

STATE AGENCY ACTION REPORT CON CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Orlando Health Central, Inc./CON #10459

10000 West Colonial Drive
Ocoee, Florida 34761

Authorized Representative: Rick Smith
Chief Operating Officer
(407) 296-1807

2. Service District/Subdistrict

District 7/Subdistrict 7-2 (Orange County)

B. PUBLIC HEARING

No public hearing was requested or held on the proposed project to construct a new 110-bed community nursing home through the voluntary delicensure of 110 beds from within Subdistrict 7-2.

Letters of Support

CON application #10459 includes three signed letters of support, with two having an Orange County origin and one having a Seminole County (Subdistrict 7-4) origin. These letters have a date range from September 14, 2016 to September 16, 2016 and though individually composed, generally share some common themes. Comments provided in these respective support letters are briefly summarized below.

Brian M. McGrew (an Orange County resident) states that as a local fire and EMS professional for almost 38 years, he knows about quality care and he also speaks highly of Health Central Park's quality of care. However, Mr. McGrew states that the current facility is outdated and faces realistic challenges from physical plant limitations, excessive refitting costs and a remote location. Mr. McGrew believes that the proposed project will offer better access to advanced equipment, physicians and specialists and enhance the applicant's ability to specialty care to "sicker" patients.

Venkatesh Nagalapadi, MD, medical director at Health Central Park, states that the proposed project aims to care for residents whose care needs exceed the needs that current residents have. Dr. Nagalapadi lists numerous recognitions and awards received by Health Central Park. He also indicates that having a facility in close proximity to the hospital will enhance quality nursing and rehabilitation to the more acute nursing home patient and provide continuity of care.

Jennifer Campbell (owner of Age Advantage Senior Care Services, a provider of non-Medicare certified, in-home care) states being excited that the proposed project is designed to offer increased therapy services and more private rooms.

C. PROJECT SUMMARY

Orlando Health Central, Inc. (CON application #10459), referenced as OHC or the applicant, a not-for-profit general acute care hospital, affiliated with not-for-profit hospital system Orlando Health (OH), proposes to construct a new 110-bed community nursing home in District 7, Subdistrict 7-2, Orange County, through the voluntary delicensure of 110 community nursing home beds from Orlando Health Park (a 228-bed skilled nursing facility (SNF), located at 411 North Dillard Street, Winter Garden, Florida 34787¹, within Subdistrict 7-2). OHC is the owner/licensee of Orlando Health Park. If approved, the proposed project will add no new beds to the subdistrict.

The applicant is a Class 1 hospital with 171 licensed acute care beds. Agency records indicate the following approved notification (NF) action for Health Central: add 50 acute care beds (NF #140038). Health Central is a provider of non-CON regulated Level I adult cardiovascular services and is a designated primary stroke center.

In addition to Health Central, the OH hospital system operates the following general acute care hospitals, these facilities total 2,051 licensed beds:

- Arnold Palmer Medical Center
- Dr. P. Phillips Hospital
- South Lake Hospital
- South Seminole Hospital

¹ CON application #10459, page 1-18, Exhibit 1-1 includes a signed and notarized letter from Mark Marsh, President/CEO, Orlando Health Central, Inc., agreeing to delicensing 110 beds, in cooperation with the proposed project.

The project involves new construction of 104,487 total gross square feet (GSF). Total construction cost is \$22,464,705. Total project cost is \$34,617,690. Project cost includes land, building, equipment, project development and start-up costs.

Schedule C of the application indicates that the applicant does not wish to accept any conditions.

Total GSF and Project Costs of CON application #10459					
Applicant	CON #	Project	GSF	Costs \$	Cost Per Bed
Orlando Health Central, Inc.	10459	New 110-Bed Community Nursing Home through Delicensure of 110 Beds	104,487	\$34,617,690	\$314,706

Source: CON applications 10459, Schedules 1 and 9

D. REVIEW PROCEDURE

The evaluation process is structured by the certificate of need review criteria found in Section 408.035, Florida Statutes. These criteria form the basis for the goals of the review process. The goals represent desirable outcomes to be attained by successful applicants who demonstrate an overall compliance with the criteria. Analysis of an applicant's capability to undertake the proposed project successfully is conducted by assessing the responses provided in the application, and independent information gathered by the reviewer.

Applications are analyzed to identify strengths and weaknesses in each proposal. If more than one application is submitted for the same type of project in the same district (subdistrict), applications are comparatively reviewed to determine which applicant best meets the review criteria.

Section 59C-1.010(3)(b), Florida Administrative Code, allows no application amendment information subsequent to the application being deemed complete. The burden of proof to entitlement of a certificate rests with the applicant. As such, the applicant is responsible for the representations in the application. This is attested to as part of the application in the Certification of the applicant.

As part of the fact-finding, the consultant, Dwight Aldridge, analyzed the application with consultation from Financial Analyst Brian Shoemaker of the Bureau of Central Services, who evaluated the financial data, and Scott Waltz of the Office of Plans and Construction, who reviewed the application for conformance with the architectural criteria.

E. CONFORMITY OF PROJECT WITH REVIEW CRITERIA

The following indicate the level of conformity of the proposed project with the criteria and application content requirements found in Florida Statutes, Sections 408.035, and 408.037; applicable rules of the State of Florida, Chapter 59C-1 and 59C-2 and Florida Administrative Code.

1. Fixed Need Pool

- a. Does the project proposed respond to need as published by a fixed need pool? Or does the project proposed seek beds or services in excess of the fixed need pool? Rule 59C-1.008(2), Florida Administrative Code.**

The proposed project is not in response to the fixed need pool and does not add community nursing beds within District 7, Subdistrict 7-2 (Orange County). The project, if approved, will not change the total community nursing home bed inventory count in the planning area.

- b. If no Agency policy exists, the applicant will be responsible for demonstrating need through a needs assessment methodology, which must include, at a minimum, consideration of the following topics, except where they are inconsistent with the applicable statutory or rule criteria:**

- **Population demographics and dynamics;**
- **Availability, utilization and quality of like services in the district, subdistrict or both;**
- **Medical treatment trends; and**
- **Market conditions.**

Population demographics and dynamics

The applicant states that according to the most current Agency population estimates (July 1, 2016), Subdistrict 7-2 was estimated to have a total population of 1,285,043 with 10.9 percent (139,960) representing the 65+ population. OHC states that it examined the population by ZIP Code, including the ZIP Code for Health Central Park (34787) and the Ocoee location (34761). The applicant presents a table which shows that the growth rate for the population as a whole is lower than that for the over 65+. OHC asserts that both ZIP Code locations for the applicant's proposed and existing facility had a higher age 65+ calculated annual growth rate (CAGR) than for the county as a whole. The applicant states by 2021, the two ZIP Codes are estimated to have 14,694 population aged 65+.

OHC presents the population data for 2016 and 2021 for Zip Codes within Orange County, using the 2016-2021 Nielson Market Research population data. See the table below.

Population by Age and Zip Code Orange County, Florida 2016-2021						
ZIP Code	2016 Total Pop.	2016 65+ Pop.	2021 Total Pop.	2021 65+ Pop.	CAGR Total Pop.	CAGR 65+
32703	51,111	6,215	54,430	7,596	1.3%	4.1%
32709	2,966	362	3,256	480	1.9%	5.8%
32712	48,135	6,824	6,824	8,620	1.8%	4.8%
32751	20,758	4,016	4,016	4,726	1.0%	3.3%
32789	25,337	5,087	5,087	6,023	0.8%	3.4%
32792	48,252	7,565	7,565	8,812	0.8%	3.1%
32798	2,600	1,483	1,483	1,669	1.6%	2.4%
32801	14,032	2,842	2,842	3,087	1.8%	1.7%
32803	20,120	2,506	2,506	3,127	1.0%	4.5%
32804	17,846	2,720	2,720	3,365	0.6%	4.3%
32805	22,655	3,449	3,449	3,995	0.3%	3.0%
32806	26,854	4,348	4,348	5,203	0.7%	3.7%
32807	32,847	4,110	34,462	4,805	1.0%	3.2%
32808	48,228	5,056	50,458	6,198	0.9%	4.2%
32809	29,345	3,417	31,234	4,215	1.2%	4.3%
32810	34,860	3,858	36,903	4,900	1.1%	4.9%
32811	39,285	3,437	42,362	4,399	1.5%	5.1%
32812	32,691	4,440	34,248	5,472	0.9%	4.3%
32814	8,093	618	9,336	867	2.9%	7.0%
32816	2,587	102	2,791	148	1.5%	7.7%
32817	37,247	3,732	38,796	4,750	0.8%	4.9%
32818	48,880	5,494	52,482	6,939	1.4%	4.8%
32819	28,311	4,343	30,476	5,635	1.5%	5.3%
32820	9,716	1,032	10,952	1,428	2.4%	6.7%
32821	27,350	2,552	29,647	3,159	1.6%	4.4%
32822	59,008	7,624	62,907	9,111	1.3%	3.6%
32824	45,446	3,999	51,084	5,551	2.4%	6.8%
32825	59,543	6,156	64,712	7,876	1.7%	5.1%
32826	29,526	2,628	31,064	3,219	1.0%	4.1%
32827	9,524	990	10,556	1,339	2.4%	6.2%
32828	70,491	5,019	79,206	7,150	1.7%	7.3%
32829	22,779	2,367	25,538	3,152	2.3%	5.9%
32830	38	0	44	3	3.0%	0.0%
32831	2,394	82	2,537	103	1.2%	4.7%
32832	20,573	1,439	23,686	2,168	2.9%	8.5%
32833	10,816	1,400	11,997	1,867	2.1%	5.9%
32835	44,415	3,447	48,352	4,921	1.7%	7.4%
32836	19,529	2,357	21,737	3,335	2.2%	7.2%
32837	55,055	5,754	59,803	7,726	1.7%	6.1%
32839	56,021	4,020	60,805	5,359	1.7%	5.9%
34734	3,883	418	4,258	567	1.9%	6.3%
34760	885	145	998	167	2.4%	2.9%
34761	43,200	4,728	46,847	6,302	1.6%	5.9%
34786	33,798	3,693	38,215	5,075	2.5%	6.6%
34787	58,369	6,508	65,519	8,392	2.3%	5.2%
Total	1,325,408	152,382	1,431,212	193,001	1.5%	4.8%

Source: CON application #10459, page 1-5

Availability, Utilization, and Quality of Like Services

There are 33 licensed community nursing homes with a total of 4,282 community nursing home beds in Subdistrict 7-2 (Orange County). Subdistrict 7-2 averaged 89.42 percent total occupancy for the 12-month period ending June 30, 2016.²

OHC provides a table which shows the overall utilization for the five facilities within a five-mile radius of the applicant has remained relatively stable over the three fiscal years (FYs), with an average occupancy rate of around 90 percent. The applicant notes that with the exception of Quality Health of Orange County, the other four facilities all had occupancy rates at 90 percent or higher for the period July 1, 2015 through June 30, 2016. OHC states the following data suggests a sustained demand for skilled nursing services within the geographic area in which the applicant operates. See the table below.

Utilization for Facilities within a Five-Mile Radius Of Health Central Park FY 2014-FY 2016							
Facility	Bed Days	FY 2014 Patient Days	FY 2014 Total Occup.	FY 2015 Patient Days	FY 2015 Total Occup.	FY 2016 Patient Days	FY 2016 Total Occup.
Health Central Park	83,220	74,901	90.0%	75,753	91.0%	76,602	91.8%
Colonial Lakes Health Care	65,700	64,108	97.6%	62,768	95.5%	65,512	95.5%
Lake Bennett Health & Rehab	43,800	42,187	96.3%	41,802	95.4%	41,539	94.9%
Ocoee Health Care	43,800	36,909	84.3%	40,802	92.2%	39,541	90.0%
Quality Health of Orange County	43,800	33,299	76.0%	32,915	75.2%	33,069	75.3%
Total	280,320	251, 404	89.7%	253, 261	90.5%	253,263	90.1%

Source: CON application #10459, page 1-10

Medical Treatment Trends

OHC addresses medical treatment, stating that two treatments in SNFs influence the need for the proposed project. The applicant maintains that the first pertains to better outcomes associated with private rooms while the second relates to hospital re-admissions.

The applicant discusses the medical treatment trend of private rooms and cites a 2007 study³ how they related to the reduced risk for nosocomial infections when residents lived in a private room in lieu of a shared room. The applicant discusses the current physical plant at Health Central Park containing 21 private rooms, 85 semi-private rooms,

² Source: *Florida Nursing Home Utilization by District and Subdistrict July 2015 – June 2016* published September 30, 2016.

³ Calkins, M. and Cassella, C. 2007. Exploring the cost and value of private versus shared bedrooms in nursing homes. *The Gerontologist* 47(2): 169-183

11 three-bed rooms and one four-bed room. The applicant states that multi-occupancy rooms are no longer compliant with today's nursing home standards. OHC contends that shifting 110 beds will eliminate the outdated three and four bedrooms from the facility and from the inventory of beds. The applicant maintains that the addition of 106 private rooms to the subdistrict inventory will provide greater flexibility for admissions, better meet resident expectations for privacy, increase resident satisfaction and reduce the likelihood of nosocomial infections spreading.

Market Trends

OHC notes that the facility in which Health Central Park operates is outdated and has not had physical plant changes since 1967. The applicant acknowledges current resident preferences are for more amenities, privacy and greater options. OHC intends to shift 110 of the 228 beds to a location less than five miles away, which will reduce the size of the existing facility to 118 beds while eliminating the three and four-bedroom layout.

OHC states that the population for the six ZIP codes within a five-mile radius of the applicant is expected to have a 5.8 percent CAGR for the population aged 65+. The applicant indicates that the 65+ population in these six ZIP codes are projected to exceed 32,000 by 2021. OHC states that the ZIP code of 34761, the proposed location which the applicant plans to shift 110 beds, has a higher CAGR for both age cohorts 65+ and 85+, than the OHC's existing ZIP code at Orlando Health Park. The applicant provides the following tables to illustrate the age 65+ and 85+ populations as well as the CAGR for the six ZIP codes within the five-mile radius of the proposed facility.

Population by ZIP Code Five-Mile Service Area of Health Central Park 2016 and 2021						
ZIP Code	2016 Total Pop	2016 Pop 65+	2016 Pop 85+	2021 Total Pop	2021 Pop 65+	2021 Pop 85+
32818	48,880	5,494	500	52,482	6,939	569
32835	44,415	3,447	273	48,352	4,921	320
34734	3,883	418	61	4,258	567	67
34761	43,200	4,728	474	46,847	6,302	530
34786	33,798	3,693	269	38,215	5,075	316
34787	58,369	6,508	792	65,519	8,392	850
Total	232,545	24,288	2,369	255,673	32,196	2,652

Source: CON application #10459, page 1-12

ZIP Code	CAGR Total Population	CAGR 65+	CAGR 85+
32818	1.4%	4.8%	2.6%
32835	1.7%	7.4%	3.2%
34734	1.9%	6.3%	1.9%
34761	1.6%	5.9%	2.3%
34786	2.5%	6.6%	3.3%
34787	2.3%	5.2%	1.4%
Total	1.9%	5.8%	2.3%

Source: CON application #10459, page 1-13, Data provided by Nielsen Market Research

The applicant notes that the six percent CAGR from 2016 to 2021 in the five-mile radius around Health Central Park is higher than Orange County as a whole. OHC maintains that the proposed bed relocation will serve an area with a higher than average growth for the 65+ population.

In order to determine the impact of the proposed project on existing providers, OHC examined the market share of the SNFs within a five-mile radius of the proposed project. OHC lists five SNFs within the five-mile proximity and states to have established market share for these facilities as to determine the distribution of patient days for forecasting. When applying Agency utilization data for the most recent annual period, OHC states that Health Central Park had the largest market share (26 percent) while Quality Health of Orange County had the lowest market share (11 percent). See the table below.

Current Utilization and Market Share of Facilities Affected by the Proposed Project July 1, 2015 through June 30, 2016						
Facility	Beds	Bed Days	Resident Days	Occup.	Medicaid Days	Market Share
Health Central Park	228	83,448	76,602	91.8%	55,001	26.2%
Colonial Lakes Health Care	180	65,880	62,512	94.9%	46,126	21.4%
Lake Bennett Health & Rehab	120	43,920	41,539	94.6%	22,439	14.2%
Metro West Nursing & Rehab Ctr	120	43,920	39,253	89.4%	29,452	13.4%
Ocoee Health Care Ctr	120	43,920	39,541	90.0%	26,075	13.5%
Quality Health of Orange County	120	43,920	33,069	75.3%	21,990	11.3%
Total	888	325,008	292,516	90.0%	201,083	100.0%

Source: CON application #10459, page 1-14 (Table 1-6)

Forecasted Nursing Home Resident Days for Subdistrict 7-2, Orange County First and Second Year of the Proposed Facility		
Baseline Statistics	Orange County	
Licensed Community Beds, 2016	4,121	
Projected Licensed Beds, 2019	4,346	
Community Patient Days	1,336,680	
Average Daily Census, FY 2016	3,662	
Average Occupancy	89.4%	
January 1, 2016 Population, 65+	137,082	
Use Rate (Days Per 1,000 Population)	9,751	
	Year One	Year Two
Subdistrict 7-2 Projections	2019	2020
Population 65+ (July 2019 & July 2020)	158,857	165,207
Projected days (7-2 Use Rate)	1,549,015	1,610,933
Average Daily Census	4,244	4,414
Occupancy in 4,346 Licensed Beds	97.7%	101.6%

Source: CON application #10459, page

OHC states that keeping the use rate constant increases utilization in proportion to the elderly population growth, resulting in 1,549,015 resident days in 2019 and 1,610,933 in 2020 giving an average daily census (ADC) of 4,244 and 4,414 respectively for the first two years of operation. OHC states that there are 225 approved beds for Subdistrict 7-2 in addition to the 4,121 beds in operation. Assuming all beds are licensed by January 2019, when the projected ADC is divided by the projected licensed beds, the 4,346 total beds would yield an occupancy rate exceeding 100 percent. The applicant contends that the distribution of beds from Health Central Park into two facilities, even with approved beds not yet constructed, there will be excess demand for beds in 2020 (year two of operation).

OHC states that the Centers for Medicare Services (CMS) nursing home compare website (<https://www.medicare.gov/nursinghomecompare>) indicated there were no complaint inspections between October 1, 2015 and September 30, 2016 and that there were four health deficiencies found, compared to the average number of 6.6 for Florida facilities and 7.1 average for the United States. The applicant states a “better than average” standing on health deficiencies in comparison to the state and national norms.

The applicant indicates that Health Central Park will keep all beds operational, slowing admissions as the new facility completes construction in order to avoid disruption of services. OHC estimates a total of 882 admissions in year one (ending January 31, 2020) and 1,057 admissions in year two (ending January 31, 2021), with a corresponding 33,114 resident days in year one and 36,600 resident days in year two. The applicant expects an ADC of 91 residents in year one and 100 in year two. The applicant also anticipates an occupancy rate of 82.5 percent in year one and 91.0 percent in year two. See the table below.

Projected Utilization of 110-Bed Facility, First Two Years of Operation				
Period	Admissions	Patient Days	Occupancy Rate	ADC
Year One (2020)	882	33,114	82.5%	91
Year Two (2021)	1,057	36,600	91.1%	100

Source: CON application #10459, page 1-17 (Table 1-9)

2. Agency Rule Preferences

Does the project respond to preferences stated in Agency rules? Please indicate how each applicable preference for the type of service proposed is met. Chapter 59C-1.036, Florida Administrative Code.

Chapter 59C-1.036 of the Florida Administrative Code does not contain preferences relative to community nursing home beds nor does the Agency for Health Care Administration publish specific preferences for these facilities. However, the rule does contain standards the Agency utilizes in assessing the applicant’s ability to provide quality care to the residents.

- a. Geographically Underserved Areas. In a competitive certificate of need review within the nursing home subdistrict as defined in 59C-2.200, Florida Administrative Code, the Agency shall award a certificate of need if the applicant meets all applicable criteria for a geographically underserved area as specified in subsection 408.032(15), Florida Statutes (Florida Statutes), and if the applicant meets the applicable statutory certificate of need review criteria specified in section 408.035, Florida Statutes, including bed need according to the relevant bed need formula contained in this rule. If the applicant is awarded a certificate of need based on the provisions of this paragraph, the applicant shall agree that the nursing facility will be located in a county without a nursing facility, or in the center of an area within the subdistrict of a radius of at least 20 miles which meets the definition of a geographically underserved area. The center of the geographically underserved area shall be the proposed nursing home location in the application.**

The application is not submitted in response to a geographically underserved area.

- b. Proposed Services. Applicants proposing the establishment of Medicare-certified nursing facility beds to be licensed under Chapter 400, Florida Statutes, shall provide a detailed description of the services to be provided, staffing pattern, patient characteristics, expected average length of stay, ancillary services, patient assessment tools, admission policies, and discharged policies.**

The applicant states that the parent facility Health Central Park is already a provider of Medicare and Medicaid skilled nursing services. OHC indicates that the proposed facility will maintain certification in the Medicare and Medicaid Programs. The applicant indicates the proposed facility will provide the following service and special features:

- Physical, occupational and speech therapies
- Orthopedic, neurological and pulmonary rehabilitation
- Medical management
- Palliative care
- Hospice care
- Wound care
- Cardiac and stroke rehabilitation
- IV therapy
- Registered dietician services
- Individual meal planning and chef-prepared meals
- Full time advanced registered nurse

In addition to the services mentioned above, the applicant states the proposed facility will offer two 20-bed neighborhoods for dementia care featuring private rooms for residents and semi-private for couples. OHC states that the proposed facility will be proximate to the acute care hospital with the anticipation that discharges to the proposed facility will have higher acuity, with individuals who require medical specialists in close proximity. The applicant also indicates that the proposed facility will incorporate a pet therapy program with designated spaces for birds as well as small animals.

OHC states that according to the Agency's population estimates as of July 1, 2016, Orange County had 139,960 residents aged 65+, with 56,096 over the age 75. The applicant discusses the need for skilled nursing care among the elderly population, upon discharge from an acute care hospital. OHC states it examined the discharges from Health Central to SNFs to determine the frequency with which a specific Major Diagnostic Categories (MDCs) occurred. The applicant states that during calendar year (CY)

2015, Health Central discharged 4,106 Orange County residents aged 65+, 1,011 of these being discharged to skilled nursing facilities. The applicant reports that the largest portion of discharges to nursing homes (21 percent) was for musculoskeletal and connective tissue disorders which includes joint replacement. OHC states that circulatory disorders were the next largest group of discharges to nursing homes (17.7 percent), followed by MDC’s kidney and urinary tract (13.5 percent) and respiratory system disorder (10 percent). See table below.

Discharges to Nursing Homes from Health Central for Orange County Residents Aged 65+, CY 2015			
MDC	Volume	Percent	Cumulative %
08 Musculoskeletal System & Conn Tissue	212	21.0%	21.0%
05 Circulatory System	179	17.7%	38.7%
11 Kidney & Urinary Tract	136	13.5%	52.1%
04 Respiratory System	101	10.0%	62.1%
06 Digestive System	80	7.9%	70.0%
01 Nervous System	79	7.8%	77.8%
18 Infectious & Parasitic Diseases	59	5.8%	83.7%
10 Endocrine, Nutritional & Metabolic	36	3.6%	87.2%
09 Skin, Subcutaneous Tissue & Breast	32	3.2%	90.4%
19 Mental Diseases & Disorders	20	2.0%	92.4%
16 Blood, Blood Forming Organs, Immun Disorder	16	1.6%	94.0%
23 Hlth Stat & Other Contacts With Hlth Servs	16	1.6%	95.5%
00 Pre-MDC	8	0.8%	96.3%
03 Ear, Nose, Mouth & Throat	7	0.7%	97.0%
07 Hepatobiliary System & Pancreas	7	0.7%	97.7%
21 Injuries, Poisoning & Toxic Effects of Drugs	6	0.6%	98.3%
13 Female Reproductive System	5	0.5%	98.8%
17 Myeloproliferative Diseases & Disorders	5	0.5%	99.3%
12 Male Reproductive System	2	0.2%	99.5%
20 Alcohol/Drug Use	2	0.2%	99.7%
24 Multiple Significant Trauma	2	0.2%	99.9%
02 Diseases & Disorders of the Eye	1	0.1%	100.0%
Total	1,011	100.0%	

Source: CON application #10459, page 2-3

OHC states that a physician makes the determination of transferring patients to a SNF and that potential residents must have a clinical condition that can be appropriately treated in the facility. OHC asserts that when admitted, each resident will have physician orders, dietary needs, medications, treatments and a preliminary discharge plan reviewed by the Care Plan Team. The applicant states that the Care Plan Team will develop an interim care plan within 24 hours of admission and have the care plan completed within seven days of the resident’s assessment.

The applicant states that at a minimum, the Care Plan Team will include the following individuals:

- Attending physician
- Registered nurse
- Dietary manager
- Social services worker
- Director of nursing
- Activities director
- Nursing assistant

OHC asserts that discharge planning begins at admissions. The applicant asserts that efforts are made to address comprehensive aftercare and follow-up, assuring that neither hospital nor nursing home readmission occurs. OHC states that the discharge planner coordinates post-discharge appointments with the attending physician or any other specialist, if required. OHC notes that if the resident's aftercare plan involves home health or other service providers, arrangements are made and a contact list is given to the individual so no gaps in services occur. The applicant states a resident will be discharged only on the orders of the attending physician with the discharge planners coordinating transport home, with family or if necessary to an assisted living facility.

The applicant estimates an average length of stay (ALOS) of 26 days for year one and 29 days for year two and ADC of 91 residents in year one and 100 residents in year two.

The table below contains OHC's projected staffing during year one and year two of the proposed project. The applicant estimates a total of 101.6 FTEs in year one and a total of 123.1 FTEs in year two--an incremental increase of 21.5 FTEs from year one to year two. See the schedule below.

Staffing Patterns for Year One and Year Two of Operations		
	Year One Ending 1/31/2020	Years Two Ending 1/31/2021
Administration		
Administrator	1.0	1.0
Director of Nursing	1.0	1.0
Admissions	1.4	1.6
Bookkeeper	1.0	1.0
Medical Records Clerk	3.0	1.0
Other: Nursing Admin	0.9	3.0
TOTAL	9.3	9.7
Physicians		
Medical Director	0.1	1.0
TOTAL	0.1	1.0
Nursing		
RN	6.0	7.0
LPN	14.4	18.0
Nurses' Aides	42.6	53.3
TOTAL	63.0	78.3
Ancillary		
Physical Therapist	--	--
Speech Therapist	--	--
Occupational Therapist	--	--
TOTAL	--	--
Dietary		
Dietary Supervisor	1.0	1.0
Cooks	1.9	2.2
Dietary Aides	9.7	12.3
TOTAL	12.6	15.5
Social Services		
Social Service Director	2.4	2.6
Activity Director	2.0	2.0
Activities Assistant	0.9	1.1
TOTAL	5.3	5.7
Housekeeping		
Housekeeping Supervision	1.0	1.0
Housekeepers	7.3	9.2
TOTAL	8.3	10.2
Laundry		
Laundry Aides	0.8	1.1
TOTAL	0.8	1.1
Plant Maintenance		
Maintenance Supervisor	1.0	1.0
Maintenance Assistance	1.2	1.5
TOTAL	2.2	2.5
GRAND TOTAL	101.6	123.1

Source: CON application #10459, Schedule 6

Notes to Schedule 6 indicate that staffing patterns and the number of full-time equivalents are based on the historical experience of management affiliates at comparable operations.

c. Quality of Care. In assessing the applicant's ability to provide quality of care pursuant to s. 408.035(1), Florida Statutes, the Agency shall evaluate the following facts and circumstances:

- 1. Whether the applicant has had a Chapter 400, Florida Statutes, nursing facility license denied, revoked, or suspended within the 36 months prior to the application.**

The applicant is a licensed hospital and has not had a nursing home license denied, revoked, or suspended.

- 2. Whether the applicant has had a nursing facility placed into receivership at any time during the period of ownership, management, or leasing of a nursing facility in the 36 months prior to the current application.**

The applicant states OHC has not had a nursing home placed into receivership.

- 3. The extent to which the conditions identified within subparagraphs 1 and 2 threatened or resulted in direct, significant harm to the health, safety, or welfare of the nursing facility residents.**

This provision is not applicable.

- 4. The extent to which the conditions identified within subparagraph 3 were corrected within the time frames allowed by the appropriate state agency in each respective state and in a manner satisfactory to the Agency.**

This provision is not applicable.

- 5. Rule 59C-1.036 (4) (f) Harmful Conditions. The Agency shall question the ability of the applicant to provide quality of care within any nursing facility when the conditions identified in subparagraph (e) 1 and (e) 2 result in the direct, significant harm to the health, safety, or welfare of a nursing facility resident, and were not corrected within the time frames allowed by the appropriate state agency in each respective state and in a manner satisfactory with the Agency.**

Since there have been no violations, this provision is not applicable. Refer to quality of care discussion below in item E. 3. b. of this report.

- d. Rule 59C-1.036 (5) Utilization Reports. Within 45 days after the end of each calendar quarter, facilities with nursing facility beds licensed under Chapter 400, Florida Statutes shall report to the Agency, or its designee, the total number of patient days, which occurred in each month of the quarter, and the number of such days that were Medicaid patient days.**

The applicant states it will provide the required data to the Health Council of East Central Florida and to the Agency.

3. Statutory Review Criteria

- a. Is need for the project evidenced by the availability, quality of care, accessibility and extent of utilization of existing health care facilities and health services in the applicant's service area? ss. 408.035 (1)(b) and (e), Florida Statutes.**

As stated previously, there are 33 community nursing homes in District 7, Subdistrict 7-2 with 4,282 licensed community nursing home beds. Subdistrict 7-2 averaged 89.42 percent total occupancy for the 12-month period ending June 30, 2016. District 7, overall, averaged 90.20 percent total occupancy during the same 12-month period.

The applicant states given the facility's overall occupancy of 90.9 percent over the last five years, the ADC has approximated 207 residents indicating that at least 16 residents would have required placement in a multi-occupancy room.⁴ OHC states that few private rooms exist within the subdistrict (319 beds of 4,121beds). The applicant notes that in addition to Health Central Park, six facilities still operate three and four-bed rooms. The applicant contends that the proposed facility's 106 private room addition will greatly expand the subdistrict's availability of private rooms and will meet existing standards for the required square footage per resident, supporting current practice of more home-like environments for skilled nursing care.

For the 12 months ending June 30, 2016, the reviewer notes that the 228-bed community SNF Health Central Park had 76,602 total patient days (91.80 percent total occupancy). The reviewer further notes that of the 33 community nursing homes in the subdistrict, 16 of these (or 48.48 percent) had higher total occupancy rates than Health Central

⁴ OHC indicates that only 191 residents are able to be accommodated in either a private or semi-private room.

Park, for the same 12 months according. Additionally, for the same 12 months, Health Central Park had a Medicaid occupancy rate of 71.80 percent and of the 33 community nursing homes in the subdistrict, eight of these (or 24.24 percent) had higher Medicaid occupancy rates than Health Central Park. Therefore, the reviewer notes that for this 12-month period in the subdistrict, while Health Central Park was near parity regarding a total occupancy rate, the facility realized a greater than parity Medicaid occupancy rate, when compared to all 33 SNFs in Orange County.

OHC states that accessibility refers to how readily the population can access the facility. The applicant maintains that components of access include geographic impediments, distance, time to travel and eligibility criteria for qualifying for the services with considerations to payer sources. The applicant states since the moratorium was lifted in 2014, only one application for a new facility was approved—LP Orlando, LLC (CON application #10315) for 180 beds but due to subsequent challenges to LP Orlando’s award, construction on the new facility as yet to commence. OHC points out that the newly approved 180-bed facility will not be located in the same part of the subdistrict as the proposed project, thus keeping the bed complement the same for the previously mentioned five-mile radius. The table below illustrates the utilization for fiscal year (FY) 2016, of Health Central Park and four other SNF’s within a five-mile radius of the proposed facility.

Utilization for Health Central Park and Four SNF’s within a Five-Mile Radius, FY 2016					
Facility	Bed Days	Patient Days	FY 2016 Total Occup.	Medicaid Days	Medicaid Occup
Health Central Park	83,220	76,602	91.8%	55,001	91.0%
Colonial Lakes Health Care	65,920	65,512	95.5%	46,126	95.5%
Lake Bennett Health & Rehab	43,920	41,539	94.9%	22,439	95.4%
Ocoee Health Care	43,920	39,541	90.0%	26,075	92.2%
Quality Health of Orange County	43,920	33,069	75.3%	21,990	75.2%
Total	281,088	253,263	90.1%	171,631	90.5%

Source: CON application #10459, page 3-5 (Table 3-2)

The reviewer notes that the applicant’s calculated totals for bed days, patient days and FY 2016 total occupancy are incorrect stated in the table above. The correct totals for bed days, patient days and FY 2016 total occupancy are 280,900, 256,263 and 89.5 percent.

The applicant states Health Central Park and the four other nursing homes within a five-mile radius all participate in Medicaid, averaging a 67.8 percent Medicaid occupancy rate. OHC states the proposed 110-bed facility will be financially accessible and will be Medicare and Medicaid certified.

- b. Does the applicant have a history of providing quality of care? Has the applicant demonstrated the ability to provide quality care? Is the applicant a Gold Seal Program nursing facility that is proposing to add beds to an existing nursing home? ss. 408.035 (1)(c) and (j), Florida Statutes.**

The applicant states that Health Central Park utilizes a Quality Assurance and Performance Improvement (QAPI) plan to improve quality and services at their respective locations and also utilizes a Risk Management and Performance Improvement/Quality Assurance Committee, whose purpose is to assess resident care practices, review facility quality indicators, facility incident reports, deficiencies cited by the agency and resident grievances as well as, develop plans of action to correct and respond quickly to identified quality deficiencies. Health Central Park's Performance Improvement/Quality Assurance Committee policies and procedures can be found in Exhibit 4-2 of CON application #10459.

Per the FloridaHealthFinder.gov website at <http://www.floridahealthfinder.gov/CompareCare/CompareFacilities>, the 228-bed community nursing home Health Central Park achieved an overall nursing home inspection rating of three stars (of a possible five stars). A three-star rating means that a facility ranked better than 41 percent to 60 percent of the facilities in its region. This rating was for the period April 2014 through September 2016 (the most recent rating period available). The Agency's Nursing Home Guide was last updated November 2016. Health Central Park is not a Gold Seal facility but was on the Agency's Nursing Home Watch List⁵, as of December 16, 2016.

Per the Centers for Medicare and Medicaid Services (CMS) website Nursing Home Compare website at <https://www.medicare.gov/nursinghomecompare/search.html>, as of December 16, 2016, Health Central Park has a CMS overall four-star/above average quality nursing home rating. According to the CMS website, a five-star/much above average quality is the highest rating attainable.

Agency records indicate that for the three-year period ending December 15, 2016 Health Central Park had no substantiated complaints.

⁵ The Watch List identifies nursing homes that are operating under bankruptcy protection or met the criteria for a conditional status during the past 30 months. A conditional status indicates that a facility did not meet, or correct upon follow-up, minimum standards at the time of an inspection. Immediate action is taken if a facility poses a threat to resident health or safety. Under Florida law, nursing homes have a right to challenge state sanctions. Facilities challenging a conditional license are noted as "under appeal." Watch List information is subject to change as appeals are processed.

- c. **What resources, including health manpower, management personnel and funds for capital and operating expenditures, are available for project accomplishment and operation? ss. 408.035(1)(d), Florida Statutes.**

Analysis:

The purpose of our analysis for this section is to determine if the applicant has access to the funds necessary to fund this and all capital projects. Our review includes an analysis of the short and long-term position of the applicant, parent, or other related parties who will fund the project. The analysis of the short and long-term position is intended to provide some level of objective assurance on the likelihood that funding will be available. The stronger the short-term position, the more likely cash on hand or cash flows could be used to fund the project. The stronger the long-term position, the more likely that debt financing could be achieved if necessary to fund the project. We also calculate working capital (current assets less current liabilities), a measure of excess liquidity that could be used to fund capital projects.

Historically we have compared all applicant financial ratios regardless of type to benchmarks established from financial ratios collected from Florida acute care hospitals. While not always a perfect match to a particular CON project it is a reasonable proxy for health care related entities. Below is an analysis of the audited financial statements of Orlando Health, Inc. (parent company funding the project) and where the two short-term and long-term measures fall on the scale (highlighted in gray) for the most recent year.

Orlando Health, Inc.		
	Current Year	Previous Year
Current Assets	\$812,852,000	\$698,202,000
Total Assets	\$3,032,455,000	\$2,778,590,000
Current Liabilities	\$326,433,000	\$284,813,000
Total Liabilities	\$1,474,184,000	\$1,428,614,000
Net Assets	\$1,558,271,000	\$1,349,976,000
Total Revenues	\$2,323,567,000	\$2,118,601,000
Excess of Revenues Over Expenses	\$180,849,000	\$127,280,000
Cash Flow from Operations	\$290,514,000	\$317,702,000
Short-Term Analysis		
Current Ratio (CA/CL)	2.5	2.5
Cash Flow to Current Liabilities (CFO/CL)	89.00%	111.55%
Long-Term Analysis		
Long-Term Debt to Net Assets (TL-CL/NA)	73.7%	84.7%
Total Margin (ER/TR)	7.78%	6.01%
Measure of Available Funding		
Working Capital	\$486,419,000	\$413,389,000

Position	Strong	Good	Adequate	Moderately Weak	Weak
Current Ratio	above 3	3 - 2.3	2.3 - 1.7	1.7 - 1.0	< 1.0
Cash Flow to Current Liabilities	>150%	150%-100%	100% - 50%	50% - 0%	< 0%
Debt to Equity	0% - 10%	10%-35%	35%-65%	65%-95%	> 95% or < 0%
Total Margin	> 12%	12% - 8.5%	8.5% - 5.5%	5.5% - 0%	< 0%

Capital Requirements and Funding:

The applicant indicates on Schedule 2 capital projects totaling \$196,719,000 which includes \$35,000,000 for this project. The applicant also indicates on Schedule 3 of its application that funding for the project will be provided by \$10,500,000 in cash on hand and remainder from operating cash flows. To demonstrate the applicant’s ability to fund the project, applicant provided proof of the parent company’s commitment to fund the project along with the parent’s audited financial statements for the years 2014 and 2015. The audit for the fiscal year ending 2015 indicates \$133,415,000 in cash and cash equivalents and \$290,514,000 in operating cash flows.

Conclusion:

Funding for this project and the entire capital budget should be available as needed.

d. What is the immediate and long-term financial feasibility of the proposal? ss. 408.035(1)(f), Florida Statutes.

Analysis:

The immediate and long-term financial feasibility of the project is tied to expected profitability. The purpose of our analysis for this section is to evaluate the reasonableness of the applicant’s profitability projections and ultimately, whether profitability is achievable for this project. Our analysis includes an evaluation of net revenue per patient day (NRPD), cost per patient day (CPD), nurse staffing ratios and profitability. We compared the NRPD, CPD and profitability to actual operating results from skilled nursing facilities as reported on Medicaid cost reports (2014, 2015 and 2016 cost report years). For our comparison group, we selected skilled nursing facilities with similar Medicaid utilizations to the utilization projected by the applicant on a per patient day basis (PPD). Comparison group data was adjusted for inflation to match the second year projection (inflation factor was based on the New CMS Market Basket Price Index as published in the 3rd Quarter 2016, Health Care Cost Review).

NRPD, CPD and profitability or operating margin that fall within the group range are considered reasonable projections. Below is the result of our analysis.

	PROJECTIONS PER APPLICANT		COMPARATIVE GROUP VALUES PPD		
	Total	PPD	Highest	Median	Lowest
Net Revenues	15,542,900	425	722	424	299
Total Expenses	14,983,600	409	726	414	264
Operating Income	559,300	15	48	10	-40
Operating Margin	3.60%		Comparative Group Values		
	Days	Percent	Highest	Median	Lowest
Occupancy	36,600	91.16%	96.45%	89.09%	72.32%
Medicaid/MDCD HMO	15,738	43.00%	49.90%	41.91%	35.20%
Medicare	19,255	52.61%	48.21%	30.19%	5.39%

Staffing:

Section 400.23(3)(a)(1), Florida Statutes, specifies a minimum certified nursing assistant staffing of 2.5 hours of direct care per resident per day and a minimum licensed nursing staffing of 1.0 hour of direct resident care per resident day. Based on the information provided in Schedule 6, the applicant’s projected staffing meets this requirement.

The projected NRPD, CPD and profit all fall within the group range in proximity to the median values and are considered reasonable. In addition, the total cost appears to include at least the minimum staffing required. Therefore, the overall profitability appears achievable.

Conclusion:

This project appears to be financially feasible based on the projections provided by the applicant.

- e. **Will the proposed project foster competition to promote quality and cost-effectiveness? ss. 408.035(1)(e) and (g), Florida Statutes.**

Analysis:

Strictly from a financial perspective, the type of competition that would result in increased efficiencies, service, and quality is limited in health care. Cost-effectiveness through competition is typically achieved via a combination of competitive pricing that forces more efficient costs to remain profitable and offering higher quality and additional services to attract patients from competitors. Since Medicare and Medicaid are the primary payers in the nursing home industry, price-based competition is limited. With a large portion of the revenue stream essentially fixed on a per patient basis, the available margin to increase quality and offer additional services is limited. In addition, competitive forces truly do not begin to take shape until existing business' market share is threatened. Since nursing home services are limited to available beds and the total number of beds in the service area will remain unchanged, the impact on market share is foreseen as limited. However, through the construction of a new facility and increase in the number of private rooms available, the project may have an impact on the quality of service offered in the service area, but the existing health care system's barriers to price-based competition via fixed price payers limits any significant gains in cost effectiveness that would be generated.

Conclusion:

This project is not likely to have a material impact on competition to promote quality and cost-effectiveness.

- f. **Are the proposed costs and methods of construction reasonable? Do they comply with statutory and rule requirements? ss. 408.035(1)(h), Florida Statutes; Ch. 59A-4, Florida Administrative Code.**

The applicant has submitted all information and documentation necessary to demonstrate compliance with the architectural review criteria. The cost estimate for the proposed project provided in Schedule 9, Table A and the project completion forecast provided in Schedule 10 appear to be reasonable. A review of the architectural plans, narratives

and other supporting documents did not reveal any deficiencies that are likely to have a significant impact on either construction costs or the proposed completion schedule.

The plans submitted with this application were schematic in detail with the expectation that they will be necessarily revised and refined prior to being submitted for full plan review. The architectural review of this application shall not be construed as an in-depth effort to determine complete compliance with all applicable codes and standards. The final responsibility for facility compliance ultimately rests with the applicant. Approval from the Agency for Health Care Administration’s Office of Plans and Construction is required before the commencement of any construction involving a hospital, nursing home, or intermediate care facility for the developmentally disabled (ICF/DD).

- g. Does the applicant have a history of and propose the provision of health services to Medicaid patients and the medically indigent? Does the applicant propose to provide health services to Medicaid patients and the medically indigent? ss. 408.035(1)(i), Florida Statutes**

A five-year history of Medicaid patient days and occupancy for the county (subdistrict), district and state are provided in the table below.

Medicaid Patient Days and Medicaid Occupancy in Orange County, District 7 and Florida Five Years Ending June 30, 2016					
Medicaid Patient Days					
Area	JUL 2011- JUN 2012	JUL 2012- JUN 2013	JUL 2013- JUN 2014	JUL 2014- JUN 2015	JUL 2015- JUN 2016
Orange County	829,401	816,140	837,307	834,464	850,964
District 7	1,774,604	1,750,964	1,776,171	1,774,373	1,814,280
Florida	15,726,251	15,676,855	15,837,261	15,875,092	16,097,612
Medicaid Occupancy					
Area	JUL 2011- JUN 2012	JUL 2012- JUN 2013	JUL 2013- JUN 2014	JUL 2014- JUN 2015	JUL 2015- JUN 2016
Orange County	62.46%	61.73%	63.65%	62.46%	63.66%
District 7	60.33%	59.83%	60.79%	59.99%	60.98%
Florida	61.96%	61.58%	62.05%	61.88%	62.73%

Source: Florida Nursing Home Bed Need Projections by District and Subdistrict, September 2012-September 2016 Batching Cycles

The reviewer compiled the following Medicaid occupancy data for the OHC-licensed Health Central Park for July 1, 2015 to June 30, 2016. See the table below.

Health Central Park Florida Medicaid Occupancy July 1, 2015 to June 30, 2016			
Facility	Medicaid Days	Total Days	Medicaid Occupancy
Health Central Park	55,001	76,602	71.80%
Total	55,001	76,602	71.80%

Source: Florida Nursing Home Bed Need Projections by District and Subdistrict, September 2016 Batching Cycle

The applicant states that Health Central Park has consistently provided care to those covered by Medicaid as indicated by an average Medicaid occupancy rate of 65.6 percent for the five-year period ending June 30, 2016. The applicant provides the following forecast of patient days by payer type, for the first two years of operation. See the table below.

Health Central Park Patient Days by Payer, First Two Years of Operation				
Payer	Year One		Year Two	
Medicare	12,138	36.7%	15,229	41.6%
Medicare HMO	3,678	11.1%	4,026	11.0%
Medicaid Managed Care	15,695	47.4%	15,738	43.0%
Self-Pay and Charity Care	1,603	4.8%	1,607	4.4%
Total	33,114	100.0%	36,600	100.0%

Source: CON application #10459, page 3-9 (Table 3-4)

As shown in the table above, the applicant’s Schedule 7 indicates that Medicaid Managed Care and self-pay represent 47.4 percent and 4.8 percent, respectively, of year one and 43.0 percent and 4.4 percent, of year two annual total patient days.

The reviewer notes that Health Central Park has no Medicaid condition. The reviewer notes that the applicant and the parent (OH) have a demonstrated history of health care services to Medicaid patients and the medically indigent.

F. SUMMARY

Orlando Health Central, Inc. (CON application #10459), a not-for-profit Class 1 general acute care hospital, affiliated with not-for-profit hospital system Orlando Health, proposes to construct a new 110-bed community nursing home in District 7, Subdistrict 7-2, Orange County, through the voluntary delicensure of 110 community nursing home beds from Orlando Health Park (a 228-bed SNF located at 411 North Dillard Street, Winter Garden, Florida 34787, within Subdistrict 7-2). OHC is the owner/licensee of Orlando Health Park. If approved, the proposed project will add no new beds to the subdistrict.

The project involves new construction of 104,487 total GSF. Total construction cost is \$22,464,705. Total project cost is \$34,617,690. Project cost includes land, building, equipment, project development and start-up costs.

Schedule C of the application indicates that the applicant does not wish to accept any conditions.

Need/Access:

The applicant presents the following justification to warrant project approval, regarding need and health care access:

- OHC contends shifting of 110 beds will eliminate the outdated three and four bedrooms from the facility and from the inventory of beds
- The addition of 106 private rooms to the subdistrict inventory will provide greater flexibility for admissions, better meet resident expectations for privacy, increase resident satisfaction and reduce the likelihood of non-social infections spreading, providing more options for isolating any infections that may occur
- Four facilities within a five-mile radius of the proposed facility all had occupancy rates at 90 percent or higher for the period July 1, 2015 through June 30, 2016
- The 65+ population in these six ZIP codes are projected to have a to exceed 32,000 by 2021

The Agency finds that, on balance, the applicant demonstrated the applicable criteria specified in Section 408.035, Florida Statutes and 59C-1.036 and 59C-1.008 (2) (e), Florida Administrative Code to merit approval of the proposed project.

Quality of Care:

- The applicant described its ability to provide quality care
- The applicant's Health Central Park SNF, for which OHC is the licensee, has an overall three-star Agency inspection rating (of a possible five stars). This rating was for the review period April 2014 to September 2016
- Health Central Park SNF has an overall four-star (above average) CMS quality rating, as of December 16, 2016
- Health Central Park is on the Agency's Nursing Home Watch List, as of December 16, 2016
- Agency records indicate that for the three-year period ending December 15, 2016, Health Central Park had no substantiated complaints

Financial Feasibility/Availability of Funds:

- Funding for this project and the entire capital budget should be available as needed
- Based on the information provided in Schedule 6, the applicant's projected nursing staffing meets the statutory requirement
- This project appears to be financially feasible based on the projections provided by the applicant
- This project is not likely to have a material impact on competition to promote quality and cost-effectiveness

Medicaid/Indigent/Charity Care:

- Agency records indicate that neither Health Central Park has no Medicaid or indigent care conditions
- The reviewer notes that Health Central Park had a Medicaid occupancy rate of 71.80 percent for the 12-month period ending June 30, 2016. The reviewer also notes that for the same 12-month period, of the 33 SNFs in the subdistrict, only eight had a Medicaid occupancy rate that was higher
- The applicant and the parent have demonstrated a past provision of health care services to Medicaid patients and the medically indigent
- The applicant forecasts an average Medicaid occupancy rate of 47.4 percent for year one and 43.0 percent for year two (ending January 31, 2020 and January 31, 2021, respectively) of the new proposed project
- The applicant did not propose a Medicaid condition upon approval of the project

Architectural:

The cost estimate for the proposed project provided in Schedule 9, Table A and the project completion forecast provided in Schedule 10 appear to be reasonable. A review of the architectural plans, narratives and other supporting documents did not reveal any deficiencies that are likely to have significant impact on either construction costs or the proposed completion schedule.

G. RECOMMENDATION

Approve CON #10459 to establish a new 110-bed community nursing home in District 7, Subdistrict 7-2, Orange County, through the voluntary delicensure of 110 community nursing home beds from Orlando Health Park (a 228-bed SNF located at 411 North Dillard Street, Winter Garden, Florida 34787, within Subdistrict 7-2. The total project cost is \$34,617,690. The project involves 104,487 GSF of new construction and a total construction cost of \$22,464,705.

CONDITION:

Upon licensure of the 110 beds at Orlando Health Central, Inc.—the existing facility, Health Central Park, will decompress the current facility and no longer have three-bed rooms or four-bed rooms only private and semi-private rooms.

AUTHORIZATION FOR AGENCY ACTION

Authorized representatives of the Agency for Health Care Administration adopted the recommendation contained herein and released the State Agency Action Report.

DATE: _____

Marisol Fitch
Health Administration Services Manager
Certificate of Need