



## Executive Summary of Project



CERTIFICATE OF NEED APPLICATION

### **LAKE GEORGE SENIOR LIVING**

5000 E Richland Rd

Columbia MO

10 bed addition to the current assisted living facility

**Project # 6102 RS**

submitted to

Missouri Health Facilities Review Committee



Project Name: Lake George Senior Living

Project No: 6102 RS

Project Description: 10 bed addition to Lake George Assisted Living

Done Page N/A Description

**Divider I. Application Summary:**

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 State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.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 If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.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certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

- ✓ 1. Provide a complete detailed project description.
- ✓ 2. Provide a timeline of events for the project, from CON issuance through project competition.
- ✓ 3. Provide a legible city or county map showing the exact location of the proposed facility.
- ✓ 4. Provide a site plan for the proposed project.
- ✓ 5. Provide preliminary schematic drawings for the proposed project.
- ✓ 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- ✓ 7. Provide the proposed square footage.
- ✓ 8. Document ownership of the project site, or provide an option to purchase.
- ✓ 9. Define the community to be served.
- ✓ 10. Provide 2025 population projections for the 15-mile radius service area.
- ✓ 11. Identify specific community problems or unmet needs the proposal would address.
- ✓ 12. Provide historical utilization for each of the past three (3) **FULL** years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- ✓ 13. Provide the methods and assumptions used to project utilization.
- ✓ 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 15. Provide copies of any petitions, letters of support or opposition received.
- ✓ 16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.
- ✓ 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- ✓ 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- ✓ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- ✓ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- ✓ 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- ✓ 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ✓ 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- ✓ 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- ✓ 4. Document how patient charges are derived.
- ✓ 5. Document responsiveness to the needs of the medically indigent.
- ✓ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- ✓ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

## Divider I: Application Summary

## Divider I: Application Summary

**1. Applicant Identification and Certification (Form MO 580-1861)**

See attachment. *1a*

**2. Representative Registration**

See attachment. *1b*

**3. Proposed Project Budget**

See attachment. *1c*

**4. Provide documentation from MO Secretary of State that proposed owner (s) and operator (s) are registered to do business in MO.**

See attachment. *1d.*

This documentation includes the owner's and operator's Missouri Secretary of State's registration documentation and the Missouri Articles of Incorporation and Missouri Secretary of State Certification. (see attachment)

**5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.**

No, the operator has maintained a good standing license.

**6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.**

Not applicable

**7. State if the Medicare and/ or Medicaid certification of any facility owned or operated by the proposed operator, or any affiliate of the proposed operator has been revoked within the previous 5 years.**

No

**8. If the Medicare and / or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 yaers, provide the name and address of the facility whose Medicare and or/ Medicaid certification was revoked.**

Not applicable



Certificate of Need Program

LETTER OF INTENT

<b>1. Project Information</b> <i>(Attach additional pages as necessary to identify multiple project sites.)</i>		
Title of Proposed Project (Name of existing or proposed facility) Lake George Senior Living		County Boone
Project Address (Street/City/State/Zip Code or Latitude and Longitude with City/State/Zip Code if no assigned address) 5000 E Richland Rd, Columbia, MO 65201		
<b>2. Applicant Identification</b> <i>(Attach additional pages as necessary to list all owners and operators.)</i>		
<b>List All Owner(s):</b> <i>(List corporate entity.)</i>		
Lake George Estates of Columbia LLC	Address (Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201	Telephone Number 5734420577
<b>List All Operator(s):</b> <i>(List entity to be licensed or certified.)</i>		
Lake George Senior Living LLC d/b/a Lake George Assisted Living	Address (Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201	Telephone Number 5734420577
<b>3. Type of Review</b>	<b>4. Project Description</b> <i>(Information should be brief but sufficient to understand scope of project.)</i>	
<p><b>Full Review:</b>  New Hospital  ✓ New/Add LTC Beds*  New/Add LTCH Beds/Eqpt.  New/ Additional Equipment</p> <p><b>Expedited Review:</b>  6-mile RCF/ALF Replacement  15-mile LTC Replacement  30-mile LTC Replacement  LTC Bed Expansion  LTC Renov./Modernization  Equipment Replacement  previously approved  Equipment Replacement not  previously approved</p> <p><b>Non-Applicability Review:</b>  (See 7. Applicability next page)</p>	<p>Include the number and type of long-term care beds to be added or replaced, square footage of new construction and/or renovation, services affected, and major medical equipment to be acquired or replaced. If replacing equipment previously approved, provide the CON project number of the existing equipment. If requesting a non-applicability letter, also complete the next page of this form.</p> <p>Lake George Senior Living is seeking approval for the addition of 10 ALF II beds to their existing assisted living facility (ALF II). This expansion will include 10 private suites, totaling approximately 3,500 square feet, each equipped with full baths. Additionally, it will incorporate a communal dining area and an activity room, all designed to foster a home-like environment. Currently, Lake George Senior Living operates as a 10-bed ALF II facility. Residents at Lake George are private pay and do not use Medicaid funds. With this expansion, it will be able to provide care for up to 20 residents. According to the CON need analysis, there is an unmet need for 14 RCF/ALF beds within a 15-mile radius of Lake George. Furthermore, this will help current independent living residents to transition to assisted living if they require assistance.</p> <p>*If new or additional long-term care beds, provide the average occupancy of all licensed and available beds in the appropriate category within the fifteen-mile radius, check one of the following, and attach applicable documentation or explanation.  <input checked="" type="checkbox"/> Bed need standard is met. <i>(Attach documentation.)</i> -OR- <input type="checkbox"/> Special exceptions apply. <i>(Attach explanation.)</i></p>	
<b>Key:</b> LTC = Long-Term Care; LTCH = Long-Term Care Hospital; RCF/ALF = Residential Care Facility/Assisted Living Facility		
<b>5. Estimated Project Cost:</b> \$ 960000		
<b>6. Authorized Contact Person Identification</b> <i>(List only one person who would be the main contact person for the project)</i>		
Name of Contact Person Roystan Pais		Title CEO
Contact Person Address (Company/Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201		
Telephone Number 5734420577	Fax Number 5734410822	E-mail Address lakegeorgecolumbia@gmail.com
Signature of Contact Person 		Date of Signature 03/27/2024

## Divider I: Attachments



Certificate of Need Program

**LETTER OF INTENT**

**7. Applicability** *(Check the box below to indicate the rationale for the exemption or waiver being sought.)*

**A Proposed Expenditure form (MO 580-2375) is required even if the project cost is "\$0".**

- If proposed expenditures are **less than the minimums** in §197.305(6), attach supporting documentation to illustrate how each of those amounts were determined, such as schematic drawings, equipment quotes, and contractor estimates.
- §197.305(9)(e) for additional long term care beds in the same category (certified as RCF/ALF, ICF or SNF) in a RCF/ALF, nursing home, or acute care hospital costing less than \$600,000, and are 10 beds or 10% of that facility's existing capacity, whichever is less. The facility must have had no patient care class I deficiencies within the last 18 months and has maintained at least an 85% average occupancy rate for the previous 6 quarters.

If the proposal meets one of the **exemptions** or **exceptions** below, then check the appropriate box, and attach detailed documentation substantiating compliance with the statutory provisions as set out in Rule 19 CSR 60-50.410:

- §197.312 for an RCF/ALF previously owned and operated by the city of St. Louis; or
- If the proposal meets the definition of "**nonsubstantive projects**" in §197.305(10) and 19 CSR 60-50.300(13) for a **waiver** from review, complete both pages of this form as the first step in the process, and provide the rationale as to why the proposal should be deemed to be "nonsubstantive" in the space below.
- If the proposal meets the definition of "**purchase**" or "**replacement**" in §197.318(4) and 19 CSR 60-50.450(4) for an **exception** from review, complete both pages of this form, and provide the rationale in the space below, including attached schematics and other documentation as to why the proposal should be deemed to be "nonapplicable".

*Explain the rationale for the non-applicability letter request.*



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the Letter of Intent for this project, without exception.

**1. Project Location** (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Expansion of Lake George Assisted Living	Project Number 6102 RS
Project Address (Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201	County Boone

**2. Applicant Identification** (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
Lake George Estates of Columbia LLC	5000 E Richland Rd, Columbia, MO 65201	5734420577
<i>(List entity to be licensed or certified.)</i>		
List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
Lake George Senior Living LLC d/b/a Lake George Assisted Living	5000 E Richland Rd, Columbia, MO 65201	5734420577

**3. Ownership** (Check applicable category.)

Nonprofit Corporation     
  Individual     
  City     
  District  
 Partnership     
  Corporation     
  County     
  Other <sup>LLC</sup> \_\_\_\_\_

**4. Certification**

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

**5. Authorized Contact Person** (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Roystan Pais	Title CEO
Telephone Number 5734420577	Fax Number 5734410822
E-mail Address lakegeorgecolumbia@gmail.com	
Signature of Contact Person 	Date of Signature 4/25/2024





Certificate of Need Program

**REPRESENTATIVE REGISTRATION**

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

Project Name 10 bed addition to Lake George Senior Living	Number 6102 RS
--	-------------------

(Please type or print legibly.)

Name of Representative Roystan Pais	Title CEO
--	--------------

Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Lake George Senior Living LLC	Telephone Number 5734420577
--	--------------------------------

Address (Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201
--

Who's interests are being represented?  
(If more than one, submit a separate Representative Registration Form for each.)

Name of Individual/Agency/Corporation/Organization being Represented Lake George Senior Living LLC	Telephone Number 5734420577
---	--------------------------------

Address (Street/City/State/Zip Code) 5000 E Richland Rd, Columbia, MO 65201
--

Check one. Do you:

- Support
- Oppose
- Neutral

Relationship to Project:

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

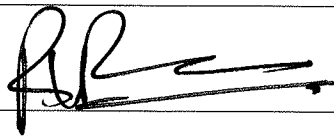
Other Information:

---



---

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

Original Signature 	Date 4/25/2024
---	-------------------



Certificate of Need Program

1e

**PROPOSED PROJECT BUDGET**

**Description**

**Dollars**

**COSTS:\***

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

1. New Construction Costs ***	\$770,000
2. Renovation Costs ***	\$0
<b>3. Subtotal Construction Costs</b> (#1 plus #2)	<b>\$770,000</b>
4. Architectural/Engineering Fees	\$75,000
5. Other Equipment (not in construction contract)	\$20,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$0
8. Consultants' Fees/Legal Fees ***	\$10,000
9. Interest During Construction (net of interest earned) ***	\$85,000
10. Other Costs ***	\$0
<b>11. Subtotal Non-Construction Costs</b> (sum of #4 through #10)	<b>\$190,000</b>
<b>12. Total Project Development Costs</b> (#3 plus #11)	<b>\$960,000 **</b>

**FINANCING:**

13. Unrestricted Funds	\$110,000
14. Bonds	\$0
15. Loans	\$850,000
16. Other Methods (specify)	\$0
<b>17. Total Project Financing</b> (sum of #13 through #16)	<b>\$960,000 **</b>

18. New Construction Total Square Footage	3,500
19. New Construction Costs Per Square Foot *****	\$220
20. Renovated Space Total Square Footage	0
21. Renovated Space Costs Per Square Foot *****	\$0

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

## Proposed Project Budget Detail Sheet

**1. New Construction Costs**

\$770,000 is the total estimate of construction costs based on 3500 square feet.

**2. Renovation Costs**

None

**4. Architectural/ Engineering Fees**

\$75,000 is the architectural and civil engineering fee estimate provided by The Architects Alliance, Inc.

**5. Other Equipment (not included in construction contract)**

\$20,000 is the estimated amount needed for this category (video surveillance system).

**6. Major Medical Equipment**

Not applicable

**7. Land Acquisition Costs**

None, Land is already owned by the owner.

**8. Consultant's Fees/ Legal Fees**

\$10,000 for legal and consulting fees

**9. Interest During Construction**

\$85,000 is estimated interest accrued during construction paid after the addition is licensed and operational.

**10. Other Costs**

None

1d.



State of Missouri  
John R. Ashcroft, Secretary of State  
Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

LC014389837  
Date Filed: 7/5/2022  
John R. Ashcroft  
Missouri Secretary of State

### Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

Lake George Estates of Columbia LLC

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

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

Real estate holding and all other purposes allowed under Missouri law.

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

<u>Roystan Pais</u>	<u>5000 E Richland Rd</u>	<u>Columbia, MO 65201-9606</u>
<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>

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

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

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

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

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

<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
<u>COOK, VETTER, DOERHOFF &amp; LANDWEHR, P.C.</u>	<u>231 Madison Street</u>	<u>Jefferson City MO 65101</u>

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

New Series:

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

New Series:

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

New Series:

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

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

Name and address to return filed document:

Name: Janie Wallace

Address: Email: jwallace@cvd1.net

City, State, and Zip Code: \_\_\_\_\_

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

5000 E Richland Rd

Columbia, MO 65201-9606

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

*City/State/Zip*

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

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

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

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

**All organizers must sign:**

COOK, VETTER, DOERHOFF &  
LANDWEHR, P.C. - Shelly A. Kintzel

*Organizer Signature*

COOK, VETTER, DOERHOFF & LANDWEHR, P.C. -  
SHELLY A. KINTZEL

*Printed Name*

07/05/2022

*Date of Signature*

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

WHEREAS,

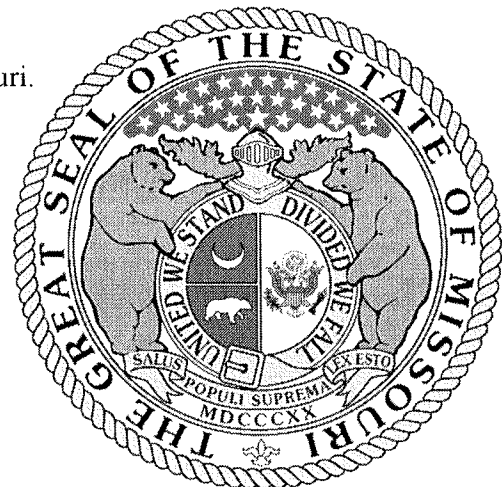
*Lake George Estates of Columbia LLC*  
*LC014389837*

filed its Articles of Organization with this office on the 5th day of July, 2022, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 5th day of July, 2022, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 5th day of July, 2022.

  
Secretary of State





**John R. Ashcroft**  
Missouri Secretary of State

**MISSOURI ONLINE BUSINESS FILING**

[MY ACCOUNT](#)

[HOME](#)

[SEARCH](#)

[MISC INFO](#)

[UCC FILING](#)

[Help](#)

## Limited Liability Company Details as of 4/25/2024

Required Field \*

**File Documents** - select the filing from the "Filing Type" drop-down list, then click **FILE ONLINE**.

**File Registration Reports** - click **FILE REGISTRATION REPORT**.

**Copies or Certificates** - click **FILE COPIES/CERTIFICATES**.

[SEARCH RESULTS](#)

**Create Filing**

[FILE ONLINE](#)

Amendment to Articles of Organization

[BACK TO SEARCH RESULTS](#)

General Information

Filings

Principal Office Address

Contact(s)

Name(s) **Lake George Estates of Columbia LLC**

Principal Office Address **5000 E Richland Rd  
Columbia, MO 65201-9606**

Type **Limited Liability Company**

Charter No. **LC014389837**

Domesticity **Domestic**

Home State

Registered Agent **Pais, Roystan  
5000 E Richland Rd  
Columbia, MO 65201-9606**

Status **Active**

Date Formed **7/5/2022**

Duration **Perpetual**

The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.

Hey there! I am an A.I. chatbot, let's talk.





**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**LC014389838**  
**Date Filed: 7/5/2022**  
**John R. Ashcroft**  
**Missouri Secretary of State**

**Articles of Organization**

*(Submit with filing fee of \$105.00)*

1. The name of the limited liability company is

Lake George Senior Living LLC

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

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

Operating assisted and/or independent living facilities and all other purposes allowed under Missouri law.

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

<u>Roystan Pais</u>	<u>5000 E Richland Rd</u>	<u>Columbia, MO 65201-9606</u>
<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>

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

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

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

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

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

<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
<u>COOK, VETTER, DOERHOFF &amp; LANDWEHR, P.C.</u>	<u>231 Madison Street</u>	<u>Jefferson City MO 65101</u>

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

New Series:

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

New Series:

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

New Series:

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

*(Each separate series must also file an Attachment Form LLC IA.)*

Name and address to return filed document:	
Name:	<u>Janie Wallace</u>
Address:	<u>Email: jwallace@cvd1.net</u>
City, State, and Zip Code:	<u></u>



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

5000 E Richland Rd

Columbia, MO 65201-9606

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

*City/State/Zip*

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

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

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

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

**All organizers must sign:**

COOK, VETTER, DOERHOFF &  
LANDWEHR, P.C. - Shelly A. Kintzel

*Organizer Signature*

COOK, VETTER, DOERHOFF & LANDWEHR, P.C. -  
SHELLY A. KINTZEL

*Printed Name*

07/05/2022

*Date of Signature*

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

WHEREAS,

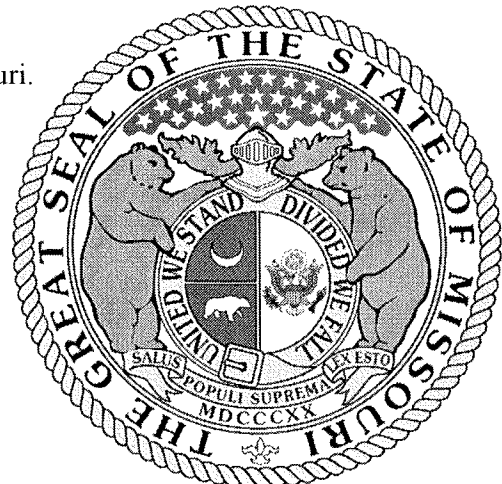
*Lake George Senior Living LLC*  
*LC014389838*

filed its Articles of Organization with this office on the 5th day of July, 2022, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 5th day of July, 2022, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 5th day of July, 2022.

  
Secretary of State





**John R. Ashcroft**

Missouri Secretary of State

**MISSOURI ONLINE BUSINESS FILING**

[MY ACCOUNT](#)

[HOME](#)

[SEARCH](#)

[MISC INFO](#)

[UCC FILING](#)

[Help](#)

## Limited Liability Company Details as of 4/25/2024

Required Field \*

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

[RETURN TO SEARCH RESULTS](#)

**Create Filing**

[FILE ONLINE](#)

Amendment to Articles of Organization

[REGISTERED CERTIFICATES](#)

General Information

Filings

Principal Office Address

Contact(s)

Name(s) **Lake George Senior Living LLC**

Principal Office Address **5000 E Richland Rd  
Columbia, MO 65201-9606**

Type **Limited Liability Company**

Charter No. **LC014389838**

Domesticity **Domestic**

Home State

Registered Agent **Pais, Roystan  
5000 E Richland Rd  
Columbia, MO 65201-9606**

Status **Active**

Date Formed **7/5/2022**

Duration **Perpetual**

The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.

Hey there! I am an A.I. chatbot, let's talk.



## Divider II: Proposal Description

## Divider II: Proposal Description

**1. Provide a complete detailed project description.**

Lake George Assisted Living, LLC is an 8-unit assisted living facility, currently licensed for 10 beds. The proposed increase of 10 beds aims to provide care for an additional 10 residents. This expansion comprises 3,500 square feet and will include 10 private suites with full baths, as well as a common area for activities and dining. All the new rooms will offer a lake view for residents. With this expansion, Lake George can accommodate up to 20 residents while maintaining a "home-like" environment.

Lake George provides care in a "small home" design, which is unique so residents do not feel the stress of moving into a large facility from their home. We offer personalized care in a home-like environment with higher staffing ratios. We aim to continue this model by keeping it small. The additional rooms will also meet the needs of Lake George's independent living residents when they require additional care.

**2. Provide a timeline of events for the project, from the issuance of the CON through project completion.**

July 15, 2024: CON Approval Date.

August 15, 2024: Secure Final Financing.

August 30, 2024: Construction Permit.

September 2, 2024: Construction begins.

July 1, 2025: Construction/ Project Completed.

August 1, 2025: Final State Licensure Inspection.

August 15, 2025: Project Opening Date/ Start taking new residents.

**3. Provide a legible city or county map showing the exact location of the proposed facility.**

See attachment. *2a*

**4. Provide a site plan for proposed project.**

See attachment. *2b*

**5. Provide preliminary schematic drawings for the proposed project.**

See attachment. *2c*

**6. Provide evidence that architectural plans have been submitted to the DHSS.**

See attachment. *2d*

**7. Provide the proposed square footage.**

This addition will be approximately 3,500 square feet. It will include 10 private suites with full baths and a common area for activities and dining.

**8. Document ownership of the project site or provide an option to purchase.**

The site is already owned by Lake George Estates of Columbia. A Missouri Warranty Deed is attached. *2e*

**9. Define the community to be served.**

The community served is primarily defined as people aged 65 and over who reside within a 15-mile radius of Lake George Senior Living. It also serves the independent living residents of Lake George Senior Living when they need additional care. Currently, our assisted living is completely full, forcing our independent living residents to go to other communities where they are not familiar with the environment. This addition will greatly help them receive the required care at the community they are familiar with. The residents served are mainly private pay or use long-term care insurance or have VA benefits.

**10. Provide 2025 population projections for the 15-mile radius service area.**

The applicant adjusted the population data based on the applicable rules and processes, using the 2025 projections required from the Department of Health and Senior Services. (See attachment) *2f*

**11. Identify specific community problems and unmet needs the proposal would address.**

When the community needs methodology of 25 beds per one thousand population 65+ is applied to the 27,123 of 65+ in the 15-mile radius, it results in a total RCF/ ALF needs 678 beds. There are a total of 588 licensed beds and 76 approved RCF/ALF beds in the same radius according to CON published data. Thus, there is an unmet need for 14 RCF/ ALF beds in the area.

Furthermore, it will serve the need of Lake George independent living residents when they need additional care.

**12. Provide historic utilization and utilization projections through the first three years of operations of the new LTC beds.**

Lake George Senior Living acquired the facility on August 5, 2022. Historic utilization since 3<sup>rd</sup> quarter of 2022.

This table shows projected utilization for the first three full years of the 10 bed ALF addition.

<u>Year</u>	<u>ALF Patient Days</u>
2022	1328
2023	2902
2024	900

<u>Year</u>	<u>ALF Patient Days</u>
2026	3285
2027	3285
2028	3285

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

Utilization projections are based on historic and current operations, as well as waiting list for assisted living.

**14. Document that consumers needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

The applicant has met numerous residents in the local community, as well as residents and families of Lake George independent living. We have also spoken to people who are on the waitlist for Lake George assisted living. Lake George Assisted Living is different from large assisted living facilities. Lake George offers "small home" designs that mimic a real home, which helps seniors avoid feeling the stress of moving into a large facility during their most vulnerable period. Furthermore, we provide personalized care, higher staffing ratios, and home-cooked meals. Because of this, there is strong demand for this assisted living model. Many elderly residents appreciate the feeling of being at home while receiving the necessary care and the convenience of assisted living.

**15. Provide copies of any petitions, letters of support or opposition received.**

The letters of support include the following (see attachment) *29*

Nina Stawski

Darryl Smith

Sam Timbrook

Jamie German

**16. Document that providers of similar health services in the proposed 15- mile radius have been notified of the application by a public notice in the local newspaper.**

We have notified the interested parties via local newspaper ad. (See attachment) *2h*

**17. Document that providers of all affected facilities in the proposed 15- mile radius were addressed letters regarding the application.**

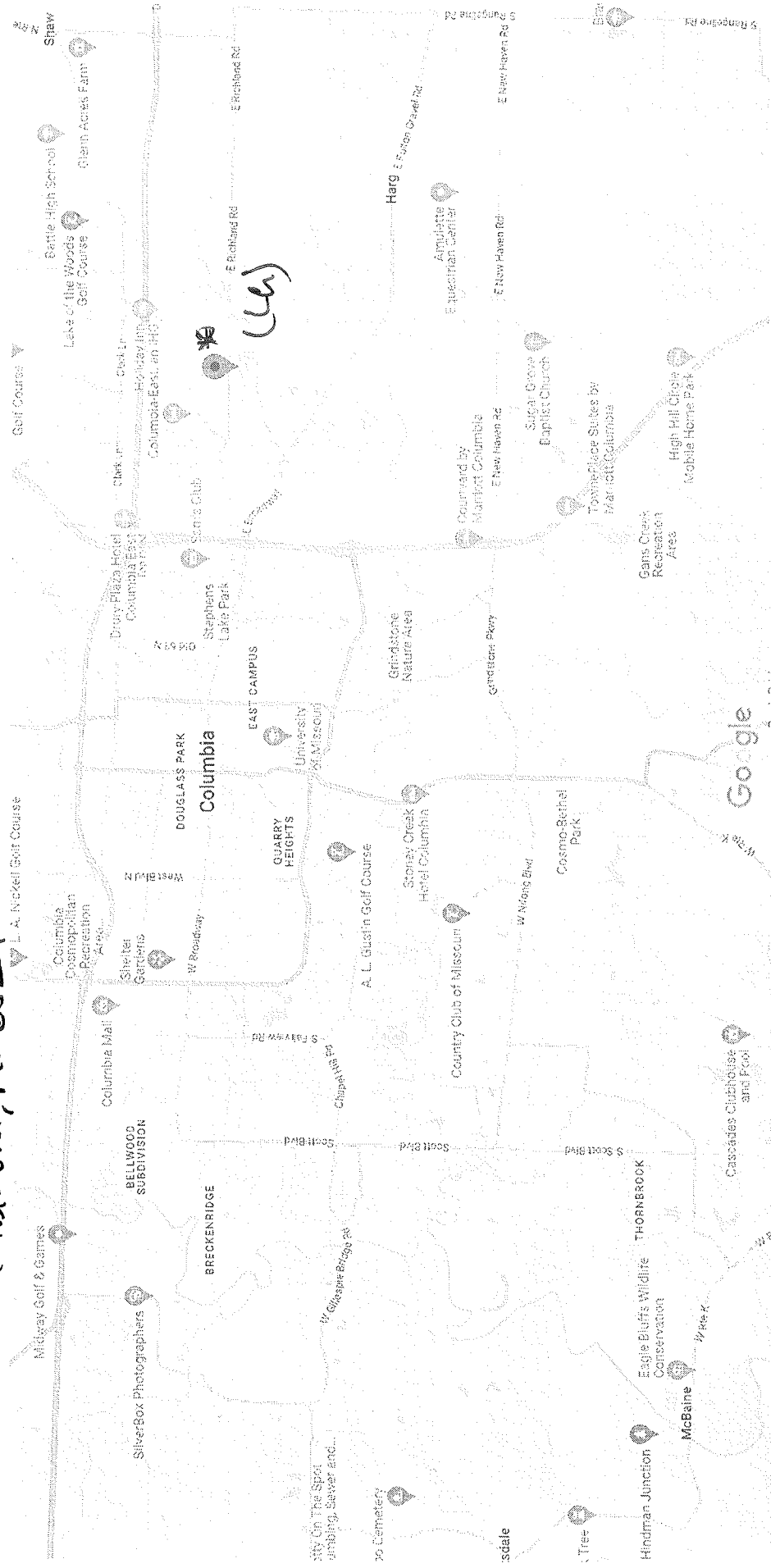
A notification letter was sent to all licensed assisted living and residential care facilities in the 15- mile radius around our site. (See attachment) *2i*

## Divider II: Attachments



Google Maps

Lake George Senior Living  
5000 E Richland Rd  
Columbia, Mo 65201



Map data ©2024 Google 1 mi

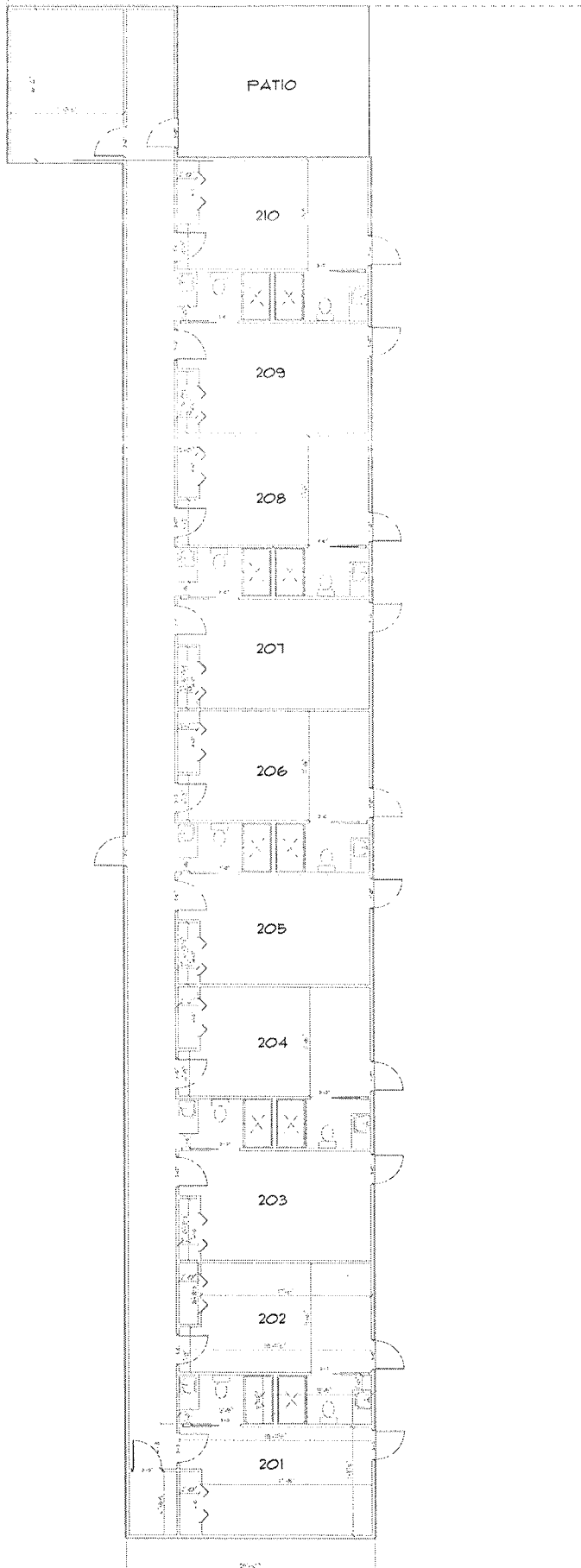
Geographic location of Lake George Senior Living LLC  
and proposed addition.

LL



Lake George Schematic drawing of  
new addition 2c

EXISTING BUILDING



2d



Roystan Pais <lakegeorgecolumbia@gmail.com>

**Re: CON application- schematic plans**

1 message

**Roystan Pais** <lakegeorgecolumbia@gmail.com>

Mon, Apr 29, 2024 at 10:17 AM

To: "East, David" <David.East@health.mo.gov>

David,

Good morning. Lake George Senior Living LLC, located at 5000 E Richland Rd, Columbia, MO 65201, would like to add 10 rooms to the existing facility. Please find attached a schematic plan for the addition. I will be working with Brian Connell, architect, and Rick Schlueter on the construction. We will submit more detailed information and specifications as we navigate through the Certificate of Need process and work towards construction, contingent on CON approval.

Thank you for your consideration.

**Roystan Pais, MBA, FACHE**

Lake George Senior Living  
5000 E Richland Rd  
Columbia MO 65201  
Cell: 816-888-9643  
www.lakegeorgecolumbia.com

On Fri, Apr 26, 2024 at 7:25 AM East, David <David.East@health.mo.gov> wrote:

I did receive your voicemail and please call me if you would still like to discuss. However the schematic for the CON approval can be very basic. Just a general layout with a few detail. Once the CON process is complete then we will ask for a very detailed plan for review.

Online Reporting for Abuse and Neglect is available 24/7: . <https://health.mo.gov/safety/abuse/>

For the latest information related to Long-Term Care, please subscribe here and select "LTCR: Long-Term Care Regulation" under the Subscription Topics.



**David East**

Mechanical Engineer | Missouri Department of Health and Senior Services

Email: david.east@health.mo.gov | Phone: 573-526-8521

Health.Mo.Gov

2e



Recorded in Boone County, Missouri

Date and Time: 08/08/2022 at 08:59:02 AM

Instrument #: 2022017411 Book: 5659 Page: 44

Instrument Type: WD

Recording Fee: \$33.00 S

No. of Pages: 4



*Title of Document:* Missouri Special Warranty Deed

*Date of Document:* August 5, 2022

*Grantor:* Lake George Properties L.L.C., a Missouri limited liability company

*Grantor's Mailing Address:* 720 E. Breedlove Dr.  
Sturgeon, MO 65284

*Grantee:* Lake George Estates of Columbia LLC, a Missouri limited liability company

*Grantee's Mailing Address:* 5000 E Richland Rd  
Columbia, MO 65201-9606

*Legal Description:* See Exhibit A to the document

*Reference Book and Page(s):* Not applicable

MISSOURI SPECIAL WARRANTY DEED

THIS INDENTURE, made this 5th day of August, 2022, by and between Lake George Properties L.L.C., a Missouri limited liability company (collectively "Grantor"), and Lake George Estates of Columbia LLC, a Missouri limited liability company ("Grantee") (mailing address of Grantee is 5000 E Richland Rd, Columbia, MO 65201-9606).

WITNESSETH: That Grantor, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, to Grantor paid by Grantee, receipt of which is hereby acknowledged, does by these presents GRANT, BARGAIN, SELL AND CONVEY unto Grantee and its successors and assigns that certain real property situated in the County of Boone and State of Missouri, described in Exhibit A attached hereto and incorporated herein by this reference (the "Property").

SUBJECT TO easements and restrictions of record (the "Exceptions").

TO HAVE AND TO HOLD the Property with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in any wise appertaining, unto Grantee and its successors and assigns, forever; and Grantor does hereby covenant that the Property is free and clear from any encumbrance done or suffered by Grantor, except the Exceptions, and that Grantor will warrant and defend the title to the Property unto Grantee and its successors and assigns forever against the lawful claims and demands of all persons claiming by, through or under Grantor, except the Exceptions.

IN WITNESS WHEREOF, Grantor has hereunto set its hand the day and year first above written.

Lake George Properties L.L.C.,  
a Missouri limited liability company

  
\_\_\_\_\_  
Alan Lynch, manager

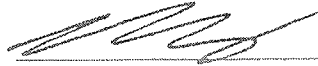
STATE OF MISSOURI        )  
  ) SS.  
COUNTY OF BOONE        )

ON THIS 5th day of August, 2022, before me, the undersigned, a Notary Public in and for the State of Missouri, personally appeared Alan Lynch, manager of Lake George Properties L.L.C., a Missouri limited liability company, known to me to be the person described in and who executed

BOONE COUNTY MO AUG 08 2022

the foregoing instrument, who, being by me first duly sworn, stated that he executed said instrument as a free act and deed of said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.



Notary Public

Printed Name: William A. Hughes, Jr.

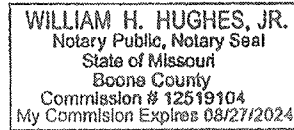


EXHIBIT A

Legal Description of the Property

A tract of land containing 12.85 acres, more or less, located in the Northwest Quarter (NW 1/4) of Section Fifteen (15), Township Forty-eight (48) North, Range Twelve (12) West, of the Fifth (5th) Principal Meridian, being partly in Boone County, Missouri, and partly in the City of Columbia, Missouri, said tract of land being shown and described as Tract One (1) of the survey recorded February 8, 1996 as Document No. 2581 in Book 1207, Page 660, Records of Boone County, Missouri. Said tract of land includes all of Lot Two Hundred One (201) of Lake George Plat Two (2) as shown by the plat thereof recorded in Plat Book 47, Page 9, Records of Boone County, Missouri.



24

2025 Population Projections				
City				
Zip	City	County	Total Population	65+ Population
65010	Ashland	Boone	4,306	668
65039	Hartsburg	Boone	111	31
65046	James	Moniteau	409	109
65046	Lupus	Moniteau	35	7
65063	New Bloomfield	Callaway	689	88
65201	Columbia	Boone	135,881	15,812
65201	Pierpont	Boone	77	30
65202	Columbia	Boone	135,881	15,812
65203	Columbia	Boone	135,881	15,812
65203	Huntsdale	Boone	32	6
65203	McBaine	Boone	11	5
65215	Columbia	Boone	135,881	15,812
65231	Auxvasse	Callaway	986	179
65233	Boonville	Cooper	8,468	1,691
65233	Windsor Place	Cooper	333	55
65240	Centralia	Boone	4,408	1,068
65251	Fulton	Callaway	12,575	2,135
65255	Hallsville	Boone	1,663	295
65256	Harrisburg	Boone	301	39
65262	Kingdom City	Callaway	128	34
65265	Mexico	Audrain	11,542	2,689
65265	Vandiver	Audrain	68	17
65279	Rocheport	Boone	263	75
65284	Sturgeon	Boone	964	209
65287	Wooldridge	Cooper	56	3
		<b>Total</b>	<b>590,949</b>	<b>72,681</b>
<p>Please note that the above list <b>may contain</b> cities that are in a zip code (63025, 63026, 63348, 64024, 64034, 64048, 64075, 64082, 64147) that is primarily, but not entirely, in a non-adjustment county (Jackson, Clay, St. Louis, and St. Charles counties or St. Louis city). The listed city itself is in a county that adjusts for population centers and should be taken into account as a population center for CON population projection purposes."</p>				

## 2025 Population Projections

### Zip Codes

Zip	County	Total Population	65+ Population
65010	Boone	7,160	1,325
65039	Boone	2,562	524
65046	Moniteau	1,297	237
65063	Callaway	3,899	609
65201	Boone	45,442	4,922
65202	Boone	57,650	7,784
65203	Boone	62,373	10,405
65215	Boone	151	-
65231	Callaway	3,595	643
65233	Cooper	11,776	2,389
65240	Boone	8,352	2,054
65251	Callaway	24,701	4,094
65255	Boone	4,412	853
65256	Boone	2,217	372
65262	Callaway	1,121	193
65265	Audrain	15,117	3,093
65279	Boone	1,856	436
65284	Boone	2,479	534
65285	Audrain	654	115
65287	Cooper	488	99
	<b>Total</b>	<b>257,302</b>	<b>40,681</b>

Boone County, MO (29019)

2025 County Projection

192,547



COLUMBIA  
POST ACUTE

29

April 29, 2024

To Whom It May Concern:

My name is Chris McClain, and I am the Administrator at Columbia Post Acute. We are a skilled nursing facility (SNF) and a post-acute care center. Residents come to Columbia Post Acute for short-term rehab after an acute illness or hospital stay. Some of our residents who complete their rehab stay cannot go home safely and need a lower level of care, like assisted living. There is always a challenge in placing those residents in a good, assisted living facility.

Lake George Senior Living is an assisted living facility close to our location, that we have sent patients to in the past, and has a good reputation for excellent care.

We are pleased to recommend Lake George Senior Living to concerned families and individuals upon their discharge from CPA who need that level of care. Because of this, I would support adding additional beds to Lake George Senior Living.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Chris McClain, MBA, LNHA

Administrator Columbia Post Acute

29 April 24

To All Parties of Interest:

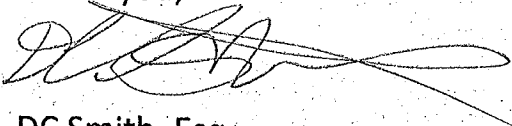
My mother, Dorothy C. Smith, is a resident of Lake George Independent Living. Based upon both her and my experience with staff, management, and ownership of this facility, it is without reservation or concern that I am writing in support of construction of an addition to the buildings to allow for greater occupancy of the assisted living facility as well as the independent living area.

The need for quality facilities for seniors is ever increasing as the population ages. Smaller facilities, such as Lake George, fill the need of many who wish to have a 'home like' experience instead of that of a larger nursing home. Lake George is currently almost always at capacity leaving those desiring its amenities in waiting or having to settle for other facilities.

It is my sincerest request that you consider Lake George's application for additional buildings or living areas favorably and approve this application.

Seniors will benefit greatly and enjoy an excellent quality of life at the larger Lake George.

Thank you,

A handwritten signature in black ink, appearing to be 'DC Smith', written in a cursive style with a long horizontal flourish extending to the right.

DC Smith, Esq.

April 29, 2024

To Whom It May Concern:

I welcome this opportunity to provide a letter of support for Roystan Pais. As a resident of Lake George Senior Living, I have observed since Mr. Pais has become owner/operator of this retirement community, his commitment to increase unity among residents, staff and their families. His focus to make this a safe and enjoyable community for us to live is apparent.

His desire of adding to the facility is to be commended. In my opinion He has the skill, knowledge, and personality to be successful in such an endeavor.

Sincerely,

A handwritten signature in black ink that reads "Sam Timbrook". The signature is written in a cursive style with a large initial "S" and a long, sweeping underline.

Sam Timbrook

4930 East Richland Rd. Apt. #5

Columbia, Missouri 65201

573-881-0031

April 26, 2024

To whom it may concern,

I am a current resident at Lake George Senior Living. I am writing in support of the addition of 10 more rooms. All our rooms are currently full, and it would be very helpful to other elderly people in the community or surrounding areas to have such a nice place to live and be cared for.

I have lived here for over 2 years and am very pleased with the care I receive. Please consider approving the application for the added rooms. I think Lake George is a wonderful place to live and hope more elderly people could enjoy it's friendliness and beauty.

Thank you,

Nina Stawski

A handwritten signature in black ink that reads "Nina Stawski". The signature is written in a cursive style and is underlined with a single horizontal line.

21

Page : 1 of 1 04/29/2024 12:40:33

Order Number : 31016865  
PO Number :  
Customer : 30956069 Lake George Senior Living  
Contact : Roystan Pais, MBA, FACHE  
Address1 : 5000 E Richland Rd  
Address2 :  
City St Zip : Columbia MO 65201  
Phone : (816) 888-9643  
Fax :  
Credit Card :  
Printed By : Susan Twitchell  
Entered By : Susan Twitchell  
Keywords : Project No #6102 RS  
Notes :  
Zones :

Ad Number : 31029694  
Ad Key : 31016865  
Salesperson : 67 - Legal Acct  
Publication : Columbia Missourian  
Section : Classified Section  
Sub Section : Classified Section  
Category : Legal Notices 1300  
Dates Run : 05/01/2024-05/01/2024  
Days : 1  
Size : 1 x 1.20, 12 lines  
Words : 70  
Ad Rate : Open  
Ad Price : 7.80  
Amount Paid : 0.00  
Amount Due : 7.80

Lake George Senior Living is seeking Certificate of Need approval to add and construct 10 rooms/ beds to the existing assisted living facility located at 5000 E Richland Rd, Columbia, Missouri 65201. (Project No #6102 RS) If you have any comments or concerns, please feel free to direct them to Roystan Pais at 5000 E Richland Rd, Columbia, Mo 65201. Ph 573-442-0577 or lakegeorgecolumbia@gmail.com.  
Insertion Date: Wednesday, May 1, 2024



Facilities within 15 miles of Lake George Senior Living  
 Notified via USPS letters

County	Facility Name	Address	City	Zip
Boone	Ashland Villa - Assisted Living By Americare	301 South Henry Clay Blvd	Ashland	65010
Boone	Baptist Home at Ashland, The (CON App 3/1/21 & 7/24/23)	5751 Baptist Home Ave	Ashland	65010
Boone	Bluegrass Terrace	102 Redtail Dr	Ashland	65010
Boone	Bluff Creek Terrace - Assisted Living By Americare	3104 Bluff Creek Dr	Columbia	65201
Boone	Candlelight Lodge Retirement Center (closed 11/23/22)	1406 Business Loop 70 West	Columbia	65202
Boone	Cedarhurst of Columbia	2333 Chapel Hill Road	Columbia	65203
Boone	Colony Pointe - Assisted Living by Americare	1510 Chapel Hill Rd	Columbia	65203
Boone	Harambee House, Inc	703 North Eighth St	Columbia	65201
Boone	Hillcrest Residential Care, Inc	9415 North Brown Station Rd	Columbia	65202
Boone	Lake George Assisted Living	5000 E Richland Rd	Columbia	65201
Boone	Lenoir Manor	3850 Cartwright Lane	Columbia	65201
Boone	Majestic Residences at Old Hawthorne (CON App 5/24/21)	38.929970, -92.255040	Columbia	65201
Boone	Mill Creek Village-Assisted Living by Americare	1990 W Southhampton Drive	Columbia	65203
Boone	Westbury Senior Living The (Opened 1/20/2022)	550 Stone Valley Parkway	Columbia	65203

→ No notices to notify

Li



**Lake George Senior Living**  
5000 E Richland Rd  
Columbia, MO 65201  
O: 573.442.0577  
F: 573.441.0822  
lakegeorgecolumbia.com

April 29, 2024

Roystan Pais  
5000 E Richland Rd  
Columbia, MO 65201

Via USPS

Ashland Villa  
301 South Henry Clay Blvd  
Ashland, MO 65010

copy

**Re: Lake George Senior Living Certificate of Need Project No. #6102 RS**

To whom it may concern,

Please be advised that Lake George Senior Living, LLC will submit and/ or has submitted a Certificate of Need application to add and construct 10 private rooms/ beds to the existing assisted living facility located at 5000 E Richland Rd, Columbia, MO 65201.

If you have any questions, please contact me at 573-442-0577. Thank you.

Sincerely,

Roystan Pais

Divider III: Service Specific Criteria and  
Standards

**Divider III: Service specific Criteria and Standards.**

- 1. For ICF/ SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

Not applicable.

- 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five beds per one thousand (1,000) population age sixty-five (65) and older.**

An inventory of existing and approved RCF and ALF facilities inside the 15-mile radius is provided (See attachment) as well as maps and population data from Bureau of Healthcare Analysis and Data Dissemination (See attachment). Based on the data, there will be an unmet need for 14 RCF/ALF beds in the 15-mile radius for the year 2025 as follows:

$$\text{Unmet ALF need} = (25 \times P) - U$$

Where:

25= RCF/ ALF need rate per 1,000 population age 65+

P= Year 2025 population in the 15-mile radius

U= Number of existing and approved beds in 15-mile radius

Unmet Need=  $(0.025 \times 27,123) - 664 = 14$  RCF/ ALF bed needed.

- 3. For LTCH beds, address the population-based need methodology of on-tenth(0.1) bed per thousand (1,000) population.**

Not applicable

- 4. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health or other specialty beds.**

Not applicable

- 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS), provide information to justify the need for the type of beds being proposed.**

Not applicable

- 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.**

The facility has not received a Notice of Noncompliance. It has been deficiency free for the last 18 months and maintained a high standard of care.

## Divider III: Attachments

County	Facility Name	Address	City	Zip	CON Approved	Licensed Beds			2nd Qtr 2022 Occup %	3rd Qtr 2022 Occup %	4th Qtr 2022 Occup %	1st Qtr 2023 Occup %		2nd Qtr 2023 Occup %		3rd Qtr 2023 Occup %		Average Occup %
						ALF	RCF	TOTAL				Occup %	Occup %	Pat Days	Occup Days	Occup %	Occup %	
Boone	Ashland Villa - Assisted Living	301 South Henry	Ashland	65010	0	72	0	72	34.7%	30.5%	33.8%	36.3%	37.4%	5,326	2,045	38.4%	35.0%	
Boone	Baptist Home at Ashland, The	5751 Baptist Hom	Ashland	65010	40	0	0	0	81.3%	93.8%	93.8%	75.0%	68.8%	1,472	920	62.5%	79.2%	
Boone	Bluegrass Terrace	102 Redtail Dr	Ashland	65010	0	16	16	16	47.5%	54.1%	50.6%	48.8%	51.5%	4,410	2,224	50.4%	50.5%	
Boone	Bluff Creek Terrace - Assisted Living	3104 Bluff Creek	Columbia	65201	0	48	0	48	0	48.6%	0	0	0	0	0	0	0	49.6%
Boone	Candlelight Lodge Retirement	1406 Business Lo	Columbia	65202	0	0	0	0	58.3%	61.5%	54.3%	58.0%	61.2%	11,684	7,466	63.9%	59.5%	
Boone	Cedarhurst of Columbia	2333 Chapel Hill	Columbia	65203	0	127	0	127	75.9%	66.5%	71.7%	70.2%	68.7%	5,428	4,158	76.6%	71.9%	
Boone	Colony Pointe - Assisted Living	1510 Chapel Hill	Columbia	65203	0	59	0	59	84.0%	95.0%	99.5%	96.4%	89.3%	1,380	1,221	88.5%	92.1%	
Boone	Harambee House, Inc	703 North Eighth	Columbia	65201	0	15	15	15	64.4%	67.6%	65.3%	63.0%	60.6%	3,036	2,045	67.4%	64.7%	
Boone	Hillcrest Residential Care, Inc	9415 North Brown	Columbia	65202	0	33	0	33	88.9%	80.0%	70.0%	77.8%	66.3%	920	644	70.0%	75.4%	
Boone	Lake George Assisted Living	5000 E Richland	Columbia	65201	0	10	0	10	88.5%	67.2%	66.1%	65.5%	64.5%	8,464	5,711	67.5%	69.2%	
Boone	Lenoir Manor	3850 Cartwright L	Columbia	65201	36	0	0	36	0	0	0	0	0	0	0	0	0	0
Boone	Majestic Residences at Old H	38.929970,-92.25	Columbia	65201	36	0	0	36	83.4%	75.7%	88.0%	86.8%	76.5%	4,600	3,594	78.1%	81.4%	
Boone	Mill Creek Village-Assisted Living	1990 W Southman	Columbia	65203	0	50	0	50	71.1%	71.1%	74.6%	82.9%	91.6%	6,072	5,989	98.6%	83.8%	
Boone	Westbury Senior Living The	550 Stone Valley	Columbia	65203	0	66	0	66	76 Available beds	588	664	76 Available beds	664	76 Available beds	664	76 Available beds	664	76 Available beds

CON approved beds 76 Available beds 588  
**Total beds (licensed beds+ CON approved) 664**

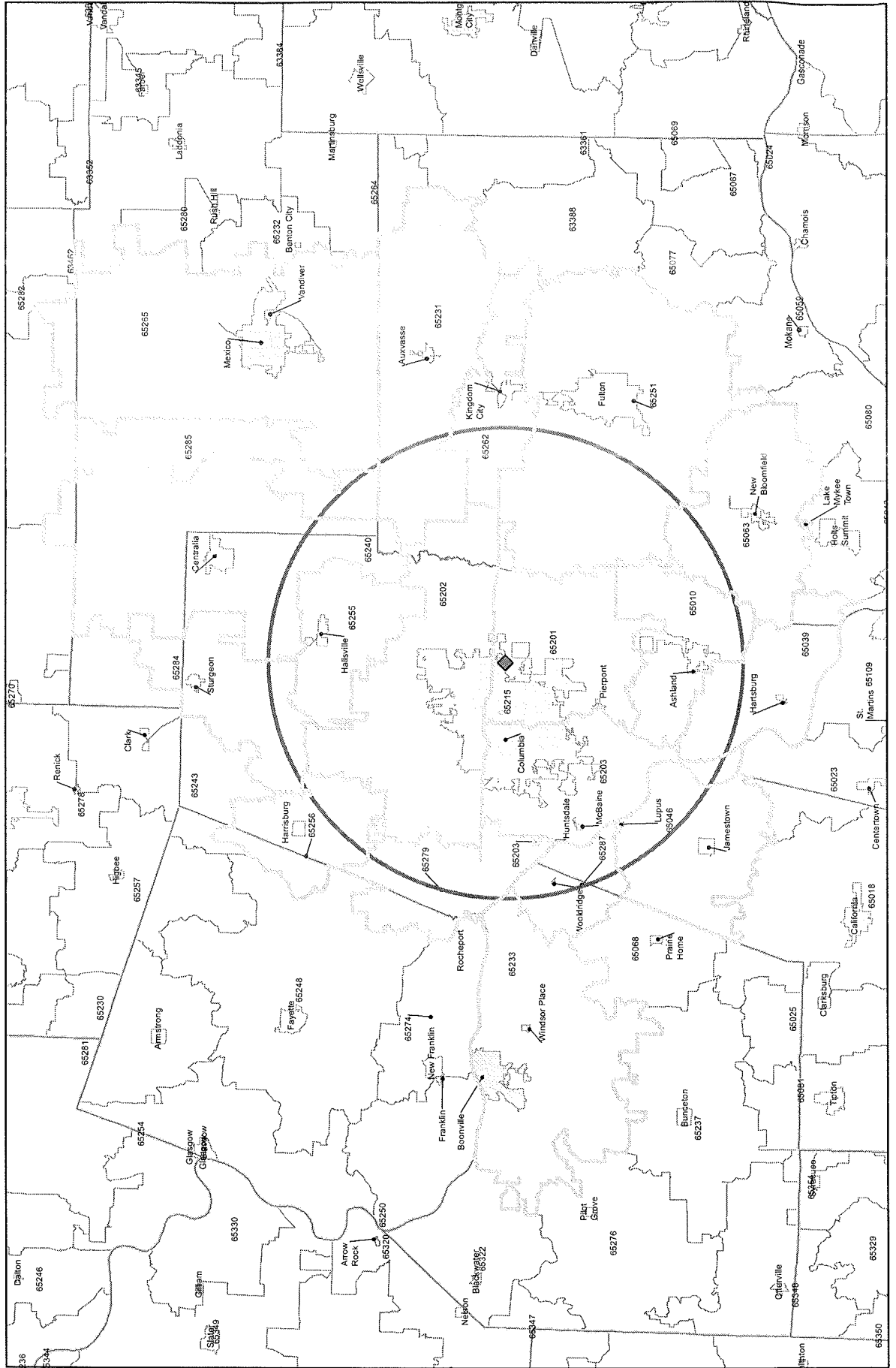
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
POPULATION 65+			Lake George Senior Living	Project Number:				Project Address: 5000 E Richland Rd, Columbia, MO 65201 (38.948620, -92.262525)						
Zip In Radius	Pop in Zip	City in Zip	City Pop	% of City in ZIP	City Pop in ZIP	Total Cities' Pop in Zip	% of Zip Area in Radius	Zip Pop in W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius		
1	65010	1,325	Ashland	668	100%	668	668	657	95%	624	668	668	1,292	
2	65039	524	Hartsburg	31	100%	31	31	493	40%	197	0	0	197	
3	65046	237	James Lupus	109	100%	109	116	121	30%	36	0	7	43	
4	65063	609	New Bloomfield	88	100%	88	88	521	25%	130	0	0	130	
5	65201	4,922	Columbia Pierpont	15,812	100%	30	30	4,892	100%	4,892	0	30	4,922	
6	65202	7,784	Columbia	15,812		0	0	7,784	100%	7,784	0	0	7,784	
7	65203	10,405	Columbia Huntsdale McBaine	15,812	45%	7,115	7,123	3,282	95%	3,118	7,115	7,126	10,244	
8	65215	0	Columbia	15,812		0	0	0	100%	0	0	0	0	
9	65231	643	Auxvasse	179	100%	179	179	464	20%	93	0	0	93	
10	65233	2,389	Boonville Windsor Place	1,691	100%	55	55	2,334	0%	0	0	0	0	
11	65240	2,054	Centralia	1,068	100%	1,068	1,068	986	35%	345	0	0	345	
12	65251	4,094	Fulton	2,135	100%	2,135	2,135	1,959	50%	980	0	0	980	
13	65255	853	Hallsville	295	100%	295	295	558	100%	558	0	0	558	
14	65256	372	Harrisburg	39	100%	39	39	333	35%	117	0	0	117	
15	65262	193	Kingdom City	34	100%	34	34	159	35%	56	0	0	56	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
47							0						0		
48	16	65265	3,093	Mexico	2,689	100%	2,689	2,706	387	0%	0		0	0	0
49				Vandiver	17	100%	17					0%	0		
50							0						0		
51	17	65279	436	Rocheport	75	100%	75	75	361	65%	235	0%	0	0	235
52							0						0		
53							0						0		
54	18	65284	534	Sturgeon	209	100%	209	209	325	20%	65	0%	0	0	65
55							0						0		
56							0						0		
57	19	65285	115				0	0	115	10%	12		0	0	12
58							0						0		
59							0						0		
60	20	65287	99	Woolridge	3	100%	3	3	96	50%	48	100%	3	3	51
61							0						0		
62							0						0		
63							0						0		
64			40,681		72,681		14,854	14,854	25,827		19,288		7,834	7,834	27,123
65													Total bed need		678
66													Licensed beds		588
67													CON approved		76
68													Bed need in 15 mile radius		14



# CON 15 Mile Radius

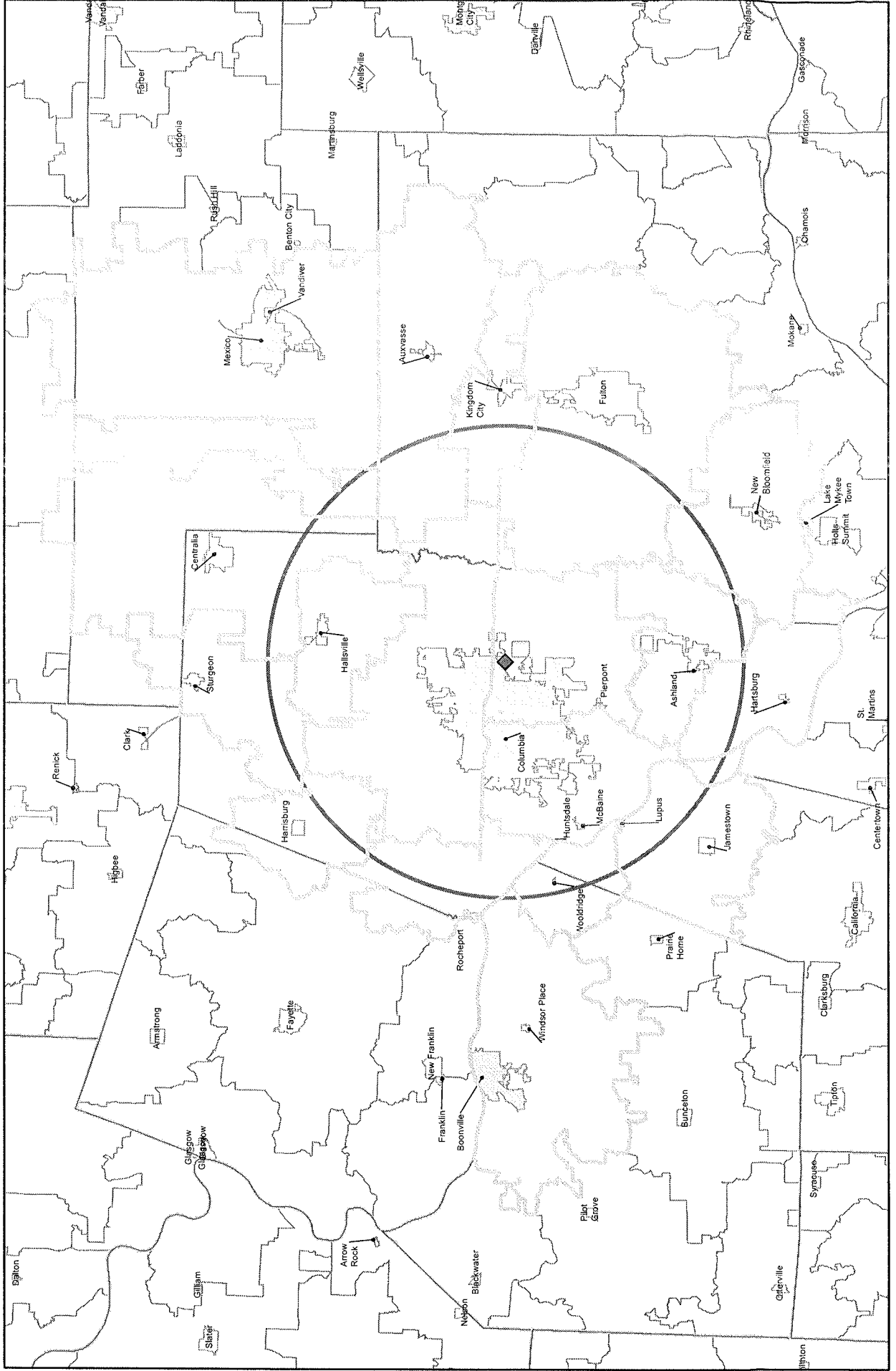
5000 E Richland Rd  
Columbia, MO 65201  
(Lat: 38.948620 & Long: -92.262525)



# CON 15 Mile Radius

5000 E Richland Rd  
Columbia, MO 65201

(Lat: 38.948620 & Long: -92.262525)

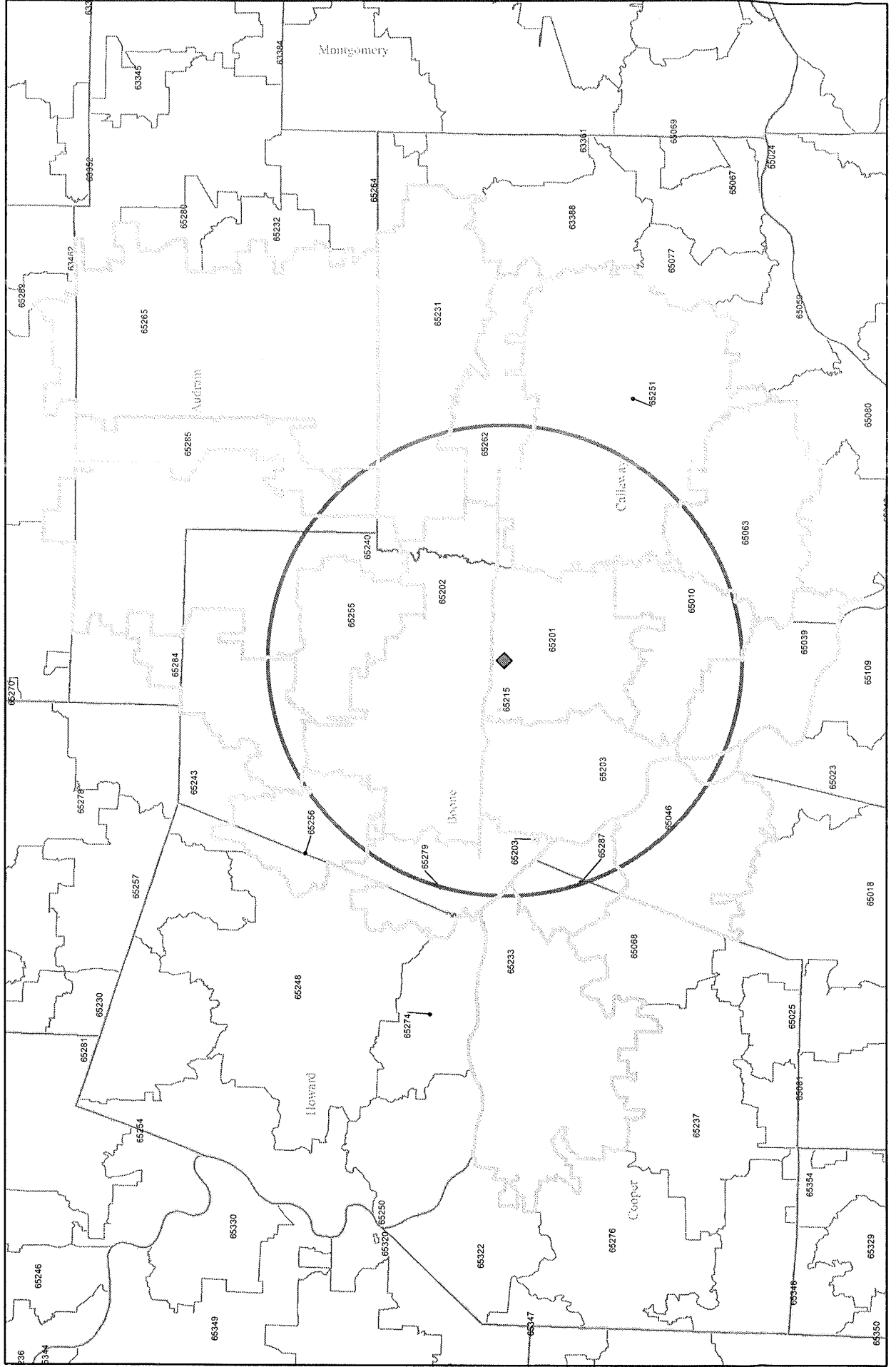


# CON 15 Mile Radius

5000 E Richland Rd

Columbia, MO 65201

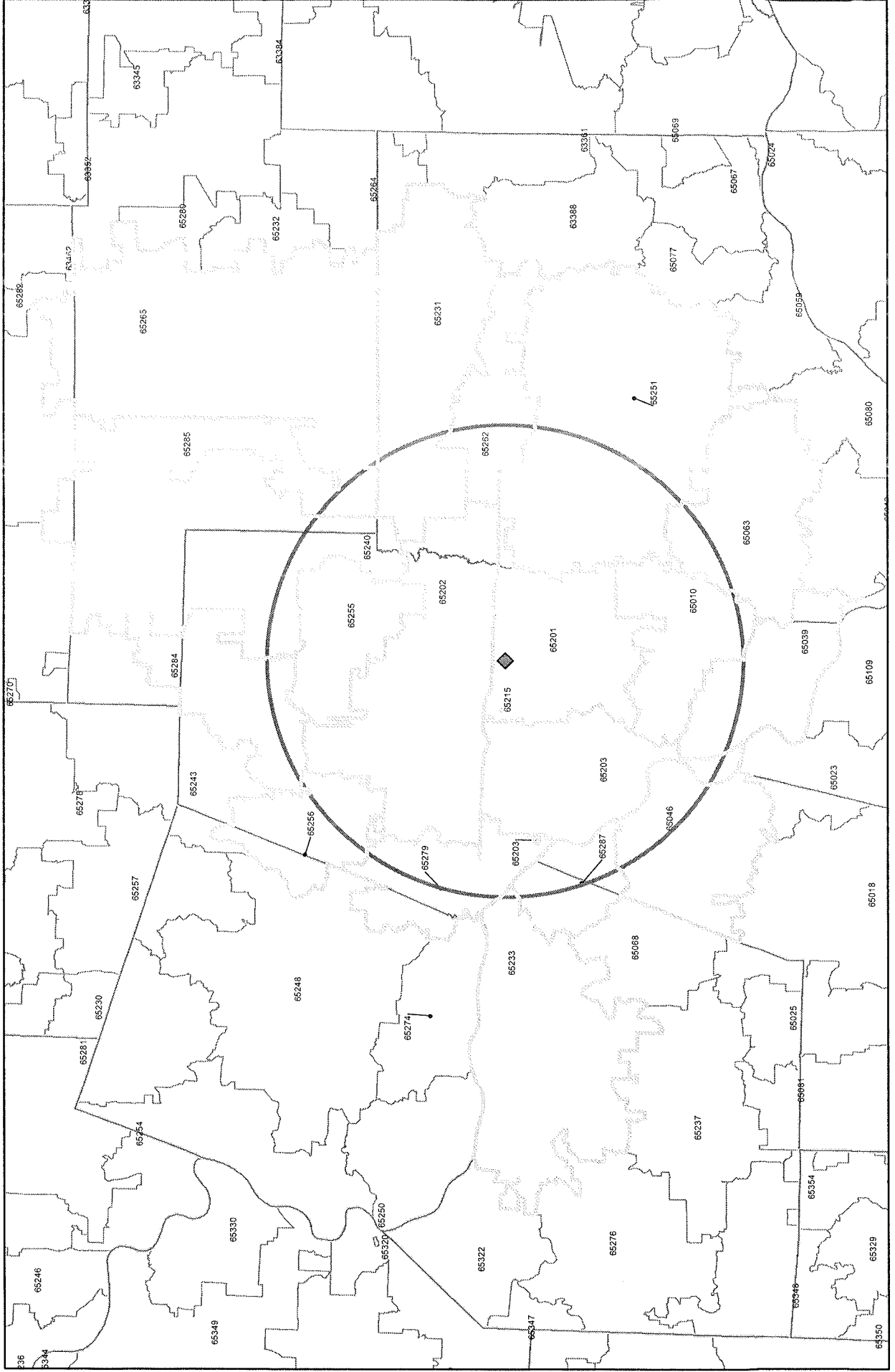
(Lat: 38.948620 & Long: -92.262525)



# CON 15 Mile Radius

5000 E Richland Rd  
Columbia, MO 65201

(Lat: 38.948620 & Long: -92.262525)



## 2025 Population Projections

### Zip Codes

Zip	County	Total Population	65+ Population
65010	Boone	7,160	1,325
65039	Boone	2,562	524
65046	Moniteau	1,297	237
65063	Callaway	3,899	609
65201	Boone	45,442	4,922
65202	Boone	57,650	7,784
65203	Boone	62,373	10,405
65215	Boone	151	-
65231	Callaway	3,595	643
65233	Cooper	11,776	2,389
65240	Boone	8,352	2,054
65251	Callaway	24,701	4,094
65255	Boone	4,412	853
65256	Boone	2,217	372
65262	Callaway	1,121	193
65265	Audrain	15,117	3,093
65279	Boone	1,856	436
65284	Boone	2,479	534
65285	Audrain	654	115
65287	Cooper	488	99
	<b>Total</b>	<b>257,302</b>	<b>40,681</b>

## 2025 Population Projections

City				
Zip	City	County	Total Population	65+ Population
65010	Ashland	Boone	4,306	668
65039	Hartsburg	Boone	111	31
65046	James	Moniteau	409	109
65046	Lupus	Moniteau	35	7
65063	New Bloomfield	Callaway	689	88
65201	Columbia	Boone	135,881	15,812
65201	Pierpont	Boone	77	30
65202	Columbia	Boone	135,881	15,812
65203	Columbia	Boone	135,881	15,812
65203	Huntsdale	Boone	32	6
65203	McBaine	Boone	11	5
65215	Columbia	Boone	135,881	15,812
65231	Auxvasse	Callaway	986	179
65233	Boonville	Cooper	8,468	1,691
65233	Windsor Place	Cooper	333	55
65240	Centralia	Boone	4,408	1,068
65251	Fulton	Callaway	12,575	2,135
65255	Hallsville	Boone	1,663	295
65256	Harrisburg	Boone	301	39
65262	Kingdom City	Callaway	128	34
65265	Mexico	Audrain	11,542	2,689
65265	Vandiver	Audrain	68	17
65279	Rocheport	Boone	263	75
65284	Sturgeon	Boone	964	209
65287	Wooldridge	Cooper	56	3
		<b>Total</b>	<b>590,949</b>	<b>72,681</b>

Please note that the above list **may contain** cities that are in a zip code (63025, 63026, 63348, 64024, 64034, 64048, 64075, 64082, 64147) that is primarily, but not entirely, in a non-adjustment county (Jackson, Clay, St. Louis, and St. Charles counties or St. Louis city). The listed city itself is in a county that adjusts for population centers and should be taken into account as a population center for CON population projection purposes."

Boone County, MO (29019)

2025 County Projection

192,547

## Divider IV: Financial Feasibility Criteria and Standards



**Divider IV: Financial Feasibility Criteria and Standards**

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest “RS Means Construction Cost data.”**

Estimated construction cost is \$220.00 per square foot, which is more than \$183.82 per square foot for RS Means for other Missouri areas (see attachment). *ha*

- 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor’s statement indicating that sufficient funds are available.**

A letter from the Central Bank documents their interest in financing the applicant’s project. (See attached) *4b*

- 3. Provide Service- specific Revenue and expenses (Form MO 580-1865) for the latest 3 years and projected through three (3) years beyond project completion.**

See attached. *4c*

- 4. Document how patient charges were derived.**

Charges are based on data from historic operations and competitive price analysis.

- 5. Document responsiveness to the needs of the medically indigent.**

This is a private-pay assisted living facility, which will not accept public reimbursement, such as Medicare or Medicaid. However, the community will welcome residents with long-term care insurance and veterans. Residents with limited resources will also be referred to other services that provide indigent care.

- 6. For a proposed new skilled nursing or intermediate care facility, what percent of your admissions would Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?**

Not applicable.

- 7. For an existing skilled nursing or intermediate care facility proposing to add beds, what percent of your admissions is Medicaid eligible on the first day of admission or Medicaid eligible within 90 days of admission?**

Not applicable.

## Divider IV: Attachments

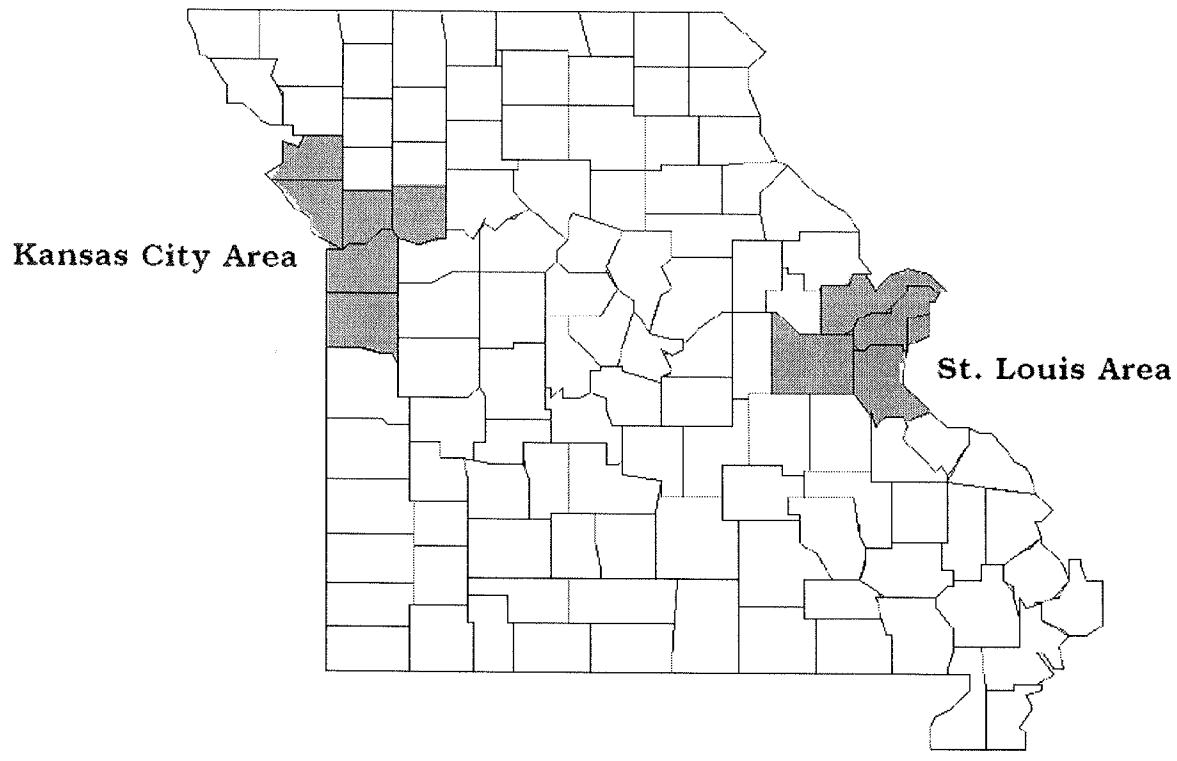
Lca

# RS Means Cost Data

## RS Means Cost Data Percentile Limits Total New Construction Project Costs\* Source: 2024 RS Means Building Construction Cost Data

<u>Type of Facility</u>	<u>Percentile</u>	<u>St. Louis Area</u>	<u>Kansas City Area</u>	<u>Other Missouri Area</u>
<b>Hospital</b>	3/4	492.50	497.50	455.00
Cost Per Sq. Ft.	Median	458.03	462.68	423.15
<b>Nursing Home/ Assisted Living Facility**</b>	3/4	263.00	265.67	242.97
Cost Per Sq. Ft.	Median	198.97	200.99	183.82

\*\*Since 2017, nursing homes and assisted living facilities have been combined into one cost per square foot.



\* Renovation costs should not exceed 70% of total new construction project costs.

46



Roystan Pais <paisroystan@gmail.com>

**RE: Flood Plain Overlay.docx**

1 message

**Tanner, Leslie** <leslie.tanner@centralbank.net>

Fri, Mar 1, 2024 at 9:10 AM

To: Roystan Pais <paisroystan@gmail.com>

Yes, would love to see what all Central Bank can help with. Do you mind forwarding the following and I can write up the request?

I already have ample information showing you are an expert in the industry.

Business and personal 2021and 2022 tax return

Any financials on the existing business for 2023

Personal financial statement (I have attached 2 types of forms, just choose the one you like)

Leslie Tanner, Senior Vice President

Central Bank Commercial Lending

NMLS#525946

**From:** Roystan Pais <paisroystan@gmail.com>

**Sent:** Wednesday, February 28, 2024 5:30 PM

**To:** Tanner, Leslie <leslie.tanner@centralbank.net>

**Subject:** Re: Flood Plain Overlay.docx

EXTERNAL - paisroystan@gmail.com

Leslie,

Good evening. I just wanted to follow up and see if you have an interest in financing this project? Thank you.

Roystan



# SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:** Lake George Senior Living

**Project #:** 6102 RS

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

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

	<b>Year</b>		
	<u>2026</u>	<u>2027</u>	<u>2028</u>
<b>Amount of Utilization:*</b>	3,285	3,285	3,285
<b>Revenue:</b>			
Average Charge**	\$200	\$200	\$200
Gross Revenue	\$657,000	\$657,000	\$657,000
Revenue Deductions	0	0	0
Operating Revenue	<u>657,000</u>	<u>657,000</u>	<u>657,000</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$657,000</u></b>	<b><u>\$657,000</u></b>	<b><u>\$657,000</u></b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	392,000	392,000	392,000
Fees	1,000	1,000	1,000
Supplies	48,500	48,500	48,500
Other	12,000	12,000	12,000
<b>TOTAL DIRECT</b>	<b><u>\$453,500</u></b>	<b><u>\$453,500</u></b>	<b><u>\$453,500</u></b>
Indirect Expenses			
Depreciation	28,000	28,000	28,000
Interest***	80,000	80,000	80,000
Rent/Lease	0	0	0
Overhead****	52,850	52,850	52,850
<b>TOTAL INDIRECT</b>	<b><u>\$160,850</u></b>	<b><u>\$160,850</u></b>	<b><u>\$160,850</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$614,350</u></b>	<b><u>\$614,350</u></b>	<b><u>\$614,350</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>\$42,650</u></b>	<b><u>\$42,650</u></b>	<b><u>\$42,650</u></b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:**

**Project #:**

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

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

	<b>Year</b>		
	<u>2022</u>	<u>2023</u>	<u>2024</u>

<b>Amount of Utilization:*</b>	1,328	2,902	900
<b>Revenue:</b>			
Average Charge**	\$190	\$195	\$195
Gross Revenue	\$252,320	\$565,890	\$175,500
Revenue Deductions	0	0	0
Operating Revenue	<u>252,320</u>	<u>565,890</u>	<u>175,500</u>
Other Revenue	<u>0</u>	<u>0</u>	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$252,320</u></b>	<b><u>\$565,890</u></b>	<b><u>\$175,500</u></b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	115,761	321,089	95,360
Fees	1,000	1,000	1,000
Supplies	37,834	60,574	27,800
Other	12,000	12,000	1,200
<b>TOTAL DIRECT</b>	<b><u>\$166,595</u></b>	<b><u>\$394,663</u></b>	<b><u>\$125,360</u></b>
Indirect Expenses			
Depreciation	12,143	20,816	5,204
Interest***	41,700	93,090	21,400
Rent/Lease	0	0	0
Overhead****	12,616	28,294	8,775
<b>TOTAL INDIRECT</b>	<b><u>\$66,459</u></b>	<b><u>\$142,200</u></b>	<b><u>\$35,379</u></b>
<b>TOTAL EXPENSES</b>	<b><u>\$233,054</u></b>	<b><u>\$536,863</u></b>	<b><u>\$160,739</u></b>
<b>NET INCOME (LOSS):</b>	<b><u>\$19,266</u></b>	<b><u>\$29,027</u></b>	<b><u>\$14,761</u></b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.