

CON Non-Applicability Letters
Issued December 18, 2023 - February 13, 2024
(Sorted by issue date)

| Project Information | | | | Decription | | Dates | Decision | Applicant | |
|-------------------------|--|------|-----|--|--------------------|------------|------------------------------|--|--------------|
| Number | Project Name | | | Proposed Activity | Original Proj Cost | LOI Rec'd | Issue Date | Owner Name | Phone No. |
| | Address | City | Zip | County | | | | Operator Name | |
| 6082 RA | Heartland 4 Residential Care Facility 3919 Messanie Street St. Joseph 64506 | | | Replace 20-bed RCF (15-mile replacement) Buchanan | \$512,925 | 01/05/2024 | 01/24/2024 Not Applicable | ASHDANIV LLC Brooke Ashley Waitkoss and Lindsey Danielle Waitkoss | 816-617-9946 |
| 6090 HA | St. Luke's RAYUS Radiology 10333A Clayton Rd Frontenac 63131 | | | Replace MRI St. Louis | \$916,493 | 01/29/2024 | 02/13/2024 Not Applicable | St. Luke's Center for Diagnostic Imaging, LLC dba St. Luke's RAYUS Radiology Same as Owner | 636-519-7865 |
| Total Non-Applicability | | | 2 | | | | | | |

Type of Project: H-Hospital R-Residential Care/Assisted Living
N-Skilled Nursing/Intermediate Care A-Applicability
F-Freestanding

LOI Rec'd. - Letter of Intent Received
Issue Date - Letter signed by Chair

CON Non-Applicability Letters
Issued October 17, 2023 - December 18, 2023
(Sorted by issue date)

| Project Information | | | | Decription | | Dates | Decision | Applicant | |
|---------------------|--------------|------|-----|-------------------|--------------------|-----------|------------|---------------|-----------|
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|---------|--|-------------|-------|-------------|-----------|------------|----------------|----------------------------------|--------------|
| 6067 HA | Ortho Sport and Spine Physicians of Missouri | | | Acquire MRI | | 10/12/2023 | 10/23/2023 | Ortho Sport and Spine Physicians | 917-678-1088 |
| | 450 N. Ballas Rd. Ste. #LL10 | Creve Coeur | 63141 | St. Louis | \$474,959 | | Not Applicable | Same as Owner | |

Total Non-Applicability 1

*Type of Project: H-Hospital R-Residential Care/Assisted Living
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*LOI Rec'd. - Letter of Intent Received
Issue Date - Letter signed by Chair*