

**2011 HOUSE HUMAN SERVICES**

**HB 1040**

# 2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee  
Fort Union Room, State Capitol

HB 1040  
January 11, 2011  
Job #12729

☐ Conference Committee

Committee Clerk Signature

*Vicky Crabtree*

## Explanation or reason for introduction of bill/resolution:

The redistribution of current beds to different locations in North Dakota.

## Minutes:

**Chairman Weisz:** Called the hearing to order on HB 1040.

**Shelly Peterson:** Representing the ND Long Term Care Association testified in support of the bill (See Testimony #1.)

**Chairman Weisz:** This is a dramatic turnaround from 4 years ago. What has caused the shift?

**Shelly:** I think assisted living has made an impact and that's why I wanted to show you the map. We never use to have assisted living. We raised the question 6 years ago of current nursing homes and families, why were you making admission to the nursing facility? We thought would our in-home services make any difference? What we found when we asked families what caused the placement, only 2% were receiving in-home services. Generally when you go into a nursing home it is private pay at the beginning and maybe they didn't qualify for the DHS programs. In-home services are making a difference and people are staying at home longer. Major factors are families and they continue to make a huge difference in taking care of older people at home. Living longer and healthier, but dying quicker. Vast majority of people entering a facility are women over the age of 85 and living alone prior to placement. Spouses help support each other.

**Rep. Hofstad:** Go through differences of basic care and nursing facilities and assisted living for us.

**Shelly:** I had a chart, but did not bring it, but could provide at a later hearing. In essence in a skilled nursing facility you have physician orders and need 24 hour nursing care. You have to meet certain criteria. Generally a person has significant limitations in taking care of themselves as well as mental limitations. Basic care facility residents have an average age of 78 and have more cognition issues. They have early to mid stage dementia and 78% have confusion to a mental health diagnosis. One-third of basic care residents have a mental health diagnosis and treatment issues. You only need nursing staff 8 hours a day in basic care. Generally their physical impairments are far less. People in these facilities

need to be able to get out if there is a fire. General staffing is usually less at night when people are sleeping. Most can dress, feed and transfer themselves. In assisted living average age is back up to 85 and generally the number one issue is physical limitation. More of a retirement community with some support in medication administration. They can feed and bath themselves. No financial support for those living in assisted living. 95-96% is private pay and the average cost based on size of living space. More of a social environment with support services specifically as you need them. Contract for just for the services you need.

**Rep. Anderson:** Is there going to be an expanded need for assisted living down the road? I know in Rugby there are people on a waiting list all the time.

**Shelly:** We have seen a great development of assisted living. Sometimes in rural ND assisted living is too expensive because of new construction for the buildings and space requirements that people want. It is a number one choice to be living in assisted living. Great interest and demand and we are finding that people are skipping basic care and going from assisted living into the nursing home. Fifteen years ago none of these existed or they were simply independent apartments without services. North Dakota is number one in proportion of people over 85 and fourth in the nation for proportion of over age of 65. The assisted living facilities are about 93% occupied right now.

**Rep. Holman:** Are we seeing a less of a need for the basic care facilities because of assisted living and do you have any stats on that?

**Shelly:** The data would suggest we are still about 85-87% occupied in basic care. It has been that way for years, but have seen a lot of growth in adding basic care beds and maintained that occupancy. We have a demand of more people in basic care requesting assistance from Medicaid and demand for communities wanting to purchase basic care beds.

**Rep. Holman:** The cost differential between those two areas is quite significant.

**Shelly:** The cost for one day in a skilled nursing facility for 24 hour care is estimated at \$205.04 for 2011. The average cost for one day in basic care is around \$85-86. Can charge extra for a private room at \$12 a day. For assisted living could be as low as \$500 up to over \$3000 a month. It depends on the space. You could have as high as \$6000 a month if you needed the full range of 24 hour care in your apartment and it was larger. On average cost it is \$100-125 a day.

**Rep. Hofstad:** With the surplus of beds, what has happened to the price?

**Shelly:** At the high end, the facility nursing bed was selling for \$22,000 when there was great demand and many bidders. West Hope sold their beds this past summer on the average price of \$8,000-12,000 per bed. If a nursing facility would put their beds on the market today, there would probably not be any bidders, but interest is in basic care facilities. They are bidding on skilled beds. You have to jump through hoops to sell a skilled bed as basic. You have to become licensed as a basic care facility. We want to bring into legislation that if a skilled bed on the market could be sold as basic care or skilled

so that other bidders can come into the market and when can free up beds to be basic care. It is cheaper if you take a skilled bed out of service and convert it to basic. The average cost a day is only \$100 versus \$200. Because of the 500 plus open beds we have, the occupancy issues we are experiencing in skilled facilities, I can't imagine anyone would want to bid on them. With the closing of Parshall Good Sam there is still a question with what they are going to do with their beds. They have moved 18 beds to Fargo. They did have interest at one point to build in Fargo, but with Fargo having so many openings, I'm not sure they are going to do that.

**Rep. Anderson:** How short are we in CNA's in the state? We are short all the time in Rugby.

**Shelly:** Last session I reported to you that it was 53% for turnover, it is now 62%. Difficult to fill CNA positions and especially in rural ND.

**Rep. Devlin:** Question for the Chairman. Is the change line on 14 to metric system; is that a new legislative council requirement in the last four years?

**Chairman Weisz:** That is the way it is now.

**LeeAnn Thiel:** Administrator of Medicaid Payment and Reimbursement Services for DHS testified in support of bill. (See Testimony #2.)

**Rep. Porter:** If it was taken off on the budget building and based on the testimony of Ms. Peterson, then what would the net effects be to the department's budget?

**LeeAnn:** We would have to look at the possibility of any new buildings being built based upon the moratorium being removed.

**Rep. Paur:** You pay on the residents not on the number of facilities do you with Medicaid?

**LeeAnn:** Yes, on average each nursing facility has 52-53% Medicaid residence. We'd have to see if that held true of anymore nursing facilities coming into play.

**Rep. Damschen:** I'm curious why it is 4 years instead of 2 this time.

**LeeAnn:** The department did not bring forth this bill. I believe that was the recommendation of the interim long care committee.

(Did not announce his name.) From the North Dakota Hospital Association made a statement that they are in favor of this moratorium and support this bill.

**Chairman Weisz:** Anyone else in support? Any opposition? We will close the hearing on HB 1040.

**Chairman Weisz:** Let's take up HB 1040.

**Rep. Porter:** This is an issue near and dear to my heart. I agree with Rep. Damschen, that we deal with this every session so we get the updates and look at the industry. I don't know if it is

necessary to jump two bienniums with the bill. It is important enough issue to look at those numbers and the industry and see what is going on in a bill form. I move for an amendment to page 1, line 9 to change 2015 to 2013 and on page 2 line 4 the same thing.

**Rep. Damschen:** Second.

**Voice Vote on amendment. 13 y 0 n 0 absent**

**Rep. Hofstad:** I move a DP as amended.

**Rep. Holman:** Second.

**Vote: 13 y 0 n 0 absent**

**Bill Carrier: Rep. Devlin**

**DO PASS AS AMENDED**

January 11, 2011

V/R  
1/11/11

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1040

Page 1, line 9, replace "2015" with "2013"

Page 2, line 4, replace "2015" with "2013"

Renumber accordingly

Date: 1-11-11  
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1040

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Porter Seconded By Rep. Damschen

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) 13 No 0

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

*Voice Vote*  
*Change date from 7-3-15*  
*to 7-31-13*

Date: 1-16-11  
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. 1040

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Hofstad Seconded By Rep. Holman

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Rep. Devlin

If the vote is on an amendment, briefly indicate intent:



**REPORT OF STANDING COMMITTEE**

**HB 1040: Human Services Committee (Rep. Weisz, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1040 was placed on the Sixth order on the calendar.

Page 1, line 9, replace "2015" with "2013"

Page 2, line 4, replace "2015" with "2013"

Renumber accordingly

2011 SENATE HUMAN SERVICES

HB 1040

# 2011 SENATE STANDING COMMITTEE MINUTES

## Senate Human Services Committee Red River Room, State Capitol

HB 1040  
3-2-2011  
Job Number 14869

☐ Conference Committee

Committee Clerk Signature *K. Menden*

### Explanation or reason for introduction of bill/resolution:

Relating to the moratorium on expansion of basic care bed capacity and the moratorium on expansion of long-term care bed capacity.

### Minutes:

Attached testimony.

**Senator Judy Lee** opened the hearing on **Engrossed HB 1040**.

**Shelly Peterson**, ND Long Term Care Association, testified in support of HB 1040. Attachment #1

**Senator Tim Mathern** asked if there is a lesson to be learned now that there is one of these services operating in the private market. Is it creating problems or is it better service? Has the industry looked at it from that perspective as to using the moratorium or not using a moratorium?

**Ms. Peterson** said that when they look at Assisted Living and it is a private apartment they are 94% occupied. It is a very popular service. Generally as people age and need 24 hour care they can't safely be cared for in this environment. They haven't seen a lot of development in rural ND because of the concern of keeping them full and whether they can manage a smaller facility within that market. She talked about the downsizing of the nursing facility beds and that they are having occupancy issues with a number of open beds. Without the moratorium since 1995 there would have been far more facilities developed and far more occupancy issues. There has been flexibility to buy and sell the beds to accommodate low demand and high demand. It's worked well to control the growth and see the development of other alternatives to help keep people at home and assisted living.

**Senator Gerald Uglem** asked if anybody has demonstrated a need to expand beds for basic care.

**Ms. Peterson** replied that there have been some that demonstrated a need and been given approval.

**LeeAnn Thiel**, Dept. of Human Services, testified in support of HB 1040. Attachment #2

**Senator Dick Dever** asked about the impact if the moratorium didn't continue.

**Ms. Thiel** replied that was something the department would have to analyze – would there be more beds that Medicaid would have to reimburse.

A short discussion followed that now the market is kind of determining what's going on. The model of basic care and assisted living is working well for New Town.

**Monte Engel**, ND Health Department, reported that he was not aware of any applications in about two years for basic care based on need.

Responding to a question by Senator Judy Lee he said that if beds are transferred they have 48 months to be put into service before they are lost under the current moratorium.

A discussion followed on the differences between Skilled Nursing, Basic Care, and Assisted Living facilities.

**Senator Gerald Uglen** asked if anyone uses housing authority supplement to get into assisted living.

**Ms. Peterson** said there are some HUD housing vouchers. Bethany Homes in Fargo has received HUD housing for renovation, grants, and low interest loans. They have a number of low income people in their assisted living because of that fact. Generally they can't access that funding source.

**Ms. Peterson** talked about feasibility studies.

She also explained the history of the moratorium. The goal of state health council in 1996 was that ND should have 60 beds per thousand elderly. At that time ND was at 89 beds per 1000 elderly. The US average was 49 per 1000 elderly. That was the main impetus behind the moratorium – we had a high number of nursing home beds and needed to stop the growth. The last time the numbers were updated (18-24 months ago) ND was at 65 beds per thousand elderly.

Nursing homes continued to be discussed. All but six in ND are owned by nonprofit organizations. In the rest of the US they are individually owned, for profit organizations. They were developed because of the need to take care of the elderly and all communities wanted one. Medicaid reimbursement came into play in 1965 and it wasn't available for anything else. That eventually tightened up and the more independent less restrictive environment settings were developed as the demand came along.

The average length of stay is continuing to decrease. In the last legislative session it was around a year now it is 9.6 months.

**Senator Gerald Uglen** asked if she saw the goal for number of beds going down to 55.

**Ms. Peterson** - yes. They are even urging facilities not to plan any expansion for more than 40 beds per thousand. There are alternatives and other options available.

The price of beds was discussed. Some facilities are having a hard time selling their beds. She talked about the process of selling skilled beds as basic care. There are some communities that have a demand for basic care beds.

With no further testimony the hearing was closed.

After a short committee discussion support was shown for the moratorium. It has a big impact on the Human Services budget.

A request was made that the health council look at reviewing their recommendation as to the number of beds per thousand and recommendations as to the appropriate number of skilled care beds as a percent of population to serve ND.

Committee work on HB 1040 was recessed - waiting for an amendment.

# 2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee  
Red River Room, State Capitol

HB 1040  
3-7-2011  
Job Number 15054

☐ Conference Committee

Committee Clerk Signature

*Matthewson*

**Explanation or reason for introduction of bill/resolution:**

**Minutes:**

Attachment

**Senator Judy Lee** opened committee work on Engrossed HB 1040.

An amendment dated 3-4-2011 was available for review. Attachment #3

**Senator Gerald Uglem** thought that since we have reached the goal, or close to it, of what has been set in the past a review of the goal would be a good strategy to move forward. He moved to **adopt the amendment**.

Seconded by **Senator Tim Mathern**.

Roll call vote 5-0-0. **Amendment adopted**.

**Senator Gerald Uglem** moved a **Do Pass as Amended**.

Seconded by **Senator Dick Dever**.

Roll call vote 5-0-0. **Motion carried**.

Carrier is **Senator Tim Mathern**.

3-4-2011

#3

PROPOSED AMENDMENT TO ENGROSSED HOUSE BILL NO. 1040

Page 1, line 4, after "capacity" insert a semicolon

Page 1, line 4, after the semicolon insert "and to provide a report"

Page 2, after line 6 insert:

**"SECTION 3. HEALTH CARE BED RECOMMENDATIONS - REPORT TO LEGISLATIVE MANAGEMENT.** During the 2011 – 2012 interim, the state health council shall review current health care bed recommendations and determine if changes should be made in order to better serve the population of North Dakota. The state health council shall report its findings to legislative management on or before July 1, 2012."

Renumber accordingly

Date: 3-7-2011Roll Call Vote # 1

## 2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1040Senate HUMAN SERVICES

Committee

☐ Check here for Conference CommitteeLegislative Council Amendment Number amendment 3-4-2011Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment☐ Rerefer to Appropriations ☐ ReconsiderMotion Made By Sen. Uglem Seconded By Sen. Mathern

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:



March 8, 2011

*JB*  
*3-8-11*

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1040

Page 1, line 4, after "capacity" insert "; and to provide for a report to the legislative management"

Page 2, after line 6, insert:

**"SECTION 3. HEALTH CARE BED RECOMMENDATIONS - REPORT TO LEGISLATIVE MANAGEMENT.** During the 2011-12 interim, the state health council shall review current health care bed recommendations and determine if changes should be made to better serve the population of North Dakota. The state health council shall report its findings to the legislative management by July 1, 2012."

Renumber accordingly

Date: 3-7-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

Senate HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 11.0259.03001 Title 04000

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Uglem Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Senator Mathern

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**HB 1040, as engrossed: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1040 was placed on the Sixth order on the calendar.

Page 1, line 4, after "capacity" insert "; and to provide for a report to the legislative management"

Page 2, after line 6, insert:

**"SECTION 3. HEALTH CARE BED RECOMMENDATIONS - REPORT TO LEGISLATIVE MANAGEMENT.** During the 2011-12 interim, the state health council shall review current health care bed recommendations and determine if changes should be made to better serve the population of North Dakota. The state health council shall report its findings to the legislative management by July 1, 2012."

Renumber accordingly

**2011 TESTIMONY**

**HB 1040**

**Testimony on HB 1040**  
**Testimony before House Human Services Committee**  
**January 11, 2011**

Good Morning Chairman Weisz and members of the House Human Services Committee. My name is Shelly Peterson representing the North Dakota Long Term Care Association. We represent assisted living facilities, basic care facilities and nursing facilities in North Dakota. I am here to testify in support of HB 1040 regarding the basic care and nursing facility moratorium.

HB 1040 proposes to continue the basic care and nursing facility moratorium through June 30, 2015. Today I would like to share with you the current status of licensed facilities, licensed beds and vacancies for basic care and nursing facilities. Further I will provide a sneak preview of proposed legislation that would allow a nursing facility to lay away beds.

Current law and HB 1040 continue the basic care and nursing facility moratorium, however there is a process in place to redistribute the current beds to different locations in North Dakota. We have seen a major re-distribution of beds throughout North Dakota, allowing beds to move from low demand areas to high demand areas. This has also allowed some rural areas of the state to get rid of excess capacity and realize some cash to help with operations.

Unfortunately some of our rural facilities have been struggling with staffing and occupancy issues which has caused financial instability. Last summer Westhope Home closed, a 25 bed nursing facility. Last week the Good Samaritan Society announced the closure of Good Samaritan Society—Rock View at Parshall a 30 bed skilled nursing facility and is seeking a new owner in New Town, a 16 bed basic care and 13 unit assisted living facility. Attached is an e-mail from the administrator of the facilities, sharing the news on the closure and ownership change.

**From:** Val Eide [mailto:veide@good-sam.com]  
**Sent:** Thursday, January 06, 2011 9:07 AM  
**To:** Shelly  
**Subject:**

*Sometimes in the course of our work, we have to make decisions and take actions that - although necessary - can still be very difficult. On Tuesday, January 4th, a Good Samaritan National Campus consultant team and the Director of Operations for ND and Colorado announced to staff, residents and families that the Good Samaritan Society - Rock View at Parshall (N.D.) will close around or before March 7, and that the Society will seek a new owner for the Good Samaritan Society - New Town.*

*Both centers have struggled over the years with staffing and census problems that have led to financial issues.*

*Current leadership and staff have focused their attention on improving the situation at both locations, but those changes were not able to solve the financial and staffing issues.*

*Staff in Parshall will work with families to relocate residents as soon as possible. In New Town, the search for a new owner will begin immediately. Please keep the staff and residents in your prayers as they go through this difficult transition time.*  
*Val*

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The Evangelical Lutheran Good Samaritan Society.

# Appendix A



Purple Box -- Number of licensed basic care beds as of January 7, 2011 (total licensed beds = 1,756).

— Number of vacant licensed basic care beds available on January 7, 2011 (total vacancies = 305).

Green Box – Number of licensed basic care beds expected to increase in the county (purchased or transferred).

# Licensed Basic Care Facility Beds, Locations and Vacancies

Appendix A

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Arthur	Cass	Prairie Villa	25	4	25	2
Bismarck	Burleigh	Baptist Home, Inc.	10	0	10	1
Bismarck	Burleigh	Edgewood Bismarck Senior Living	73	10	73	6
Bismarck	Burleigh	Good Samaritan Society—Bismarck			16	0
Bismarck	Burleigh	Maple View – East & North	48	4	48	4
Bismarck	Burleigh	The Terrace	40	1	40	0
Bismarck	Burleigh	Waterford on West Century	20	2	20	1
Bottineau	Bottineau	Good Samaritan Society – Bottineau	8	0	6	2
Cando	Towner	St. Francis Residence	10	0	10	3
Carrington	Foster	Holy Family Villa	24	0	24	7
Crosby	Divide	Good Samaritan Society – Crosby	16	5	16	4
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	10	3	12	2
Devils Lake	Ramsey	Odd Fellows Home	43	0	43	0
Dickinson	Stark	Dickinson Country House LLC	30	3	30	2
Dickinson	Stark	Evergreen	51	0	51	0
Edgeley	LaMoure	Manor St. Joseph	40	1	40	15
Edmore	Ramsey	Edmore Memorial Rest Home	25	14	20	7
Elgin	Grant	Dakota Hill Housing	35	1	35	5
Ellendale	Dickey	Evergreen Place	20	4	20	5
Fargo	Cass	Bethany Towers I and II	33	6	33	1
Fargo	Cass	Edgewood Vista at Edgewood Village	33	1	33	0
Fargo	Cass	Evergreens of Fargo	72	7	54	17
Fargo	Cass	Good Samaritan Society – Fargo	30	0	36	2
Fargo	Cass	Waterford at Harwood Groves	20	0	25	2
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	5	0	5	0
Gackle	Logan	Gackle Care Center	41	1	41	1
Grand Forks	Grand Forks	Maple View Memory Care Community	26	5	36	4
Grand Forks	Grand Forks	Parkwood Place	40	4	40	12
Grand Forks	Grand Forks	St. Anne's Guest Home	54	8	54	7
Grand Forks	Grand Forks	Tufte Manor	40	0	52	6
Hazen	Mercer	Senior Suites at Sakakawea	34	1	34	10
Hettinger	Adams	Western Horizons Care Center	6	4	6	0
Jamestown	Stutsman	Bethel 4 Acres Ltd	16	0	16	1
Jamestown	Stutsman	Rock of Ages, Inc.	53	8	53	9
Jamestown	Stutsman	Roseadele	20	1	20	1
Kenmare	Ward	Baptist Home of Kenmare	60	23	60	41
Lisbon	Ransom	North Dakota Veterans Home	111	43	111	46
Lisbon	Ransom	Parkside Lutheran Home	10	1	10	0
Maddock	Benson	Maddock Memorial Home	25	0	25	4
Mandan	Morton	Dakota Pointe	10	0	10	0
McClusky	Sheridan	Sheridan Memorial Home	16	2	16	4
Minot	Ward	Edgewood Vista Memory Care	22	0	22	0
Minot	Ward	Edgewood Vista Minot Senior Living	31	0	31	1
Minot	Ward	Emerald Court	28	0	28	0



# Licensed Basic Care Facility Beds, Locations and Vacancies

Appendix A

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Mott	Hettinger	Good Samaritan Society – Mott	9	1	9	1
Mountain	Pembina	Borg Pioneer Memorial Home	43	0	43	4
New Town	Mountrail	Good Sam. Society – New Town	16	7	16	8
Osnabrock	Cavalier	Good Samaritan Society – Osnabrock	6	1	6	1
Park River	Walsh	Good Samaritan Society – Park River			5	3
Parshall	Mountrail	GSS – Rock View at Parshall	6	6		
Rolette	Rolette	Rolette Community Care Center			6	6
Rugby	Pierce	Haaland Estates – Basic Care	68	16	68	5
Valley City	Barnes	HI Soaring Eagle Ranch	11	0	11	0
Wahpeton	Richland	St. Catherine's Living Center	16	11	16	11
Wahpeton	Richland	The Leach Home	39	1	39	2
Walhalla	Pembina	Pembilier Nursing Center	10	8	8	3
Watford City	McKenzie	McKenzie Cty HC Systems	9	2	9	1
West Fargo	Cass	Eventide at Sheyenne Crossings	24	2	24	4
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	19	0	19	2
Williston	Williams	Kensington Williston LLC	71	5	71	19
Wilton	McLean	Redwood Village	16	0	16	0
<b>TOTAL</b>			<b>1727</b>	<b>227</b>	<b>1756</b>	<b>305</b>

## Appendix B



**North Dakota  
Long Term Care  
ASSOCIATION**

Eighty-five licensed nursing facilities as of January 7, 2011.

Purple Box – Number of licensed nursing facility beds as of January 7, 2011 (total licensed beds = 6,388).

- Number of vacant licensed nursing facility beds available on January 7, 2011 (total vacancies = 535).

Green Box – Number of licensed nursing facility beds expected to increase in the county (purchased or transferred).

# Licensed Nursing Facility Beds, Locations and Vacancies

Appendix B

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Aneta	Nelson	Aneta Parkview Health Center	39	2	39	2
Arthur	Cass	Good Samaritan Society – Arthur	42	3	42	19
Ashley	McIntosh	Ashley Medical Center	44	1	44	0
Beulah	Mercer	Knife River Care Center	86	0	86	0
Bismarck	Burleigh	Baptist Home, Inc.	141	7	141	11
Bismarck	Burleigh	Good Samaritan Society—Bismarck			48	13
Bismarck	Burleigh	Medcenter One St. Vincent's	101	0	101	2
Bismarck	Burleigh	Medcenter One Subacute Unit	22	5	22	4
Bismarck	Burleigh	Missouri Slope Luth Care Center	250	0	250	9
Bismarck	Burleigh	St. Alexius Medical Center – TCU	19	1	19	3
Bismarck	Burleigh	St. Gabriel's Community			72	30
Bottineau	Bottineau	Good Samaritan Society – Bottineau	73	5	75	8
Bowman	Bowman	Southwest Healthcare Services	66	0	66	4
Cando	Towner	Towner County Living Center	45	0	40	8
Carrington	Foster	Golden Acres Manor	60	5	60	2
Cavalier	Pembina	Wedgewood Manor	50	6	50	1
Cooperstown	Griggs	Cooperstown Medical Center	48	1	48	4
Crosby	Divide	Good Samaritan Society – Crosby	42	0	42	5
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	62	13	60	17
Devils Lake	Ramsey	Heartland Care Center	74	4	74	1
Dickinson	Stark	St. Benedict's Health Center	164	7	164	7
Dickinson	Stark	St. Luke's Home	84	0	84	0
Dunseith	Rolette	Dunseith Comm. Nursing Home	35	7	35	8
Elgin	Grant	Jacobson Memorial Hosp Cr Ctr	25	0	25	0
Ellendale	Dickey	Prince of Peace Care Center	55	11	53	2
Enderlin	Ransom	Maryhill Manor	54	3	54	4
Fargo	Cass	Bethany on 42nd	50	6	78	0
Fargo	Cass	Bethany On University	192	12	172	2
Fargo	Cass	Elim – A Caring Community	136	16	136	13
Fargo	Cass	Manor Care of Fargo ND, LLC	131	34	131	20
Fargo	Cass	Rosewood On Broadway	111	0	111	0
Fargo	Cass	Villa Maria	140	6	140	4
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	32	1	32	5
Garrison	McLean	Benedictine Living Ctr of Garrison	63	14	52	2
Garrison	McLean	Garrison Memorial Hosp & NF	28	4	28	1
Glen Ullin	Morton	Marian Manor HealthCare Center	86	3	86	6
Grafton	Walsh	Lutheran Sunset Home	104	9	104	10
Grand Forks	Grand Forks	Valley Eldercare Center	176	13	197	15
Grand Forks	Grand Forks	Woodside Village	118	2	118	8
Hankinson	Richland	St. Gerard's Com Nrsng Home	37	4	37	4
Harvey	Wells	St. Aloisius Medical Center	106	10	106	18
Hatton	Traill	Hatton Prairie Village	42	6	42	1
Hettinger	Adams	Western Horizons Care Center	54	8	54	7
Hillsboro	Traill	Hillsboro Medical Center	36	0	36	0
Jamestown	Stutsman	Ave Maria Village	100	0	100	0
Jamestown	Stutsman	Eventide at Hi-Acres Manor	142	5	142	7

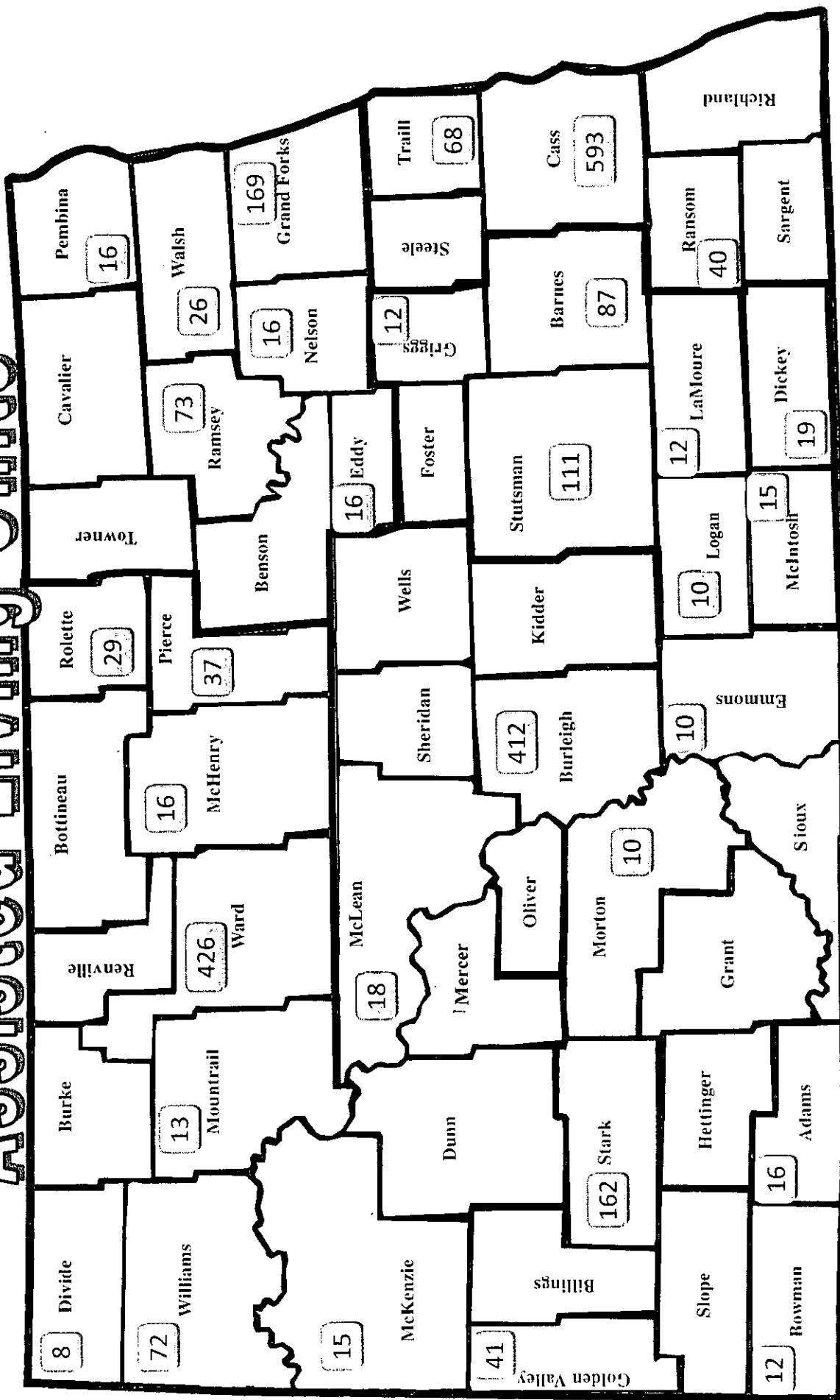
# Licensed Nursing Facility Beds, Locations and Vacancies

Appendix B

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Killdeer	Dunn	Hill Top Home of Comfort	50	2	50	4
Lakota	Nelson	Good Samaritan Society – Lakota	49	5	49	11
LaMoure	LaMoure	St. Rose Care Center	40	4	40	5
Langdon	Cavalier	Maple Manor Care Center	63	6	63	4
Larimore	Grand Forks	Good Samaritan Society – Larimore	45	8	45	1
Lisbon	Ransom	North Dakota Veterans Home	38	0	38	0
Lisbon	Ransom	Parkside Lutheran Home	40	1	40	0
Mandan	Morton	Dakota Alpha	20	2	20	3
Mandan	Morton	Medcenter One Mandan Care Center	128	1	128	1
Mandan	Morton	Medcenter One Mandan CC Off Collins	50	0	50	2
Mayville	Traill	Luther Memorial Home	99	6	99	3
McVie	Nelson	Nelson Cty Hlth System Care Ctr	39	1	39	6
Minot	Ward	Manor Care of Minot ND, LLC	114	8	114	5
Minot	Ward	Trinity Homes	292	37	292	48
Mohall	Renville	Good Samaritan Society – Mohall	59	4	59	9
Mott	Hettinger	Good Samaritan Society – Mott	45	1	45	9
Napoleon	Logan	Napoleon Care Center	44	4	44	1
New Rockford	Eddy	Luth Home of the Good Shep NH	80	12	80	10
New Salem	Morton	Elm Crest Manor	68	3	68	0
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	61	4	61	4
Oakes	Dickey	Good Samaritan Society – Oakes	102	12	100	8
Osnabrock	Cavalier	Good Samaritan Society – Osnabrock	24	5	24	4
Park River	Walsh	Good Samaritan Society – Park River	73	7	68	20
Parshall	Mountrail	GSS – Rock View at Parshall*	30	9	30	9
Richardton	Stark	Richardton Health Center	18	0	18	1
Rolette	Rolette	Rolette Community Care Center	46	10	40	10
Rugby	Pierce	Heart Of America Medical Center	80	5	80	4
Stanley	Mountrail	Mountrail Bethel Home	57	3	57	3
Strasburg	Emmons	Strasburg Nursing Home	60	4	60	14
Tioga	Williams	Tioga Medical Center LTC	30	0	30	1
Underwood	McLean	Medcenter One Prairieview	60	5	60	2
Valley City	Barnes	Sheyenne Care Center	170	0	170	0
Velva	McHenry	Souris Valley Care Center	50	0	50	9
Wahpeton	Richland	St. Catherine's Living Center	112	11	100	11
Walhalla	Pembina	Pembilier Nursing Center	37	12	32	3
Watford City	McKenzie	McKenzie Cty HC Systems	47	1	47	1
West Fargo	Cass	Sheyenne Crossings Care Center/TCU			64	1
Westhope	Bottineau	Westhope Home	25	7	CLOSED	
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	168	5	168	13
Wishek	McIntosh	Wishek Home for the Aged	70	11	70	8
<b>TOTAL</b>			<b>6248</b>	<b>450</b>	<b>6388</b>	<b>535</b>
*CLOSING March 2011						

# Assisted Living Units

## Appendix C



Seventy-one licensed assisted living facilities as of December 31, 2010  
 Purple Box – Number of licensed assisted living units as of December 31, 2010 (total licensed units = 2,580).

**Testimony**  
**House Bill 1040 – Department of Human Services**  
**House Human Services Committee**  
**Representative Robin Weisz, Chairman**  
**January 11, 2011**

Chairman Weisz, members of the Human Services Committee, I am LeeAnn Thiel, Administrator of Medicaid Payment and Reimbursement Services of the Medical Services Division for the Department of Human Services.

I am here today in support of HB 1040. The moratorium on nursing facility beds and basic care beds has been in place since 1995 and has been extended each biennium. This bill would continue the moratorium through July 31, 2015.

Currently, there are two exceptions to the Basic Care Bed Moratorium, which are: (1) a nursing facility may convert bed capacity to basic care beds; and (2) an entity can demonstrate the need to the Department of Health and the Department of Human Services. To demonstrate a need, the facility must show that occupancy within a 50-mile radius at existing basic care facilities is at or above 90 percent.

The Department's 2011-2013 Budget was built based on the moratorium continuing.

I would be happy to address any questions that you may have.

#1

**Testimony on HB 1040**  
**Testimony before Senate Human Services Committee**  
**March 2, 2011**

Good Morning Chairman Lee and members of the Senate Human Services Committee. My name is Shelly Peterson representing the North Dakota Long Term Care Association. We represent assisted living facilities, basic care facilities and nursing facilities in North Dakota. I am here to testify in support of HB 1040 regarding the basic care and nursing facility moratorium.

HB 1040 proposes to continue the basic care and nursing facility moratorium through June 30, 2013. Today I would like to share with you the current status of licensed facilities, licensed beds and vacancies for basic care and nursing facilities. Further I will provide a sneak preview of proposed legislation that would allow a nursing facility to lay away beds (HB 1325).

Current law and HB 1040 continue the basic care and nursing facility moratorium, which means under most circumstances you can't add new beds to the system. Currently, there are two exceptions to the basic care bed moratorium, which are: (1) a nursing facility may convert bed capacity to basic care beds; and (2) an entity can demonstrate the need to the Department of Health and the Department of Human Services. To demonstrate a need, the facility must show that occupancy within a 50-mile radius at existing basic care facilities is at or above 90 percent.

There is a process in place to redistribute the current beds to different locations in North Dakota. It is simply the buying and selling of beds. We have seen a major re-distribution of beds throughout North Dakota, allowing beds to move from low demand areas to high demand areas. This has also allowed some rural areas of the state to get rid of excess capacity and realize some cash to help with operations.

Unfortunately some of our rural facilities have been struggling with staffing and occupancy issues which has caused financial instability. Last summer Westhope Home closed, a 25 bed nursing facility. Next week the Good Samaritan Society—Rock View at Parshall a 30 bed skilled nursing facility will close and is seeking a new owner in New Town, a 16 bed basic care and 13 unit assisted living facility.

Attached is an e-mail from the administrator of the facilities, sharing the news on the closure and ownership change.

Even with the re-distribution of beds from rural to urban, communities are seeing less demand for skilled nursing service. We have openings throughout the state including the four major cities. I am pleased to report we no longer have waiting lists in Bismarck and we have sufficient open beds to serve all who need care.

Appendix A is a map of licensed basic care beds, beds waiting to be put in service and the current vacancies throughout North Dakota. Behind the map is a list of each basic care facility, showing licensed capacity and vacancies as of March 10, 2010 and January 7, 2011.

Appendix B is a map of licensed nursing facility beds, beds waiting to be put in service and the current vacancies throughout North Dakota. Behind the map is a list of each nursing facility, showing licensed capacity and vacancies as of March 10, 2010 and January 7, 2011.

Appendix C is a map of licensed assisted living units and their location throughout North Dakota. There is not a moratorium for assisted living facilities.

The current moratorium allows a lot of flexibility for nursing facilities to purchase and sell beds, but it does not allow nursing facilities to temporarily decrease their capacity and then bring beds back into service at a later date. As facilities plan for the future and work to determine the right size for the future, HB 1325, which allows you to set beds aside for 24 months will provide one more option under the moratorium. I look forward to discussing that issue with you at a later hearing.

Thank you for your consideration of HB 1040. If you have any questions, I would be happy to answer them at this time.

Shelly Peterson, President  
North Dakota Long Term Care Association  
1900 North 11<sup>th</sup> Street • Bismarck, ND 58501 • (701) 222-0660  
Cell (701) 220-1992 • [www.ndltca.org](http://www.ndltca.org) • E-mail: [shelly@ndltca.org](mailto:shelly@ndltca.org)



**From:** Val Eide [mailto:veide@good-sam.com]  
**Sent:** Thursday, January 06, 2011 9:07 AM  
**To:** Shelly  
**Subject:**

*Sometimes in the course of our work, we have to make decisions and take actions that - although necessary - can still be very difficult. On Tuesday, January 4th, a Good Samaritan National Campus consultant team and the Director of Operations for ND and Colorado announced to staff, residents and families that the Good Samaritan Society - Rock View at Parshall (N.D.) will close around or before March 7, and that the Society will seek a new owner for the Good Samaritan Society - New Town.*

*Both centers have struggled over the years with staffing and census problems that have led to financial issues.*

*Current leadership and staff have focused their attention on improving the situation at both locations, but those changes were not able to solve the financial and staffing issues.*

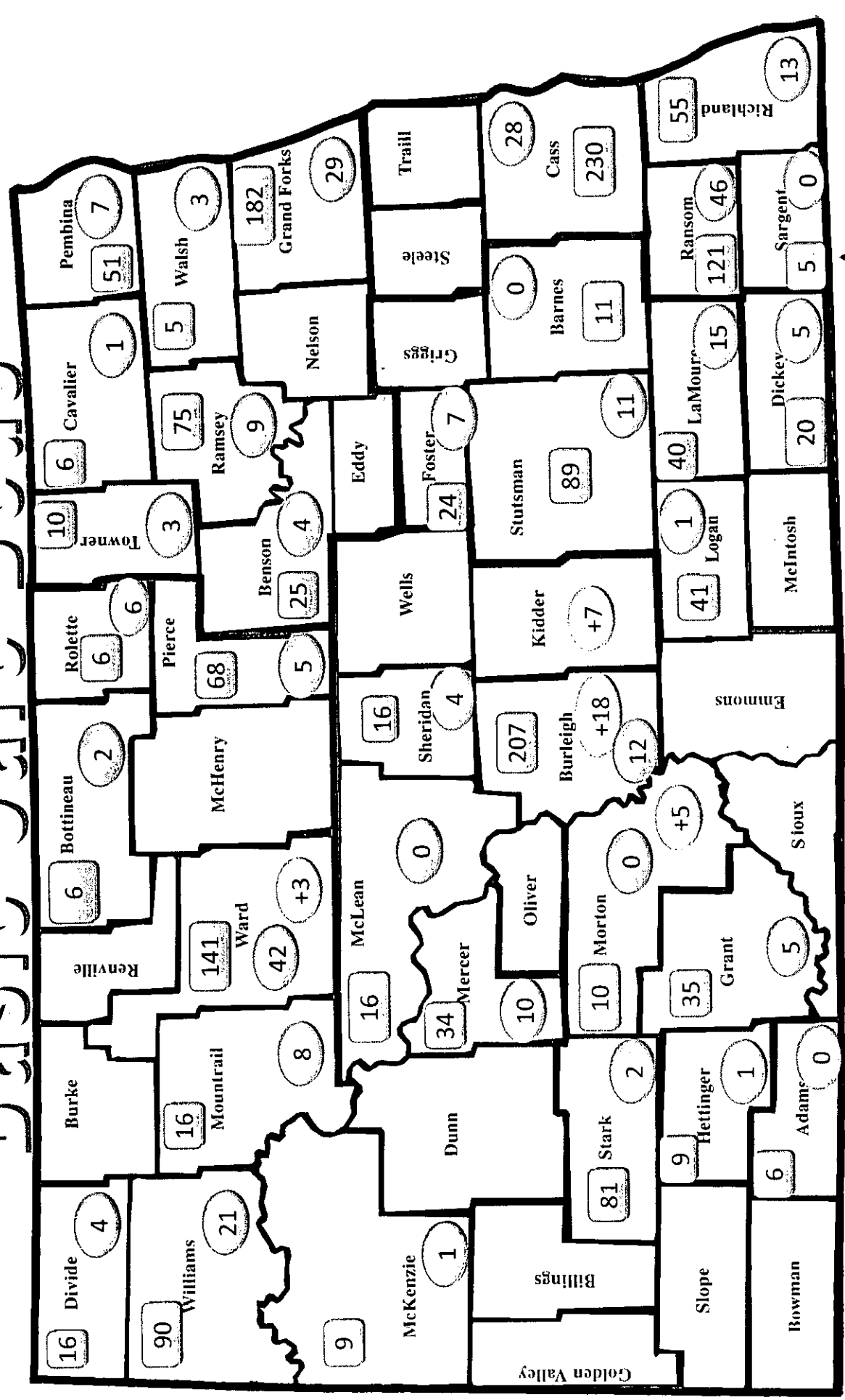
*Staff in Parshall will work with families to relocate residents as soon as possible. In New Town, the search for a new owner will begin immediately. Please keep the staff and residents in your prayers as they go through this difficult transition time.*  
*Val*

This email transmission and any documents, files or previous email messages attached to it may contain information that is confidential or legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, printing, distributing or use of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify the sender by telephone or return email and delete the original transmission and its attachments without reading or saving in any manner.

The Evangelical Lutheran Good Samaritan Society.

# Basic Care Beds

## Appendix A



Sixty-four licensed basic care facilities as of January 7, 2011

Purple Box – Number of licensed basic care beds as of January 7, 2011 (total licensed beds = 1,756).

Red Box – Number of vacant licensed basic care beds available on January 7, 2011 (total vacancies = 305).

Green Box – Number of licensed basic care beds expected to increase in the county (purchased or transferred).

# Licensed Basic Care Facility Beds, Locations and Vacancies

Appendix A

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Arthur	Cass	Prairie Villa	25	4	25	2
Bismarck	Burleigh	Baptist Home, Inc.	10	0	10	1
Bismarck	Burleigh	Edgewood Bismarck Senior Living	73	10	73	6
Bismarck	Burleigh	Good Samaritan Society—Bismarck			16	0
Bismarck	Burleigh	Maple View – East & North	48	4	48	4
Bismarck	Burleigh	The Terrace	40	1	40	0
Bismarck	Burleigh	Waterford on West Century	20	2	20	1
Bottineau	Bottineau	Good Samaritan Society – Bottineau	8	0	6	2
Cando	Towner	St. Francis Residence	10	0	10	3
Carrington	Foster	Holy Family Villa	24	0	24	7
Crosby	Divide	Good Samaritan Society – Crosby	16	5	16	4
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	10	3	12	2
Devils Lake	Ramsey	Odd Fellows Home	43	0	43	0
Dickinson	Stark	Dickinson Country House LLC	30	3	30	2
Dickinson	Stark	Evergreen	51	0	51	0
Edgeley	LaMoure	Manor St. Joseph	40	1	40	15
Edmore	Ramsey	Edmore Memorial Rest Home	25	14	20	7
Elgin	Grant	Dakota Hill Housing	35	1	35	5
Ellendale	Dickey	Evergreen Place	20	4	20	5
Fargo	Cass	Bethany Towers I and II	33	6	33	1
Fargo	Cass	Edgewood Vista at Edgewood Village	33	1	33	0
Fargo	Cass	Evergreens of Fargo	72	7	54	17
Fargo	Cass	Good Samaritan Society – Fargo	30	0	36	2
Fargo	Cass	Waterford at Harwood Groves	20	0	25	2
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	5	0	5	0
Gackle	Logan	Gackle Care Center	41	1	41	1
Grand Forks	Grand Forks	Maple View Memory Care Community	26	5	36	4
Grand Forks	Grand Forks	Parkwood Place	40	4	40	12
Grand Forks	Grand Forks	St. Anne's Guest Home	54	8	54	7
Grand Forks	Grand Forks	Tufte Manor	40	0	52	6
Hazen	Mercer	Senior Suites at Sakakawea	34	1	34	10
Hettinger	Adams	Western Horizons Care Center	6	4	6	0
Jamestown	Stutsman	Bethel 4 Acres Ltd	16	0	16	1
Jamestown	Stutsman	Rock of Ages, Inc.	53	8	53	9
Jamestown	Stutsman	Roseadele	20	1	20	1
Kenmare	Ward	Baptist Home of Kenmare	60	23	60	41
Lisbon	Ransom	North Dakota Veterans Home	111	43	111	46
Lisbon	Ransom	Parkside Lutheran Home	10	1	10	0
Maddock	Benson	Maddock Memorial Home	25	0	25	4
Mandan	Morton	Dakota Pointe	10	0	10	0
McClusky	Sheridan	Sheridan Memorial Home	16	2	16	4
Minot	Ward	Edgewood Vista Memory Care	22	0	22	0
Minot	Ward	Edgewood Vista Minot Senior Living	31	0	31	1
Minot	Ward	Emerald Court	28	0	28	0

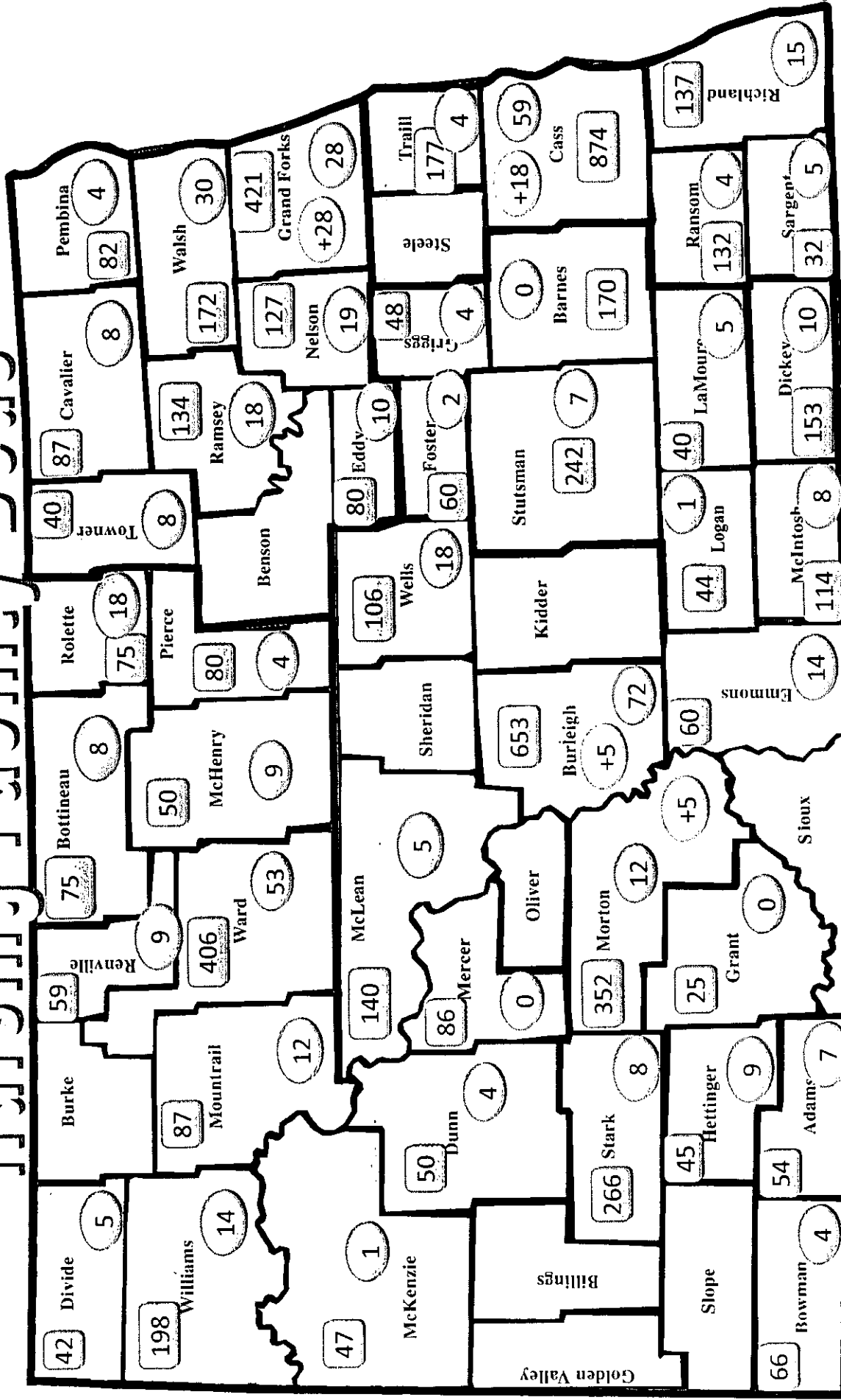
# Licensed Basic Care Facility Beds, Locations and Vacancies

Appendix A

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Mott	Hettinger	Good Samaritan Society – Mott	9	1	9	1
Mountain	Pembina	Borg Pioneer Memorial Home	43	0	43	4
New Town	Mountrail	Good Sam. Society – New Town	16	7	16	8
Osnabrock	Cavalier	Good Samaritan Society – Osnabrock	6	1	6	1
Park River	Walsh	Good Samaritan Society – Park River			5	3
Parshall	Mountrail	GSS – Rock View at Parshall	6	6		
Rolette	Rolette	Rolette Community Care Center			6	6
Rugby	Pierce	Haaland Estates – Basic Care	68	16	68	5
Valley City	Barnes	HI Soaring Eagle Ranch	11	0	11	0
Wahpeton	Richland	St. Catherine's Living Center	16	11	16	11
Wahpeton	Richland	The Leach Home	39	1	39	2
Walhalla	Pembina	Pembilier Nursing Center	10	8	8	3
Watford City	McKenzie	McKenzie Cty HC Systems	9	2	9	1
West Fargo	Cass	Eventide at Sheyenne Crossings	24	2	24	4
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	19	0	19	2
Williston	Williams	Kensington Williston LLC	71	5	71	19
Wilton	McLean	Redwood Village	16	0	16	0
<b>TOTAL</b>			<b>1727</b>	<b>227</b>	<b>1756</b>	<b>305</b>

# Nursing Facility Beds

## Appendix B



Eighty-five licensed nursing facilities as of January 7, 2011.

Purple Box – Number of licensed nursing facility beds as of January 7, 2011 (total licensed beds = 6,388).

Red Box – Number of vacant licensed nursing facility beds available on January 7, 2011 (total vacancies = 535).

Green Box – Number of licensed nursing facility beds expected to increase in the county (purchased or transferred).

# Licensed Nursing Facility Beds, Locations and Vacancies

Appendix B

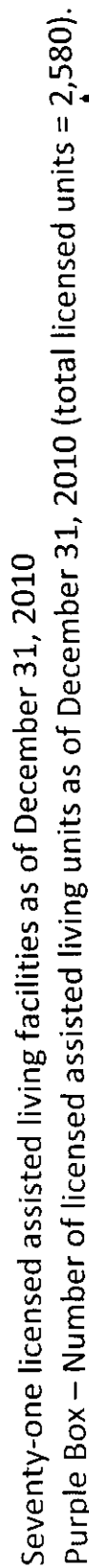
City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Aneta	Nelson	Aneta Parkview Health Center	39	2	39	2
Arthur	Cass	Good Samaritan Society – Arthur	42	3	42	19
Ashley	McIntosh	Ashley Medical Center	44	1	44	0
Beulah	Mercer	Knife River Care Center	86	0	86	0
Bismarck	Burleigh	Baptist Home, Inc.	141	7	141	11
Bismarck	Burleigh	Good Samaritan Society—Bismarck			48	13
Bismarck	Burleigh	Medcenter One St. Vincent's	101	0	101	2
Bismarck	Burleigh	Medcenter One Subacute Unit	22	5	22	4
Bismarck	Burleigh	Missouri Slope Luth Care Center	250	0	250	9
Bismarck	Burleigh	St. Alexius Medical Center – TCU	19	1	19	3
Bismarck	Burleigh	St. Gabriel's Community			72	30
Bottineau	Bottineau	Good Samaritan Society – Bottineau	73	5	75	8
Bowman	Bowman	Southwest Healthcare Services	66	0	66	4
Cando	Towner	Towner County Living Center	45	0	40	8
Carrington	Foster	Golden Acres Manor	60	5	60	2
Cavalier	Pembina	Wedgewood Manor	50	6	50	1
Cooperstown	Griggs	Cooperstown Medical Center	48	1	48	4
Crosby	Divide	Good Samaritan Society – Crosby	42	0	42	5
Devils Lake	Ramsey	Good Samaritan Society – Devils Lake	62	13	60	17
Devils Lake	Ramsey	Heartland Care Center	74	4	74	1
Dickinson	Stark	St. Benedict's Health Center	164	7	164	7
Dickinson	Stark	St. Luke's Home	84	0	84	0
Dunseith	Rolette	Dunseith Comm. Nursing Home	35	7	35	8
Elgin	Grant	Jacobson Memorial Hosp Cr Ctr	25	0	25	0
Ellendale	Dickey	Prince of Peace Care Center	55	11	53	2
Enderlin	Ransom	Maryhill Manor	54	3	54	4
Fargo	Cass	Bethany on 42nd	50	6	78	0
Fargo	Cass	Bethany On University	192	12	172	2
Fargo	Cass	Elim – A Caring Community	136	16	136	13
Fargo	Cass	Manor Care of Fargo ND, LLC	131	34	131	20
Fargo	Cass	Rosewood On Broadway	111	0	111	0
Fargo	Cass	Villa Maria	140	6	140	4
Forman	Sargent	Four Seasons Healthcare Ctr Inc.	32	1	32	5
Garrison	McLean	Benedictine Living Ctr of Garrison	63	14	52	2
Garrison	McLean	Garrison Memorial Hosp & NF	28	4	28	1
Glen Ullin	Morton	Marian Manor HealthCare Center	86	3	86	6
Grafton	Walsh	Lutheran Sunset Home	104	9	104	10
Grand Forks	Grand Forks	Valley Eldercare Center	176	13	197	15
Grand Forks	Grand Forks	Woodside Village	118	2	118	8
Hankinson	Richland	St. Gerard's Com Nrsng Home	37	4	37	4
Harvey	Wells	St. Aloisius Medical Center	106	10	106	18
Hatton	Traill	Hatton Prairie Village	42	6	42	1
Hettinger	Adams	Western Horizons Care Center	54	8	54	7
Hillsboro	Traill	Hillsboro Medical Center	36	0	36	0
Jamestown	Stutsman	Ave Maria Village	100	0	100	0
Jamestown	Stutsman	Eventide at Hi-Acres Manor	142	5	142	7

# Licensed Nursing Facility Beds, Locations and Vacancies

Appendix B

City	County	Facility Name	Licensed Capacity 3/5/2010	Number of Vacancies 3/5/2010	Licensed Capacity 1/7/2011	Number of Vacancies 1/7/2011
Killdeer	Dunn	Hill Top Home of Comfort	50	2	50	4
Lakota	Nelson	Good Samaritan Society – Lakota	49	5	49	11
LaMoure	LaMoure	St. Rose Care Center	40	4	40	5
Langdon	Cavalier	Maple Manor Care Center	63	6	63	4
Larimore	Grand Forks	Good Samaritan Society – Larimore	45	8	45	1
Lisbon	Ransom	North Dakota Veterans Home	38	0	38	0
Lisbon	Ransom	Parkside Lutheran Home	40	1	40	0
Mandan	Morton	Dakota Alpha	20	2	20	3
Mandan	Morton	Medcenter One Mandan Care Center	128	1	128	1
Mandan	Morton	Medcenter One Mandan CC Off Collins	50	0	50	2
Mayville	Traill	Luther Memorial Home	99	6	99	3
McVile	Nelson	Nelson Cty Hlth System Care Ctr	39	1	39	6
Minot	Ward	Manor Care of Minot ND, LLC	114	8	114	5
Minot	Ward	Trinity Homes	292	37	292	48
Mohall	Renville	Good Samaritan Society – Mohall	59	4	59	9
Mott	Hettinger	Good Samaritan Society – Mott	45	1	45	9
Napoleon	Logan	Napoleon Care Center	44	4	44	1
New Rockford	Eddy	Luth Home of the Good Shep NH	80	12	80	10
New Salem	Morton	Elm Crest Manor	68	3	68	0
Northwood	Grand Forks	Northwood Deaconess Hlth Ctr	61	4	61	4
Oakes	Dickey	Good Samaritan Society – Oakes	102	12	100	8
Osnabrock	Cavalier	Good Samaritan Society – Osnabrock	24	5	24	4
Park River	Walsh	Good Samaritan Society – Park River	73	7	68	20
Parshall	Mountrail	GSS – Rock View at Parshall*	30	9	30	9
Richardton	Stark	Richardton Health Center	18	0	18	1
Rolette	Rolette	Rolette Community Care Center	46	10	40	10
Rugby	Pierce	Heart Of America Medical Center	80	5	80	4
Stanley	Mountrail	Mountrail Bethel Home	57	3	57	3
Strasburg	Emmons	Strasburg Nursing Home	60	4	60	14
Tioga	Williams	Tioga Medical Center LTC	30	0	30	1
Underwood	McLean	Medcenter One Prairieview	60	5	60	2
Valley City	Barnes	Sheyenne Care Center	170	0	170	0
Velva	McHenry	Souris Valley Care Center	50	0	50	9
Wahpeton	Richland	St. Catherine's Living Center	112	11	100	11
Walhalla	Pembina	Pembilier Nursing Center	37	12	32	3
Watford City	McKenzie	McKenzie Cty HC Systems	47	1	47	1
West Fargo	Cass	Sheyenne Crossings Care Center/TCU			64	1
Westhope	Bottineau	Westhope Home	25	7	CLOSED	
Williston	Williams	Bethel Lutheran Nrsng & Rehab Ctr	168	5	168	13
Wishek	McIntosh	Wishek Home for the Aged	70	11	70	8
<b>TOTAL</b>			<b>6248</b>	<b>450</b>	<b>6388</b>	<b>535</b>
*CLOSING March 2011						

## Appendix C





#2

**Testimony**  
**House Bill 1040 – Department of Human Services**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairman**  
**March 2, 2011**

Chairman Lee, members of the Human Services Committee, I am LeeAnn Thiel, Administrator of Medicaid Payment and Reimbursement Services of the Medical Services Division for the Department of Human Services.

I am here today in support of HB 1040. The moratorium on nursing facility beds and basic care beds has been in place since 1995 and has been extended each biennium. This bill would continue the moratorium through July 31, 2013.

Currently, there are two exceptions to the Basic Care Bed Moratorium, which are: (1) a nursing facility may convert bed capacity to basic care beds; and (2) an entity can demonstrate the need to the Department of Health and the Department of Human Services. To demonstrate a need, the facility must show that occupancy within a 50-mile radius at existing basic care facilities is at or above 90 percent.

The Department's 2011-2013 Budget was built based on the moratorium continuing.

I would be happy to address any questions that you may have.