

Exemption to Moratorium as Option for Increasing Bed Capacity

Obstacles encountered in process:

1. Criteria recommending 15 Basic Care beds per 1000 population of 65 years and older.
 - Basic Care is unique to North Dakota, and we are unsure as to how this recommended number of beds per 1000 came into existence.
 - Our region is currently at 16 beds per 1000 population of 65 years and older.
 - Basic Care beds may be increased in regions where they are over the 15 beds per 1000 anyway because of the option of converting skilled beds to Basic Care
 - If we are allowed to increase our bed licenses, this does not mean that it will increase state costs; our ratio of public to private pay has been 25-35% (public) to 65-75% (private pay) since reopening. Our current waiting list ratio continues to be the same.
 - Golden Manor reopened with 17 licenses, and added 3 licenses through purchase at \$10,000 per bed; we are currently full.
 - We provide care to those younger than 65 years of age also.
 - We feel those in need of our services should not have to go out of their area for care when needed just because of this recommendation.
 - We feel this recommendation of 15 beds per 1000 is too low for the area we serve, considering our aging population.
2. Criteria of recommendation that occupancy of those in service area of 50 mile radius is to be over 90% for the previous twelve months.
 - Service area is established “as the crow flies” instead of actual miles it takes to travel between facilities.
 - Statistics are intermingled between regions and service area.
 - Facilities in “start-up” are also included for this criteria, and it is unrealistic to expect a new facility to be at 90% occupancy rate upon opening.
 - Previously as a 50 bed facility, Golden Manor was able to maintain a 90% occupancy rate, so it is not unrealistic to expect a 25-27 bed facility would also be able to maintain a 90% occupancy rate.

Other things to consider:

1. The goal of Golden Manor is to provide care to those in Kidder County and surrounding areas, and we strongly feel patrons should not have to go outside of their home area to receive care.
2. Golden Manor has five more rooms that are available for licensing, and we have inquiries/referrals on waiting list.
3. Educating the public and the medical profession in regards to the difference between basic care and skilled care is vital.
 - Basic Care is a less restrictive environment and a cost effective option.
4. Licensed beds should not be treated as a commodity to be sold to the highest bidder.
 - This money could be better spent improving care for residents and wages and benefits for staff.
 - Licensing of beds should be solely for the purpose of assuring quality care and following state regulations...not for making profits.
5. The focus of Care for the elderly seems to have shifted much more to business orientated than care orientated.
 - Because of this shift, the state should not have to limit competition by limiting beds.
 - Golden Manor was a “grassroots” project that was established to provide quality care for Kidder County residents.
 - Why can’t we continue to do so...particularly considering our aging population.
 - Underutilizing Golden Manor because licenses are not available does not seem right.
6. The regulation that requires a 30-day written notice hampers transition from one facility to another.
 - A facility cannot hold an open bed for 30 days, because of loss of revenue.
 - This regulation causes anxiety or fear for the resident and family, because there is no assurance that a bed will be available in the facility of their choice after the 30 day notice is given.

LONG TERM CARE FACILITY BED LAYAWAY PROGRAM
8-1-2011 through 7-31-2013

City	Facility	Bed Capacity	Net Change	Adjusted Bed Capacity	Date of Change	24 Months	Total Beds	25%	50%
ottineau	Good Samaritan Society - Bottineau	75						18	
7/17/12	Pat Kelly - have 7 beds that will expire Jan. 2013 * would sell for minimum of \$10,000 each		-3	71	10/1/2011	10/1/2013	3		35
owman	Southwest Healthcare Services	66						16	
7/17/12	Becky Hanson - Already sold 26 beds to Fargo for \$15,000 each		-7	59	1/1/2012	1/1/2014	7		29
larvey	St. Aloisius Medical Center Nursing Home	106						26	
7/17/12	Rocky Zastoupil - these beds will go to another home in their SMP system		-11	95	10/1/2011	10/1/2013	11		47
linot	Trinity Homes	292						73	
7/17/12	Rhonda Tanberg - Not interested in selling * "will wait the 2 years"		-62	230	7/1/2012	7/1/2014	62		115
lolette	Rolette Community Care Center	40						10	
	- changed ownership * will probably retain + convert to Basic Care		-4	36	10/1/2011	10/1/2013	4		18
Valhalla	Pembillier Nursing Center	32						8	
	message left		-2	30	10/1/2011	10/1/2013	2		15
Vishek	Wishek Home for the Aged	70						17	
9/17/12	Greg Salwei - Not sure yet as to what they will do. * Have sold beds previously from low of \$10,000 - high of \$22,000.		-10	60	10/1/2011	10/1/2013	10		30
Ellen Ullin	Marian Manor Healthcare Center	86						21	
7/17/12	Rod Auer - "just gonna hold"		-5	81	1/1/2013	1/1/2015	5		40
ando	Towner County Living Center	40						10	
	message left.		-3	37	10/1/2012	10/1/2014	3		18
			Total	-107					

Bed Capacity = The number of licensed beds in the nursing facility prior to this action

Net Change = The number of beds placed into the bed layaway program on this date (see Date of Change)

Adjusted Bed Capacity = The number of licensed beds in the nursing facility after this date (see Date of Change)

Date of Change = Date the beds were placed in the bed layaway program

24 Months = The expiration date of the beds in the layaway program

Total Beds = The total number of beds in the bed layaway program for this facility

25% = A nursing facility may delicense a maximum of twenty-five percent of its licensed nursing facility bed capacity and place the beds into the layaway program

50% = The total delicensed nursing facility bed capacity that may be held for a nursing facility at no time may be greater than fifty percent of the number of currently licensed beds in the nursing facility