52 Bed Expansion at Pike Creek
History & Overview
- The First Deal
- Cadia Today
- Facility Locations

Pike Creek Expansion
- Project Overview
- Site Plan
- Application Overview
- Review Considerations
- Relationship of Proposal
- Guiding Principles of CPR
HISTORY
Difficult Situations

Throughout its 32 year history in Delaware, Cadia has made its mark by addressing difficult situations.

- Parkview Nursing Center, Wilmington, DE in 1986
- Harbor Healthcare, Lewes, DE in 1988
- Cadia Healthcare – Capitol, Dover, DE in 1997
- Cadia Healthcare – Broadmeadow, Middletown, DE in 2005
- Cadia Healthcare – Renaissance, Millsboro, DE in 2008
- Cadia Healthcare – Pike Creek, Wilmington, DE in 2009
- Cadia Healthcare – Silverside, Wilmington, DE in 2012
The First Project
Parkview Nursing Center

Cadia acquired Parkview in December of 1986. It was struggling with severe licensing problems. In February of 1988, it was recognized by the News Journal for its successful turnaround. It was sold to a not-for-profit in 1994.
The First Project
Parkview Nursing Center

“It’s No Secret That Problems Had Developed At Parkview While Leeds Was Running It…But Go To Parkview Now And The Place Glistens With Cleanliness And There is a Certain Vibrancy In The Atmosphere That One Often Does Not Find In A Nursing Home”

-News Journal Opinion Page
February 7, 1988
Difficult Situations

Cadia Healthcare – Capitol, 1997

Dover, DE

- Two Nursing Centers in Regulatory Crisis
- Owners Misappropriating Payroll, Withholding Taxes
- IRS Seized Medicaid Payments
- Both Buildings Closed to Create New Facility
- Vendors Not Paid, Withholding Food and Supplies
- 80 Patients In Trouble With Nowhere to Go

Scott Nursing Home

Dover Nursing Center
Difficult Situations

Cadia Healthcare – Pike Creek, 2009
Wilmington, DE

- Existing Building with Environmental Concerns
- Christiana Healthcare Desired to Close Building and Relocate Patients to New Facility
- Cadia Healthcare Over 24 Months:
  - Assumed Management Control
  - Designed and Constructed Cadia Pike Creek
  - Relocated Patients to New Building
Cadia Healthcare Family

With 10 locations serving Delaware, Maryland, and neighboring Pennsylvania communities, Cadia Healthcare provides comprehensive skilled nursing and long-term care, in-patient and out-patient rehabilitation, and the only dedicated ventilator unit in the state of Delaware.

1986 founded
7 states
6 business lines

27 employed physicians, NPs
10 skilled nursing facilities
2600 employees
Family of Healthcare Companies

- Cadia Skilled Nursing & Rehab Facilities
- Pharmacy
- PMX
- Cadia Physician Group
- Cadia Dialysis
- Addiction Recovery Systems (ARS)

1996
- Capitol ARS Charloettesville

2004
- ARS Mays Landing ARS Cape May Courthouse

2005
- Broadmeadow

2008
- Renaissance
  - Newcastle RX
  - ARS Lancaster
  - ARS New Castle

2009
- Pike Creek

2012
- Silverside
  - ARS Aberdeen
  - ARS Camp Hill

2013
- PMX Mobile Imaging
  - ARS Winchester

2018
- Hyattsville
- Springbrook
- Wheaton
- Hagerstown
- Annapolis
- Cadia Dialysis
- Cadia Physician Group
- ARS Turnersville
- ARS Ephrata
To provide resident-centered care always, in all ways.

Mission Statement
## Our Values

<table>
<thead>
<tr>
<th>C</th>
<th>Compassion and Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>We value and respect the population we serve by asking for input and responding with empathy to concerns.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Appreciation and Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>We value results and creativity through dedicated employees who strive to meet the needs and expectations of the facility.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Dignity and Diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>We foster an environment where free exchange of ideas is welcome and respect towards one another is expected.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th>Integrity and Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will protect our employees’ trust by ensuring that our actions are consistent with our mission, vision and values.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Advocacy and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>We value one another by making ourselves visible and approachable and responding in a caring, helpful and respectful manner.</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Specialties

Experienced care for even the most complex conditions

- All Therapy Disciplines
- Cardiology
- IV Therapy
- Infectious Disease
- Integrated Pharmacy and Imaging
- Memory Care
- Pulmonary Care
- Renal Care
  *(Select locations)*
- Stroke Care
- Wound Care
Pike Creek

Facility Overview

Our services include:
- Sub-acute and transitional care
- Rehabilitation
- Physical Therapists
- Occupational Therapists
- Speech Language Pathologists
- 3,000 sq. ft. therapy gym
- Hospice care
- IV therapy
- Pulmonary Care
- Ventilator & Trach Care
- Extensive Social Services & Activities

Sub-acute and Rehabilitation Services
We provide 24/7 sub-acute care, inpatient and outpatient rehabilitation services, individualized treatment plans and a variety of other specialized medical services to promote our residents’ independence and quality of life.

Pulmonary Management
With the only Ventilator unit in the tri-state region outside Philadelphia, Respiratory Therapists are on-site 24 hours a day. Respiratory therapists, nurses, and rehab therapists work closely with a pulmonary specialist to deliver a customized plan of care, including weaning support to transition to home, when possible.

<table>
<thead>
<tr>
<th>130</th>
<th>60,000</th>
<th>24/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>beds (private &amp; semi-private rooms)</td>
<td>square-foot facility</td>
<td>sub-acute care services</td>
</tr>
</tbody>
</table>
Project Overview

- 52-bed addition to the existing 130 bed facility in New Castle County
  - First Floor 26 additional beds
  - Second Floor 26 additional beds
  - 11 ventilator beds will be developed
  - Fully ADA Accessible
- Size
  - Present: 63,676 sq.ft.
  - To be constructed: 52,945 sq.ft.
  - Total Upon Completion: 116,621 sq.ft.
- Development of a dialysis center
- Project Cost: $14 Million
Review Considerations

2. The need of the population for the proposed project.
3. The availability of less costly and/or more effective alternatives to the proposal including alternatives involving the use of resources located outside the State of Delaware.
4. The relationship of the proposal to the existing healthcare delivery system.
5. The immediate and long-term viability of the proposal in terms of the Applicant’s access to financial, management, and other necessary resources.
6. The anticipated effect of the proposal on the costs of and charges for healthcare.
7. The anticipated effect of the proposal on the quality of healthcare.
Relationship of Proposal to Health Resources Management Plan

• Seek to expand with established linkages throughout the broader healthcare community in New Castle and Delaware

• Affiliated with and/or have relationships with:
  • Multiple hospice agencies in all three counties
  • Multiple assisted living facilities throughout the state (including dementia care)
  • Christiana Care Health System
  • Beebe Healthcare
  • BayHealth
  • St. Francis Hospital
  • Union Memorial Hospital
  • Psychiatric hospitals (Developed Sun Behavioral)
  • Education Institutions offering nursing training:
    • Medical Specialists in the fields of pulmonology, cardiology, vascular medicine, orthopedics and infection control
  • Organizations dedicated to the care of the elderly such as senior centers, churches, volunteer organizations and state agencies
  • Veterans Administration for care and services to veterans of the US Armed Forces

• Have been providing quality healthcare services in Delaware for over 32 years
• Transfer agreements with Christiana Care Hospital, University of PA, and St. Francis Hospital
• Certification and Accreditation Status
  • All beds are certified for Medicare and Medicaid Certification (and new beds will also be certified)
  • Maintains a signed participation agreement between all Cadia Healthcare facilities and the Delaware Health Information Network
## Need of Population for Proposed Project

### Table 1: Delaware Nursing Home Beds, by County and Facility Type, 2007-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>New Castle County</th>
<th>Kent County</th>
<th>Sussex County</th>
<th>Total Private</th>
<th>Public Facilities</th>
<th>All Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>27</td>
<td>6</td>
<td>642</td>
<td>10</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>2008</td>
<td>26</td>
<td>6</td>
<td>642</td>
<td>12</td>
<td>4</td>
<td>48</td>
</tr>
<tr>
<td>2009</td>
<td>26</td>
<td>6</td>
<td>642</td>
<td>11</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>2010</td>
<td>26</td>
<td>6</td>
<td>642</td>
<td>11</td>
<td>3</td>
<td>46</td>
</tr>
<tr>
<td>2011</td>
<td>26</td>
<td>6</td>
<td>642</td>
<td>11</td>
<td>3</td>
<td>46</td>
</tr>
<tr>
<td>2012</td>
<td>27</td>
<td>6</td>
<td>672</td>
<td>11</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>2013</td>
<td>27</td>
<td>6</td>
<td>672</td>
<td>11</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>2014</td>
<td>27</td>
<td>6</td>
<td>672</td>
<td>11</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>2015</td>
<td>27</td>
<td>6</td>
<td>672</td>
<td>11</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
<td>6</td>
<td>678</td>
<td>11</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>2017</td>
<td>27</td>
<td>6</td>
<td>678</td>
<td>11</td>
<td>2</td>
<td>46</td>
</tr>
</tbody>
</table>

### Table 3: Weighted Occupancy Rates, 2007-2017, by Facility Type and County

<table>
<thead>
<tr>
<th>Year</th>
<th>New Castle County</th>
<th>Kent County</th>
<th>Sussex County</th>
<th>Total Private</th>
<th>Public Facilities</th>
<th>All Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>90.2%</td>
<td>76.5%</td>
<td>89.1%</td>
<td>87.9%</td>
<td>62.5%</td>
<td>84.7%</td>
</tr>
<tr>
<td>2008</td>
<td>91.4%</td>
<td>88.9%</td>
<td>80.3%</td>
<td>87.7%</td>
<td>62.9%</td>
<td>84.7%</td>
</tr>
<tr>
<td>2009</td>
<td>89.6%</td>
<td>93.5%</td>
<td>89.7%</td>
<td>90.2%</td>
<td>60.2%</td>
<td>86.5%</td>
</tr>
<tr>
<td>2010</td>
<td>91.1%</td>
<td>93.3%</td>
<td>89.3%</td>
<td>90.9%</td>
<td>63.9%</td>
<td>87.7%</td>
</tr>
<tr>
<td>2011</td>
<td>90.3%</td>
<td>93.6%</td>
<td>88.5%</td>
<td>90.3%</td>
<td>61.0%</td>
<td>86.8%</td>
</tr>
<tr>
<td>2012</td>
<td>91.1%</td>
<td>89.5%</td>
<td>87.5%</td>
<td>89.8%</td>
<td>54.3%</td>
<td>85.8%</td>
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<tr>
<td>2013</td>
<td>89.0%</td>
<td>89.1%</td>
<td>87.8%</td>
<td>88.7%</td>
<td>51.5%</td>
<td>84.9%</td>
</tr>
<tr>
<td>2014</td>
<td>90.1%</td>
<td>91.5%</td>
<td>90.9%</td>
<td>90.5%</td>
<td>64.1%</td>
<td>88.5%</td>
</tr>
<tr>
<td>2015</td>
<td>89.8%</td>
<td>92.5%</td>
<td>89.4%</td>
<td>90.1%</td>
<td>67.7%</td>
<td>88.7%</td>
</tr>
<tr>
<td>2016</td>
<td>89.2%</td>
<td>90.7%</td>
<td>88.7%</td>
<td>89.3%</td>
<td>67.7%</td>
<td>88.0%</td>
</tr>
<tr>
<td>2017</td>
<td>89.6%</td>
<td>86.7%</td>
<td>88.8%</td>
<td>89.0%</td>
<td>67.5%</td>
<td>87.7%</td>
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</table>
### 2018 – 2023 Delaware Nursing Home Bed Projections

<table>
<thead>
<tr>
<th>County</th>
<th>Current Beds (2017 Calcul)</th>
<th>Projected Bed Need</th>
<th>Shortage / Surplus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>4,000</td>
<td>4,000</td>
<td>-20</td>
</tr>
<tr>
<td>2018-20</td>
<td>4,000</td>
<td>5,005</td>
<td>-105</td>
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<tr>
<td>2018-21</td>
<td>4,000</td>
<td>5,179</td>
<td>-179</td>
</tr>
<tr>
<td>2018-22</td>
<td>4,000</td>
<td>5,322</td>
<td>-558</td>
</tr>
<tr>
<td>2018-23</td>
<td>4,000</td>
<td>5,410</td>
<td>-904</td>
</tr>
<tr>
<td>Kent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>624</td>
<td>631</td>
<td>-7</td>
</tr>
<tr>
<td>2018-20</td>
<td>624</td>
<td>650</td>
<td>-26</td>
</tr>
<tr>
<td>2018-21</td>
<td>624</td>
<td>658</td>
<td>-34</td>
</tr>
<tr>
<td>2018-22</td>
<td>624</td>
<td>682</td>
<td>-58</td>
</tr>
<tr>
<td>2018-23</td>
<td>624</td>
<td>879</td>
<td>-954</td>
</tr>
<tr>
<td>New Castle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>2,800</td>
<td>2,832</td>
<td>-32</td>
</tr>
<tr>
<td>2018-20</td>
<td>2,800</td>
<td>2,900</td>
<td>-10</td>
</tr>
<tr>
<td>2018-21</td>
<td>2,800</td>
<td>2,977</td>
<td>-108</td>
</tr>
<tr>
<td>2018-22</td>
<td>2,800</td>
<td>3,165</td>
<td>-347</td>
</tr>
<tr>
<td>2018-23</td>
<td>2,800</td>
<td>3,156</td>
<td>-347</td>
</tr>
<tr>
<td>Sussex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018-19</td>
<td>1,432</td>
<td>1,425</td>
<td>7</td>
</tr>
<tr>
<td>2018-20</td>
<td>1,432</td>
<td>1,490</td>
<td>68</td>
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<tr>
<td>2018-21</td>
<td>1,432</td>
<td>1,523</td>
<td>117</td>
</tr>
<tr>
<td>2018-22</td>
<td>1,432</td>
<td>1,570</td>
<td>147</td>
</tr>
<tr>
<td>2018-23</td>
<td>1,432</td>
<td>1,634</td>
<td>522</td>
</tr>
</tbody>
</table>

### 65+ Population Growth in Delaware

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
<th>2020-50 % Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>55,887</td>
<td>64,961</td>
<td>58,850</td>
<td>63,215</td>
<td>13.1%</td>
</tr>
<tr>
<td>70-74</td>
<td>47,464</td>
<td>58,494</td>
<td>58,089</td>
<td>54,291</td>
<td>14.4%</td>
</tr>
<tr>
<td>75-79</td>
<td>33,664</td>
<td>45,918</td>
<td>53,681</td>
<td>48,956</td>
<td>45.5%</td>
</tr>
<tr>
<td>80-84</td>
<td>22,285</td>
<td>34,747</td>
<td>42,894</td>
<td>42,894</td>
<td>92.5%</td>
</tr>
<tr>
<td>85+</td>
<td>23,467</td>
<td>33,873</td>
<td>49,426</td>
<td>60,755</td>
<td>158.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
<th>2020-50 % Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>30,926</td>
<td>36,326</td>
<td>31,538</td>
<td>34,542</td>
<td>11.7%</td>
</tr>
<tr>
<td>70-74</td>
<td>24,409</td>
<td>32,388</td>
<td>31,474</td>
<td>29,177</td>
<td>19.5%</td>
</tr>
<tr>
<td>75-79</td>
<td>15,987</td>
<td>24,691</td>
<td>29,256</td>
<td>25,776</td>
<td>61.2%</td>
</tr>
<tr>
<td>80-84</td>
<td>10,570</td>
<td>17,381</td>
<td>23,184</td>
<td>22,889</td>
<td>116.5%</td>
</tr>
<tr>
<td>85+</td>
<td>12,080</td>
<td>15,870</td>
<td>25,026</td>
<td>32,429</td>
<td>168.5%</td>
</tr>
</tbody>
</table>
2019 – 2024 Delaware Nursing Home Bed Projections

- Delaware: 1.98 beds short per 1,000 persons age 65+
- New Castle County: 2.25 beds short per 1,000 persons age 65+

### Need of Population for Proposed Project
Availability of Less Costly and/or More Effective Alternatives

- Nursing home environment is an important bridge between hospital and home

- Cadia Pike Creek has one of the most extensive rehabilitation programs in the State that is located within skilled nursing facility
  
  - 93% of Admissions are discharged to a lesser care environment
  
  - A Short-Term rehabilitation patient ALOS 30 days
  
  - We start the discharge process before the patient arrives
  
  - We sent home over 675 patients last year
Availability of Less Costly and/or More Effective Alternatives

• Ventilator-dependent population
  • Limited placement possibilities
  • Expanding our existing unit will enable more Delaware citizens to stay in-state and close to family

• End-Stage renal Disease Dialysis Care
  • Enable us to meet both our existing renal patients’ needs during their stay
  • Maintain those ventilator-dependent dialysis patients in-house rather than in acute settings or out-of-state
Relationship of Proposal to Existing Delivery System

• No Negative Impact to the Existing Healthcare Delivery System

• Impact on Existing Providers of the Healthcare System
  • Minimal Impact on Existing NCC Skilled Nursing Facilities
  • SNF Average Occupancy 2017 = 89.6%
  • Addition of 52 Beds = 1.9% of Bed Supply
  • Projected Bed Shortfall 2024 = 240 Beds

• Positive Impact on Hospital Cost & Medicaid/Medicare Cost by Expedited Discharge & Expanded Services – SNF, Sub-acute, Rehab, Vent, Dialysis

• SNF affiliate participating in CMS’ Medicare Shared Savings Program

• Benefiting Payers
  • Cadia Pike Creek Payor Relationships
    • Medicaid
    • Medicare
    • Veteran’s Administration
    • Highmark
    • United Healthcare
    • Blue Cross/Blue Shield Commercial
    • Cigna
    • Humana
    • Tricare
    • Aetna
    • St. Francis Life
    • AmeriHealth
  • Hospice providers
Immediate and Long-Term Viability of the Proposal

• Cadia Pike Creek has been in business since 2009

• Real estate assets are owned by Sabra Health Care REIT, Inc and operated under a long-term lease arrangement with Pike Creek Healthcare Services, LLC t/a Cadia Rehabilitation Pike Creek

• Sabra Health Care REIT, Inc
  • Will finance the project and fund the capital required
  • Owns over 450 healthcare and senior living properties, including over 250 skilled nursing facilities

• Cadia Healthcare
  • Operate five (5) for-profit facilities in Delaware (all 3 counties), including the Applicant, which were all developed/constructed by the Principals
  • Managed healthcare facilities in Delaware since 1986
  • Employs SNF professionals in all disciplines
Anticipated Effects of the Proposal on the Costs of Charges for Healthcare

• Project Sponsors have financial model and have implemented a management plan for Cadia Pike Creek to operate efficiently within Medicaid guidelines and reimbursement caps.

• Fixed costs and administrative costs will be allocated over 182 beds vs. 130 beds, reducing the cost Per Patient Day – The All Important Metric to Reimbursement
Anticipated Effects of the Proposal on the Quality of Healthcare

• Certified by Medicare and Medicaid
  • The same certification will be in place on the new beds

• Will in part address shortage in New Castle County of long-term care skilled nursing beds and accommodations made for patients that need dialysis and ventilator-dependent patients

• Nursing home addition will comply with the Delaware-adopted Guidelines for Construction of Hospital and Medical Facilities
  • Guidelines provide for dining, lounge and recreational areas in facilities that equate to at least 35 square feet per bed

• Continued training and education
  • Cadia Pike Creek employs a full-time Staff Development Director to plan and implement comprehensive quality improvement programs and to provide ongoing training in the classroom setting and on the nursing units.
Guiding Principles of CPR Board

A. Economies and Improvements in the Delivery of Service
   - Improvements in economics of scale and service
   - Equipped with state-of-the-art technologies
   - Improved resident quality by providing private rooms with private bath
   - Addition of on-site dialysis facility will improve the delivery of care and quality of life by eliminating transportation
   - Improve accommodations for patients in isolation for which there is a shortage, especially for ventilator care
   - Proportional decrease in the operating costs per patient day

B. Foster competition to Promote Quality Assurance
   - Expansion and improved physical plant will foster competition; help hold reimbursement costs for Medicaid, and promote quality
   - Pike Creek has a Quality Assurance and Performance Improvement Plan (“QAPI”) that encompasses all CMS-required elements

C. History in Delaware in Providing Health Services to the Medically Indigent
   - The project sponsors operate Cadia Pike Creek and five (5) other nursing homes throughout Delaware
   - All facilities have a strong focus on Medicare and Medicaid patients.
   - In the five Cadia buildings, the average Medicaid census is 58.3%.
   - Cadia Pike Creek’s current Medicaid population is 44.6% and the Medicare population is 43%.
Guiding Principles of CPR Board

D. Promotion of a Continuum of Care in the Healthcare System
   ▪ Cadia Healthcare has spent the past 20+ years developing a Long Term Care Quality Improvement Program which is reviewed and re-evaluated at least annually

E. Enhance the Health Status of the User Population
   ▪ There is an abundance of service for high-pay rehabilitation care.
   ▪ There is a shortage of service for low-income patients who are supported by Medicaid, and often have little choice in the options of where to obtain services.
   ▪ Positive impacts
     ▪ 52 beds will improve the accessibility
     ▪ Integrate end-stage renal disease dialysis services under the same roof
     ▪ Cadia will continue to maintain our average Medicaid census across the addition

F. Enhance the Efficiency With Which the Healthcare Needs of the User Population are Being Met
   ▪ The desired occupancy rate in the service area is 90% and is projected to increase significantly in the next five years
   ▪ County is in need of these beds to be constructed to overcome the projected deficit of skilling nursing facility beds
   ▪ The facility will have 182 beds; an incremental increase of 52 beds which currently do not exist in the marketplace
Guiding Principles of CPR Board

H. Evaluated Alternative Uses to Which These Monies, Personnel and Other Resources Could Be Used and Concluded that the Proposal in this Application is a Cost-Effective Expenditure Designed to Meet the Healthcare Needs of the Population Being Served

- Most cost-effective way
  - An expansion of an existing facility, with the additional dialysis services all under one roof
  - Allocating the fixed costs over more beds, while improving the ability of the post-acute community to meet the needs of discharging hospitals

I. Evaluated Alternative Ways to Obtain the Facility Change That is Needed

- There is no better cost effective way than to add on to the existing footprint
Guiding Principles of CPR Board

J. Employ Energy Conservation Principles in the Design
- Intelligent lighting design and systems incorporating occupancy sensors, dimmable ballasts, compact fluorescent (CFL) and light emitting diode (LED) lamps
- Incorporate daylight features into the facility design to reduce the need for artificial light,
- Provide dark sky friendly exterior light fixtures to reduce light pollution and impact on the nocturnal environment,
- Provide low-E glazing and multi-pane window systems to reduce solar heat gain for energy efficiency,
- Provide high efficiency plumbing fixtures throughout,
- Utilize low Volatile Organic Compounds (“VOC’s”) or zero VOC emitting products whenever possible,
- Utilize HVAC systems with individual climate control to reduce energy use,
- Incorporate, at a minimum, energy code compliant thermal insulation throughout ceilings, walls, and floor slabs,
- Provide energy efficient appliances and equipment to meet Energy Star or equivalent,
- Consider point of origin for specified building materials to reduce transportation fuel impact, and
- Promote recycling within the facility

K. Handicapped Accessibility
- Existing facility is well designed and handicap accessible
- New expansion will be barrier free and will meet all of the current regulation and design stipulations required by the ADA