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October 3, 2016

VIA EMAIL (<u>donna.jerry@vermont.gov</u>) VIA OVERNIGHT DELIVERY (original and two copies of complete submission)

Donna Jerry Senior Health Policy Analyst Green Mountain Care Board Third Floor, City Center 89 Main Street Montpelier, VT 05620

RE: Docket No. GMCB-005-16con Proposed Purchase of Newport Health Care Center, Newport Residential Care Center and Adult Day Services in Newport, VT

Dear Ms. Jerry:

On behalf of the Applicants, The Gardens at Newport, LLC and Gardens at Newport Holdings, LLC, I am submitting the following documents for filing in the above matter:

- the Project Narrative (including attachments); and
- the original Verification Under Oath.

We understand that the Board will issue an invoice for the application fee.

In addition to sending you the above documents via e-mail in .pdf format, I am emailing you, Attachment F, The Gardens at Newport, LLC and Gardens at Newport Holdings, LLC Financial Tables: Table 1, Table 2, Table 6A, Table 6B, Table 6C, Table 7 and Table 9, as an Excel document.

Thank you for your ongoing assistance with this matter.

Sincerely yours, Shireen T. Hart

Encs.

STATE OF VERMONT GREEN MOUNTAIN CARE BOARD

IN RI	E: APPLICATION OF
THE	GARDENS AT NEWPORT LLC AND
THE	GARDENS AT NEWPORT HOLDINGS LLC

)) GMCB 005-16con)

VERIFICATION UNDER OATH

David Gamzeh, being duly sworn, states on oath as follows:

My name is David Gamzeh. I am the managing member of The Gardens at Newport LLC and The Gardens at Newport Holdings LLC. I have reviewed the CON Application and attachments (the "Submission") submitted herewith.

- 1. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the Submission is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
- 2. My personal knowledge of the truth, accuracy and completeness of the information contained in the Submission is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
- 3. The following individuals have provided information or documents to me in connection with the Submission and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Ari Stawis Akiva Glatzer Ephram Mordy Lahasky Shalom Lerner Jordan Fensterman Josh Farkovits Andrew Bachand CPA David Silver on behalf of The Silver Corporation Isaac Haas, HHC FInance 4. In the event that the information contained in the Submission becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Submission as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

Dated this 30⁴ day of September, 2016.

David Gamzeh

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On September 30^{\prime} , 2016, David Gamzeh appeared before me and swore to the truth, accuracy and completeness of the foregoing.

My commission expires: Leloway 16, 2020

Notary public

MINDY GOLDBERG NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6337093 Qualified in Kings County Commission Expires February 16, 2020

STATE OF VERMONT GREEN MOUNTAIN CARE BOARD

IN RE: APPLICATION OF	.)	
THE GARDENS AT NEWPORT LLC)	GMCB 005-16con
AND)	÷
THE GARDENS AT NEWPORT HOLDINGS LLC)	

Introduction

The Gardens at Newport LLC and The Gardens at Newport Holdings LLC (the "Applicants") hereby apply for a certificate of need ("CON") to purchase the operations and real estate of Newport Health Care Center (the "Facility"). The purchase includes Newport Residential Care Center and Adult Day Services program. The Applicants acknowledged the Green Mountain Care Board's (the "Board") CON jurisdiction in a letter to the Board dated April 7, 2016.

The Gardens at Newport LLC is the proposed new owner of the realty and personal property, and the license and operations will be in the name of The Gardens at Newport Holdings LLC.

I. Project Details

A. Newport Health Care Center

1. Current Ownership and Operations

The Silver Corporation is the current fee owner of the Facility's real and personal property. The Facility and Newport Residential Care Center are operated by The Silver Corporation. David Silver, the current Administrator of the Facility and a director of The Silver Corporation, is seeking to sell the Facility in order to retire. The Silver Corporation has four (4) stock holders: David Silver owns 50%; Edna Silver owns 41.3%; Claire Silver owns 4.35%; and, Morris Silver owns 4.35%.

The Adult Day Services program is currently operated by Green Mountain Adult Day Services, LLC, a Vermont limited liability company (the "Adult Operator").

2. Facility Contact Information

<u>Address</u>: 148 Prouty Drive Newport, VT 05855 <u>Phone</u>: 802-334-7321 <u>Fax</u>: 802-334-1548

3. Facility Location

The Facility is located in Newport, Orleans County, Vermont.

4. Building

The Facility was built in 1972.

5. Recent Upgrades

The following table reflects large scale upgrades made to the Facility:

Improvements	Year(s)
Roof insulation	1981
Fire hose connection for sprinkler system	1986
Replacement of all Facility ceiling light fixtures with higher efficiency	1989
units	1000
Improved patient call system	1993
Building perimeter insulation	1993
Propane wall furnaces for buildings open areas	1993
Patient alarm system	1994
Propane water boilers to replace electric boilers for Facility hot water	1994
Code Alert patient alarm system	2005
Replacement of all Facility toilets with water conservation toilets	2007-2008
Fire alarm call system	2008
Dining room, kitchen and support services roof building rear	2011
Carbon monoxide detectors	2012
East wing roof	2012
Entrance fire sprinklers	2014
Dietary hood fire suppression upgrade	2014
Fire alarm panel and hardware upgrade	2014
Munchkin water heater for dietary and laundry	2015
Structure repair and vinyl siding for east face of south wing	2015
Dishwasher	2016
Standard maintenance such as roof repairs and replacement, flooring, and other repairs as necessary to maintain the Facility in good condition and repair	On-going

6. Licensed Beds

The Facility has fifty (50) licensed beds, with two (2) private rooms.

7. Newport Health Care Center Referral Sources for 2015

North Country Hospital, Dartmouth Hitchcock Medical Center, UVM Medical Center, Copley Hospital, White River Junction VA Medical Center, Northeastern Vermont Regional Hospital, Northwestern Medical Center, Michaud Memorial Manor, Scenic View Community Care and local physicians.

8. Organizational Chart

An organizational chart for the Facility is attached as <u>Attachment A</u>.

9. Key Personnel

The Facility's current organizational structure is through departments. The department heads are as follows:

Title	Name	C.V. and Licensure
Administrator	David Silver	Attachment B
Human Resources Director	Edna Silver, RN	
Medical Director	Maria Domenica Fatigati, MD	Attachment C
Director of Nursing	Helen Gagnon, RN	Attachment D
Comptroller – AIT	Bruce Weddington	Attachment E
Dietary Supervisor	Ashley McCoy	
Maintenance Supervisor	Richard Patenaude	
Housekeeping Supervisor	Deborah McTheeney	
Activities Director	Pamela Archer/Kelly Collins	
Social Services Director	Linda Thayer	

The Facility's proposed organizational structure under the Applicants is proposed to be as follows:

Title	Name
Administrator	To be determined
Human Resources Director	To be determined
Medical Director	Maria Domenica Fatigati, MD
Director of Nursing	Helen Gagnon, RN
Comptroller – AIT	Bruce Weddington
Dietary Supervisor	Candace Dasaro
Maintenance Supervisor	Richard Patenaude
Housekeeping Supervisor	Deborah McTheeney
Activities Director	Pamela Archer/Kelly Collins
Social Services Director	Linda Thayer

10. Staffing

Current staffing list for the Facility, which includes all employees (FTE and per diem), is:

Job Title	Number of Positions
Administrator	1
RN Human Services	1
Receptionist	1
Office Manager	1
Comptroller – AIT	1
Maintenance Supervisor	1
Maintenance Staff	1
Dietary Supervisor	1
Cook	4
Dietary Aide	4

Job Title	Number of Positions
Laundry	2
Housekeeping Supervisor	1
Housekeeper	1
DON	1
RN	6
RN/MDS Coordinator	1
LPN	4
LNA	18
Activities Coordinator	2
Social Service	1
PCA	5

Because the census is expected to remain steady, the Applicants do not project any staffing changes. See <u>Attachment F</u>, Table 9, Staffing Projections, which includes all contracted personnel and employees.

11. Description of Services

Restorative Nursing and Physical Therapy, Occupational therapy and Speech Therapy

The Facility provides in-house restorative nursing and contracts with North Country Hospital (the "Hospital") for physical therapy, occupational therapy and speech therapy which the Hospital provides in the Facility.

Hospice and Palliative Care

There are currently no patients receiving hospice care at the Facility, but, as of August 2016, there were 3 residents receiving palliative care provided in house.

12. Dietician

The contracted dietician is Candace L. Dasaro, RD. A copy of her license is submitted as Attachment G.

13. Medicare Wing

The Facility has a unit, the East Wing, which focuses on short term care for residents.

14. Pharmacy Services

The Facility currently utilizes Brown's Drug Store in Derby Line, Vermont.

15. Mental health and psychiatric services

Currently, mental health services are unavailable for the Facility. Psychiatric services require an appointment with an attendant 6-9 month wait.

16. Survey History

All surveys performed by the Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection and the Facility's Plans of Correction for the past one-year period are submitted as <u>Attachment H</u>.

17. CMS Profile

The Facility's CMS Five-Star Quality Rating System data, current as of August 19, 2016, is submitted as **Attachment I**.

18. Financial Statements

A set of Consolidate Financial Statements for The Silver Corporation d/b/a Newport Health Care Center and Green Mountain Adult Day Services for each of the past three years is submitted as follows:

December 31, 2013, <u>Attachment J, Tab 1</u>; December 31, 2014, <u>Attachment J, Tab 2</u>; and, December 31, 2015, <u>Attachment J, Tab 3</u>.

B. Applicants' Information

19. Individuals

Six individuals—Joshua Farkovits, Jordan Fensterman, David Gamzeh, Akiva Glatzer, Ephram M. Lahasky and Ari Stawis—formed two separate corporate entities¹ to purchase the real estate and operations of Newport.²

20. Corporations

The Gardens at Newport Holdings LLC will own the real estate, and the license and operations will be in the name of The Gardens at Newport LLC. Copies of the Articles of Organization for The Gardens at Newport Holdings LLC and The Gardens at Newport LLC are submitted as <u>Attachment K, Tab 1</u> and <u>Attachment K, Tab 2</u>, respectively.

21. Ownership Interests

Except with respect to Jordan Fensterman and Ari Stawis, each individual will hold a 19.5% interest in The Gardens at Newport Holdings LLC and a 19.5% interest in The Gardens at Newport LLC. Jordan Fensterman will hold a 20% interest in The Gardens at Newport Holdings LLC and a 20% interest in The Gardens at Newport LLC. Jordan Fensterman may create an LLC for his interests. To the extent there are any other members in the LLC, their interests will each equate to a less than 5% interest in either entity, The Gardens at Newport Holdings LLC or The Gardens at Newport LLC. Ari Stawis will hold a 2% interest in The Gardens at Newport Holdings LLC and a 2% interest in The Gardens at Newport Holdings LLC and a 2% interest in The Gardens at Newport Holdings LLC and a 2% interest in The Gardens at Newport Holdings LLC and a 2% interest in The Gardens at Newport LLC.

¹ For simplicity, we refer herein to both the individuals and the corporate entities as "the Applicants."

² The corporate entities have been formed with four of the individual applicants as named members. Jordan Fensterman and Ari Stawis will be added as members in the event this project is consummated.

	Joshua Farkovits	Jordan Fensterman	David Gamzeh	Akiva Glatzer	Ephram Lahasky	Ari Stawis
Interest in	19.5%	20%	19.5%	19.5%	19.5%	2%
Real Estate						
Interest in	19.5%	20%	19.5%	19.5%	19.5%	2%
Operations						
Equity	\$84,825	\$87,000	\$84,825	\$84,825	\$84,825	\$8,700
Contribution						

22. Curriculum Vitae

A curriculum vitae is submitted for each of the individual applicants with an ownership interest of more than 2%, as follows:

- a. Joshua Farkovits: <u>Attachment L</u>;
- b. Jordan Fensterman: Attachment M;
- c. David Gamzeh: Attachment N;
- d. Akiva Glatzer: Attachment O; and
- e. Ephram Mordy Lahasky: Attachment P.

23. Personal Financial Statements

A Personal Financial Statement, and accompanying Verification Under Oath, is submitted confidentially under separate cover for each individual applicant with an ownership interest of more than 2%, as follows:

- a. Joshua Farkovits: <u>Attachment Q</u>;
- b. Jordan Fensterman: Attachment R;
- c. David Gamzeh: Attachment S;
- d. Akiva Glatzer: Attachment T; and
- e. Ephram Mordy Lahasky: Attachment U.

The Personal Financial Statements referenced above include all personal, health care, and non-health care interests, assets, and liabilities.

24. Holdings and Operational Experience

The individual Applicants have the following current holdings and/or operations experience with long-term care facilities:

Joshua Farkovits	Ownership Interests	Licensed Nursing Home Administrator
Barclay's Health and Rehabilitation (formerly, ManorCare Health Services) 412 Marlton Pike E Cherry Hill, NJ 08034 <u>Attachment V, Tab 9, CMS Star</u> <u>Data.</u>	12.5% interest in operations. Purchased in November 2015.	
Bayshore Health and Rehab 1601 St Louis Ave Duluth, MN 55802 Attachment V, Tab 1, CMS Star	20.8% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	

Joshua Farkovits	Ownership Interests	Licensed Nursing Home Administrator
Data.		
Brighton Rehabilitation and Wellness Center (formerly, Friendship Ridge) 246 Friendship Circle Beaver PA 15009 <u>Attachment V, Tab 3, CMS Star</u> <u>Data.</u>	10.5% interest in real estate; 10.5% interest in operations. Purchased in March, 2014.	
Centennial Gardens (formerly, Crystal Care Center) 3245 Vera Cruz Ave Minneapolis MN <u>Attachment V, Tab 4, CMS Star</u> <u>Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Center for Advanced Rehab at Parkside (formerly, Parkside Care Center) 110 Park City Rd Rossville GA <u>Attachment V, Tab 11, CMS Star</u> Data.	22.5% interest in real estate; 22.5% interest in operations. Purchased April 1, 2016.	
Chicopee Gardens Rehabilitation and Care Center (formerly, Birch Manor Rehabilitation & Skilled Nursing Center) 44 New Lombard Rd Chicopee, MA <u>Attachment V, Tab 2, CMS Star</u> <u>Data.</u>	18.5% interest in real estate; 18.5% interest in operations. Purchased March 1, 2016.	
Claiborne and Hughes Health Center 200 Strahl St Franklin TN 37064 <u>Attachment V, Tab 5, CMS Star</u> <u>Data.</u>	9.0% interest in real estate;9.0% interest in operations.Purchased in January, 2015.	
Comprehensive Rehab & Nursing Center at Williamsville (formerly, St. Francis Home of Williamsville) 147 Reist St Williamsville, NY 14221 <u>Attachment V, Tab 17, CMS Star</u> Data.	37.5% interest in real estate; 37.5% interest in operations. Purchased in May, 2015.	
Crossroads Care Center 965 McMillan St Worthington, MN 56187 <u>Attachment V, Tab 6, CMS Star</u> <u>Data.</u>	20.8% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	

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Joshua Farkovits	Ownership Interests	Licensed Nursing Home Administrator
Delmar Nursing and Rehabilitation Center 101 E. Delaware Ave Delmar DE 19940 <u>Attachment V, Tab 7, CMS Star</u> Data.	19% interest in real estate; 19% interest in operations. Purchased in June, 2015	
Gardens at Cannon Falls (formerly, Angel Care Center) 300 Dow Street North Cannon Falls MN <u>Attachment V, Tab 18, CMS Star</u> <u>Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Hamilton Nursing Home 590 East Grand Blvd Detroit MI 48207 <u>Attachment V, Tab 8, CMS Star</u> <u>Data.</u>	11.25% interest in real estate; 18.75% interest in operations. Purchased in September 2015.	
Maybrook Hills Health and Rehab Center (formerly Valley View of Altoona 301 Valley View Blvd, Altoona, PA 16602 <u>Attachment V, Tab 35, CMS Star</u> <u>Data.</u>	28.5% interest in operations. Purchased January 2016	
Neptune Rehabilitation and Care Center 100 Walnut St. Neptune, NJ 07753 <u>Attachment V, Tab 10, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased in November 2015.	
Pearl Valley Muscatine (formerly, All American) 2002 Cedar St Muscatine, IA 52761 <u>Attachment V, Tab 12, CMS Star</u> <u>Data.</u>	19.5% interest in real estate; 19.5% interest in operations. Purchased April 1, 2016.	
Pearl Valley Rehabilitation & Healthcare Center 601 E Polk St. Washington, IA 52353 <u>Attachment V, Tab 13, CMS Star</u> <u>Data.</u>	18.5 % interest in real estate; 18.5% interest in operations. Purchased in September, 2015.	
Ridgeview Nursing and Rehab 200 Pennsylvania Ave Shenandoah, PA 17976 <u>Attachment V, Tab 15, CMS Star</u> <u>Data.</u>	12.5% interest in real estate; 12.5% interest in operations. Purchased March 1, 2016.	
South Shore Care Center 1307 S Shore Dr Worthington, MN 56187 <u>Attachment V, Tab 16, CMS Star</u> Data.	20.8% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	

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Joshua Farkovits	Ownership Interests	Licensed Nursing Home Administrator
Valley View Manor 200 9th Ave E Lamberton, MN 56152 <u>Attachment V, Tab 19, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased in 2015.	
Villages of Orleans Health and Rehab Center 14012 State Highway 31 Albion, NY 14411 <u>Attachment V, Tab 20, CMS Star</u> Data.	25% interest in real estate; 25% interest in operations. Purchased in 2015.	
Waterbury Garden (formerly, Village Green of Waterbury Rehab and Health Center) 128 Cedar Ave Waterbury CT <u>Attachment V, Tab 21, CMS Star</u> <u>Data.</u>	9.375% interest in real estate; 9.375% interest in operations. Purchased March 17, 2016.	
Westfield Gardens and Nursing Rehab (formerly, Renaissance Manor of Westfield) Westfield Gardens and Nursing Rehab 37 Feeding Hills Road Westfield, MA 01085 <u>Attachment V, Tab 14, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations, Purchased on12/16/2015.	

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Jordan Fensterman	Ownership Interests	Licensed Nursing Home Administrator
Bayshore Health and Rehab 1601 St Louis Ave Duluth, MN 55802 <u>Attachment V, Tab 1, CMS Star Data.</u>	7% interest in real estate; 7% interest in operations. Purchases April 1, 2016	
Burlington Rehab and Care Center 677 East State Street Burlington, WI 53105 <u>Attachment V, Tab 22, CMS Star</u> Data.	7% interest in operations. Purchased June/July 2014	
Cambridge Health and Rehab Center 1471 Wills Creek Valley Dr. Cambridge, OH 43725 <u>Attachment V, Tab 23, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased June/July 2014	
Centennial Gardens (Crystal Care Center) 3245 Vera Cruz Ave Minneapolis MN <u>Attachment V, Tab 4, CMS Star Data.</u>	20% interest in operations. Purchased March 1, 2016.	
Chicopee Gardens Rehabilitation and Care Center (formerly, Birch Manor Rehabilitation	20% interest in real estate; 20% interest in operations. Purchased March 1, 2016.	

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Jordan Fensterman	Ownership Interests	Licensed Nursing Home Administrator
& Skilled Nursing Center) 44 New Lombard Rd Chicopee, MA <u>Attachment V, Tab 2 CMS Star Data.</u>		
Colonial Manor Medical and Rehab Center 1010 East Wausau Avenue Wausau, WI 54403 <u>Attachment V, Tab 24, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased June/July 2014	
Crossroads Care Center 965 McMillan St Worthington, MN 56187 <u>Attachment V, Tab 6, CMS Star Data.</u>	7% interest in real estate;7% interest in operations.Purchased April 1, 2016.	
Delmar Nursing and Rehabilitation Center 101 E. Delaware Ave Delmar DE 19940 <u>Attachment V, Tab 7, CMS Star Data.</u>	19% interest in real estate; 19% interest in operations. Purchased June, 2015.	
Eastview Medical and Rehab Center 729 Park Street Antigo, WI 54409 <u>Attachment V, Tab 25, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased June/July 2014	
Franklin Woods Nursing and Rehab 2770 Clime Rd. Columbus, OH 43223 <u>Attachment V, Tab 26, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased June/July 2014	
Gardens at Cannon Falls (formerly, Angel Care Center) 300 Dow Street North Cannon Falls MN <u>Attachment V, Tab 18, CMS Star</u> <u>Data.</u>	20% interest in operations. Purchased March 1, 2016.	
Hamilton Nursing Home 590 East Grand Blvd Detroit MI 48207 <u>Attachment V, Tab 8, CMS Star Data.</u>	10% of the real estate; 10% interest in operations. Purchased on9/2/15.	
Lebanon Country Manor 700 Monroe Rd. Lebanon, OH 45036 <u>Attachment V, Tab 27, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	
Logan Health Care Center 300 Arlington Ave Logan, OH 43138 <u>Attachment V, Tab 28, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	

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Jordan Fensterman	Ownership Interests	Licensed Nursing Home Administrator
Maple Ridge Medical and Rehab Center 2305 San Luis Place Green Bay, WI 54304 <u>Attachment V, Tab 29, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	
Maybrook Hills Health and Rehab Center (formerly Valley View of Altoona 301 Valley View Blvd, Altoona, PA 16602 <u>Attachment V, Tab 35, CMS Star</u> <u>Data.</u>	5% interest in operations. Purchased January 2016	-
Neptune Rehabilitation and Care Center 100 Walnut St. Neptune, NJ 07753 <u>Attachment V, Tab 10, CMS Star</u> <u>Data.</u>	9% interest in real estate; 9% interest in operations. Purchased in November 2015	
North Ridge Medical and Rehab Center 1445 North 7th Street Manitowoc, WI 54220 <u>Attachment V, Tab 30, CMS Star</u> Data.	7% interest in operations. Purchased in June/July 2014.	
Pickerington Nursing and Rehab Center 1300 Hill Rd. Pickerington, OH 43147 <u>Attachment V, Tab 31, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	
Sheridan Medical Complex 8400 Sheridan Road Kenosha, WI 53143 <u>Attachment V, Tab 32, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	
South Shore Care Center 1307 S Shore Dr Worthington, MN 56187 <u>Attachment V, Tab 16, CMS Star</u> Data.	7% interest in real estate; 7% interest in operations. Purchased April 1, 2016.	
Valley View Manor 200 9th Ave E Lamberton, MN 56152 <u>Attachment V, Tab 19, CMS Star</u> <u>Data.</u>	9.375% interest in real estate;9.375% interest in operations.Purchased in 2015.	
Waterbury Gardens (formerly, Village Green of Waterbury) 128 Cedar Ave Waterbury CT <u>Attachment V, Tab 21, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased March 17, 2016.	

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Jordan Fensterman	Ownership Interests	Licensed Nursing Home Administrator
Waters Edge Rehab and Care Center 3415 Sheridan Road Kenosha, WI 53140 <u>Attachment V, Tab 33, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	
Westfield Gardens and Nursing Rehab (formerly, Renaissance Manor of Westfield) 37 Feeding Hills Road, Westfield, MA 01085 <u>Attachment V, Tab 14, CMS Star</u> Data.	10% interest in real estate; 10% interest in operations. Purchased on 12/16/2015.	
Winchester Place Nursing and Rehab Center 36 Lehman Dr. Canal Winchester, OH 43110 <u>Attachment V, Tab 34, CMS Star</u> <u>Data.</u>	7% interest in operations. Purchased in June/July 2014.	

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David Gamzeh	Ownership Interests	Licensed Nursing Home Administrator
Centennial Gardens (formerly, Crystal Care Center) 3245 Vera Cruz Ave Minneapolis MN <u>Attachment V, Tab 4, CMS Star Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Chicopee Gardens Rehabilitation and Care Center (formerly, Birch Manor Rehabilitation & Skilled Nursing Center) 44 New Lombard Rd Chicopee, MA <u>Attachment V, Tab 2, CMS Star Data.</u>	18.5% interest in real estate; 18.5% interest in operations. Purchased March 1, 2016.	
Daughters of Jacob Nursing Home Co., Inc. 1160 Teller Avenue Bronx, NY 10456		2013-2014 LNHA
Gardens at Cannon Falls (formerly, Angel Care Center) 300 Dow Street North Cannon Falls MN <u>Attachment V, Tab 18, CMS Star</u> Data.	14.5% interest in operations. Purchased March 1, 2016.	
Hamilton Nursing Home 590 East Grand Blvd Detroit MI 48207 <u>Attachment V, Tab 8, CMS Star</u> <u>Data.</u>	11.25% interest in real estate;18.75% interest in operations.Purchased in September 2015.	

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David Gamzeh	Ownership Interests	Licensed Nursing Home Administrator
Holliswood Center for Rehabilitation & Healthcare 195 44 Woodhull Ave Hollis, NY 11423		2010-2012 LNHA
Neptune Rehabilitation and Care Center 100 Walnut St. Neptune, NJ 07753 <u>Attachment V, Tab 10, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased in November 2015.	
Waterbury Gardens (formerly, Village Green of Waterbury) 128 Cedar Ave Waterbury CT <u>Attachment V, Tab 21, CMS Star</u> <u>Data.</u>	18.75% interest in real estate; 18.75% interest in operations. Purchased March 17, 2016.	
Westfield Gardens and Nursing Rehab (formerly, Renaissance Manor of Westfield) 37 Feeding Hills Road Westfield, MA 01085 <u>Attachment V, Tab 14, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased on 12/16/2015.	
Williamsbridge Manor Nursing Home 1540 Tomlinson Ave Bronx, NY 10461		2008 – 2010 LNHA

Akiva Glatzer	Ownership Interests	Licensed Nursing Home Administrator
Centennial Gardens (formerly, Crystal Care Center) 3245 Vera Cruz Ave Minneapolis MN <u>Attachment V, Tab 4, CMS Star Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Chicopee Gardens Rehabilitation and Care Center (formerly, Birch Manor Rehabilitation & Skilled Nursing Center) 44 New Lombard Rd Chicopee, MA <u>Attachment V, Tab 2, CMS Star</u> <u>Data.</u>	18.5% interest in real estate; 18.5% interest in operations. Purchased March 1, 2016.	
Gardens at Cannon Falls (formerly, Angel Care Center) 300 Dow Street North Cannon Falls MN <u>Attachment V, Tab 18, CMS Star</u> <u>Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Hamilton Nursing Home 590 East Grand Blvd Detroit MI 48207	11.25% interest in real estate; 18.75% interest in operations. Purchased on 9/2/15.	

Akiva Glatzer	Ownership Interests	Licensed Nursing Home Administrator
<u>Attachment V, Tab 8, CMS Star</u> Data.		
Holliswood Center for Rehabilitation & Healthcare 195 44 Woodhull Ave Hollis, NY 11423		November 2012 – August 2015 LNHA
Neptune Rehabilitation and Care Center 100 Walnut St. Neptune, NJ 07753 <u>Attachment V, Tab 10, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased in November 2015.	
Waterbury Gardens (formerly, Village Green of Waterbury) 128 Cedar Ave Waterbury CT <u>Attachment V, Tab 21, CMS Star</u> <u>Data.</u>	18.75% interest in real estate; 18.75% interest in operations. Purchased March 17, 2016.	
Westfield Gardens and Nursing Rehab (formerly, Renaissance Manor of Westfield) 37 Feeding Hills Road Westfield, MA 01085 <u>Attachment V, Tab 14, CMS Star</u> Data.	20% interest in real estate; 20% interest in operations. Purchased on 12/16/2015.	
Williamsbridge Manor Nursing Home 1540 Tomlinson Ave Bronx, NY 10461		November 2010 – November 2012 LNHA

Ephram Mordy Lahasky	Ownership Interests	Licensed Nursing Home Administrator
Barclay's Health and Rehabilitation (formerly, ManorCare Health Services) 412 Marlton Pike E Cherry Hill, NJ 08034 <u>Attachment V, Tab 9, CMS Star Data.</u>	12.5% interest in operations. Purchased November 2015.	
Bayshore Health and Rehab 1601 St Louis Ave Duluth, MN 55802 <u>Attachment V, Tab 1, CMS Star Data.</u>	20.8% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	
Brighton Rehabilitation and Wellness Center (formerly, Friendship Ridge) 246 Friendship Circle Beaver PA 15009 <u>Attachment V, Tab 3, CMS Star Data.</u>	9.7 % interest in real estate;9.7% interest in operations.Purchased in March 2014.	
Centennial Gardens (formerly, Crystal Care Center) 3245 Vera Cruz Ave Minneapolis MN	14.5% interest in operations. Purchased March 1, 2016.	

Ephram Mordy Labasky	Ownership Interests	Licensed Nursing Home Administrator
Attachment V, Tab 4, CMS Star Data.		
Chicopee Gardens Rehabilitation and Care Center (formerly, Birch Manor Rehabilitation & Skilled Nursing Center) 44 New Lombard Rd Chicopee, MA <u>Attachment V, Tab 2, CMS Star Data.</u>	18.5% interest in real estate; 18.5% interest in operations. Purchased March 1, 2016.	
Claiborne and Hughes Health Center 200 Strahl St Franklin TN 37064 <u>Attachment V, Tab 5, CMS Star</u> <u>Data.</u>	9% interest in real estate;9% interest in operations.Purchased in January 2015.	
Comprehensive Rehab & Nursing Center at Williamsville (formerly, St. Francis Home of Williamsville) 147 Reist St Williamsville, NY 14221 <u>Attachment V, Tab 17, CMS Star</u> <u>Data.</u>	37.5% interest in real estate; 37.5% interest in operations. Purchased in May 2015.	
Crossroads Care Center 965 McMillan St Worthington, MN 56187 <u>Attachment V, Tab 6, CMS Star Data.</u>	20.83% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	
Delmar Nursing and Rehabilitation Center 101 E. Delaware Ave Delmar DE 19940 <u>Attachment V, Tab 7, CMS Star Data.</u>	19% interest in real estate; 19% interest in operations. Purchased in June 2015.	
Gardens at Cannon Falls (formerly, Angel Care Center) 300 Dow Street North Cannon Falls MN <u>Attachment V, Tab 18, CMS Star</u> <u>Data.</u>	14.5% interest in operations. Purchased March 1, 2016.	
Hamilton Nursing Home 590 East Grand Blvd Detroit MI 48207 <u>Attachment V, Tab 8, CMS Star Data.</u>	11.25% interest in real estate;18.75% interest in operations.Purchased in September 2015.	
Health Center at Galloway 66 West Jimmie Leeds Rd Galloway, NJ 08205 <u>Attachment V, Tab 36, CMS Star</u> <u>Data.</u>	5% interest in real estate. Purchased in 2013.	
Highland Manor Rehabilitation and Nursing Center 750 Schooley Ave Exeter, PA 18643 <u>Attachment V, Tab 37, CMS Star</u> Data.	5% interest in real estate. Purchased in 2014.	

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Ephram Mordy Lahasky	Ownership Interests	Licensed Nursing Home Administrator
Maybrook Hills Health and Rehab Center (formerly Valley View of Altoona 301 Valley View Blvd, Altoona, PA 16602 <u>Attachment V, Tab 35, CMS Star</u> <u>Data.</u>	28.5 interest in operations. Purchased January 2016.	
Neptune Rehabilitation and Care Center 100 Walnut St. Neptune, NJ 07753 <u>Attachment V, Tab 10, CMS Star</u> Data.	20% interest in real estate; 20% interest in operations. Purchased 11/6/2015.	
Parkside Care Center 110 Park City Rd Rossville GA <u>Attachment V, Tab 11, CMS Star</u> Data.	22.5% interest in real estate; 22.5% interest in operations. Purchased April 1, 2016.	
Pearl Valley Muscatine (formerly, All American) 2002 Cedar St Muscatine, IA 52761 <u>Attachment V, Tab 12, CMS Star</u> <u>Data.</u>	19.5% interest in real estate; 19.5% interest in operations. Purchased April 1, 2016.	
Pearl Valley Rehabilitation & Healthcare Center 601 E Polk St. Washington, IA 52353 <u>Attachment V, Tab 13, CMS Star</u> <u>Data.</u>	18.5% interest in real estate; 18.5% interest in operations. Purchased September 2015.	
Ridgeview Nursing and Rehab 200 Pennsylvania Ave Shenandoah, PA 17976 <u>Attachment V, Tab 15, CMS Star</u> <u>Data.</u>	12.5% interest in real estate; 12.5% % interest in operations. Purchased March 1, 2016.	
South Shore Care Center 1307 S Shore Dr Worthington, MN 56187 <u>Attachment V, Tab 16, CMS Star</u> Data.	20.83% interest in real estate; 20.8% interest in operations. Purchased April 1, 2016.	
Valley View Manor 200 9th Ave E Lamberton, MN 56152 <u>Attachment V, Tab 19, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased 2015.	
Villages of Orleans Health and Rehab Center 14012 State Highway 31 Albion, NY 14411 <u>Attachment V, Tab 20, CMS Star</u> <u>Data.</u>	25% interest in real estate. Purchased in 2015.	
Waterbury Gardens) (formerly, Village Green of Waterbury)	18.75% interest in real estate; 18.75% interest in operations.	

Ephram Mordy Lahasky	Ownership Interests	Licensed Nursing Home Administrator
128 Cedar Ave Waterbury CT <u>Attachment V, Tab 21, CMS Star</u> <u>Data.</u>	Purchased March 17, 2016.	
Westfield Gardens and Nursing Rehab (formerly, Renaissance Manor of Westfield) 37 Feeding Hills Road Westfield, MA 01085 <u>Attachment V, Tab 14, CMS Star</u> <u>Data.</u>	20% interest in real estate; 20% interest in operations. Purchased December 2015.	

None of the facilities identified above is designated as a Special Focus Facility per CMS data as of September 29, 2016.

25. Managing Members for Facility Operations

Messrs. David Gamzeh and Akiva Glatzer will serve as the managing members for facility operations at the Facility, working collaboratively with the Nursing Home Administrator.

David Gamzeh and Akiva Glatzer will be addressing day to day operations, along with Shalom Lerner LNHA who will serve as the regional director of operations. Mr. Lerner's resume is attached hereto as **Attachment W**. Messrs. Glatzer and Gamzeh are each expected to spend approximately eight (8) hours per week at the Facility, a total of sixteen (16) hours per week, while they transition ownership. Shalom Lerner is expected to be on site at least eight (8) hours per week. These hours will change as needed. In other words, if eight (8) hours per week is not adequate, then they will add more hours. Likewise, Messrs. Glatzer and Gamzeh would expect over time that there is no longer a need for each to be on site eight (8) hours weekly. That, of course, will depend on how long it takes to improve the areas they identify upon change in ownership.

Mr. Glatzer will focus on admissions and marketing initiatives as well as reimbursement. Mr. Gamzeh will focus on labor management and relations, as well as overseeing clinical strategies. Mr. Lerner will oversee day-to-day operations and will work directly with the facility's Licensed Nursing Home Administrator. In addition, Priority Healthcare Group, LLC ("Priority Healthcare") will have a Regional Clinical Director and Vice President of Clinical Services who will be working at the Facility as needed. Over time, as the Facility improves and quality measures are consistently above average, the assignment of Priority Healthcare individuals to the Facility will evolve. What that will look like will depend upon what the Facility and its residents need.

Even if Messrs. Glatzer and Gamzeh are spending at least one-two days per week in Vermont, that still leaves them with ample time to devote to Priority Healthcare's other facilities. Likewise, they have others in the organization who help the facilities.

a. David Gamzeh's Background and Relevant Experience

During law school, Mr. Gamzeh enrolled in an Administrator-in-Training program at Fairview Nursing Care Center where he successfully completed the requisite program hours. He currently holds a Nursing Home Administrator's License in both New York and New Jersey. In August of 2008, he was hired by Centers Health Care to become the Administrator of Williamsbridge Manor Nursing Home, a 77 bed SNF, where he obtained two near perfect Department of Health Surveys. He also guided the facility to attain a 5-Star rating by CMS.

In November of 2010, Centers Health Care entrusted Mr. Gamzeh to become the Administrator at Holliswood Care Center, a 314 bed skilled nursing facility ("SNF"), in order to transition the facility under new ownership. Census in the facility was 77% and within six months census was raised to 97%. Additionally, on the very first Department of Health Survey under new ownership, Holliswood received a clinically deficiency free DOH survey. In November of 2012, Centers Health Care promoted Mr. Gamzeh to become a regional director of operations.

In July of 2013, while still maintaining his duties as a regional administrator for Centers Health Care, Mr. Gamzeh was asked once again to become the Administrator in order to transition Daughters of Jacob Nursing Home, a 405 bed SNF with 28 ventilator dependent beds. Daughters of Jacob was a non-for-profit facility, and Mr. Gamzeh successfully transitioned the facility under new ownership, once again guiding the facility to a clinically free survey in its first year under new ownership. While Mr. Gamzeh was the Administrator for Daughters of Jacob, census increased from 86% to 97%, within 6 months.

Mr. Gamzeh has transitioned numerous nursing homes under new ownership, and each facility's CMS star rating improved. Throughout the years in each facility, Mr. Gamzeh had the privilege of extensive interaction with diverse residents from various backgrounds. Mr. Gamzeh spent much time and effort increasing the quality of patient care. These improvements can be seen from the rise in star ratings and outstanding New York State Department of Health surveys. Every facility presented different challenges, whether not-for-profit or proprietary, and Mr. Gamzeh successfully overcame these challenges.

b. Akiva Glatzer's Background and Relevant Experience

Akiva Glatzer has significant nursing home operations experience. When he began working in healthcare for Centers Health Care in their corporate headquarters, his responsibilities were primarily focused on directing the operations of six facilities' finance departments and ensuring that policies and procedures were met and that systems were running smoothly.

In November 2010, Mr. Glatzer was appointed by Centers Health Care to become the Administrator of Williamsbridge Manor Nursing Home, a 77 bed SNF, where he transitioned the facility to a short-term care model. While there, he obtained two near perfect Department of Health Surveys. He also maintained a 5-Star rating by CMS.

In November 2012, Centers Health Care appointed Mr. Glatzer to become the Administrator of Holliswood Center, a 314 bed SNF. Mr. Glatzer successfully transitioned the facility to a short-term care model where the mantra was "get healthy and go home." While there, he maintained near 100% occupancy. He led the Holliswood team to perfect or near perfect surveys with the last one under his leadership being clinically deficiency free. Through his time in Holliswood, Mr. Glatzer maintained a 5-star rating for Holliswood. Some notable accomplishments during his time at Holliswood were that he and the facility assisted in developing a state-of-the-art wander-prevention system that is integrated with real time data and features that help promote quality care. Mr. Glatzer and his team also developed a first-of-its-kind adult day care model program for Alzheimer's dementia residents to help promote wellness through structured group settings. The program has been filmed by an award winning educational documentary journalist and intends to be a catalyst and model for Alzheimer's care in the future.

Holliswood had a 60 bed unit that catered to institutionalized psych residents and another 60 bed unit for cognitively impaired behavioral management residents. Both of these long term units partnered with hospitals and institutions for the cognitively impaired that enabled the care for these residents in a less restrictive setting where their individual needs could be better met. The goal was to take these residents who would have been more confined elsewhere and actually enable them to enjoy a better quality of life by being in such a facility. Many of Holliswood's institutionalized psych residents progressed so much so that the facility was able to transition them back into the community.

Holliswood had an aggressive program with its pharmacy consultant and psychiatrist for reductions in anti-psychotic medications. The facility, under both Messrs. Gamzeh and Glatzer also provided staff education in behavioral management. All of these elements helped contribute to a better quality of life for the residents.

Throughout his tenure as an administrator, Mr. Glatzer focused on care and compassion as the strength and backbone to what would create a desirable environment for his residents. He consistently maintained near perfect surveys and high CMS ratings. This was all reflected in his consistently high occupancy; he occasionally encountered waiting lists for residents wanting to reside in his facility. Mr. Glatzer understands that he works for the residents, with their well-being as his priority.

As stated, in June/July 2015, Mr. Glatzer co-founded Priority Healthcare.

c. Shalom Lerner's Background and Relevant Experience

Mr. Lerner currently is the Administrator at Waterbury, but it is anticipated that he will transition out of that position and focus on assuring a smooth transition of ownership at Newport, specifically, and the New England region for Priority Healthcare's facilities generally.

The monthly CMS Overall Star Rating for each facility during the period of time in which Mr. Lerner acted as Administrator is submitted as <u>Attachment X.</u>

d. Priority Healthcare Group, LLC

In June/July 2015, Mr. Gamzeh and Akiva Glatzer co-founded Priority Healthcare and are the managing members of this management company that operates skilled nursing facilities. Priority Healthcare provides services, such as, accounts payable, accounts receivable, billing, human resources, payroll, compliance, day to day oversight, financial reporting, marketing, business development and purchasing (collectively, "Priority Services"). It is anticipated that Priority Healthcare will provide the following services for the Facility: accounts payable, accounts receivable, billing, payroll, compliance, day to day oversight, financial reporting, marketing, business development, purchasing and clinical and administrative support. At present, Priority Healthcare provides the following services at the following facilities: Chicopee, Centennial Gardens, Hamilton Nursing Home, Neptune Gardens, The Gardens at Cannon Falls, Waterbury Gardens, and Westfield Gardens.

Here are the services provided at each facility for which Priority Healthcare provides management services:

	Short Term Rehab	Long Term Care	Respite Care	Comfort Care	Skilled Nursing Care	Tracheotomy Care	TPN	IV Antibiotic Therapy	MIST Therapy	Wound Care	Cardiac Therapy	Peritoneal Dialysis	Stroke Recovery	Behavior Management	Ventilator Care	Respiratory Therapy
Chicopee	Ø	Ø	M		M			Ø		M	Ø		Ø			
Centennial Gardens	Ø	M	M		M	Q		N		Q			Ø			
Hamilton Nursing Home	Ø	Ø	Ø	Ø	Ø			Ø		Ø			Ø	Ø		
Neptune Gardens	Ø	Ø	Ø	Ø	Ø	Ø	Ø	M	N	M	Ø	Ø	M			
The Gardens at Cannon Falls	Ø	Ø	Ø		Ø	Ø		Ø		Ø			Ø			
Waterbury Gardens	Ø	Ø	Ø	Ø	Ø	Ø		Ø		Ø	Ø	Ø	Ø	Ø	Ø	Ø
Westfield Gardens	M	Ø	M	Ø	M	Ø	Ø	Ø			M					

e. Plans, including any staffing changes or additions, to improve quality at the Facility.

It is admittedly difficult to fully explain plans to improve quality at the Newport facility so far in advance of a change in ownership. However, the Applicants anticipate that, through partnering with physicians, specialists, modern medicine and a better care model, they will be able to bring additional services that are not provided with the current operator. This includes on-site psychological services that will greatly impact the residents with reduced cognitive functions. Further examples of changes that are anticipated to lead to improvements in quality are to add clinical programs for behavioral health, renal failure and total parenteral nutrition.

Importantly, the prospective purchasers will have boots on the ground in that Mr. Shalom Lerner will be on site weekly as part of Priority Health's management service that will replace Mr. Silver and Mrs. Silver (to the extent that they are replaceable). The Applicants do not otherwise have plans at this time to make any material changes to staffing. Mr. Lerner will bring his expertise and oversight of day-to-day operations on behalf of Messrs. Gamzeh and Glatzer to work with the facility's clinical team to achieve their goals of increased overall quality.

As for operations, the Applicants first want to see how the home operates and the skill level required as well as the abilities of the staff to determine the appropriate staffing levels. If they determine that staffing levels are inadequate, then they will not hesitate to increase staffing to meet the residents' immediate and long-term needs.

26. Ratings and Data for Facilities Owned and/or Operated by Applicants

For each of the facilities identified above, the Applicants are providing the following data in table format with the facilities listed in the y axis and the requested information (from the CMS website) in the x axis, indicating the date or time period covered:

- The overall CMS star ratings (1-5 stars), see <u>Attachment Y</u>;
- The short and long-term resident stay quality measures (for each measure where the facility scores below the state average for the state where the facility is located, Applicants have indicated the percentage below average, leaving measures that are at, or above the state average blank), see <u>Attachment Z</u>;
- The CMS star ratings for staffing, see <u>Attachment AA;</u>
- The CMS star ratings for RN staffing, see <u>Attachment BB;</u>
- Any fines, penalties or denials of Medicare since 2012, see <u>Attachment DD</u>;
- The provider entity for mental health services, indicating whether on-site or telehealth, see <u>Attachment CC</u>;
- The provider entity for psychiatry services, indicating whether on-site or telehealth, see <u>Attachment CC</u>; and,
- Re-hospitalization rates, see <u>Attachment EE</u>.

Please see <u>Attachment FF</u>, for the Overall Star rating by month for the Williamsbridge and Holliswood facilities where Mr. Gamzeh and Glatzer each served as the LNHA.

27. Pending Litigation Against Facilities Owned and/or Operated by Applicants and Applicants

There is no pending litigation against any of the facilities above.

There is litigation against Jordan Fensterman pending in the New York Supreme Court, Nassau County, Docket # 010021/2015, <u>Martin Farbenblum, Edward Farbenblum, Dr.</u> <u>Anthony Bacci, and M&W Farbenblum LLC, each individually and on behalf of HH</u> <u>Acquisition I LLC vs. Howard Fensterman, Abrams, Fensterman, Fensterman, Eisman,</u> Formato, Ferrarra & Wolf, LLP; Robert Fensterman, Lori Fensterman, Jordon Fensterman, Staci Fensterman, Irwin Peckman, Steven J. Eisman, Mark Frimmel, Sara C. Lichtenstein, Patrick Formato, Allon Povol and John Does 1-10.

Before Mr. Fensterman had direct involvement in nursing home transactions, his father, Howard Fensterman, was engaged in nursing home transactions. Howard Fensterman occasionally gifted Jordan Fensterman and his sister, Staci Leibson, a small portion of his interest in the nursing homes, always less than a 1% ownership interest, and usually in the range of 1/4% - 1/3% interest. The sellers in a transaction involving two (2) separate skilled nursing and adult care facilities filed a law suit against everyone involved in the purchase of these facilities. Jordon Fensterman holds less than 1% ownership in the facilities subject to the law suit.

The plaintiffs assert that they did not receive all of the proceeds to which they were entitled from the sale of the facilities. The defendants have brought a third party action against the attorney who drafted the relevant sales documents.

There have been no dispositive motions. Discovery has not taken place. The matter is presently stayed, awaiting the appointment of Estate representatives for plaintiff, Martin Farbenblum, and defendant, Steven J. Eisman.

28. Philosophy of Applicants on Facility Operations

As managing members overseeing operations at Newport, Messrs. Gamzeh and Glatzer have as their focus the improvement of quality of care and life for the residents and families, as well as employee satisfaction.

29. Health Care Reform

The Applicants intend to participate in health care reform at the Facility. The specifics will be determined once they begin operating the Facility and are best able to identify appropriate reform initiatives, such as value-based purchasing. Messrs. Gamzeh and Glatzer believe that their success in improving the overall quality of nursing homes results in large part from the assessment they undertake when they begin overseeing day-to-day operations.

30. Patient Admission Criteria

The Facility's current admissions criteria includes: medical appropriateness of placement and reliability of payment source. The Facility is unable to accept individuals with behavioral complexity and individuals requiring bariatric equipment. The same criteria will be used by the Applicants if the purchase is approved, except that they will accept individuals with behavioral complexity and individuals requiring bariatric equipment. The Applicants have a proven track record in successfully addressing more challenging, individual patient needs.

31. Policies, Education and Training Related to the Americans with Disabilities Act (ADA)

The current Admissions Policy is submitted as <u>Attachment GG</u>. The Employee Handbook of Personnel Policies and Procedures for the Facility is submitted as <u>Attachment HH</u>. The Applicants would review and revise such documents upon a change in ownership to render the documents more robust and ensure compliance with ADA requirements.

32. Residents

Having worked as Licensed Nursing Home Administrators, Messrs. Gamzeh and Glatzer understand first-hand the everyday challenges that care providers face. Recognizing the importance of individualize care for each resident is critical. Each resident's plan of care is and should be uniquely catered to what will improve that individual's overall quality of life. For example, as residents may be faced with external challenges impeding their ability to receive the services that would help them the most, Messrs. Gamzeh and Glatzer understand that they must serve as advocates for residents in enabling them to receive the benefits to which they are entitled. From a clinical perspective, their partnerships with practitioners and their recognition of the value of preventative care models allow them to provide quality care addressed specifically to the needs that are initially bringing these residents to them as well as helping prevent future declines in resident health.

33. Families

Messrs. Gamzeh and Glatzer understand that when a resident may be going through a subacute, long term or end of life situation, care can and should carry over to the family. As they attend to residents' families as well, they understand and recognize that there may be unique requests from families. Their goal is to meet all of the needs of their residents' families and to provide the highest quality of life for all, so they have endeavored to and will endeavor to meet each request to the extent of the facility's abilities. Another important point for the Applicants is their view of respect as a cornerstone for how they run their facilities. This is underscored by the high occupancy rates at the facilities where Messrs. Gamzeh and Glatzer served as Administrators. Showing consistent respect toward the residents and families facilitates positive relationships. This ultimately enables all to work together towards excellent care and emotional satisfaction.

34. Staff

Employee satisfaction is extremely important to Messrs. Gamzeh and Glatzer, as they understand that the care provided to residents is often reflective of the caregiver's attitude. This is why they promote programs that emphasize and reward good care. Properly recognizing staff efforts and addressing staff concerns in respectful and a timely manner have enabled them to provide quality care. While Mr. Glatzer was the Administrator for Holliswood, an employee won a state association Heart and Hands award for going above and beyond in providing excellent care to residents. This award reflects the culture at Holliswood, where an emphasis was placed on recognizing and rewarding staff for their efforts to go above and beyond that went well beyond the four walls of the facility.

By promoting all that has been mentioned above, supported by historical data from their time as Administrators (where complaints were at a minimum and census at near capacity), Messrs. Gamzeh and Glatzer are confident that they will create in Newport another environment in which residents, families and staff are eager to be involved.

C. Scope of Project

35. Purchase Agreements

A copy of the Asset Purchase Agreement by and between The Silver Corporation and The Gardens at Newport Holdings LLC is submitted as <u>Attachment II</u>.

A copy of the Operations Transfer Agreement by and among The Silver Corporation, Green Mountain Adult Day Services, LLC, and The Gardens at Newport, LLC is submitted as <u>Attachment JJ</u>.

36. Purchase Price

The purchase price ("Purchase Price") is One Million Eight Hundred Thousand Dollars (\$1,800,000.00) and will be allocated as follows:

Land:	\$	90,000
Building:	\$1,	,660,000
Personal Property:	\$	50,000

See Attachment F, Table 2.

37. Project Costs

The total project cost of purchasing the Facility, including associated costs, is \$1,875,000. The purchase price is \$1,800,000, and there are the following additional costs:

Administrative expenses and permits	\$ 50,000
Debt financing expenses	\$ 25,000

See Attachment F, Table 1.

38. Project Financing

The Applicants will finance the purchase of the Facility as follows:

Equity Contributions from LLC members\$ 435,000Amount to be financed\$ 1,440,000

This is based upon a fixed interest rate for the loan of 4.5 %. See <u>Attachment F, Table 2</u>.

A copy of a letter from HHC Finance is submitted as <u>Attachment LL</u>. The Applicants have extensive, favorable lending relationships resulting from their interests in other skilled nursing facilities. To the extent they do not finance the purchase of the Facility through HHC Finance, they do not expect to have any difficulty securing a loan through a private bank.

39. First Year Operations

Any cash shortfall in the first year of operation will be covered with cash advances from the Applicants which will be paid back as cash flow allows. <u>Attachment Q</u> through <u>Attachment U</u> support the Applicants' financial ability to provide cash advances if needed.

40. Census

Overall census numbers are projected to remain constant from the 2015 census each year as detailed in the table below. The patient mix is also expected to remain at approximately the same ratio as the 2015 resident mix between private, Medicaid and Medicare utilization.

Projected Census –	2017	2018	2018
Nursing Home			
Private days	2,318	2,318	2,318
Medicaid days	12,961	12,961	12,961
Medicare days	1, 191	1, 191	1, 191
Total days	16, 470	16, 470	16, 470
Occupancy Percent	90.25	90.25	90.25

The patient census information is based on the seller's historical numbers. *See* Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, <u>Attachment KK</u>, at p6 n4.

41. Private Rate

Private rates are anticipated to increase \$6.00 per day annually to cover normal inflationary costs. See Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, Attachment KK, at p7 n4.

42. Medicaid Rate

The 2017 Medicaid rates are projected at the current rate of \$152.52, plus an estimated \$7.16 per day increase in the property rate for a stepped up basis adjustment at the time of purchase. Each year includes an expected 2% increase annually to cover normal inflationary costs. The seller's historical rate was used as the base point and was adjusted forward in order to calculate the Medicaid revenues. See Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, <u>Attachment KK</u>, at p7 n4.

43. Medicare Rate

Medicare rates are expected to increase annually to cover normal inflationary costs starting with the current average Medicare rate of \$285.79 per day and increasing 2% each year. Level III rates are based on the seller's 2015 average rates with \$1 per day annual increase for inflation. Private and Part B ancillaries are expected to increase 2% per year using the current owner's revenues as a base. The seller's historical rate was used as the base point and was adjusted forward in order to calculate the Medicare revenues. See Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, <u>Attachment KK</u> at p7 n4.

44. Contingency Plan for Rate Reductions

The Applicants are confident about the census and reimbursement rate assumptions underlying their projections. In fact, they approached their projections conservatively. However, assuming that there are shortfalls in their projected census or reimbursement rates, the individual prospective buyers are willing to fund shortfalls. The Applicants have the capability (as seen in their Personal Financial Statements) and commitment to provide funding to get through difficult times while improving quality.

45. Management Fee

A management fee of 5% of revenues per year will cover all Priority Services to be provided by Priority Healthcare.

46. Accounts Receivable Allowance

The projections related to the accounts receivable allowance start with the seller's historical information as the base and reflect the accounts receivable, net of allowance for doubtful accounts. See Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, <u>Attachment KK</u>, at p7 n4. The projections then assume that accounts receivable (net of the allowance) will track with the historical information and increase by the same 2% inflationary increase that is throughout the projections to represent the natural inflationary rate. As a result, the accounts receivable are projected to increase 2% each year, along with the allowance which is projected to increase 2% each year.

47. Projected Increase in Costs

All Nursing, Rehabilitative, Pharmacy, Resident Services, Diagnostic and Dietary costs, along with related payroll taxes and benefits, are anticipated to increase at the same ratio as the 2% annual inflation increase.

48. Operating Lease

The Gardens at Newport Holdings LLC will lease the facility to The Gardens at Newport LLC through a triple net lease. The lease payments will be based on the annual debt service. As a triple net lease, The Gardens at Newport LLC will be responsible for the operating costs of the building (real estate taxes, insurances and maintenance). The lease payment itself will be tied to the debt service of the mortgage.

49. Treatment of Lease in Projections

Because this application is being filed jointly by the proposed realty owner/lessor and the proposed operator/lessee, the projections are consolidated. The lease payments are eliminated (both the expense side and the revenue side) to get the consolidated results. The consolidated projections therefore reflect the actual debt and the actual operations, as if the facility is one consolidated entity. It is important to note that the operations will be paying the lease payment.

50. Projected Cash Flow

The cash flow statements in the Applicants' projections for 2017-2019, see Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019 (Projected) and Years Ended December 31, 2014 and 2015, <u>Attachment KK</u>, at p.4, indicate positive cash flow provided by operating activities:

\$71,898 in Projected 2017 (Year One);\$148,294 in Projected 2018 (Year Two); and\$229,236 in Projected 2019 (Year Three).

51. No Change in Services

There are no plans to change any of the current services.

52. No Change in Staffing

The Applicants do not plan to make any material changes to staffing or services, except that David and Edna Silver are retiring. The Applicants will need to fill those positions.

The Applicants do not plan to go through a rehiring process for the current staff. The Operations Transfer and Surrender Agreement (Attachment JJ) references terminating the employment of all employees providing services at the facility, as of the closing date. This is strictly done on the books and does not mean that the employees actually cease employment. They are nominally terminated and immediately rehired for the purpose of terminating any potential liability for benefits that is the obligation of the sellers.

The revised Organizational Chart, <u>Attachment NN</u>, reflects changes to the organizational structure upon the proposed change in ownership.

53. No Change in Employee Benefits

The Applicants do not plan to make any material changes in benefits for staff. The projections set forth in the Consolidated Financial Statements (<u>Attachment KK</u>) do not assume any changes in benefits. In addition to payroll taxes (FICA, Medicare, SUTA, FUTA), the seller has the following employee benefits which are the basis for the benefit package to be offered by the Applicants if the purchase is approved: Workers' Compensation, Health Insurance, Dental Insurance, Life and AD&D, and 401(k). The projections are based on these same benefits.

54. No Immediate Renovations

No immediate renovations or upgrades have been identified.

II. Satisfaction of Applicable Criteria

Section 9437 of Title 18 contains criteria that must be satisfied before the Board may issue a certificate of need to an applicant. The Applicants submit that they meet the applicable criteria for the purchase of Newport, as follows:

A. Institution of Healthcare Improvement Triple Aims

1. Improving the individual experience of care.

Putting the resident first means that each resident will have the right to live in a community where dignity, safety, self-determination and independence are paramount. The applicants are resolute about promoting and protecting such rights.

Messrs. Gamzeh and Glatzer have personally been involved in de-institutionalizing the nursing homes where they have served as administrators. They have focused on the needs and rights of each resident. This begins at the time of admission. For example, the Applicants pride themselves on accepting residents with a wider array of needs, including psychological needs, because they have proven that they are successful in addressing challenging, individual needs.

Each resident's plan of care is and should be uniquely catered to what will improve that individual's overall quality of life. For example, as residents may be faced with external challenges impeding their ability to receive the services that would help them the most, the Applicants understand the importance of serving as advocates to enable residents to receive the benefits to which they are entitled. From a clinical perspective, the Applicants will use the experience and proven success of Messrs. Gamzeh and Glatzer to build and foster partnerships with practitioners to directly benefit their residents. Likewise, these partnerships will be used to create a preventative care model that allows the Facility to provide quality care addressed specifically to the needs that are initially bringing these residents to them as well as helping prevent future declines in resident health.

2. Improving the health of populations.

Messrs. Gamzeh and Glatzer have a proven track record when it comes to community and referral source relationships. This is perhaps best evidenced by the absence of complaint surveys and their high census rates. They plan to foster the same relationships on behalf of the Facility. They will be working with their short term rehabilitation residents to recover and return home. They will also be working with these residents on preventative care and care coordination for their return home. The ultimate impact of such a philosophy over time should be an overall improvement in the physical and mental health of the community's adult population.

3. Reducing the per capita costs of care for populations.

The Applicants intend to contribute to a decrease in the per capita costs of care for Vermont's adult population. The Applicants will foster preventative health measures, so that their residents who complete short term rehabilitation are less likely to return. They will empower individual residents to be more involved in their care, through selfmanagement. They will focus on reducing re-hospitalizations and will also have practitioners provide services with the Facility which will help reduce overall costs of care. Also, the Applicants have found success with on-site psychological services that can further prevent avoidable occurrences that may result in avoidable hospitalizations. The current owners have said that there are no available mental health services and that psychiatric services are subject to a lengthy wait. The Applicants will take whatever measures are required to get their residents timely mental health services, whether on-site or via telehealth. The ultimate goal is to reduce expenditures on traditional healthcare and the number of their residents requiring hospitalization as well as pharmaceutical expenditures.

B. <u>The Proposed Project is Consistent with the Health Resource Allocation Plan</u> (HRAP). 18 V.S.A. § 9437(1) (Criterion 1)

1. CON STANDARD 1.6:

Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant's organization, other organizations or the government.

The Applicants will continue utilizing the current Quality Assurance Program ("QAP") developed and implemented by Newport's Quality Assurance Coordinator ("Coordinator") and overseen by a Quality Assurance Team, which is comprised of the Administrator, Human Resources Director, Medical Director, Director of Nurses, Coordinator, Consultant Pharmacist, Safety Coordinator, and other department heads delegated by the Administrator. The Coordinator will continue to be responsible for maintaining documented evidence of ongoing review, evaluation and measures relating to health care quality and outcomes and for reporting the information to the Quality Assurance Team on a regular basis. Please see the current Quality Assurance Policy and Procedures, <u>Attachment MM</u>.

The Applicants will work with the Quality Assurance Team to review data concerning, but not limited to, falls, medication errors, infection control, wounds and environmental issues, in order to evaluate and make necessary changes to the QAP and related policies and procedures to facilitate higher quality health care that will better reflect the residents' needs and wishes. If necessary, third-party consultations with appropriate individuals and/or entities will be sought in order to help identify areas needing improvement and necessary steps to implement change.

2. CON STANDARD 1.7

Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence based practice guidelines and how such guidelines will be incorporated into ongoing decision making.

Messrs. Gamzeh and Glatzer will work with both employed and contracted senior leadership at the Facility, including the Medical Director, the Director of Nursing Services, the Pharmacist, Dietician, etc. to routinely monitor, review, develop and modify clinical policies and procedures against evolving clinical standards. It is the expectation that leadership in such areas as rehab, social services, dementia care, mental health, food/nutrition, etc. will help to establish clinical strategy based on the evolving standards. Senior leadership is required to keep abreast of new evidence in their respective fields.

Routine and on-going training will be used to educate staff on the implementation of new and existing guidelines

3. CON STANDARD 3.12:

Any applicant seeking to expand services for potentially terminally ill patients shall explain what efforts the applicant has taken or will undertake which support high quality, patient centered palliative and end of life care. Such efforts should include training and collaboration with other health care and hospice providers to facilitate high quality, patient centered end of life care.

At the outset, the Applicants intend to continue using the palliative care approaches currently in place at Newport for residents with advanced incurable illnesses or limited life expectancies. Newport currently works with local hospice providers. The hospice team typically includes nurses, a social worker, home health aides, clergy, and volunteers. Spiritual and grief counseling is available, as are extended visiting hours for families. Over time, the Applicants will be better able to assess whether there are areas in which they are able to improve patient centered palliative and end of life care.

4. CON STANDARD 4.7:

Applicants seeking to establish, expand or otherwise modify services available to elderly Vermonters shall establish how those services will support the mental health and well-being of this population, including addressing how the applicant supports or otherwise integrates with mental health services currently available.

As discussed above, the Applicants, with high demands for quality, respect and service for their residents, families and employees, will offer the necessary supportive resources through partnering up with physicians, specialists, modern medicine and a better care model to be able to bring additional services that are not provided with the current operator. This includes psychological services that will greatly impact the residents with reduced cognitive functions as well as potentially enabling the Facility to accept residents with similar diagnoses who had been declining due to the inability to receive such services.

5. CON STANDARD 5.1:

Applicants seeking a certificate of need relating to long-term care services shall demonstrate how they support the . . . goal of ensuring that Vermonters who need long-term care services will receive the services that reflect their personal values and preferences in the least restrictive environment possible.

The Applicants recognize that each resident has the right to live in an environment that promotes dignity, safety, self-determination and independence. The Applicants are resolute in promoting and protecting such rights. The exact approach will depend in large part on the population served by the Facility. For example, Holliswood, where both Messrs. Gamzeh and Glatzer served as Administrators, reflected a significantly higher use of antipsychotic medications than the state average. This statistic, standing alone, seems troubling, yet the star rating for Holliswood and the CMS surveys have been excellent. As already explained, Holliswood had a 60 bed unit that catered to institutionalized psych residents and another 60 bed unit for cognitively impaired behavioral management residents. Both of these long term units partnered with hospitals and institutions for the cognitively impaired that enabled the care for these residents in a less restrictive setting where their individual needs could be better met. Also, Holliswood had an aggressive program with its pharmacy consultant and psychiatrist for reductions in antipsychotic medications. The facility, under both Messrs. Gamzeh and Glatzer, also provided staff education in behavioral management. All of these elements helped contribute to a better quality of life for the residents. The goal was to take these residents who would have been more confined elsewhere and actually enable them to enjoy a better quality of life by being in such a facility. Many of Holliswood's institutionalized psych residents progressed so much so that the facility was able to transition them back into the community.

There is anecdotal evidence in the State of Vermont that nursing homes are discharging residents with behavior management issues – at times, taking them to the local hospital's emergency department, even though there is no medical necessity to do so. The hospitals in turn struggle for days, even weeks and months, to place these residents in suitable skilled nursing facilities, often times being told by facility after facility after facility that they do not have the means to care for a resident with high behavioral management needs.

The Applicants have had great success in caring for such residents. As such, in response to the question above, the Applicants are committed to providing the least restrictive environment but recognize that such an environment could look very different from resident to resident.

6. CON STANDARD 5.2:

Nursing homes or similar entities seeking to replace or increase beds shall show the beds are needed. Such showing of need shall be confirmed by the Department of Disabilities, Aging and Independent Living.

The Applicants are seeking to maintain the current number of beds. In support of this Application, the Applicants sought and received confirmation from the Department of

Disabilities, Aging and Independent Living that such beds continue to be needed to provide long-term care to residents in their service area.

7. CON STANDARD 5.3:

Nursing homes or similar entities seeking a certificate of need shall provide a written recommendation from the Department of Disabilities, Aging and Independent Living supporting the new health care project proposal.

The Applicants are submitting a copy of this application and attachments to the Department of Disabilities, Aging and Independent Living to request DAIL's written recommendation supporting the new health care project.

8. CON STANDARD 5.4:

Nursing homes or similar entities seeking a certificate of need shall demonstrate the applicant is sufficiently capitalized and insured to protect residents against substandard care and to provide for sufficient protection in the event of legal liability of the facility or the facility's operators.

The personal financial statements provided by the individual applicants under separate cover show that they have sufficient liquid assets or easily liquidated assets to cover the equity contribution, to retain sufficient insurance to cover the Facility in the event of legal liability, and to run the facility's day-to-day operations. There are sufficient assets from which to draw if an infusion of capital is required to maintain or upgrade the Facility's physical plant, staffing or programs.

The Applicants will carry Property, Liability and Professional Liability insurance to ensure sufficient protection.

9. CON STANDARD 5.12:

Applicants seeking to restructure nursing home ownership that triggers the need for a new license from DAIL shall demonstrate the ability to meet all reasonably anticipated financial and quality obligations imposed by the operation of the nursing home.

The Applicants' financial information shows sufficient liquid assets or easily liquidated assets to cover anticipated financial obligations for the purchase and operation of the Facility. The Applicants likewise submit that the projected Medicaid rates reflected in the CON application are acceptable estimates of future Medicaid rates, and that the projected occupancy estimates for the facility are reasonable.

As to quality, the Facility has a two-star (below average) CMS quality rating. The Applicants are confident in their ability to improve the quality. The records of Messrs. Gamzeh and Glatzer support this. They are confident that through their approach to individualized care the personal experience for each resident will improve. Not surprisingly, the Applicants intend to focus most closely and immediately on improving the individual experience reflected by those quality measures which have lower than state average CMS ratings at the time of change in ownership.

The Applicants will prioritize the individual experience, quality of care, and trained, adequate, and appropriate staffing.

C. <u>The Applicants Have Met Their Burden to Show that the Cost of the Project is</u> Reasonable pursuant to 18 V.S.A. § 9437(2) (Criterion 2).

Criterion 2 requires that the applicant demonstrate that the cost of the project is reasonable by meeting the following three (3) statutory requirements:

1. The Applicants can Sustain the Financial Burden Likely to Result from Completion of the Project.

The Applicants have a letter from HHC Finance (<u>Attachment LL</u>). As long as the Applicants are successful in securing the funds they plan to use to finance this transaction, they have sufficient funds to purchase the Facility and make capital improvements and upgrades, as deemed appropriate. The Applicants have submitted financial information showing they have sufficient cash flow to cover the debt obligation and maintain operations.

2. The Project will not Result in an Undue Increase in the Cost of Medical Care.

The proposed transaction does not increase the cost of health care. The Applicants are seeking to maintain the current number of beds. Commissioner Monica Caserta Hutt has confirmed that there appears to be a need for beds in the Newport area. In addition, the projected Medicaid rates are modest estimates of future Medicaid rates.

3. Less Expensive Alternatives are not Feasible or Appropriate

The Applicants seek to purchase a skilled nursing facility which is currently in operation with nursing beds that are needed in Vermont. The Silver Corporation no longer wishes to own or operate the Facility. No less expensive alternative exists.

D. <u>The Applicants have Demonstrated that there is an Identifiable, Existing, or</u> <u>Reasonably Anticipated Need for the Proposed Project which is Appropriate for the</u> <u>Applicant to Provide (Criterion 3)</u>.

The existing facility has been in operation in Newport for more than 40 years. The Newport Health Care Center is a licensed fifty (50) bed nursing home facility. The Newport Residential Care Center is an eight (8) bed Level III residential care facility. The Adult Day Services program is conducted on the same site.

The Facility provides in-house restorative nursing and contracts with the Hospital for physical therapy, occupational therapy and speech therapy which the Hospital provides in the Facility. The Facility also provides dementia care, palliative care and short-term respite care. Importantly, the Facility also includes the Adult Day Facility.

The Applicants project daily census rates to remain the same at 92.5% over the next three years.

E. <u>The Applicants have demonstrated that the Proposed Project will Improve the</u> <u>Quality of Health Care in the State or Provide Greater Access to Health Care for</u> Vermont's Residents, or Both (Criterion 4).

The Applicants' purchase will improve health care quality and will ensure that sufficient and needed nursing home beds will be available to Vermonters. The Applicants plan to improve the current services and programming by expanding mental health services. They expect to improve quality by getting residents better access to mental health services and they also hope to improve access to health care by broadening the admissions policy.

F. <u>The Applicants have Demonstrated that the Proposed Project will not have an</u> <u>Undue Adverse Impact on Any Oher Existing Services Provided by the Applicants</u> (Criterion 5).

The proposed project will not have an adverse impact on any other services provided by the Applicants. The project allows for the continued operation of the Facility. There is nothing to suggest that any of the current services provided by the Applicants in their other interests and involvements will suffer. These other interests and involvements are via separate corporate entities with individual tax identification numbers, bank accounts and liability insurance policies. The Applicants assert that unforeseen financial problems with the Facility should not adversely affect any other facilities in which the Applicants' managing members hold ownership interests. The Applicants have good business relationships with various lenders.

In addition, Priority Healthcare will enable Messrs. Gamzeh and Glatzer to oversee management at the Facility without a concomitant drop in management at Priority Healthcare's other facilities.

G. <u>The Applicants have Demonstrated that the Proposed Project will Serve the Public</u> Good (Criterion 6).

Commissioner Hutt has confirmed that there appears to be a need for beds in the Newport area. The project will enable the Facility to continue to help meet the needs of the community's population. The Applicants hope to put in place mental health services for those current or future residents so needing. Likewise, this would enable them to care for residents with greater needs who have difficulty finding beds due to concerns about behavior management.

Not only will the Applicants not place a cap on Medicaid census, but also the Applicants hope to work with the Green Mountain Care Board and others to reduce the costs of care, while improving care and access to care.

H. <u>The Applicants have Adequately Considered the Availability of Affordable</u>, Accessible Patient Transportation Services to the Facility (Criterion 7).

The Facility currently leases a van that it uses to transport residents for activities and to and from appointments. The Facility has also used the van to transport residents from their homes or other facilities for admission. The Applicants plan to use the van for similar purposes.

The Applicants also will continue using Rural Community Transportation, Inc. ("RCT"), a private, non-profit organization, located in St. Johnsbury, Vermont. RCT was created through a grant from the Federal Urban Mass Transportation Administration, to coordinate Medicaid transportation services. Later, services were expanded to serve the entire Northeast Kingdom. This program served as a model for the later development of a statewide Medicaid brokerage network.

If required by medical needs of residents, the Applicants will continue to use Newport Ambulance Service Inc. ("NASI"). NASI, based in Newport, Vermont, is a paramedic level service that is the region's primary non-emergency transport agency.

I. <u>If the Application is for the Purchase or Lease of New Health Care Information</u> <u>Technology, It Conforms with the Health Information Technology Plan Established</u> under Section 9351 of this Title (Criterion 8).

This criterion is not applicable, as the application does not include the purchase or lease of new health care information technology.

Based on the foregoing, the Applicants submit that the purchase and continued operation of the Facility meet the applicable statutory criteria.

Attachment	Document Description
Attachment A	Newport's Organizational Chart
Attachment B	David Silver's Curriculum Vitae and Proof of Licensure
Attachment C	Maria Domenica Fatigati, M.D.'s Curriculum Vitae and Proof of Licensure
Attachment D	Helen Gagnon, R.N.'s Curriculum Vitae and Proof of Licensure
Attachment E	Bruce Weddington's Curriculum Vitae
Attachment F	Required Tables (Project Costs, Debt Financing Arrangement, Income Statement, Balance Sheet, Statement of Cash Flow, Revenue Source Programs, Utilization, and Staffing Projections)
Attachment G	Candace Dasaro, R.D.'s Proof of Licensure
Attachment H	Newport Survey History for past 12 months
Attachment 1	CMS Profile for Newport
Attachment J	
Tab 1	Financial Statements for The Silver Corporation d/b/a Newport Health Care Center, December 31, 2013
Tab 2	Financial Statements for The Silver Corporation d/b/a Newport Health Care Center, December 31, 2014
Tab 3	Consolidated Financial Statements for The Silver Corporation d/b/a Newport Health Care Center, December 31, 2015
Attachment K	
Tab 1	Articles of Organization for The Gardens at Newport Holdings LLC
Tab 2	Articles of Organization for The Gardens at Newport LLC
Attachment L	Joshua Farkovits' Curriculum Vitae
Attachment M	Jordan Fensterman's Curriculum Vitae
Attachment N	David Gamzeh's Curriculum Vitae
Attachment O	Akiva Glatzer's Curriculum Vitae
Attachment P	Ephram Mordy Lahasky's Curriculum Vitae
Attachment Q	See Table Below
Attachment R	See Table Below
Attachment S	See Table Below
Attachment T	See Table Below
Attachment U	See Table Below
Attachment V	Applicants' Interests in Long Term Care Facilities
Tab 1	CMS Profile for Bayshore
Tab 2	CMS Profile for Chicopee
Tab 3	CMS Profile for Brighton
Tab 4	CMS Profile for Centennial
Tab 5	CMS Profile for Claiborne
Tab 6	CMS Profile for Crossroads
Tab 7	CMS Profile for Delmar
Tab 8	CMS Profile for Hamilton House
Tab 9	CMS Profile for Barclay's
Tab 10	CMS Profile for Neptune
Tab 11	CMS Profile for Center for Advanced Rehabilitation Practice (Parkside)
Tab 12	CMS Profile for Pearl Valley (Muscatine)
Tab 13	CMS Profile for Pearl Valley (Washington)
Tab 14	CMS Profile for Westfield
Tab 15	CMS Profile for Ridgeview
Tab 16	CMS Profile for South Shore
Tab 17	CMS Profile for Comprehensive Rehab
Tab 18	CMS Profile for Cannon Falls
Tab 19	CMS Profile for Valley View Manor
Tab 20	CMS Profile for Villages of Orleans
Tab 21	CMS Profile for Waterbury Gardens
Tab 22	CMS Profile for Burlington
Tab 23	CMS Profile for Cambridge
Tab 24	CMS Profile for Colonial Manor
Tab 25	CMS Profile for Eastview
Tab 26	CMS Profile for Franklin Woods
Tab 27	CMS Profile for Lebanon
Tab 28	CMS Profile for Logan
Tab 29	CMS Profile for Maple Ridge
Tab 30	CMS Profile for North Ridge
Tab 31	CMS Profile for Pickerington
Tab 32	CMS Profile for Sheridan
Tab 33	CMS Profile for Waters Edge
Tab 34	CMS Profile for Winchester Place
Tab 35	CMS Profile for Maybrook Hills

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Tab 36	CMS Profile for Health Center at Galloway
Tab 37	CMS Profile for Highland
Attachment W	Shalom Lerner's Curriculum Vitae
Attachment X	CMS Star Ratings for Facilities During Mr. Lerner's Administration
Attachment Y	CMS Star Rating for Overall at Facilities
Attachment Z	CMS Short Term and Long Term Stay Quality Measures
Attachment AA	CMS Overall Star Rating
Attachment BB	CMS Star Rating for RNs at Facilities
Attachment CC	Provider(s) for Mental Health Services and Provider(s) for Psychiatry Services
Attachment DD	Fines, Penalties or Denials for Facilities Owned and/or Operated by Applicants
Attachment EE	Re-Hospitalization Rates for Facilities Owned and/or Operated by Applicants
Attachment FF	CMS Monthly Overall Ratings for Facilities While Applicants Acted in Capacity of Administrators
Attachment GG	Admission Criteria
Attachment HH	Employee Handbook of Personnel Policies
Attachment II	Asset Purchase Agreement
Attachment JJ	Operations Transfer Agreement
Attachment KK	Consolidated Financial Statements for Years Ending 2016 (Forecasted) and December 31, 2017 through 2019
	(Projected) and Years Ended December 31, 2014 and 2015
Attachment LL	Letter of Commitment from Lender
Attachment MM	Quality Assurance Policy and Procedures
Attachment NN	Revised Organizational Chart

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Attachments to be filed under separate cover

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Attachment	Document Description –Confidentially Filed Under Separate Cover	
Attachment Q	Joshua Farkovits' Personal Financial Statement	
Attachment R	Jordan Fensterman's Personal Financial Statement	
Attachment S	David Gamzeh's Personal Financial Statement	
Attachment T	Akiva Glatzer's Personal Financial Statement	
Attachment U	Ephram Mordy Lahasky's Personal Financial Statement	