

STATE AGENCY ACTION REPORT
ON APPLICATION FOR CERTIFICATE OF NEED

A. PROJECT IDENTIFICATION

1. Applicant/CON Action Number

Life Care Ponte Vedra, Inc. d/b/a Vicar's Landing/CON #10829

1003 York Road
Ponte Vedra Beach, Florida 32082

Authorized Representative: Ms. Elizabeth Sholar, Administrator
(904) 285-1055

2. Service District/Subdistrict

District 4/Subdistrict 4-3 (St. Johns County & Southeast Duval County)

B. PUBLIC HEARING

A public hearing was not held or requested regarding the proposed project.

C. PROJECT SUMMARY

Life Care Ponte Vedra, Inc. d/b/a Vicar's Landing (CON application #10829), also referenced as Vicar's Landing or the applicant proposes to convert the facility's 60 sheltered nursing home beds to community nursing home beds in Subdistrict 4-3 (St. Johns County). The nursing home has 52 private rooms and four semi-private rooms.

The applicant expects issuance of license in June of 2025 and initiation of service in July of 2025.

Vicar's Landing's Schedule 1 indicates the total project cost is \$83,080, which includes project development costs.

The applicant does not propose any conditions to this project.

Issuance of a CON is required prior to licensure of certain health care facilities and services. The review of a CON application and ultimate approval or denial of a proposed project is based upon the applicable statutory criteria in the Health Facility and Services Development Act (408.031-408.045, Florida Statutes) and criteria in Chapter 59C-1, Florida Administrative Code. An approved CON does not guarantee licensure of the proposed project. Meeting the applicable licensure requirements and licensure of the proposed project is the sole responsibility of the applicant.

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 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, Sarah Zimmerman, analyzed the application with consultation from Financial Analyst Marcus Gunn 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, and Chapters 59C-1 and 59C-2 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.

In Volume 50, Number 195 of the Florida Administrative Register dated October 4, 2024, published a fixed need pool (FNP) of 70 community nursing home beds in Subdistrict 4-3 for the July 2027 planning horizon.

As of August 9, 2024, Subdistrict 4-3 had 24 community nursing homes with 2,938 licensed community nursing home beds and 200 CON approved beds pending licensure. The subdistrict's nursing homes reported 88.67 percent for the six months and 87.60 percent for the 12 months ending June 30, 2024.

Vicar's Landing states that Ponte Vedra Beach is a convenient location for residents in Subdistrict 4-3 in Duval and St. Johns Counties, but also those in adjacent Subdistricts 4-1 to the north and 4-2 to the west (Jacksonville and St. Augustine Beach areas) for which community bed need was also published. Further, Vicar's Landing's proposal for all community beds will provide the necessary flexibility to meet the increasing demand from the area's aging residents and is the only response to the Agency's published need for Subdistrict 4-3.

The applicant contends that its project is cost-effective as it incurs only costs related to the CON process and changing the licensure for 60 beds, with no construction or renovation expenses, allowing for rapid deployment of the beds to be available no later than July 1, 2025.

Vicar's Landing states that its project:

- Improves availability of skilled nursing beds by fully allocating 60 beds in response to need for community nursing home beds
- Improves access to skilled nursing care by utilizing sheltered beds that can be placed into service quickly
- Improves quality of skilled nursing care by placing community beds into service at a highly rated facility
- Promotes culture change by placing the community beds into service at a facility that is operated under the close scrutiny of its members, where resident directed care is the norm
- Provides a financially viable project that can be implemented with minimal costs

- Allows flexibility for admissions, serving both community and life care residents at the facility as demand continues to grow.

The applicant’s Exhibit 1 includes copies of its Certificate of Authority (COA) #97-59-2555812, issued on April 27, 1987, confirming its operation as a Continuing Care Retirement Community (CCRC) in Ponte Vedra Beach, St. Johns County, since 1989. Vicar's Landing Figure 1-1 on page 1-2 shows the campus of its premier retirement community in Ponte Vedra Beach, which offers senior living activities and amenities, proximity to the greater Jacksonville area and health care facilities like the Mayo Clinic.

Vicar's Landing states that it needs to admit non-contract residents to ensure financial viability, as decreased utilization by contract holders threatens its financial stability. The applicant asserts its SNF occupancy is low as CCRC contract residents are choosing private duty or home health aides to stay in their apartment and electing to rehab in hospital-based rehab units following surgery and then returning home with Medicare home health services rather receiving rehab services in its nursing home.

The applicant emphasizes that residents should remain in the least restrictive setting possible while receiving health care services, in accordance with the Olmstead Decision, which mandates that individuals with disabilities should not be forced into institutions if they can thrive in the community with available resources.

In reference to need and the population, Vicar's Landing provides the table below showing population estimates for incorporated cities within Duval and St. Johns counties.

| April 1, 2024 Population Estimates | |
|---|----------------|
| Duval County | 1,062,593 |
| Atlantic Beach | 13,517 |
| Baldwin | 1,426 |
| Jacksonville | 1,016,103 |
| Jacksonville Beach | 24,309 |
| Neptune Beach | 7,238 |
| St. Johns County | 331,479 |
| Marineland (part) | 3 |
| St. Augustine | 15,684 |
| St. Augustine Beach | 6,972 |
| Unincorporated | 308,820 |

Source: CON application #10829, page 1-4, Figure 1-2, from Florida Estimates of Population 2024, University of Florida, Bureau of Economic and Business Research

The applicant states that in 2024, St. Johns County had 314,464 residents, with 21.3 percent (66,850) aged 65 and older and that by the planning horizon of June 2027-June 2028, the county is projected to add

28,698 residents, including 9,400 age 65 and older representing 32.8 percent of the total population. Further, Duval County had over a million residents in 2024 of which 176,847 were age 65 and older. Vicar’s Landing notes St. Johns County will have a 9.1 percent overall growth and 14.1 percent growth in seniors, while Duval County is projected to grow by 4.1 percent overall and 11.6 percent in its senior population.

Vicar's Landing presents Table 1-1 on page 1-6 using Agency Population Estimates and Projections by District 2020 to 2030, published January 2024. The applicant’s Table 1-2 on page 1-7 uses Claritas zip code data in the table below.

Nursing Home Subdistrict 4-3 Population Estimates Age 65 and Over by Zip Code and Florida Years 2024 - 2027, 3-Year Increase, Growth Rate, and Compounded Annual Growth Rate (CAGR)

| Population Age 65 and Older | | | | | | | |
|------------------------------------|-----------------------|----------------|----------------------|-----------------------|------------------------|---------------------------|-----------------------|
| Zip Code | 2024 (Current) | 2025 | 2026 (Year 2) | 2027 (Horizon) | 3-Year Increase | 3-Year Growth Rate | 2024-2027 CAGR |
| 32207 | 6,943 | 7,175 | 7,415 | 7,663 | 720 | 10.37% | 3.34% |
| 32211 | 5,182 | 5,365 | 5,555 | 5,752 | 570 | 11.00% | 3.54% |
| 32216 | 7,198 | 7,415 | 7,639 | 7,870 | 672 | 9.33% | 3.02% |
| 32217 | 4,836 | 4,932 | 5,030 | 5,131 | 295 | 6.09% | 1.99% |
| 32223 | 6,657 | 6,822 | 6,991 | 7,164 | 507 | 7.62% | 2.48% |
| 32224 | 7,363 | 7,594 | 7,831 | 8,076 | 713 | 9.69% | 3.13% |
| 32225 | 10,488 | 10,864 | 11,253 | 11,657 | 1,169 | 11.14% | 3.58% |
| 32227 | 98 | 101 | 103 | 106 | 8 | 8.34% | 2.71% |
| 32233 | 5,235 | 5,388 | 5,545 | 5,706 | 471 | 9.00% | 2.92% |
| 32246 | 8,203 | 8,573 | 8,959 | 9,363 | 1,160 | 14.15% | 4.51% |
| 32250 | 6,790 | 7,011 | 7,239 | 7,474 | 684 | 10.07% | 3.25% |
| 32256 | 11,363 | 11,831 | 12,318 | 12,825 | 1,462 | 12.87% | 4.12% |
| 32257 | 8,641 | 8,861 | 9,088 | 9,319 | 678 | 7.85% | 2.55% |
| 32258 | 6,330 | 6,614 | 6,910 | 7,220 | 890 | 14.06% | 4.48% |
| 32266 | 1,527 | 1,565 | 1,603 | 1,642 | 115 | 7.55% | 2.46% |
| 32277 | 5,162 | 5,314 | 5,470 | 5,630 | 468 | 9.07% | 2.94% |
| Duval Subtotal | 102,016 | 105,424 | 108,950 | 112,600 | 10,584 | 10.37% | 3.35% |
| 32033 | 1,953 | 2,032 | 2,113 | 2,198 | 245 | 12.57% | 4.03% |
| 32080 | 9,895 | 10,255 | 10,627 | 11,013 | 1,118 | 11.30% | 3.63% |
| 32081 | 6,548 | 6,849 | 7,163 | 7,492 | 944 | 14.41% | 4.59% |
| 32082 | 10,740 | 11,145 | 11,565 | 12,001 | 1,261 | 11.74% | 3.77% |
| 32084 | 9,647 | 10,004 | 10,373 | 10,757 | 1,110 | 11.51% | 3.70% |
| 32086 | 11,437 | 11,895 | 12,370 | 12,865 | 1,428 | 12.49% | 4.00% |
| 32092 | 9,289 | 9,733 | 10,198 | 10,686 | 1,397 | 15.04% | 4.78% |
| 32095 | 3,955 | 4,169 | 4,394 | 4,631 | 676 | 17.10% | 5.40% |
| 32145 | 1,168 | 1,232 | 1,298 | 1,369 | 201 | 17.21% | 5.44% |
| 32259 | 9,981 | 10,523 | 11,093 | 11,695 | 1,714 | 17.18% | 5.43% |
| St. Johns Subtotal | 74,613 | 77,833 | 81,196 | 84,708 | 10,095 | 13.53% | 4.32% |
| Subdistrict 4-3 | 176,629 | 183,257 | 190,146 | 197,308 | 20,679 | 11.71% | 3.76% |
| Florida | 5390818 | 5559712 | 5733898 | 5913540 | 522,722 | 9.70% | 3.13% |

Source: CON application #10829, page 1-7, Table 1-2, from 2024 estimates and 2029 projections.

As shown above, the three-year growth rate and the 2024-2027 annual growth rate among seniors for St. Johns County outpace those for Duval County and the state. Further, by 2026 (the second year of its project) St. Johns County will have 81,196 seniors and Duval County will have 108,950, totaling 190,146 seniors in the subdistrict. St. Johns and Duval counties are projected to add 10,095 and 10,584 seniors, respectively, over the next three years, leading to a total of 197,308 seniors aged 65 and older in Subdistrict 4-3 by the 2027 planning horizon.

Vicar's Landing notes that as of August 9, 2024, St. Johns County had 559 licensed community beds in eight facilities, plus 71 sheltered beds or a total of 750 beds. The applicant notes St. Johns has 120 community beds approved through CON #10762. Vicar's Landing provides the beds per thousand for St. Johns County compared to the subdistrict and Florida in Table 1-3 below.

| Area | | Jan 2024 | Jan 2027 | Jan 2027 w/CON Approved Beds |
|------------------|------------------|-----------------|-----------------|-------------------------------------|
| St. Johns County | Beds | 679 | 679 | 739 |
| | Pop (65+) | 66,850 | 76,250 | 76,250 |
| | Beds/1000 | 10 | 9 | 10 |
| Subdistrict 4-3 | Beds | 3,138 | 3,138 | 3,198 |
| | Pop (65+) | 176,629 | 197,303 | 197,303 |
| | Beds/1000 | 18 | 12 | 13 |
| Florida | Beds | 85,811 | 85,811 | 85,871 |
| | Pop (65+) | 5,064,776 | 5,547,274 | 5,547,274 |
| | Beds/1000 | 17 | 15 | 15 |

Source: CON application #10829, page 1-10, Table 1-3, from Florida Population Estimates and Projections by AHCA District 2015 to 2030, published January 2024 (January midpoint population estimates) & AHCA's Florida Nursing Home Utilization by District and Subdistrict July 2023 - June 2024; Claritas, 2024 Population Estimates.

Note: Projected beds assumes all approved beds are licensed by 2027.

As shown above, St. Johns County has a lower bed availability compared to the rest of the subdistrict and that as of January 1, 2024, there were 10 beds per 1,000 seniors, which is expected to drop to 9 by 2027 without the project even with an approved 120-bed nursing home becoming licensed. Therefore, the applicant argues that the addition of 60 community beds will slightly improve bed availability, allowing for more non-life care admissions at its facility.

Vicar's Landing reiterates that its project proposes to re-designate 60 from sheltered beds to community beds, making them available to the general population which it argues will increase capacity and improve, and meet 60 of the 70-bed FNP. Further, its project is cost-effective and efficient with implementation expected by July 1, 2025.

The applicant uses Agency projections and utilization data (Tables 1-4 and 1-5 on pages 1-11 & 1-12) to show community nursing home bed utilization is recovering after a decline during the COVID-19 pandemic in 2020 and 2021. Vicar’s Landing states that since 2021 “Polk” County’s occupancy rate has risen to 87 percent, while the state averaged less than 85 percent occupancy for the most recent twelve-month period ending June 30, 2024. The applicant adds that in the second quarter of 2024, facilities in Subdistrict 4-3 reported nearly 89 percent occupancy, compared to the statewide average of 85.42 percent. The reviewer notes that “Polk” is likely a typographical error as the table is labeled Subdistrict 4-3. Vicar’s Landing argues that this trend reflects a rising demand for skilled nursing beds in the region, which will be remedied by its proposed facility.

Vicar's Landing’s table below shows the subdistrict’s CCRC sheltered bed utilization.

Utilization for Sheltered Nursing Homes in District 4-3, CY 2023

| | Beds | | | Total Patient Days | | | Occupancy | | | ADC |
|-------------------------------------|--------|-------|-------|--------------------|--------|--------|-----------|-------|--------|------|
| | Shelt. | Comm. | Total | 2021 | 2022 | 2023 | 2021 | 2022 | 2023 | 2023 |
| Fleet Landing* | 100 | | 100 | 19,381 | 18,993 | 16,813 | 61.0% | 52.0% | 46.1% | 46 |
| Vicar's Landin | 60 | | 60 | 7,415 | 14,772 | 12,345 | 33.9% | 67.50 | 56.4% | 34 |
| Westminster St. Augustine** | 6 | 24 | 30 | 7,495 | 7,060 | 10,950 | 68.4% | 64.5% | 100.0% | 30 |
| Westminster Woods on Julin on Creek | 5 | 55 | 60 | 18,046 | 15,987 | 9,909 | 82.4% | 73.0% | 45.2% | 27 |
| Subdistrict 4-3 Total CCRCs | 171 | 79 | 250 | 52,337 | 56,812 | 50,017 | 60.5% | 62.3% | 54.8% | 137 |

Source: CON application #10829, page 1-13, Table 1-6, from Florida Nursing Home Utilization by District and Subdistrict, March 29, 2024 and Agency sheltered bed data

Notes: *Added 30 sheltered beds 6/8/21

** Reported 11,869 payment days in 2023 for an occupancy rate exceeding 100%. Maximum allowable days are shown in the above table.

Vicar’s Landing notes its 56.4 percent occupancy in 2023 and states that by converting its 60 sheltered beds to community status it will be able to accommodate more patients in skilled nursing rehabilitation, thereby optimizing bed usage and enhancing care quality in its well-rated facility.

Vicar’s Landing’s table below shows the subdistrict’s utilization in support of its utilization projections.

**Subdistrict 4-3 Patient Days, Use Rates and Occupancy
July 1, 2023- June 30, 2024**

| | 7/1/2022- 6/30/2023 |
|---------------------------------------|--------------------------------|
| Patient Days | 942,013 |
| Average Daily Census | 2,581 |
| Subdistrict 4-3 County Population 65+ | 176,629 |
| Days Per 1,000 Persons, 65+ | 5,333 |
| Current Existing Community Beds | 2,938 |
| Occupancy | 87.84% |

Source: CON application #10829, page 1-14, Table 1-7, from Florida Nursing Home Utilization by District and Subdistrict, for the years indicated; Florida Population Estimates and Projections by AHCA District 2015 to 2030, published January 2024.

Vicar’s Landing table below shows the projected patient days and occupancy for Subdistrict 4-3 for the reference time periods with and without its proposed project.

**Projected Subdistrict 4-3 Community Patient Days and Occupancy for 7/26-7/27
and the 7/27-7/28 manning Horizon Year, With and Without the Project**

| Projections based on use rate from: Subdistrict 4-3 | 7/26-7/27 | 7/27-7/28 |
|--|------------------|------------------|
| Subdistrict 4-3 Population 65+ | 197,308 | 204,752 |
| Resident Days Forecasted | 1,052,299 | 1,092,003 |
| Average Daily Census | 2,883 | 2,992 |
| Existing and Approved Community Beds* | 3,138 | 3,138 |
| Projected Occupancy without the Project | 91.87% | 95.34% |
| Projected Licensed Beds WITH the Project | 3,198 | 3,198 |
| Projected Occupancy WITH the Project | 90.15% | 93.55% |

Source: CON application #10829, page 1-14, Table 1-8, from Florida Population Estimates and Projections by AHCA District 2015 to 2030, published January 2024; Claritas, 2024 Population Estimates.

* Assumes the 120 approved beds authorized by CON 10762 become licensed by 2027.

The applicant argues that despite a steady increase in utilization over the past year, the current use rate for the subdistrict remains unchanged and when this rate is applied to the projected population, it predicts a subdistrict occupancy rate of 91.87 percent, approaching the 92 percent target by its project's second year. Additionally, with the addition of 60 community beds at Vicar's Landing, the average occupancy rate for the subdistrict reaches 90.15 percent in the same timeframe.

Vicar’s Landing states it aims to address the high demand for skilled nursing beds, noting that its project maximizes available community beds without negatively impacting existing facilities as demand continues to rise. Further, Schedule 5 outlines the projected utilization of 60 additional community beds converted from sheltered beds, with the assumption that the first month of operation will be July 2025. The table below shows the project’s projected year one and two utilization.

| Year | Admits | Days | Rate | ADC |
|-----------------------------|---------------|-------------|-------------|------------|
| Year 1 (7/1/2025-6/30/2026) | 471 | 17,058 | 77.89% | 47 |
| Year 2 (7/1/2026-6/30/2027) | 472 | 17,080 | 77.99% | 47 |

Source: CON application #10829, page 1-15, Table 1-9

Vicar's Landing concludes that it is the only qualified facility capable of providing 60 additional community nursing home beds without construction, thus allowing for a quick implementation by July 2025, which will enhance access to skilled nursing services in a growing area and improve admission flexibility to meet rising demand.

2. Agency Rule Preferences

Does the project respond to preferences stated in Agency rules? Rule 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. 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 patterns, patient characteristics, expected average length of stay, ancillary services, patient assessment tools, admission policies and discharge policies.

Vicar's Landing states that its 60-bed, 5-star-rated sheltered nursing home has quality care systems in place and details an analysis of patient characteristics related to skilled nursing needs, services to be provided, patient assessment, admission, care planning, and discharge processes. Further, the applicant notes that its facility provides a comprehensive range of nursing and restorative care for short-term rehabilitation, long-term care, and complex medical conditions.

The applicant informs that while it offers various services for long-term care and memory care, it primarily serves non-life care residents for short-term rehabilitation, offering skilled nursing care under doctors' supervision is provided by trained registered nurses with a high staffing-to-patient ratio, and is prepared to extend its rehabilitation program to include the 60 community beds proposed in this application.

Vicar's Landing ensures that licensed therapists will provide physical, speech, and occupational therapies to help residents fully engage in life and that its Restorative Nursing Program (RNP) includes two certified nursing assistants trained as restorative aides, who do not manage traditional resident assignments but work with residents referred to by

therapy or the nursing department. Further, it will conduct monthly meetings to review residents' progress, adjust restorative goals, and identify new candidates for its program which are co-facilitated by the Director of Therapy Services. Further, "Restorative Certified Nursing Assistants act as informal bedside leaders offering insights on residents who could benefit from restorative care".

Vicar's Landing offers physical speech and occupational therapies. Additional services include post-surgical, joint replacement, and wound care, disease management (CHF, COPD, stroke, diabetes), short-term, post-acute hospital rehabilitation, medication and pain management, blood sugar and blood pressure monitoring and fall prevention and gait training. Vicar's Landing also provide memory care with designated areas designed to promote engagement and choice, for Alzheimer's and dementia. The applicant's professional caregivers incorporate residents past patterns and hobbies to ensure the highest quality of life. Vicar's Landing also provides specialized activities and events to enhance residents' abilities.

Vicar's Landing adds that it also partners with several medical specialists to provide on-campus care, including audiology, dermatology, and podiatry services to alleviate the difficulties and stress associated with traveling for off-campus appointments. Vicar's Landing also collaborates with local hospice providers to manage end-of-life care for residents with terminal illnesses by offering supplemental services like nursing assistants, pain management, clergy support, counseling, and pet therapy, while also providing education and training for staff to improve palliative care.

The applicant provides that its nurse staffing model at assigns two nurses per residential wing during the day shift, resulting in a maximum ratio of 1:15 residents. Further, Vicar's Landing notes that one nurse serves as the desk nurse, handling communication with physicians, lab reviews, skin integrity, and resident medical needs, while the second nurse focuses on daily medication administration. The applicant contends that its division of clinical tasks enhances resident care, reduces medication errors, and ensures timely medication delivery. Additionally, a float nurse is available from 7 PM to 11 PM to assist with new resident admissions.

Vicar's Landing reports that its utilization and staffing patterns are outlined in Exhibit 5, while admissions and patient days by payer are detailed in Schedule 7. Additionally, its staffing by department, as shown in Schedule 6, meets or exceeds care standards for diverse residents. The applicant ensures that its facility accommodates short- and long-term

patients and accepts various payers, including Medicare, Medicaid, and private insurance. The project’s projected utilization is shown in the table below.

Projected Admissions, Patient Days, Average Length of Stay and Average Daily Census First Two Years of Operation for the 60-Bed Facility

| Factor | Year One | Year Two |
|---------------|-----------------|-----------------|
| Admissions | 471 | 472 |
| Patient Days | 17,058 | 17,080 |
| ALOS | 36.2 | 36.2 |
| ADC | 47 | 47 |

Source: CON application #10829, page 2-4, Table 2-1.

The applicant concludes that utilization to be converted to community status remains consistent throughout the forecast period, with an average length of stay of 36.2 days in both the first and second years, reflecting both short- and long-term care needs. Further, it states its facility maintains an average daily census of 47 and meets or exceeds minimum staffing standards.

Vicar’s Landing admission process includes a facility orientation for residents and their families, along with an initial assessment and that each resident receives an admission packet outlining the facility’s agreement, as well as essential documents like the HIPAA form, inventory of personal effects, initial care plan and attending physician list. Upon admission, facility staff perform a comprehensive resident assessment using the CMS-required tool, which includes Minimum Data Set (MDS) elements and Florida-specific components to gather information on resident needs, strengths, goals, life history, and preferences by evaluating various aspects of their status, including routines, health conditions, cognitive and communication patterns, dental and vision status, nutritional needs, mood and behavior, skin conditions, psychological well-being, activity levels, physical functioning, medications, continence, and any special treatments or procedures.

The applicant ensures that a Registered Nurse and an interdisciplinary team along with resident input, will develop resident-centered comprehensive care plans within seven days to align with treatment goals and health care directives established at admission. Additionally, the pre-admission screen and resident review (PASRR) are completed to identify any mental illnesses or intellectual disabilities impacting skilled nursing placement, with assessments finalized within 48 hours of admission, re-evaluated as conditions change, and conducted quarterly if no significant changes occur, with full assessments done annually. Vicar’s Landing care plan meetings occur quarterly or when conditions change, facilitating family involvement and necessary updates to reflect the residents’ evolving status.

Vicar’s Landing states that its discharge planning begins at admission, focusing on identifying residents’ discharge goals and needs, developing interventions, with continuous evaluation. Further, the applicant notes that its care plan's progression dictates the final discharge date and destination, with the care team updating the discharge plan based on resident re-evaluation and changes in caregiver support. Additionally, its therapy department conducts home safety evaluations to facilitate a safe transition back home, identifying hazards and recommending modifications or equipment, which are communicated to the social services department for inclusion in the discharge plan and provided to the resident for implementation.

To assess the service needs of nursing home residents, the applicant analyzed all discharge data from Florida acute care hospitals for patients aged 65 and older residing in Subdistrict 4-3 zip codes, reviewing all Major Diagnostic Categories (MDCs) to identify the prevalent conditions and disorders associated with nursing admissions, ultimately organizing the findings by MDC to highlight the most common conditions and their corresponding service requirements.

**Florida Hospital Discharges to Skilled Nursing Facilities by MDC
For Subdistrict 4-3 Residents Aged 65 and over, CY 2023**

| MDC | Number | Percent |
|---|---------------|----------------|
| 08 Diseases and Disorders of the Musculoskeletal System and Conn Tissue | 1,250 | 19.83% |
| 05 Diseases and Disorders of the Circulatory System | 878 | 13.93% |
| 18 Infectious and Parasitic Diseases, Systemic or Unspecified Sites | 810 | 12.85% |
| Total Top 3 MDCs | 2,938 | 46.61% |
| Total for 20 Other MDCs | 3,364 | 53.25% |
| Total | 6,302 | 100.0%* |

Source: CON application #10829, page 2-8, Table 2-2, partially recreated. From Agency Hospital Patient Discharge Data, CY 2023.

Note: *Actual total is 99.86%, likely due to rounding.

Vicar’s Landing concludes that nearly half of nursing home discharges for individuals aged 65 and over, totaling 2,938, are due to three Major Diagnostic Categories related to musculoskeletal and circulatory conditions and infectious diseases, all of which emphasize restorative activities to improve functional capabilities. The applicant notes that it offers a variety of specialized programs and continually innovates to address residents' needs, conducting individual assessments during admission to create tailored care plans with specific goals and prescribed services aimed at restoring and normalizing functional abilities.

Regarding MDC 8, musculoskeletal diagnoses, the applicant provides wound care for patients suffering from bone fractures and breaks, in addition to skin/tissue wounds. Further, physical and occupational therapists assist residents in improving joint flexibility and core strength.

Regarding MDC 18, Infectious & Parasitic Diseases, Systemic or Unspecified Sites, the third-ranked MDC, the applicant notes that its facility has 52 private rooms for isolating patients to prevent disease spread.

b. Quality of Care. In assessing the applicant's ability to provide quality of care pursuant to 408.035(3), 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.

Life Care Ponte Vedra, Inc. d/b/a Vicar's Landing has not had a nursing facility license denied, revoked, or suspended within the prior 36 months of operation.

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 has not had a nursing facility placed into receivership during the 36 months prior to this application.

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 does not apply.

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 does not apply.

- c. **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.

This does not apply.

- 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 responds that it understands the reporting requirements and agrees to continue to submit the above-cited utilization reports to the Agency for Health Care Administration through the Health Planning Council of Northeast Florida.

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? Section 408.035(1)(2)(5), Florida Statutes.**

As previously stated, as of August 9, 2024, Subdistrict 4-3 had 24 community nursing homes with 2,938 licensed community nursing home beds and 200 CON approved beds pending licensure. The subdistrict's nursing homes reported 88.67 percent for the six months and 87.60 percent for the 12 months ending June 30, 2024.

Vicar's Landing states that "availability is defined as how much of a resource exists" and notes the subdistrict's 70-bed FNP, inventory and utilization. Vicar's Landing notes that as of January 1, 2024, St. Johns County has 10 beds per thousand seniors, but this number is projected to decrease to nine due to anticipated population growth over the next three years. Further, the total number of licensed beds in the subdistrict remains unchanged; however, the re-designation of 60 currently sheltered beds for life care residents will allow the general public to access these beds, thus increasing capacity and improving admission access for residents.

The applicant argues that even though availability of its facility's beds is targeted toward the CCRC campus, direct admissions to the assisted living or skilled nursing facility on campus are often sought. Vicar's Landing argues that Subdistrict 4-3's occupancy rate of 84.36 percent raises concerns about bed availability, highlighting the need for more beds to improve its marketability as a long-term care option in the aging in place model of the Continuing Care Retirement Community (CCRC).

Quality of care is addressed within item E.3.b. of this report.

Vicar's Landing states access is defined as how potential users obtain a service or gain admittance or entry to a facility providing the service and includes geographic impediments, distance, time to travel, and eligibility criteria, and third-party reimbursement methods.

The applicant states that its facility is situated in a densely populated area with significant elderly population growth anticipated in the next three years. Additionally, Section 2, Rule Preferences, indicates that 6,302 seniors aged 65 and over from Subdistrict 4-3 were discharged to skilled nursing facilities in 2023, highlighting the importance of geographic access to acute care hospitals.

Vicar's Landing presents a table of the acute care hospitals within a 20-mile radius of its facility on page 3-3- and Figure 3-4, a map on page 3-4 that illustrates the 35-minute drive time contour (in blue) and a 20-mile radius (in red) around its facility, marking the locations of other nursing homes (blue dots) and nine acute care hospitals (yellow triangles) within the area. The applicant notes that all hospitals are accessible within a 35-minute drive, ensuring proximity to acute care.

Acute Care Hospitals within a 20-mile radius of Vicar's Landing are shown in the table below.

| Acute Care Hospitals | Beds |
|--|-------------|
| UF Health Jacksonville | 623 |
| Ascension St. Vincent's Riverside | 584 |
| Baptist Medical Center Jacksonville | 513 |
| Baptist Medical Center — Beaches | 146 |
| Mayo Clinic | 307 |
| HCA Florida Memorial Hospital | 454 |
| Baptist Medical Center South | 357 |
| Ascension St. Vincent's Southside | 295 |
| Ascension St. Vincent's St. Johns County | 56 |

Source: CON application #10829, page 3-3.

Regarding service access, Vicar’s Landing contends that there are access issues, particularly for short-term rehabilitative care as hospitals, the primary source of referrals for skilled nursing, struggle to find rehabilitation units for residents. The applicant states “At Vicar's Landing non-life care residents are often diverted away from the facility in order to be placed in a skilled nursing facility with an available bed for rehabilitation following an acute care hospital stay.” Vicar’s Landing contends that the demand for services is expected to rise due to the large senior community and in order to meet varying needs, it is essential to offer a wide range of services, including short-term rehabilitation, complex care, and long-term care, thereby enhancing access for residents in the planning area.

In reference to access, the applicant references CY 2023 data which indicates Subdistrict 4-3 had 6,302 hospital discharges to skilled nursing facilities, with 1,250 (19.83 percent) related to musculoskeletal issues, 878 (13.93 percent) to cardiac conditions, 810 (12.85 percent) to infectious diseases, and 742 (11.77 percent) to kidney and urinary tract diseases. These four categories comprised 58.38 percent of all nursing home discharges. Vicar's Landing asserts that it can add 52 private nursing home beds designed for rehabilitation, providing local residents with a closer option for recovery from common ailments which allows for safe isolation when needed.

Vicar's Landing states that the proposed community beds will improve access by:

- Locating the beds within a facility where the largest portion of seniors within the subdistrict can easily have access
- Locating the community nursing beds in an area of strongest growth in the elderly population
- Improving access for quality rehabilitation services as the designated community beds within the facility will focus on rehab therapies to return patient home

Regarding financial access, Vicar's Landing states the conversion of its 60 sheltered beds to community nursing home status will improve access to care for the general population while continuing to meet the needs of life care residents. The applicant indicates it aims to eliminate financial barriers to nursing home care by participating in the Federal Medicare Program, which provides eligible residents with access to benefits. Additionally, when residents pay privately, the facility helps them seek insurance reimbursement.

The applicant reiterates that the addition of 60 community beds at Vicar's Landing will require no construction and will enhance access while ensuring sufficient capacity for contract holders.

Rule 59C-1.030, Health Care Access Criteria is addressed on the application pages 3-8 through 3-11.

- 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? Section 408.035(3)(10), Florida Statutes.**

Life Care Ponte Vedra, Inc. outlines its commitment to delivering the highest quality of care to residents, with stringent standards, where the provider is closely monitored and held accountable for all levels of services, from independent living to skilled nursing and assisted living, by both residents and their families. Further, the applicant asserts that continuity of care and staff training are crucial for monitoring nursing home quality, with administration promoting a resident-centered approach that prioritizes residents' well-being and access to services.

Vicar's Landing states that it earned an overall five-star rating in its latest state survey, ranking among the top two facilities in St. Johns County and outperforming 81 percent to 100 percent of regional facilities, plus achieving five stars in eight of nine inspection categories. Vicar's Landing has a five-star rating on the CMS Care Compare website and is a Gold Seal Nursing Home, awarded on January 1, 2024, valid until December 31, 2026.

Vicar's Landing confirms that as a CCRC it holds CARF (Commission on Accreditation for Rehabilitation Facilities) accreditation, demonstrating its commitment to enhancing residents' quality of life through adherence to established standards. It also has a five-star rating from US News and World Report for Best Nursing Homes in Florida, based on CMS performance measures, including resident care and safety, assuring high-quality care for the proposed project. Further details on ratings and accreditations are available in Exhibit 2 of the application.

Vicar's Landing describes quality as being achieved through well-trained, dedicated individuals with high integrity adding that it has a commitment to excellence, evidenced by numerous industry awards and accolades. Further, Vicar's Landing offers a range of health care services on campus, including assisted living, memory care, and skilled nursing care. Its memory care unit features 18 private apartments designed for seniors with Alzheimer's or dementia that promotes engagement and

choice, supporting residents' individuality. Vicar's Landing adds that it offers personalized care through dedicated and professional caregivers, tailored activities, and a secure environment, providing peace of mind for family members and a high quality of life for residents. Vicar's Landing notes that although not a formal program it offers pet therapy which includes regular canine visits from Max and pet visitation by independent living residents, offering uplifting moments for both residents and staff.

The applicant describes its CARES program which stands for courtesy, attitude, respect, excellence and satisfaction, noting that it is the core principle guiding interactions with residents, team members, family members, and visitors, and is reinforced through employee orientation, peer recognition, and feedback from family members. Vicar's Landing states that annually, team members receive customer service training through an assigned master education course, are exposed to customer service education at the competency fair and discuss real examples and accolades at staff meetings.

Vicar's Landing states that communication and collaboration are central to its nursing department demonstrated by its Interdisciplinary Team (IDT) meeting daily, with its desk nurse from each wing attending, and meeting twice weekly its physician extender provides clinical input for the team. Further, the IDT and restorative certified nursing assistants conduct a resident at risk meeting to monitor newly admitted residents and address potential risks related to pain, falls, weight loss, psychotropic medication use, skin integrity, and elopement until issues are resolved, ensuring comprehensive care.

The applicant next addresses Quality Assessment and Performance Improvement describing the Affordable Care Act and listing the 12 CMS "QAPI at a Glance" action steps to establish the foundation for quality assurance and performance improvement in nursing homes. Vicar's Landing ensures that it stays up to date on all state and federal requirements for QAPI and assures its facility provides person-centered care, meeting residents' unique needs and expectations while achieving good patient outcomes. Further it also follows guidelines from the American Health Care Association to maintain a consistent approach to measuring and ensuring quality in nursing homes.

The applicant states that its Risk Management/Quality Assurance Committee meets regularly to monitor quality indicators and identify potential issues and create action plans to improve areas that exceed established thresholds, ensuring ongoing quality improvement. Further, its committee aims to identify and prevent potential problems in quality-of-care processes to avoid regulatory non-compliance, using early

detection to minimize consequences and initiate corrective action. The applicant adds that every employee is responsible for ensuring that residents, family members, and visitors receive high-quality care and service.

Vicar's Landing provides that its purpose is to create an exceptional person-centered care environment by involving residents, physicians, staff, family members, and other providers in the performance improvement process to foster meaningful relationships.

The applicant provides its beliefs and philosophy regarding quality assurance and performance improvement, guiding the QAPI processes:

- Guiding Principle #1 Care practices are guided by a structured Quality Assurance and Performance Improvement process
- Guiding Principle #2 All staff members acknowledge their commitment to performance improvement and their perspective roles in the process
- Guiding Principle #3 Focus on systems and processes and encourage staff to identify potential errors and system breakdowns
- Guiding Principle #4 Set goals to improve performance, measure progress towards the goal, and revise the goal when necessary.

The applicant confirms that the Administrator oversees its Quality Assurance Performance Improvement Program, with a committee that meets quarterly to identify concerns and recommend changes and ensures participants in Performance Improvement Projects (PIPs) have the necessary training, resources, and time. Further, an annual data review is conducted to facilitate feedback and monitoring which may include grievance logs, medical records, skilled care claims, fall, pressure ulcer, and treatment logs, staffing trends, incident reports, quality measures, and survey outcomes. The applicant notes that each Performance Improvement Plan subcommittee will use Root Cause Analysis to enhance existing processes, collecting and analyzing data to evaluate the effectiveness of changes, and submitting a summary report, activity analysis, and recommendations to the QAPI Committee upon completing each PIP. Vicar's Landing adds that it employs the Five Whys method for root cause analysis, repeatedly asking "Why did this occur?" at least five times to trace the events leading to the problem.

Vicar's Landing explains that upon admission, residents receive information on Resident Rights covering dignity, privacy, choice, visitation, grievances, treatment, fund protection, transfer, discharge, abuse, restraints, and Florida's Long-Term Care Ombudsman Program.

Further, monthly resident council meetings which are facilitated by the director of activities invite resident feedback on services to ensure they meet needs and establish a process for departments to address concerns and share corrective actions at subsequent meetings.

The applicant asserts that its activities department prioritizes person-centered care, offering a comprehensive calendar of activities that cater to diverse interests, including tailored programs for residents who may not participate in traditional events. The applicant provides the following programs:

- Build a Bond - targets introverted residents less inclined to attend group activities by offering one-on-one visits from an Activity professional, fostering engagement, finding common interests, and delivering meaningful experiences
- Bright Star - engages cognitively impaired residents through sensory activities, including aromatherapy, hand massage, and music therapy
- Never 2Late and Eldergrow - promote cognitive health through social interaction, reminiscing, and task mastery, while providing a therapeutic and enjoyable experience for residents through gardening activities

Vicar's Landing adds that it prioritizes the spiritual needs of its residents by offering various religious services, sing-alongs, and Bible study, as well as access to a Chapel and a Meditation Room within The Windsor.

The applicant concludes that it demonstrates a strong capability for quality assurance and continuous improvement through high ratings in federal and state systems and national recognition. The reviewer confirms that Vicar's Landing has a five-star CMS overall rating that was last updated on December 20, 2024. During the period of December 19, 2021 - December 19, 2024, Vicar's Landing had no substantiated complaints.

c. What resources, including health personnel, management personnel and funds for capital and operating expenditures are available for project accomplishments and operations? 408.035(4), Florida Statutes.

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. Below is our analysis:

| CON 10829 Life Care Ponte Vedra, Inc | | |
|---|---------------------|----------------------|
| | Current Year | Previous Year |
| Current Assets | \$36,018,006 | \$47,330,927 |
| Total Assets | \$256,742,449 | \$243,737,616 |
| Current Liabilities | \$12,043,236 | \$27,747,321 |
| Total Liabilities | \$288,122,784 | \$281,806,761 |
| Net Assets | (\$31,380,335) | (\$38,069,145) |
| Total Revenues | \$49,349,864 | \$22,524,125 |
| Excess of Revenues Over Expenses | \$6,702,502 | (\$6,617,050) |
| Cash Flow from Operations | \$47,110,185 | \$30,174,437 |
| Short-Term Analysis | | |
| Current Ratio (CA/CL) | 3.0 | 1.7 |
| Cash Flow to Current Liabilities (CFO/CL) | 391.18% | 108.75% |
| Long-Term Analysis | | |
| Long-Term Debt to Net Assets (TL-CL/NA) | -879.8% | -667.4% |
| Total Margin (ER/TR) | 13.58% | -29.38% |
| Measure of Available Funding | | |
| Working Capital | \$23,974,770 | \$19,583,606 |

| 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 \$6,326,054 which includes this project’s cash on hand (\$83,080), and other capitalization (\$6,242,974).

The applicant indicates on Schedule 3 of its application that funding for the project will be provided by cash on hand (\$83,080).

The applicant’s overall financial position is relatively strong based on the above analysis and has sufficient working capital to cover the cost of this project and the entire capital budget.

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? Section 408.035(6), Florida Statutes.

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 in the Florida Nursing Home Uniform Reporting System. For our comparison group, we selected skilled nursing facilities within the state with Medicare utilization under 50 percent as the applicant is projecting low Medicaid utilization relative to a typical skilled nursing facility in Florida. 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 2nd Quarter 2024, 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 | 8,604,300 | 504 | 752 | 454 | 360 |
| Total Expenses | 8,045,700 | 471 | 775 | 451 | 327 |
| Operating Income | 558,600 | 33 | 62 | 6 | -180 |
| Operating Margin | 6.49% | | Comparative Group Values | | |
| | Days | Percent | Highest | Median | Lowest |
| Occupancy | 17,080 | 77.99% | 100.00% | 90.81% | 26.84% |
| Medicaid | 0 | 0.00% | 49.61% | 41.45% | 0.00% |
| Medicare | 5,073 | 29.70% | 96.23% | 40.90% | 13.90% |

Staffing:

Section 400.23(3)(b)(1), Florida Statutes, specifies a minimum certified nursing assistant staffing of 2.0 hours of direct care per resident per day, a minimum licensed nursing staffing of 1.0 hour of direct resident care per resident day, and 3.6 hours of total direct care staffing. Based on the information provided in Schedule 6, the applicant’s projected staffing meets this requirement.

The projected NRPD, CPD & profit falls within the group range and are considered reasonable. In addition, the total cost appears to include at least the minimum staffing required. Therefore, the overall profitability appears achievable.

Operating profits from this project are expected to increase from a net profit of \$448,200 in year one to \$558,600 in year two.

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? Section 408.035(7), Florida Statutes.

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 cost 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. The existing health care system's barrier to price based competition via fixed price payers limits any significant gains in cost-effectiveness and quality that would be generated from competition.

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? Section 408.035(8), Florida Statutes; Chapter 59A-4, Florida Administrative Code.

The codes and standards regulating the design and construction of skilled nursing facilities are the same for beds licensed as sheltered beds and community beds. The proposed license conversions do not alter the use or function of the resident rooms or support spaces. It is the position of the Office of Plans and Construction that a review of the architectural submissions is unnecessary since the existing beds have already been reviewed and approved by the Agency for use as skilled nursing beds in

accordance with Florida Statutes 400.232 and Florida Administrative Code 59A-4.133.

The applicant is advised to contact the Agency's Office of Plans and Construction if the conversion involves any modifications or alteration of the physical plant.

g. Does the applicant have a history of and propose the provision of health services to Medicaid patients and the medically indigent? Section 408.035(9), Florida Statutes.

Vicar's Landing does not have a history of providing health services to Medicaid recipients and does not intend to serve Medicaid patients.

F. SUMMARY

Life Care Ponte Vedra, Inc. d/b/a Vicar's Landing (CON application #10829) proposes to convert all 60 of the facility's sheltered skilled nursing home beds to community nursing beds.

The applicant expects issuance of license in June of 2025 and initiation of service in July of 2025 and a total project cost of \$83,080.

The applicant does not propose any Schedule C conditions, pursuant to this project.

Need:

- The project is in response to the published need.
- Vicar's Landing contends that the conversion of the 60 beds will promote competition, enhance quality and cost-effectiveness, reduce patient charges, and improve access to health care services.

Quality of Care

- Life Care Ponte Vedra, Inc. provided a detailed description of its ability to provide quality care.
- Vicar's Landing had no substantiated complaints during the 36 months ending December 19, 2024.

Financial Feasibility/Availability of Funds

- Funding for this project and the entire capital budget should be available as needed
- 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/Charity Care:

- As a CCRC provider, the applicant has no history of service and does not propose to serve Medicaid and medically indigent patients.

Architectural Review

- The codes and standards regulating the design and construction of skilled nursing facilities are the same for beds licensed as sheltered beds and community beds. The proposed license conversions do not alter the use or function of the resident rooms or support spaces.
- The applicant is advised to contact the Agency's Office of Plans and Construction if the conversion involves any modifications or alteration of the physical plant.

G. RECOMMENDATION

Approve CON #10829 to add 60 community nursing home beds through the conversion of 60 sheltered nursing home beds in District 4, Subdistrict 3 (St. Johns County). The total project cost is \$83,080.

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: February 14, 2025



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Certificate of Need



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