.8 M in FY 23) indicate better positioning in terms of payment of short-term debt.

In terms of RVP’s long-term financial sustainability, staff observed two main concerns: RVP has twice the liabilities as compared to net assets and also a deficit in net assets, which are both indicators of some level of potential long term financial distress. Staff analysis suggests the possibility of weaker long-term debt-paying capacity for RVP and a solvency risk in the future.

Workforce projections:

RVP projects adding 11 certified nursing assistants and one licensed practical nurse, at a cost of \$591,000, excluding benefits, from FY 2026 through FY 2032 to supplement its nursing home staff. (DI #12, Exh. 28, Table H). Staff notes that the Salary Expense Ratio, see Appendix 4, Table A1-2 and Table A1-3, appears to average 45 percent for the entire facility compared to 72 percent for the nursing home, which could be an operational concern for RVP in the future. RVP expects to spread the cost over the life of the project with anticipated growth in volumes and proportionate growth in revenues, which may mitigate this concern. (DI #12, Exh. 28, Table F and H).

Staff concludes that the applicant demonstrates that it has the necessary financial means to implement the proposed 13-bed conversion. Overall, the project satisfies the financial feasibility and viability criterion. Staff recommends that the Commission find the proposed project viable based on resource availability, operational profitability, and short-term financial sustainability of RVP as an organization.

E. COMAR 10.24.01.08G(3)(e) Compliance with Terms and Conditions of Previous Certificates of Need.

An applicant shall demonstrate compliance with all terms and conditions of each previous Certificate of Need granted to the applicant.

This criteria is not applicable, as the applicant has not applied for a previous Certificate of Need.

F. COMAR 10.24.01.08G(3)(f) Project Impact.

The Commission shall consider the impact of the proposed project on the costs and charges of existing providers of the facilities and services included in the project and on access to those facilities and services in the service area of the project.

Provide an analysis of the impact of the proposed project. Please assure that all sources of information used in the impact analysis are identified and identify all the assumptions made in the impact analysis with respect to demand for services, payer mix, access to

¹² Days cash on hand reflect the number of days of cash operating expenses RVP could pay with its unrestricted cash and investments

service, with information that supports the validity of these assumptions. Provide an analysis of the following impacts:

- a) On the volume of service provided by all other existing health care providers that are likely to experience some impact as a result of this project.**

- b) On the payer mix of all other existing health care providers that are likely to experience some impact on payer mix as a result of this project. If an applicant for a new nursing home claims no impact on payer mix, the applicant must identify the likely source of any expected increase in patients by payer.**

- c) On access to health care services for the service area population that will be served by the project. (State and support the assumptions used in this analysis of the impact on access).**

If the applicant is an existing nursing home, provide a summary description of the impact of the proposed project on costs and charges of the applicant nursing home, consistent with the information provided in the Project Budget, the projections of revenues and expenses, and the work force information.

Applicant Response

The applicant states that this project will not have an adverse impact on the viability of other nursing homes in Howard County. The Central Maryland planning region has a supply of 12,114 licensed nursing home beds currently, 576 of which are in Howard County. The applicant's analysis of need and increased utilization of its nursing home beds is likely to come from the increase in and the natural aging of residents in Howard County. The applicant believes that the impact of converting 13 beds that are presently restricted to CCRC residents to public use beds will be negligible to volume of services other nursing homes. (DI #6, p. 40).

The impact on access to health care services would be a small incremental improvement. RVP projects that at project maturity an additional 3,650 patient days will be provided to non-CCRC recipients, including Medicaid recipients. The applicant states that it should not be overlooked that Medicaid patients will be gaining access to a previously unavailable 5-star facility with high quality and satisfaction measures.

Staff Analysis

The conversion of 13 nursing home beds represents a 2.25 percent increase in total nursing home capacity across Howard County, and is unlikely to have a negative impact on other nursing home providers in the service area. The project will have a positive impact to the community and on health care delivery in Howard County by creating more beds for nursing home care, particularly for Medicaid patients. Staff concludes the impact of the proposed project will be positive.

G. COMAR 10.24.01.08G(3)(g) Health Equity.

The Commission shall consider how a proposed project will address health care disparities in availability, accessibility, and quality of care among different populations within the service area. The Commission shall consider how social determinants of health within the service area of the proposed project create disparities in the delivery of health care.

Applicant Response

RVP states that, if the Commission approves the conversion of the 13 nursing home beds to public beds, it will expand its five-star services to a broader segment of seniors, specifically Medicaid-eligible individuals. This expansion would directly address disparities by increasing availability and accessibility to quality care by opening RVP to those who have historically faced financial barriers to high-quality long-term care. (DI #6, p. 42).

To increase their occupancy to include Medicaid recipients, RVP states that their social workers, outreach coordinators, and admissions coordinators will conduct targeted outreach to local hospitals, home health agencies, and community providers to raise awareness of the expanded capacity and ensure underserved seniors are connected to the care they deserve. (DI #12, p. 14).

RVP also states that their residents often face chronic illnesses such as diabetes, hypertension, heart disease, and neurodegenerative disorders like Alzheimer's and Parkinson's. Many also require support for mobility challenges, arthritis, sensory impairments, post-operative recovery, or palliative care. Each resident receives a personalized treatment plan that promotes dignity, comfort, and quality of life. (DI #6, p.26).

RVP states its commitment to health equity extends beyond financial access. (DI #6, p. 42). By investing in culturally competent care and equipping staff to address implicit bias, RVP believes that it is creating a more inclusive healthcare environment. (DI #12, p. 14 and DI #6 Exh. 6). RVP states its commitment to nondiscrimination is also documented in its admissions paperwork, highlighting that the facility does not discriminate based on race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, or payment source. (DI #6, p. 42; Exh. 8).

RVP highlighted examples of its multiple programs, achievements, and staff expertise in the area of health equity.

- The facility incorporates a Cultural Competency Assessment into its Diversity Program and partners with Relias Learning to provide role-specific online training. This includes implicit bias education, equipping staff with evidence-based strategies to identify and mitigate bias, ensuring equitable, culturally respectful, and person-centered care. (DI #6, p. 42; DI #12, pp. 14–15).
- RVP reports that they earned Platinum Certification from SAGECare for two consecutive years, recognizing its commitment to creating an affirming environment for LGBTQ+ seniors. (DI #6, p. 42).

- RVP states that their Medical Director, Dr. Andy Lazris, Board Certified in Internal Medicine, brings 30 years of experience in primary care and geriatrics. His expertise in treating patients with chronic conditions, mental and behavioral health issues, and limitations in daily living will guide care for both current and newly served populations which may have been medically underserved in past experience. (DI #18, pp. 5–6).
- The Health & Wellness Navigation Program™ is a core component of RVP’s community, supporting residents with personalized meal and exercise plans, appointment scheduling, and transportation coordination. RVP states that they employed two social workers who assist with chronic condition management and mental health services, ensuring integration of the Health & Wellness Navigation Program into daily life. (DI #18, p. 6).
- RVP contracts with CounterPoint Health Services, a provider specializing in geriatric mental health care. (DI #18, p. 6).

Staff Analysis

The applicant identified a health disparity in chronic diseases among older adults in Howard County. Generally, these chronic diseases tend to be greater in low-income older adults. Elderly Medicaid recipients face a high burden of multiple chronic conditions.¹³ RVP plans to address this health disparity in two ways. RVP will provide services that address the needs of patients with chronic diseases and provide staff who are experienced with providing care for individuals who are diagnosed with chronic health conditions and diseases (DI #18, pp. 5-6). By making the beds public, RVP will serve a broader patient population. With the approval of this project, RVP will be a five-star nursing home (only one of two in Howard County) that provides care to Medicaid recipients, thereby expanding access to individuals who are at an economic disadvantage.

The applicant did not provide sufficient detail on how it will outreach to the older adult population who are most at risk for chronic diseases. There is a high incidence of chronic diseases, in particular diabetes, hypertension, and heart disease, in minority older adults in Howard County.¹⁴ Staff concurs that the ability to serve Medicaid recipients will provide some access to this at-risk older adult population, but that RVP needs more targeted strategies to affect this change. There are several initiatives in Howard County that are focused on reducing health disparities related to chronic diseases, including those through the Howard County Local Health Improvement Coalition. Additionally, chronic diseases are strongly influenced by unmet social needs, such as issues with transportation, housing, or food security, and in general persons with Medicaid tend to have higher rates of unmet social needs.

Staff agrees that RVP’s acceptance of Medicaid recipients will have a positive impact on health equity and contribute to reducing health disparities for older adults in Howard County. The project will increase the availability of quality nursing home care for Howard County residents who may have not

¹³ HHS Office of Disease Prevention and Health Promotion; “Social Determinants of Health and Older Adults;” <https://odphp.health.gov/our-work/national-health-initiatives/healthy-aging/social-determinants-health-and-older-adults#:~:text=Older%20adults%20with%20lower%20incomes,make%20well%20informed%20health%20decisions>. Accessed October 3, 2025

¹⁴ Horizon Foundation. The 2020 Vision for Health in Howard County. <https://www.thehorizonfoundation.org/wp-content/uploads/2012/04/2020-Vision-for-Health-Horizon-Foundation-Report-FINAL2-pages.pdf> January 2020. Accessed October 2, 2025.

previously had this access. Staff concludes that the applicant complies with the standard and recommends the following condition:

To address its commitment to Health Equity, before first use, RVP shall establish community partnerships with entities in Howard County that have implemented initiatives to address chronic diseases in at-risk populations. For three years, RVP shall document its strategies that will result in an increase in access to older adults at-risk for chronic diseases. RVP shall, upon admission, screen and develop care plans for each resident seeking a public-use bed regarding their access to primary health care, unmet social needs, and resources that reduce their chronic disease burden. Upon discharge, RVP will utilize the community partnerships for the appropriate referral to assist the patient in meeting one of these three areas.

H. 10.24.01.08G(3)(h) CHARACTER AND COMPETENCE.

The Commission shall assess the character and competence of an applicant based upon experience and past performance, including any records of violation in operating a health care service or facility.

Applicant's Response

Names of Volunteer Board of Directors

The applicant provided a list of the members of its volunteer board of directors. RVP is a 501(c)(3) not-for-profit organization and the board does not hold an ownership stake in the corporation but serves as its primary compliance and fiduciary authority. (DI #6, p. 43, Exh. 19).

Involvement in Other Facilities

RVP's board does not oversee any other facilities. Life Care, the management services company for RVP, provides services to over 140 CCRCs nationwide, serving approximately 40,000 seniors. A complete list of these CCRCs is in Appendix 3.

Suspended or Revoked Licenses, or Disciplinary Actions, Guilty Pleas or Convictions

The applicant states that Life Care Services employs the Executive Director and Health Care Administrator, who have oversight over the operations of the community. They state that the board has maintained a record of regulatory compliance, with no adverse findings, guilty pleas, or citations from state or federal programs. RVP's nursing home is recognized as a CMS 5-Star rated facility. (DI #6, p. 43, DI #12, p. 15).

The applicant states that no licenses have been revoked or suspended. The applicant states that no owners or individuals responsible for the project have ever pleaded guilty to or have been convicted of a criminal offense connected with the ownership, development, or management of a health care facility. (DI #6, pp. 9-10)

Staff Analysis

Staff reviewed the applicant's assessment of character and competence. The applicant provided information on it maintaining a CMS 5-Star rating, which reflects excellent overall performance in regulatory compliance and daily operations, which RVP attributes to the facility staff, leadership, and Board over many years. Staff concludes that the information provided is credible and that the applicant has sufficiently documented its character and competence.

IV. SUMMARY AND STAFF RECOMMENDATION

Staff concludes that the proposed project will meet the need for and improve the access of additional nursing home beds for residents of Howard County. Staff also concludes this project complies with the State Health Plan, COMAR 10.24.20 - Nursing Home Standards and that RVP demonstrated the project is needed, cost-effective and financially viable and complies with the Certificate of Need review criteria. RVP also demonstrated that it has met the criterion for Health Equity and Character and Competence.

Staff recommends that the Commission **APPROVE** RVP's Certificate of Need application, with the following conditions:

1. For three years after receiving first use, RVP shall document its progress in increasing its number of Medicaid patient days in the 13 public-use beds. RVP shall file reports annually with the Commission auditing its total days and the provision of Medicaid patient days as a percentage of the total days.
2. RVP shall agree to serve and maintain a proportion of Medicaid days in the 13 public-use beds at its facility that is at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region (Howard County or the Central Region), whichever is lower, calculated in accordance with Maryland COMAR 10.24.20.05A(2)(b) of the Nursing Home Chapter of the State Health Plan.
3. To address its commitment to Health Equity, before first use, RVP shall establish community partnerships with entities in Howard County that have implemented initiatives to address chronic diseases in at-risk populations. For three years, RVP shall document its strategies that will result in an increase in access to older adults at-risk for chronic diseases. RVP shall, upon admission, screen and develop care plans for each resident seeking a public-use bed regarding their access to primary health care, unmet social needs, and resources that reduce their chronic disease burden. Upon discharge, RVP will utilize the community partnerships for the appropriate referral to assist the patient in meeting one of these three areas.

IN THE MATTER OF	*	BEFORE THE
	*	
COLUMBIA VANTAGE HOUSE CORP.	*	MARYLAND
	*	
d/b/a RESIDENCES AT VANTAGE POINT	*	HEALTH CARE
	*	
Docket No. 25-13-2472	*	COMMISSION
	*	

FINAL ORDER

Having reviewed and considered the information and analysis contained in the Staff Report and Recommendation, it is this 16th day of October 2025, hereby:

ORDERED that the findings of fact and conclusions of law included in the Staff Report and Recommendation are adopted by the Maryland Health Care Commission and incorporated into this order; and it is further;

ORDERED that the application for Certificate of Need submitted by Residences at Vantage Point to add 13 nursing home facility beds through conversion of its existing Continuing Care Retirement Community limited nursing home facility located in Columbia, Howard County, with no associated construction costs is hereby **APPROVED**, subject to the following conditions:

1. For three years after receiving first use, Residences at Vantage Point shall document its progress in increasing its number of Medicaid patient days in the 13 public-use beds. Residences at Vantage Point shall file reports annually with the Commission auditing its total days and the provision of Medicaid patient days as a percentage of the total days.

2. Residences at Vantage Point shall agree to serve and maintain a proportion of Medicaid days in the 13 public-use beds at its facility that is at least equal to the proportion of Medicaid days in all other nursing homes in the jurisdiction or region (Howard County or the Central Region), whichever is lower, calculated in accordance with Maryland COMAR 10.24.20.05A(2)(b) of the Nursing Home Chapter of the State Health Plan.

3. To address its commitment to Health Equity, before first use, RVP shall establish community partnerships with entities in Howard County that have implemented initiatives to address chronic diseases in at-risk populations. For three years, RVP shall document its strategies that will result in an increase in access to older adults at-risk for chronic diseases. RVP shall, upon admission, screen and develop care plans for each resident seeking a public-use bed regarding their access to primary health care, unmet social needs, and resources that reduce their chronic disease burden. Upon discharge, RVP will utilize the community partnerships for the appropriate referral to assist the patient in meeting one of these three areas.

MARYLAND HEALTH CARE COMMISSION

VI. APPENDICES

Appendix 1
Record of the Review

RECORD OF THE REVIEW

Docket No. 25-13-2472

Item #	Description	Date
1	Applicant submits notice of intent to file for a CON	12/20/2024
2	Letter of Intent published in the Maryland Register to solicit other applications	12/20/2024
3	Applicant notified of the 30-day solicitation period	12/20/2024
4	Letter of Intent acknowledged	2/11/2025
5	Pre-application meeting	2/18/2025
6	CON application received	6/5/2025
7	Notice published in the Maryland Register	6/6/2025
8	Notice published in the Baltimore Sun about notice of receipt of application	6/6/2025
9	First request for completeness information	6/26/2025
10	Applicant submits clarifying questions to request for completeness information	7/13/2025
11	Request for an extension to submit completeness responses on 7/25/2025	7/17/2025
12	Applicant first completeness response received	7/22/2025
13	Application docketed notice in Maryland Register	8/7/2025
14	Notice to Maryland Register of Formal Review	8/7/2025
15	Notice to Baltimore Sun of Formal Review	8/7/2025
16	Additional request for information	8/8/2025
17	Request for an extension to submit information on 8/29/2025	8/15/2025
18	Applicant additional information received	8/29/2025

**Appendix 2
Facility Drawings**



Appendix 3 1

**SENIOR LIVING COMMUNITIES MANAGED
BY LIFE CARE SERVICES LLC**

**SENIOR LIVING COMMUNITIES MANAGED
BY LIFE CARE SERVICES LLC
AS OF 4/29/2025**

Alabama, Birmingham – Galleria Woods
Alabama, Hoover – Danberry at Inverness
Arizona, Chandler – Clarendale of Chandler
Arizona, Fountain Hills – Fountain View Village
Arizona, Phoenix – Clarendale of Arcadia
Arizona, Phoenix – Sagewood
Arizona, Tempe (Phoenix) – Friendship Village of Tempe
California, Cupertino – Forum at Rancho San Antonio, The
California, Palo Alto – Moldaw Residences
California, San Diego – Casa de las Campanas
California, San Rafael – Aldersly
California, Santa Rosa – Arbol Residences of Santa Rosa
California, Santa Rosa – Oakmont Gardens
Connecticut, Essex – Essex Meadows
Connecticut, Mystic – StoneRidge
Connecticut, Southbury – Pomperaug Woods
Delaware, Newark – Millcroft Living
Delaware, Wilmington – Foulk Living
Delaware, Wilmington – Shipley Living
Florida, Aventura – Sterling Aventura
Florida, Bradenton – Freedom Village of Bradenton
Florida, Celebration – Windsor at Celebration
Florida, Clearwater – Regency Oaks
Florida, Hollywood – Presidential Place
Florida, Jacksonville – Cypress Village
Florida, Leesburg – Lake Port Square
Florida, Naples – The Glenview at Pelican Bay
Florida, Naples – The Arlington of Naples
Florida, Palm City – Sandhill Cove
Florida, Port Charlotte – South Port Square
Florida, Seminole – Freedom Square of Seminole
Florida, Seminole – Lake Seminole Square
Florida, Sun City Center – Freedom Plaza
Florida, The Villages – Freedom Point at The Villages
Georgia, Evans – Brandon Wilde
Georgia, Savannah – Marshes of Skidaway Island, The
Illinois, Addison – Clarendale of Addison
Illinois, Algonquin – Clarendale of Algonquin
Illinois, Bartlett – The Oaks at Bartlett
Illinois, Chicago – Clare, The
Illinois, Chicago – Clarendale Six Corners
Illinois, Godfrey – Asbury Village
Illinois, Lincolnshire – Sedgebrook

Illinois, Mokena – Clarendale of Mokena
Illinois, Naperville – Monarch Landing
Illinois, Wheaton – Wyndemere
Indiana, Carmel – Rose Senior Living – Carmel
Indiana, Greenwood (Indianapolis) – Greenwood Village South
Indiana, Indianapolis – Marquette
Indiana, West Lafayette – Westminster Village West Lafayette
Iowa, Ames – Green Hills Community
Iowa, Cedar Rapids – Cottage Grove Place
Kansas, Atchison – Dooley Center
Kentucky, Lexington – Richmond Place Senior Living
Maryland, Columbia – Residences at Vantage Point
Maryland, Timonium – Mercy Ridge
Maryland, Towson (Baltimore) – Blakehurst
Massachusetts, Woburn – The Delaney at The Vale
Michigan, Ann Arbor – Clarendale Ann Arbor
Michigan, Auburn Hills – The Avalon of Auburn Hills
Michigan, Battle Creek – NorthPointe Woods
Michigan, Bloomfield Township – The Avalon of Bloomfield Township
Michigan, Clinton Township – Rose Senior Living – Clinton Township
Michigan, East Lansing – Burcham Hills
Michigan, Holland – Freedom Village
Michigan, Kalamazoo – Friendship Village
Michigan, Novi – Rose Senior Living at Providence Park
Michigan, Commerce Township – The Avalon of Commerce Township
Minnesota, Buffalo – Havenwood of Buffalo
Minnesota, Burnsville – Havenwood of Burnsville
Minnesota, Maple Grove – Havenwood of Maple Grove
Minnesota, Minnetonka – Havenwood of Minnetonka
Minnesota, Richfield – Havenwood of Richfield
Minnesota, Rochester – Charter House
Minnesota, Plymouth – Trillium Woods
Minnesota, Vadnais Heights – Gable Pines
Missouri, St. Peters – Clarendale of St. Peters
New Jersey, Bridgewater – Delaney of Bridgewater, The
New Jersey, Bridgewater – Laurel Circle
New Jersey, Burlington – Masonic Village at Burlington
New Jersey, Florham Park – The Delaney at The Green
New York, Rye Brook – Broadview Senior Living at Purchase College
New York, Staten Island – Brielle at Seaview, The
North Carolina, Chapel Hill – Cedars of Chapel Hill, The
North Carolina, Charlotte – Cypress of Charlotte, The
North Carolina, Durham – Croasdaile Village
North Carolina, Greensboro – WhiteStone
North Carolina, Greenville – Cypress Glen
North Carolina, Lumberton – Wesley Pines
North Carolina, Raleigh – Cypress of Raleigh, The

North Carolina, Wilmington – Porters Neck Village
Ohio, Avon – Rose Senior Living – Avon
Ohio, Beachwood – Rose Senior Living – Beachwood
Ohio, Lewis Center – The Avalon of Lewis Center
Ohio, New Albany – The Avalon of New Albany
Oklahoma, Bartlesville – Green Country Village
Oregon, Dallas – Dallas Retirement Village
Oregon, Salem – Capital Manor
Pennsylvania, Coatesville – Freedom Village at Brandywine
Pennsylvania, Warrington – Solana Doylestown, The
South Carolina, Greenville – Rolling Green Village
South Carolina, Hilton Head Island – Bayshore on Hilton Head Island
South Carolina, Hilton Head Island – Cypress of Hilton Head, The
Tennessee, Brentwood – Heritage at Brentwood, The
Tennessee, Hendersonville – Clarendale at Indian Lake
Tennessee, Memphis – Heritage at Irene Woods
Tennessee, Nashville – Clarendale at Bellevue Place
Texas, Austin – Westminster
Texas, Bedford – Parkwood Healthcare
Texas, Bedford – Parkwood Retirement
Texas, Dallas – Autumn Leaves
Texas, Dallas – Monticello West
Texas, Dallas – Signature Pointe
Texas, Dallas – Walnut Place
Texas, Georgetown – Delaney at Georgetown Village, The
Texas, League City – Delaney at South Shore, The
Texas, Lubbock – Carillon
Texas, Richmond – Delaney at Parkway Lakes, The
Texas, Spring – Village at Gleannloch Farms, The
Texas, The Woodlands – Village at the Woodlands Waterway, The
Texas, Waco – Delaney at Lake Waco, The
Vermont, White River – Village at White River Junction, The
Virginia, Fairfax – Virginian, The
Virginia, Gainesville – Heritage Village Assisted Living and Memory Care
Washington, Issaquah – Timber Ridge at Talus
Wisconsin, Greendale – Harbour Village
Wisconsin, Milwaukee – Eastcastle Place

Appendix 4
Financial Tables

Table A4-1

TABLE D. UTILIZATION PROJECTIONS - ENTIRE FACILITY										
	Two Most Recent Years (Actual)		Current Year Projected	Projected Years - ending with full utilization and financial stability (3 to 5 years post project completion) Add columns if needed.						
Indicate CY or FY	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
2. PATIENT DAYS										
a. Comprehensive Care (public)	n/a	n/a	n/a	2,738	3,650	3,650	3,650	3,650	3,650	3,650
b. Comprehensive Care (CCRC Restricted)	6,570	7,574	7,300	6,570	6,570	6,570	6,570	6,570	6,570	6,570
Total Comprehensive Care	6,570	7,574	7,300	9,308	10,220	10,220	10,220	10,220	10,220	10,220
c. Assisted Living	12,684	14,326	14,509	14,600	14,600	14,600	14,600	14,600	14,600	14,600
d. Other (Independent Living)	65,791	66,613	67,069	66,795	66,795	66,978	66,795	66,795	66,795	66,978
TOTAL PATIENT DAYS	85,045	88,513	88,878	90,703	91,615	91,798	91,615	91,615	91,615	91,798
3. NUMBER OF BEDS										
a. Comprehensive Care (public)	0	0	0	13	13	13	13	13	13	13
b. Comprehensive Care (CCRC Restricted)	44	44	44	31	31	31	31	31	31	31
Total Comprehensive Care Beds	44	44	44	44	44	44	44	44	44	44
c. Assisted Living	50	50	50	50	50	50	50	50	50	50
d. Other (Independent Living)	200	200	200	200	200	200	200	200	200	200
TOTAL BEDS	294	294	294	294	294	294	294	294	294	294
4. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. Comprehensive Care (public)	N/A	N/A	N/A	57.7%	76.9%	76.9%	76.9%	76.9%	76.9%	76.9%
b. Comprehensive Care (CCRC Restricted)	40.9%	47.2%	45.5%	58.1%	58.1%	58.1%	58.1%	58.1%	58.1%	58.1%
Total Comprehensive Care Beds	40.9%	47.2%	45.5%	58.0%	63.6%	63.6%	63.6%	63.6%	63.6%	63.6%
c. Assisted Living	69.5%	78.5%	79.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
d. Other (Independent Living)	90.1%	91.3%	91.9%	91.5%	91.5%	91.8%	91.5%	91.5%	91.5%	91.8%
TOTAL OCCUPANCY %	79.3%	82.3%	82.8%	84.5%	85.4%	85.3%	85.4%	85.4%	85.4%	85.3%
Staff Analysis										
YOY Change in PATIENT DAYS %										
a. Comprehensive Care (public)	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%
b. Comprehensive Care (CCRC Restricted)	0.0%	15.3%	-3.6%	-10.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Comprehensive Care	0.0%	15.3%	-3.6%	27.5%	9.8%	0.0%	0.0%	0.0%	0.0%	0.0%
c. Assisted Living	0.0%	12.9%	1.3%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Other (Independent Living)	0.0%	1.2%	0.7%	-0.4%	0.0%	0.3%	-0.3%	0.0%	0.0%	0.3%
TOTAL PATIENT DAYS	0.0%	4.1%	0.4%	2.1%	1.0%	0.2%	-0.2%	0.0%	0.0%	0.2%

Table A4-2

TABLE F. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY										
Indicate CY or FY	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
a. Inpatient Services	\$ 16,821,306	\$ 19,371,011	\$ 19,724,252	\$ 20,872,898	\$ 21,273,531	\$ 21,277,776	\$ 21,273,531	\$ 21,273,531	\$ 21,273,531	\$ 21,277,776
Net Patient Services Revenue	\$ 16,283,770	\$ 18,652,407	\$ 19,015,573	\$ 19,987,394	\$ 20,287,852	\$ 20,291,297	\$ 20,287,852	\$ 20,287,852	\$ 20,287,052	\$ 20,291,297
f. Other Operating Revenues (Earned Entrance Fees)	\$ 1,615,043	\$ 1,938,342	\$ 2,779,278	\$ 2,918,242	\$ 2,918,242	\$ 2,918,242	\$ 2,918,242	\$ 2,918,242	\$ 2,918,242	\$ 2,918,242
NET OPERATING REVENUE	\$ 17,969,354	\$ 20,801,482	\$ 21,969,851	\$ 23,080,636	\$ 23,381,094	\$ 23,384,539	\$ 23,381,094	\$ 23,381,094	\$ 23,380,294	\$ 23,384,539
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 8,417,501	\$ 9,388,862	\$ 9,731,520	\$ 10,336,615	\$ 10,499,820	\$ 10,501,925	\$ 10,499,820	\$ 10,499,820	\$ 10,499,820	\$ 10,501,925
c. Interest on Current Debt	\$ 2,262,875	\$ 2,188,224	\$ 2,114,552	\$ 2,080,250	\$ 2,038,645	\$ 1,997,872	\$ 1,957,915	\$ 1,918,756	\$ 1,880,381	\$ 1,842,774
e. Current Depreciation	\$ 3,425,468	\$ 3,641,756	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862	\$ 3,547,862
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Current Amortization	\$ 10,602	\$ 10,497	\$ 12,089	\$ 13,500	\$ 13,500	\$ 13,500	\$ 13,500	\$ 13,500	\$ 13,500	\$ 13,500
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSES	\$ 19,704,942	\$ 21,517,382	\$ 21,789,660	\$ 22,769,344	\$ 22,942,344	\$ 22,904,477	\$ 22,861,614	\$ 22,822,456	\$ 22,784,881	\$ 22,748,578
a. Income From Operation	\$ (1,735,578)	\$ (715,900)	\$ 180,191	\$ 311,292	\$ 438,749	\$ 480,062	\$ 519,480	\$ 558,638	\$ 595,413	\$ 635,961
a. Percent of Total Revenue										
1) Medicare	3.5%	3.5%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
2) Medicaid	0.0%	0.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
4) Commercial Insurance	0.3%	0.7%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
5) CCRC Residents	96.2%	95.8%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Staff Analysis										
YOY Top line (IP) Rev Growth	0.0%	15.2%	1.8%	5.8%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Cost to Revenue ratio	109.7%	103.4%	99.2%	98.7%	98.1%	97.9%	97.8%	97.5%	97.5%	97.3%
Cash-basis Operating Margin %	9.5%	14.1%	17.0%	16.8%	17.3%	17.5%	17.5%	17.8%	17.8%	17.9%
Net Operating Margin %	-9.7%	-3.4%	0.8%	1.3%	1.9%	2.1%	2.2%	2.4%	2.5%	2.7%
Salaries & Wages / Total Expenses	42.7%	43.6%	44.7%	45.4%	45.6%	45.9%	45.9%	46.0%	46.1%	46.2%

Table A4-3

TABLE G. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE							
Indicate CY or FY	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
a. Inpatient Services	\$ 1,148,446	\$ 1,549,279	\$ 1,553,524	\$ 1,549,279	\$ 1,549,279	\$ 1,549,279	\$ 1,553,524
Net Patient Services Revenue	\$ 945,337	\$ 1,241,786	\$ 1,244,766	\$ 1,241,786	\$ 1,241,786	\$ 1,240,986	\$ 1,263,068
f. Other Operating Revenues (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET OPERATING REVENUE	\$ 945,337	\$ 1,241,786	\$ 1,244,766	\$ 1,241,786	\$ 1,241,786	\$ 1,240,986	\$ 1,263,068
2. EXPENSES							
a. Salaries & Wages (including benefits)	\$ 605,095	\$ 768,300	\$ 770,405	\$ 768,300	\$ 768,300	\$ 768,300	\$ 770,405
c. Interest on Current Debt	N/A	N/A	N/A	N/A	N/A	N/A	N/A
d. Interest on Project Debt	N/A	N/A	N/A	N/A	N/A	N/A	N/A
e. Current Depreciation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
f. Project Depreciation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
g. Current Amortization	N/A	N/A	N/A	N/A	N/A	N/A	N/A
h. Project Amortization	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL OPERATING EXPENSES	\$ 809,842	\$ 1,074,527	\$ 1,077,192	\$ 1,074,527	\$ 1,074,527	\$ 1,075,087	\$ 1,064,381
a. Income From Operation	\$ 135,495.30	\$ 167,259.21	\$ 167,574.00	\$ 167,259.21	\$ 167,259.21	\$ 165,899.21	\$ 198,687.40
Staff Analysis							
Cost to Revenue ratio	85.7%	86.5%	86.5%	86.5%	86.5%	86.6%	84.3%
Salaries & Wages / Total Expenses	74.7%	71.5%	71.5%	71.5%	71.5%	71.5%	72.4%
Medicare rates @\$598/day	\$ 491,107.50	\$ 654,810.00	\$ 656,604.00	\$ 654,810.00	\$ 654,810.00	\$ 654,810.00	\$ 656,604.00
Medicaid rates @\$205/day	\$ 280,593.75	\$ 374,125.00	\$ 375,150.00	\$ 374,125.00	\$ 374,125.00	\$ 374,125.00	\$ 375,150.00
Comm (HMO) rates @\$319/day	\$ 174,652.50	\$ 232,870.00	\$ 233,508.00	\$ 232,870.00	\$ 232,870.00	\$ 232,870.00	\$ 233,508.00
Estimated total	\$ 946,353.75	\$ 1,261,805.00	\$ 1,265,262.00	\$ 1,261,805.00	\$ 1,261,805.00	\$ 1,261,805.00	\$ 1,265,262.00
Difference w.r.t to Net Operating Revenue	0.1%	1.6%	1.6%	1.6%	1.6%	1.7%	0.2%
Net Operating Margin = Cash-basis Operating Marg	14.3%	13.5%	13.5%	13.5%	13.5%	13.4%	15.7%

Table A4-4

Current Name	Sum of Comprehensive Care - Private patient days (A)	Sum of Pat Days_Comp_Medicare (B)	Sum of Other government programs-patient days © (D)	Sum of Pat Days_Comp_MD Med Asst (D)	Sum of Pat Days_Comp_Priv Ins (E)	Sum of Pat Days_Comp_Other (F)	Sum of Total Comprehensive Care Patient Days (G=A+B+C_+D+E+F)	Sum of No LicBeds (BDFY)_Comp (H)	Sum of No Lic Beds (EDFY)_Comp (I)	Annual Bed-Days (J=H*365+I*365)/2	Staff Analysis Occupancy % (G/J)	FY
	6134	1328	0	0	176	0	7638	44	44	16060	47.6%	2023
	5562	862	0	0	0	0	6424	44	44	16060	40.0%	2022
	4231	1094	0	0	80	0	5405	44	44	16060	33.7%	2021
	6010	606	0	0	24	0	6640	44	44	16060	41.3%	2020
Residences at	7893	938	0	0	0	0	8831	44	44	16060	55.0%	2019
Vantage Point	9342	1271	0	0	0	0	10613	44	44	16060	66.1%	2018
Current Name	Sum of Rtn Ser Rev_Comp_Medicare (A)	Sum of Rtn Ser Rev_Comp_MD Med Asst (B)	Sum of Comprehensive Care - Private revenue (C)	Sum of Other government programs-revenue (D)	Sum of Total Rtn Service Revenue_Comp (E=A+B+C+D)	Sum of Total Oper Exp_Comp (F)	Staff Analysis Operating Income (E-F)	Sum of No LicBeds (BDFY)_Comp (H)	Sum of No Lic Beds (EDFY)_Comp (I)	FY		
	\$ 776,381.00	\$ -	\$ 1,532,604.00	\$ -	\$ 2,402,943.00	\$ 2,557,866.00	\$ (154,923.00)	44	44	2023		
	\$ 330,791.00	\$ -	\$ 2,299,326.00	\$ -	\$ 2,630,117.00	\$ 2,072,295.00	\$ 557,822.00	44	44	2022		
	\$ 420,307.00	\$ -	\$ 1,700,480.00	\$ -	\$ 2,133,945.00	\$ 2,302,734.00	\$ (168,789.00)	44	44	2021		
	\$ 218,292.00	\$ -	\$ 2,807,464.00	\$ -	\$ 3,029,176.00	\$ 2,424,734.00	\$ 604,442.00	44	44	2020		
Residences at	\$ 283,395.00	\$ -	\$ 3,803,662.00	\$ -	\$ 4,087,057.00	\$ 2,502,914.00	\$ 1,584,143.00	44	44	2019		
Vantage Point	\$ 407,969.00	\$ -	\$ 4,453,059.00	\$ -	\$ 4,861,028.00	\$ 2,566,478.00	\$ 2,294,550.00	44	44	2018		