

Wildflower Court, Inc.
Certificate of Need Application

April 30, 2008

Section I.

General Applicant Information

2. B. For corporations, list the names, titles, and addresses of the corporate officers and Board of directors.

<i>NAME/MAILING ADDRESS</i>	<i>POSITION</i>	<i>PHONE #'S/EMAIL</i>
Brian Andrews State of Alaska Department of Revenue P.O. Box 110405 Juneau, AK 99811-0405	Vice- President	465-4265 (w) 790-9501 (h) brian.andrews@alaska.gov
Linda Fink c/o ASHNHA 426 Main Street Juneau, AK 99801	Sec/Treas.	586-1790 (w) 463-3573 (h) 321-1349 (cell) lindafink@msn.com
Dianne Kiesel 1308 Annapolis Drive Anchorage, AK 99508	Member	334-2606 (w) 644-1487 (h) 321-2299 (cell) dianne.kiesel@alaska.gov
Melanie Millhorn 4998 Steelhead Street Juneau, AK 99801	Member	463-4415 (w) 790-4380 (h) melaniem@searhc.org
Larry Persily 400 Massachusetts Ave., NW Apartment 1306 Washington, DC 20001	President	202-624-5988 (w) 202-506-1552 (h) 907-351-8276 (cell) paper@alaska.com
Jill Sandleben 14010 N. Douglas Highway Juneau, AK 99801	Member	780-6422 ext 213 (w) 723-2352 (h) jill.sandleben@alaska.gov
Betsy Longenbaugh 319 B Street Douglas, AK 99824	Member	463-2125 (w) 364-1597 (h) bstreet@alaska.com

2. C. Is this facility accredited or certified by a recognized national organization? Yes No

Section II Summary Project Description

(1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.

Wildflower Court is proposing to add eight skilled nursing/long-term care beds to its facility. The area to be used is the facility's former assisted living home, which closed in 2004. Wildflower Court currently owns approximately one-quarter of the furniture and equipment necessary to furnish the eight new skilled nursing rooms. Additional furniture and equipment to be purchased are:

Item	Total Cost
8 Beds	\$ 12,136
4 Mattresses	900
4 Nightstands	800
3 Dining tables tops - 42x42	609
3 Adjustable table bases	1,019
3 Over-bed trapeze	1,455
Removal of dividing walls	<u>500</u>
	<u>\$ 17,419</u>

(2) The number of square feet of construction/renovation.

The living/dining room, bedrooms, and other areas in this section of the Wildflower Court building total approximately 6,689 square feet. This area is currently under lease to Bartlett Regional Hospital. The renovation necessary to convert the area includes removal of Bartlett's leasehold improvements such as built-in desks, which they will do when they vacate. No other construction or renovation is required.

(3) The number and type of beds/surgery suites/specialty rooms.

Wildflower Court is proposing to add eight skilled nursing/long-term care beds to the facility.

(4) Services to be expanded, added, replaced, or reduced.

The addition of these eight beds will not result in any new programs or specialties. It will allow Wildflower Court to provide the services already in place to more people.

(5) The total cost of the project.

The total cost of the project is \$17,419 (\$2,177 per added bed).

(6) How the project will be financed.

The cost will be paid from Wildflower Court's fund balance.

(7) Estimated completion date.

Bartlett Regional Hospital anticipates completing its facility renovations in time to vacate the leased space and return the area to Wildflower Court's use in the third quarter of 2008 or soon thereafter. Wildflower Court anticipates having the equipment in place and the additional staff hired so that the eight beds will be available for occupancy as soon as the leased area is returned to its original condition.

Section III.
Description of Facilities and Capacity Indicators

- A. Proposed changes in service capacity. Provide either the number of beds, surgery suites, rooms, pieces of equipment, or other service.

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
IN-PATIENT ACUTE CARE HOSPITALS			
Med/Surg Beds			
1-bed room/unit	Not Applicable	Not Applicable	Not Applicable
2-bed room/unit	Not Applicable	Not Applicable	Not Applicable
Other (list)	Not Applicable	Not Applicable	Not Applicable
ICU Beds	Not Applicable	Not Applicable	Not Applicable
Obstetrics Beds	Not Applicable	Not Applicable	Not Applicable
Pediatric Beds	Not Applicable	Not Applicable	Not Applicable
Acute Rehab Beds	Not Applicable	Not Applicable	Not Applicable
Obstetrics Beds	Not Applicable	Not Applicable	Not Applicable
Pediatric Beds	Not Applicable	Not Applicable	Not Applicable
Ancillary Services (list)	Not Applicable	Not Applicable	Not Applicable
BEHAVIORAL HEALTH CARE			
In-patient Acute Psychiatric Beds	Not Applicable	Not Applicable	Not Applicable
RPTC Beds	Not Applicable	Not Applicable	Not Applicable
In-patient Substance Abuse Beds	Not Applicable	Not Applicable	Not Applicable
LONG-TERM CARE			
Acute Beds			
1-bed room/unit	Not Applicable	Not Applicable	Not Applicable
2-bed room/unit	Not Applicable	Not Applicable	Not Applicable
Other (list)	Not Applicable	Not Applicable	Not Applicable
Nursing Beds			
1-bed room/unit	47	10	57
2-bed room/unit	2	-2	0
Other (list)			
DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES			
CT Scanner	Not Applicable	Not Applicable	Not Applicable
MRI	Not Applicable	Not Applicable	Not Applicable
PET or PET/CT	Not Applicable	Not Applicable	Not Applicable
Cardiac Catheterization	Not Applicable	Not Applicable	Not Applicable
Emerging Med. Tech. (list)	Not Applicable	Not Applicable	Not Applicable

Type of Service	Current Capacity	Added, Expanded, or Replacement Capacity	TOTAL PROPOSED CAPACITY
SURGICAL CARE			
Ambulatory Surgery or Dedicated OP Suites	Not Applicable	Not Applicable	Not Applicable
Suites for IP & OP	Not Applicable	Not Applicable	Not Applicable
Endoscopy Suites	Not Applicable	Not Applicable	Not Applicable
Open-Heart Surgery	Not Applicable	Not Applicable	Not Applicable
Organ Transplantation	Not Applicable	Not Applicable	Not Applicable
Other Services (list)	Not Applicable	Not Applicable	Not Applicable
THERAPEUTIC CARE			
Radiation Therapy	Not Applicable	Not Applicable	Not Applicable
Lithotripsy	Not Applicable	Not Applicable	Not Applicable
Renal Dialysis	Not Applicable	Not Applicable	Not Applicable
Other (List)	Not Applicable	Not Applicable	Not Applicable
Total Capacity	49	8	57

B. Provide a detailed narrative description of each service identified in "A" above, including the type of change (addition, expansion, conversion, reduction, replacement, elimination). Include, as appropriate, detailed information relative to the scope and level of service.

Wildflower Court is a skilled nursing facility providing a high level of specialized care for long-term or acute illnesses. The facility has registered nurses who help provide 24-hour care to people who can no longer care for themselves due to physical, emotional or mental conditions. A licensed physician supervises each resident's care and a nurse is always on the premises. Wildflower Court provides two basic types of services: skilled medical care and intermediate-nursing care.

Skilled medical care includes services of trained professionals who are needed for a limited period of time following an injury or illness:

- An RN providing wound care and changing dressings after a major surgery, or administering and monitoring IV antibiotics for a severe infection.
- A physical therapist helping to correct strength and balance problems that have made it difficult for a resident to walk, or get on and off the bed, toilet or furniture.
- A speech therapist helping a person regain the ability to swallow and communicate after a stroke.
- An occupational therapist helping a person relearn independent self-care in areas such as dressing, grooming and eating.

Skilled care may also be needed on a long-term basis if a resident requires injections, ventilation or other treatment of that nature.

Intermediate nursing care is basic nursing care which includes physical, emotional, social and other restorative services under periodic medical supervision. This requires the skill of the registered nurse in assessment, observation, documentation and supervision of licensed and certified nursing care.

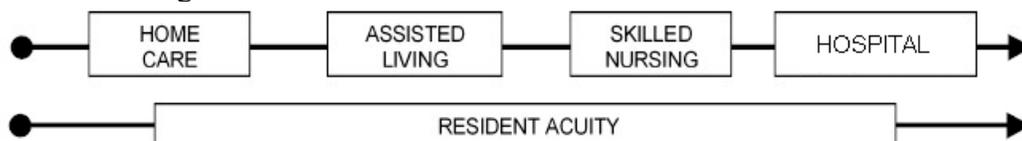
People who are able to recover from a disabling injury or illness may temporarily need intermediate nursing care as they get back the strength and balance necessary to be independent again. For people who are losing their ability to function independently due to chronic disease and increasing frailty, intermediate nursing care may be a long-term need. If an intermediate nursing care resident becomes ill or injured, they may spend a period of time in skilled care and then return to intermediate nursing care.

Wildflower Court plays an active role in providing health care in the community, helping residents prepare to live at home or with a family member when possible, and improving the prospects of the chronically disabled.

The health service needs of the U.S. population have changed dramatically during the past century as a result of the shift from acute to chronic conditions and an increasing life span. In 1900, the major health problems stemmed from acute infectious diseases such as typhoid fever and smallpox. People usually recovered or died rapidly from those diseases. By mid-century, three chronic conditions alone – heart disease, cancer and stroke – accounted for more than 50 percent of deaths. Today, these chronic illnesses along with chronic lower respiratory diseases are the four predominant cause of death.

Nursing homes have changed as a result of this shift in health care needs and also as a result of changes in the hospital reimbursement system. In the mid-1980s, Medicare introduced a new payment system for hospitals based on diagnosis-related groups. In essence, a hospital is paid a set rate according to the patient’s particular diagnosis. If the hospital can provide all the care necessary within that rate, it can make a profit. If the care costs more, it loses money. The incentive for the hospital, therefore, is to discharge patients as quickly as possible – usually to a nursing home. As a consequence, nursing facilities are providing levels of care and service that were unheard of 10 to 15 years ago.

Another change in the health care services is the development of home health care and assisted living homes to provide care for people whose needs do not require the services of a nurse 24 hours a day. The growth in these areas has been facilitated by the development of in-home medical technologies. The most significant of these advances has been the introduction of home infusion therapy and radical improvements in ventilator equipment. Therefore, some cases that were once cared for in nursing homes are now no longer appropriate for the level of care provided in the nursing home.



Wildflower Court admitted its first resident in November 1977. Over the past 31 years, the organization has experienced many of these same changes. Medical services provided at Wildflower Court have evolved to include orthopedic care (care for muscle, joint and bone problems), respiratory support, support after surgery, rehabilitation, intravenous therapy and antibiotics, wound care, parenteral nutrition, and ostomy care. In the past these services were only available in hospitals and rehabilitation centers.

Often, nursing home residents have more than one medical condition. The care of these residents is complex not only because of their multiple chronic conditions, but also due to complicated psychosocial and environmental situations. Comprehensive assessment and treatment of multiple long-term health concerns can require a spectrum of expertise that is beyond the capabilities of any single practitioner and is more complex than what can be provided in a home or assisted living setting. The following table shows the comorbidity of the residents admitted to Wildflower Court from January 1996 through December 2007.

Number of Diagnosis	Number of Residents
1	22
2	2
3	4
4	24
5	76
6	100
7	88
8	79
9 or more	128
Total	523

The number one reason why people have been admitted to Wildflower Court from January 1996 through December 2007 has been for rehabilitation services. Skilled physical, occupational, and speech therapy has been provided for 152 residents. The goal of the rehabilitation program at Wildflower Court is to provide therapeutic activities directed at re-entry into familial, social, educational and working environments, the reduction of dependence on assistive devices or services, and the general enrichment of quality of life. Of these 152 residents, 125 were admitted directly from the hospital, with the majority of them having heart conditions such as hypertension or congestive heart failure, or other chronic illness such as chronic airway obstruction, unstable diabetes or arthritis. The aim is for residents to become as independent as possible despite his/her illness or disabilities. Of these 152 residents, 98 were able to be discharged home and eight were discharged to an assisted living facility.

Another goal of Wildflower Court's rehabilitation program is to help people recover from injuries. In addition to the above mentioned residents, an additional 84 residents were admitted for care following a fracture. The majority of these injuries were hip fractures, and several required hip replacement surgery. Many people are unwell before breaking a hip; it is not uncommon for the break to have been caused by a fall due to some illness, especially in the elderly. Nursing care of these residents involves not only the rehabilitation from their fracture,

but also treatment for their underlying illness: heart disease, chronic obstructive pulmonary disease, osteoporosis, diabetes and/or arthritis. Of these 84 residents, 58 were discharged home and seven were discharged to an assisted living facility.

The third most common use of Wildflower Court's rehabilitation program is rehabilitation for individual recovering from a stroke. Rehabilitation aims to restore some function by promoting the body's ability to have a new part of the brain take over the lost function. It helps the person to increase his or her muscle strength, balance, gait, speech, confidence and communication abilities. It also helps to prevent pressure sores and contractions. Between 1996 and 2007, 56 residents received a multidisciplinary rehabilitation program delivered within an individualized, contractual goal-setting framework that has been proven effective in improving functional ability and independence. Of these 56 residents, 28 were discharged home and two were discharged to an assisted living facility.

The rehabilitation program in combination with skilled nursing care provides treatment for people who are suffering from chronic illnesses. Wildflower Court admitted 10 residents with severe multiple sclerosis and eight individuals with Parkinson's disease.

Multiple sclerosis is a complex, chronic disorder of the central nervous system that can result in a wide variety of symptoms, including partial or complete paralysis in severe cases. The disease often requires a range of long-term care services, including rehabilitation services. The rehabilitation professionals at Wildflower Court assess and prescribe equipment and therapeutic activities that address mobility needs (including management of spasticity, positioning, sensory dysfunction, tremors, ataxia and positioning needs), feeding, communication and swallowing dysfunction, and limitations in performing activities of daily living.

Interventions for each of the symptoms of Parkinson's disease — muscle rigidity, bradykinesia, tremors at rest, and postural reflex abnormalities — are designed to increase the resident's quality of life by minimizing symptoms. Cognitive problems such as wandering, sundowning, agitation and combativeness are prevalent in advanced Parkinson's disease. Hallucinations and delusions are the most common psychotic symptoms of Parkinson's disease and are often related to the side effects of anti-Parkinson therapy.

During the period of January 1996 through December 2007, Wildflower Court admitted 56 residents requiring treatment for decubitus ulcers. Individuals come to Wildflower Court for treatment of their decubitus ulcer because of the severity of the wound. Upon admission, the individual's wound is at a stage III-IV, which means the ulcer extends through all of the layers of the skin and sometimes involves the underlying muscle, tendons and/or bone. These individuals are admitted to Wildflower Court because they have failed in their ability to cure the ulcer at home, mainly due to their comorbid conditions as noted above. Of these 56 residents, 29 were discharged home and one was discharged to an assisted living facility.

For those residents desiring hospice care, Wildflower Court provides a holistic program of comfort and support. The goal of hospice is to achieve the highest quality of life for people with a life-limiting illness by attending to the physical, psychological, emotional and spiritual needs of the resident. Wildflower Court provides hospice care to all of the residents who become

terminally ill during their residency; however, 17 people were admitted during the period from January 1996 through December 2007 specifically for end-of-life care.

For many people, fighting cancer often requires coordinated and comprehensive care on several different fronts. Wildflower Court provides a continuity of care with skilled nursing care and therapeutic services following hospitalization for surgery, chemotherapy and/or radiation treatment. During the period from January 1996 through December 2007, 19 people were admitted for skilled nursing care involving post-surgical care and the management of the side effects of chemotherapy and radiation therapy for those being treated for cancer.

Because of the severity of their illnesses, many of Wildflower Court’s residents are considered long-term care – they will never recover or stabilize to the point where they can take care of themselves and go back home. During the period from January 1996 through December 2007, 121 individuals were admitted specifically for long-term care. The major diagnoses for these residents were hypertension, congestive heart failure, chronic airway obstruction and diabetes. Many had secondary diagnosis of depression, anxiety, dementia and Alzheimer’s disease. Other common problems include infections, debility, muscle wasting and malnutrition. Of these 121 residents, 62 were admitted directly from the hospital or transferred from another nursing home outside of Juneau where they had been discharged to when there was no available bed at Wildflower Court. The majority of these residents spend the remainder of their lives at Wildflower Court, although efforts are continually made to enable the individual to return to the community. Twenty of these residents were discharged home and three were discharged to an assisted living facility.

In the continuum of care, nursing homes remain a critical component of health care in this country and are essential for those who need intensive, 24-hour medical care. Wildflower Court is supportive of the ideal that care should be provided at the level appropriate to the individual. Whenever an inquiry is made about admission to the facility, the application is screened to determine if the individual needs the intensive medical care provided at Wildflower Court or if they would be more appropriately cared for at home or in an assisted living facility. If the medical needs are not at that level, the individual is not placed on the waiting list. They are instead referred to the resources available in the community and other areas in the state.

C. Provide in the following table information regarding equipment to be purchased.

Equipment to be Purchased			
Equipment Description	Make	Model	Cost
8 Beds	Joerns		12,136
4 Mattresses	Panacea		900
4 Night stands	Joerns		800
3 Dining tables tops - 42x42	Joerns		609
3 Adjustable table bases	Joerns		1,019
3 Over bed trapeze	Joerns		1,455

D. Provide in the following table information regarding equipment to be replaced or retired.

Equipment to be Replaced or Retired				
Equipment Description	Make	Model	Date Placed Into Service	Reason for Replacement or Retirement
Not Applicable- no equipment is being replaced				

E. Describe replacement or upgrading of utilities including the electrical, heating, ventilation, and air conditioning systems.

Not Applicable – no replacement or upgrading of utilities necessary

F. Describe the structural framing, floor system, and number of floors (including the basement).

Not Applicable – no structural changes required apart from removal of a temporary dividing wall

G. Total square footage in current facility/project.

41,092

H. Total square footage of proposed facility/project.

6,689 in the added area to be utilized; new total will be 47,781 overall.

I. Area per bed, service unit, or surgery suite (if applicable).

New bedrooms will each average 293 square feet.

J. Percentage of total floor area used for direct service (non-bed activity).

56 percent (this is the floor area that is the general activity area within the home to be opened, i.e. not the bedrooms).

K. Additional volume of service (non-bed activity) expected.

Staff service activity will increase roughly in proportion to the increase in beds. Much of the activity in the non-bed area (living room/dining room) will be by the residents. There is no way to calculate how much time will be spent by the residents in these common areas as opposed to

the amount of time they will spend in their bedrooms. It will depend on the abilities and interest of the population of the home.

L. Provide a brief history of expansion and construction for the past five years, including new equipment purchases, additional beds, and new services. Describe how this project fits into the facility's long-range plans, including potential projects planned for development within the next five years.

Wildflower Court used to be named St. Ann's Care Center and was located in Juneau's old hospital building on Sixth Street; the hospital was constructed in the 1920s. In the 1990s, it became increasingly apparent that the building's age made delivery of quality nursing care a near impossible task. Also, the staff wanted to move toward the new philosophy of care called the Eden Alternative, which requires the facility to be as home-like as possible – a difficult task in an old hospital building. Therefore, the board and staff pursued a certificate of need to build a new building, which was approved in 1999. Construction was completed in 2001.

Because of increased community demand for skilled nursing care beds, Wildflower Court submitted in 2002 and received approval of a certificate of need for additional beds. One of the building's homes was extended so that additional rooms could be added to the facility. Five additional beds were licensed for occupancy in July 2004. Other than this expansion, the only changes to the building have been minor remodeling to make more efficient use of the building and replacement of minor equipment.

The area that will be converted to eight additional skilled nursing beds with the approval of this certificate of need is the area that was originally designed and opened as assisted living beds. Because the assisted living part of the business never reached financial viability, this part of Wildflower Court's operations closed in 2004. The rooms in this home are slightly larger than other bedrooms in the facility and each bedroom in this area has a shower in the bathroom. The plan is to place those residents needing more intensive care in this home where the ratio will be five residents for each CNA, as opposed to the other homes that have a ratio of seven residents for each CNA. This will allow for a more efficient focus on the programs, care and activities for these residents who need more intensive care.

Wildflower Court's current strategic plan goes through 2009. The current plan calls for the continual promotion of the Eden philosophy within the facility. The Eden Alternative is a continually evolving program requiring its certified facilities to make the building as much of a home for its residents as possible. Wildflower Court continually incorporates as many new ideas and projects developed by the Eden Alternative organization and other certified Eden homes as is possible.

Section IV. Narrative Review Questions

A. RELATIONSHIP TO APPLICABLE PLANS AND NATIONAL TRENDS

Indicate how the application relates to any relevant plans, including the applicant's long-range plans, appropriate local, regional, or state government plans, the current Alaska Certificate of Need Review Standards and Methodologies, adopted by reference in 7 AAC 07.025, and current planning guidelines of recognized national medical and health care groups. If the proposal is at variance with any of these documents, explain why. (See the department's website for state planning processes and materials and links to federal websites.)

Referencing the *Alaska Certificate of Need Review Standards and Methodologies*, (Dec. 9, 2005), "Section VI. Long-term Nursing Care Standard and Methodology," p. 20:

Standard 1. Not applicable; Wildflower Court is not seeking to certificate a new freestanding facility.

Standard 2. Not applicable; Wildflower Court is not co-located with a hospital.

Standard 3. Average Wildflower Court occupancy, 2003-2006, 96.92 percent; Average 2004-2007, 98.58 percent. For detailed data see the response to B.2(a), below.

Standard 4. There are no other nursing homes in Wildflower Court's service area.

Standard 5. There are 63 assisted living beds and adult day care slots in Juneau; 48 at the Juneau Pioneer Home and 15 at The Bridge Adult Day Care Program. This is five more than the sum of the existing and proposed nursing home beds.

Wildflower Court knows of no government plans or recognized planning guidelines that are contrary to the proposed addition of long-term care nursing beds.

Recognized planning guidelines suggest the desirability of eliminating multiple occupancy rooms. See, for example, *Care Delivery and the Environment of Care: A Teamwork Approach*, the Joint Commission on Accreditation of Healthcare Organizations, p. 74 (quoted below in the response to question B.2(c)). The elimination of such rooms at Wildflower Court will be made possible by the proposed expansion.

The methodology and mathematical formulae found in *Alaska Certificate of Need Review Standards and Methodologies*, p. 21, recognizes that the appropriate number long-term care nursing beds is a direct mathematical function of the size of the senior population in a service area. According to Alaska's official senior services plan: "The highest concentrations of seniors 65+ are in several of the communities in Southeast Alaska. For example, in 2000, seniors aged 65+ comprised 20.5 percent of the population of Haines." [*Alaska State Plan for Senior Services, FY 2008-2011*, State of Alaska, Dept. of Health and Social Services.]

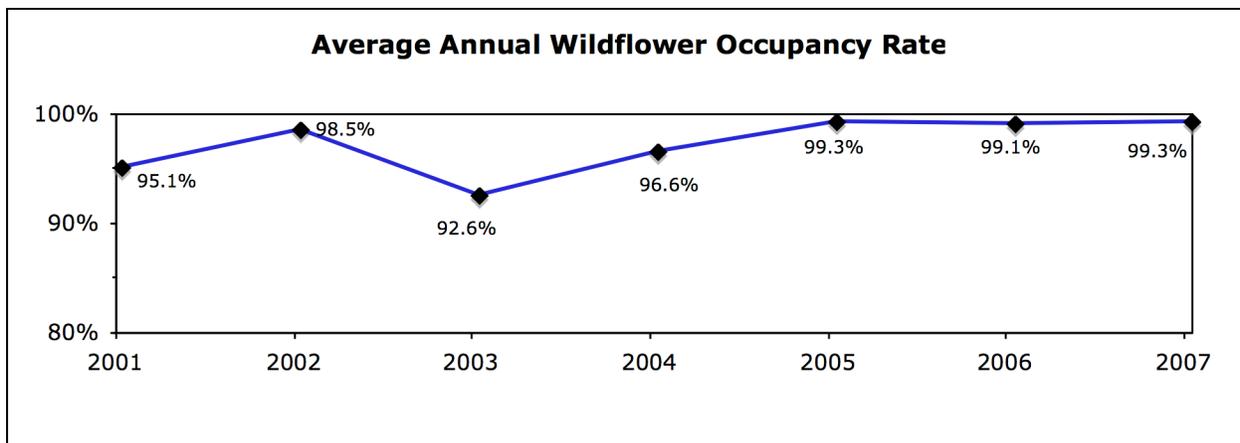
B. DEMONSTRATION OF NEED

1. Identify the problems being addressed by the project. For example, identify whether this project is for (a) a new service; (b) an expanded service; or (c) an upgrade of an existing service.

This project is an expansion of the current service being offered. Wildflower Court is currently licensed for 49 beds, with a constant waiting list for new admissions. It is very hard on the community — the elderly, those with severe illnesses or disabilities, their families, and health care providers — to have such an acute, unmet need for more skilled nursing beds while the potential for additional beds is so close at Wildflower Court.

2. Describe whether (and how) this project (a) addresses an unmet community need; (b) satisfies an increasing demand for services; (c) follows a national trend in providing this type of service; or (d) meets a higher quality or efficiency standard.

(a) The unmet need and strong community demand for the eight-bed increase in nursing home capacity proposed by Wildflower Court is demonstrated by the remarkably high occupancy rate — exceeding 99 percent in each year since 2005. The chart below tells the story.

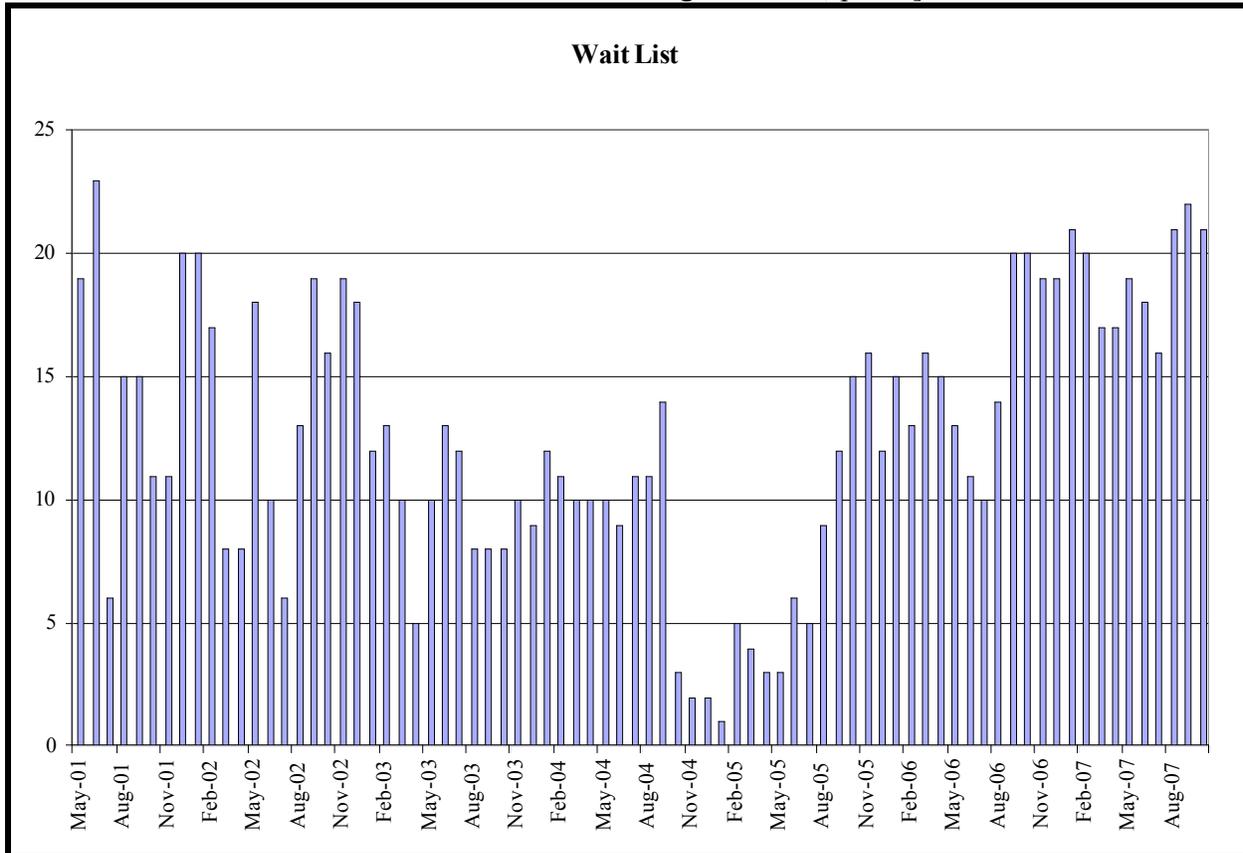


Individuals on the Wildflower Court waiting list are so in need of the facility's skilled care services that during 2007, when a bed became available it remained unoccupied on average for only 3.8 days.

(b) The waiting list since moving into the new building has continued to grow, except for a temporary dip when the additional five beds were added in 2004. The chart below shows how the waiting list rose from a low of one in January 2005 to over 20 in the later months of 2007. (See the chart on the following page.)

(c) This expansion will increase the quality of care by eliminating two-person rooms. As noted in a 2003 study, "Perhaps the ideal solution is to have single [bed] rooms clustered around common areas, so that residents have more choice regarding interaction levels, and more

freedom to roam.” [Care Delivery and the Environment of Care: A Teamwork Approach, the Joint Commission on Accreditation of Healthcare Organizations, p. 74.]



3. Describe any internal deficiencies of the facility that will be corrected, and document which of these deficiencies have been noted by regulatory authorities. Note any deficiencies that will not be corrected by this project, what efforts have been taken to correct the deficiencies, and how this project will affect the deficiencies. Attach any pertinent inspection records and other relevant reports as an appendix to the application.

On March 19-22, 2007, the State of Alaska conducted a standard survey at the facility to determine compliance with Federal Medicare/Medicaid and state licensure participation requirements for skilled nursing facilities. A copy of the survey is attached as **Appendix A**. Three deficiencies were found and these deficiencies were at Level 1. Level 1 is a deficiency that has the potential for causing no more than a minor negative impact on the resident(s). A plan of correction was submitted and approved by the state. The corrections were completed by April 13, 2007.

On May 1, 2007, a life safety code survey was completed at Wildflower Court by a survey team from the Centers for Medicare and Medicaid Services to determine if the facility was in compliance with the federal requirements for skilled nursing facilities. Eleven fire safety deficiencies were found. A plan of correction was submitted and approved by the state. The corrections were completed by May 7, 2007.

None of the deficiencies cited in the surveys would have been affected or corrected by the increase of facility capacity. However, Wildflower Court staff and management have recognized a deficit that could be corrected with the opening of the additional eight bed area at the facility. The design of the facility and the Eden Philosophy of creating an atmosphere of home in every possible way has led to problems in providing the proper care for those residents with special care needs due to their memory problems and/or cognitively impairment. The three existing homes within the facility are each uniquely decorated by staff and residents. Memorabilia and knick-knacks abound, the television or stereo is loud for hearing-impaired residents, and conversation is very active and constant. Much the way it is in any persons home. However, for those residents with memory problems and/or cognitive impairments, this highly stimulating atmosphere is very stressful and does little to enhance the quality of the resident's life.

With the increase in bed capacity, Wildflower Court will have the ability to provide a better environment for the cognitively impaired resident. This special care unit will promote a physical environment, activities, staff training and program philosophy that address the special care needs of individuals with memory problems.

4. Identify the target population to be served by this project. The "target population" is the population that is or may reasonably be expected to be served by a specific service at a particular site. Explain whether this is a local program, or a program that serves a population outside of the proposed service area. Use the most recent Alaska Department of Labor and Workforce Development statistics for population data and projections. Explain and document any variances from those projections. The population may be defined in one or more ways:

a. Document the service area by means of a patient origin analysis.

Based on an analysis of resident origin data covering admissions from January 1, 1996, through December 31, 2007, the Wildflower Court's service area is defined as being the area within 100 miles of Wildflower Court, excluding the City and Borough of Sitka, which lies only partially within the 100-mile radius. During this period residents were admitted from:

Juneau	81.1%
Haines	5.5%
Skagway	2.3%
Hoonah	2.1%
Other southeast communities within 100 miles of Juneau	
Angoon/Elfin Cove/Gustavus/Kake/Pelican/Tenakee Springs	<u>1.7%</u>
Total admission from service area	<u>92.7%</u>
All other southeast communities	
Sitka/Ketchikan/Petersburg/Thorne Bay/Wrangell/Yakutat	3.6%
Other Alaska communities	
Anchorage/Wasilla/Palmer	1.4%
Out of state	<u>2.3%</u>
Total remaining admissions	<u>7.3%</u>

b. Justify the customary geographical area served by the facility using trade and travel pattern information. Indicate the number and location of individuals using services who live out of the primary service area.

Juneau, the largest city in Southeast Alaska, and has no real competitor in its role as the trade and distribution center for northern Southeast. Juneau’s dominance as the regional trade center has become more pronounced during the past decade as “big box” stores such as Costco and Home Depot have attracted business from surrounding communities that previously purchased by mail order. According to the Alaska Department of Labor, “[Juneau’s] regional service providers are especially important employers in the transportation communications, healthcare, and wholesale and retail trade sectors [*Alaska Economic Trends*, July 1996, p. 12.]

Until 2007, the City and Borough of Juneau allowed individuals whose residency was other than the city to apply for a sales tax exemption card to use when purchasing products in Juneau. In 2005 the city issued 1,188 exemption cards and in 2006 the city issued 1,109. The breakdown of the areas where these people came from shows a trade pattern of the Wildflower Court service area of 100 miles around Juneau.

CBJ Sales Tax Exemption Cards	2006	2005
Wildflower Court service area		
Angoon	60	67
Elfin Cove	24	22
Excursion Inlet/Funter Bay/Horse Island	14	20
Gustavus	145	147
Haines	182	184
Hoonah	118	123
Kake	36	38
Pelican	32	33
Skagway	64	69
Tenakee Springs	<u>35</u>	<u>33</u>
Total sales tax exemption cards from the service area	<u>710</u>	<u>736</u>
All other southeast communities		
Cordova	2	2
Craig	2	1
Ketchikan	14	15
Klawock	1	4
Metlakatla	1	1
Petersburg	96	103
Port Alexander	3	4
Point Baker	0	1
Sitka	169	181
Thorne Bay	1	2
Ward Cove	1	1

CBJ Sales Tax Exemption Cards	2006	2005
Wrangell	31	37
Yakutat	<u>13</u>	<u>14</u>
Total sales tax exemption cards from all other southeast communities	<u>334</u>	<u>366</u>
<hr/>		
Other Alaska communities		
Delta Junction	0	1
Fairbanks	2	2
Gambell	1	0
Kazakof Bay	1	0
Kenai	0	1
Kodiak	0	1
Nome	<u>1</u>	<u>2</u>
Total sales tax exemption cards from other Alaska communities	<u>5</u>	<u>7</u>
Out of state	32	44
Out of country	<u>28</u>	<u>35</u>
<hr/>		
Total sales tax exemption cards	1,109	1,188

Juneau and Sitka are the only communities in northern Southeast Alaska with certificated air carrier service. According to the U.S. Department of Transportation, the Juneau airport had 394,929 enplanements in 2006, more than three times as many as Ketchikan, the dominant regional distribution center in southern Southeast Alaska, and five times as many as Sitka, it's only potential competitor in northern Southeast. [*CY06 Enplanements, All Airports*, Federal Aviation Agency, USDOT, November 2007.] Overall transportation employment in Juneau during 2006 was 984 jobs, compared with 713 in Ketchikan and 243 in Sitka.

Juneau is accessible only by air and sea. The cities serviced by direct flights to and from Juneau by the local airlines (Air Excursions¹, Alaska Seaplane Service², LAB Flying³, Skagway Air Service⁴, and Wings of Alaska⁵) are within 100 miles of Juneau. Only one airline, LAB Flying, has a scheduled flight outside of the 100-mile area. LAB flies to Petersburg after a stop in Kake.

Alaska Marine Highways⁶ sailings to and from Juneau are almost exclusively to cities within the 100-mile radius of Juneau. Exceptions are weekly sailings to and from Petersburg, and Yakutat, and a monthly sailing to and from Ketchikan. The frequency of the trips to cities within 100

¹ www.airexcursions.com

² flyalaskaseaplanes.com

³ www.labflying.com

⁴ www.skagwayair.com

⁵ www.wingsofalaska.com

⁶ www.dot.state.ak.us/amhs

miles of Juneau varies from the summer to the winter and ranges from daily trips to and from some communities, such as Haines and Skagway to biweekly trips to and from others, such as Angoon and Tenakee Springs.

c. Use Alaska Department of Labor and Workforce Development information, including current census data on cities, municipalities, census areas, or census sub-areas, to describe trends, age/sex breakdowns, and other characteristics pertinent to the determination of need.

Population aging is one of the most important demographic dynamics affecting families and societies throughout the world. The growth of the population age 65 and over is challenging policy makers, families, businesses and health care providers to meet the needs of aging individuals. The follow discussion is focused on the population of the area serviced by Wildflower Court.

Population of the Wildflower Court Service Area

Age	1990 Census	4/1/2000 Census	Percentage Increase/Decrease from 1990	July 1, 2006 Population Estimate	Percentage Increase/Decrease from 2000 to 2006
0 to 4	3,049	2,309	-24.27%	2,153	-6.76%
5 to 9	3,024	2,765	-8.56%	2,141	-22.57%
10 to 14	2,651	3,026	14.15%	2,527	-16.49%
15 to 19	2,069	2,751	32.96%	2,829	2.84%
20 to 24	1,779	1,944	9.27%	1,951	0.36%
25 to 29	2,706	2,209	-18.37%	1,836	-16.89%
30 to 34	3,526	2,717	-22.94%	2,133	-21.49%
35 to 39	3,735	3,273	-12.37%	2,573	-21.39%
40 to 44	3,216	3,555	10.54%	3,036	-14.60%
45 to 49	2,130	3,638	70.80%	3,477	-4.43%
50 to 54	1,485	3,016	103.10%	3,562	18.10%
55 to 59	1,018	1,808	77.60%	2,974	64.49%
60 to 64	816	1,158	41.91%	1,721	48.62%
65 to 69	636	757	19.03%	1,087	43.59%
70 to 74	491	631	28.51%	658	4.28%
75 to 79	306	467	52.61%	537	14.99%
80 to 84	168	300	78.57%	378	26.00%
85+	111	215	93.69%	337	56.74%
Total	32,916	36,539	11.01%	35,910	-1.72%
Total					
65+	1,712	2,370	38.43%	2,997	26.46%

Sources: U.S. percent change: U.S. Census Bureau, Census 2000 Summary File 1; 1990 Census of Population, General Population Characteristics, United States (1990 CP-1-1). Alaska percent change: U.S. Bureau of the Census, 1990 Census of Population and Housing, Census 2000; Alaska Department of Labor and Workforce Development, Alaska Population Projections 2007-2030, accessed March 4, 2008 from: <http://www.labor.state.ak.us/research/pop/projections/AlaskaPopProj.pdf>.

The total population of the Wildflower Court service area increased by 11.0 percent from the 1990 census to the 2000 census. The change from 2000 to the estimated July 1, 2006, population count shows a 1.7 percent decline in the total population of the service area (see table on the previous page).

Despite the slight decline in the service area's overall population, the population 65 and over is growing in both relative and absolute terms. Such growth is common all across the United States, but it is crucial to note that the increases in the Wildflower Court service area are occurring at two to three times the rates observed in the nation as a whole. The tables below compare the historical rates of senior population growth.

Percent change in Senior Population

	United States 1990 to 2000	Wildflower Court Service Area 1990 to 2000	Wildflower Court Service Area 2000 to 2006
65 to 69	-5.70%	31.20%	19.03%
70 to 74	10.80%	66.90%	28.51%
75 to 79	21.10%	88.60%	52.61%
80 to 84	25.70%	91.40%	78.57%
85+	37.60%	110.60%	93.69%
Total			
65+	12.00%	59.60%	38.43%

Percent change expressed as a annual growth rate

	United States 1990 to 2000	Wildflower Court Service Area 1990 to 2000	Wildflower Court Service Area 2000 to 2006
65 to 69	-0.59%	2.72%	1.74%
70 to 74	1.03%	5.12%	2.51%
75 to 79	1.91%	6.34%	4.23%
80 to 84	2.29%	6.49%	5.80%
85+	3.19%	7.45%	6.61%
Total			
65+	1.13%	4.68%	3.25%

Because nearly 80 percent of Wildflower Court's admissions are persons 65 and older, this segment of the population is the focus of the analysis.

In 2000 Wildflower Court's average occupancy was 89.8 percent, or 39.5 residents for the service area population of 2,370 who are 65 or older. That computes to an occupancy ratio of 16.7 residents per thousand 65 or older. There was no one on the waiting list in 2000.

In 2006 the occupancy rate was 99.1 percent, or 48.6 residents for the service area population of 2,997 who are 65 or older, an occupancy ratio of 16.2 residents per thousand 65 or older. During 2006 Wildflower Court's waiting list averaged 15.4 individuals who could not be admitted due to lack of a vacancy.

As shown above (see the table, **Percent change expressed as an annual growth rate**), the growth rate of the 65 and older population in Wildflower Court's service declined from 4.68 percent per year in the 1990s to 3.25 percent in 2000 to 2006. Those numbers might suggest decelerating growth, but that conclusion would be dangerously misleading.

The most recent (January 2008) projections published by the Alaska Department of Labor and Workforce Development (DLWD) show that growth in service area's senior population is poised to *accelerate*. As the two tables immediately below show, the Department of Labor expects the 65-or-over population in the Wildflower Court service area to grow at a 3.84 percent annual rate from 2006 to 2010, rising to a 6.68 percent annual rate during the next five years (2010 to 2015).

**Projected senior population of the Wildflower Court
service area**

	2006 estimate	2010 projection	2015 projection
65 to 69	1,087	1,391	2,227
70 to 74	658	860	1195
75 to 79	537	483	685
80 to 84	378	381	365
85+	337	380	410
Total 65+	2,997	3,495	4,882

**Projected population change
expressed as an annual growth rate**

	2006 to 2010	2006 to 2015	2010 to 2015
65 to 69	6.17%	7.97%	9.41%
70 to 74	6.69%	6.63%	6.58%
75 to 79	-2.65%	2.70%	6.99%
80 to 84	0.20%	-0.39%	-0.86%
85+	3.00%	2.18%	1.52%
Total 65+	3.84%	5.42%	6.68%

d. The population to be served can be defined according to the unique needs of patients requiring specialized or tertiary care (e.g. heart, cancer, kidney, alcoholism, etc.) or the needs of under-served groups.

Not Applicable.

5. Describe the projected utilization of the proposed services and the method by which this projection was derived. Do not annualize utilization data. It must include the last complete year of operation (indicate if it is a calendar year or fiscal year) and as many prior years as is feasible to show trends. If graphs are used to depict this information, and they do not include the actual utilization numbers, numerical charts must be included. In providing this information:

a. Include evidence of the number of persons from the target population who are currently using these services and who are expected to continue to use the service, including individuals served out of the service area or out of state;

Wildflower Court is currently licensed for 49 residents, but because of discharges and new admissions during the year the number of persons served is greater than 49. Below is a table showing historical numbers of people served and projected utilization.

	Number of residents served	Number of residents from within the service area	Number of resident from Alaska, but outside the service area	Number of residents from out of state
1996	79	74	5	0
1997	108	102	6	0
1998	92	87	4	1
1999	79	74	5	0
2000	88	82	4	2
2001	75	66	7	2
2002	75	68	5	2
2003	108	100	7	1
2004	106	97	6	3
2005	67	61	4	2
2006	70	63	4	3
2007	76	68	4	4
2008	105	97	6	2
2009	110	101	7	2
2010	113	104	7	2
2011	116	107	7	2
2012	115	106	7	2

b. Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.

This proposal is for the expansion of existing services and for the improvement of the quality of those services through the elimination of double-occupancy bedrooms. No new services are proposed; the facility will continue performing its primary function of providing skilled nursing care. However, a program of more intensive care targeted toward those residents with cognitive problems will be implemented in one of the facility's homes.

b. Include evidence of the number of persons who will begin to use any new services that are not now available, accessible, or acceptable to the target population.

The proposal is for expansion of existing services and improvement of the quality of those services through the elimination of double-occupancy bedrooms. No new services are proposed.

c. Provide annual utilization data and demand trends for the five most recent years and monthly utilization data for the most recent incomplete year prior to the application for each existing facility offering a similar service in the service area. Provide projections for utilization for three years (or the appropriate planning horizon set out in the review standards related to this project) after construction, and show methodology used to determine use, including the math.

There are no other skilled nursing/long-term care facilities in the service area.

d. If the project is an acquisition of a new piece of major equipment or a new service, provide utilization data for similar services, existing equipment, or older technology. Indicate whether similar existing equipment will continue to be used and the project's effect on utilization of similar services. If this service or equipment was not in place in the service area, compare the expected utilization with other similar communities in Alaska or in other states.

Not applicable; the proposal does not involve acquisition of a new piece of major equipment or a new service.

e. If an increase in utilization is projected, list the factors that will affect the increase. Provide annual utilization projections for three to five years in the future, as applicable, for each specific service in the proposal (in general, equipment projections are for three years, and new beds and facility construction are for five years). Include each of the following data when applicable:

(1) number of admissions/discharges

	Admissions	Discharges
1996	41	46
1997	75	69
1998	53	53

1999	40	42
2000	51	50
2001	37	31
2002	31	33
2003	61	63
2004	66	58
2005	19	19
2006	22	21
2007	26	26
2008	67	66
2009	70	69
2010	72	71
2011	74	73
2012	73	73

(2) number of patient days

Resident days including acute-care leave of absence

1996	13,458
1997	13,900
1998	13,759
1999	14,406
2000	14,415
2001	15,273
2002	15,827
2003	15,729
2004	17,333
2005	17,756
2006	17,726
2007	17,757
2008	19,153
2009	20,565
2010	20,586
2011	20,590
2012	20,590

(3) average length of stay

Average length of stay, including acute-care leave of absence

1996	170
1997	131
1998	150
1999	182

2000	166
2001	209
2002	211
2003	146
2004	164
2005	265
2006	277
2007	234
2008	253
2009	263
2010	271
2011	279
2012	277

(4) percent occupancy

Percent occupancy,
including acute-care leave of absence

1996	83.6%
1997	86.6%
1998	85.7%
1999	89.7%
2000	89.5%
2001	95.1%
2002	98.5%
2003	92.6%
2004	96.6%
2005	99.3%
2006	99.1%
2007	99.3%
2008	99.4% 1/1/08-6/30/08 98.6% 7/1/08-12/31/08
2009	98.8%
2010	98.9%
2011	99.0%
2012	99.0%

(5) average daily census

Average daily census,
including acute-care leave of absence

1996	37
1997	38
1998	38
1999	39
2000	39

2001	42
2002	43
2003	43
2004	47
2005	49
2006	49
2007	49
2008	49 1/1/08-6/30/08 56 7/1/08-12/31/08
2009	56
2010	56
2011	56
2012	56

(6) number of licensed beds

Number of licensed beds	
1996	44
1997	44
1998	44
1999	44
2000	44
2001	44
2002	44
2003	44 1/1/03-6/30/03 49 7/1/03-12/31/03
2004	49
2005	49
2006	49
2007	49
2008	49 1/1/08-6/30/08 57 7/1/08-12/31/08
2009	57
2010	57
2011	57
2012	57

(7) number of beds set up

Number of beds set up	
1996	44
1997	44
1998	44
1999	44
2000	44

2001	44
2002	44
2003	44 1/1/03-6/30/03 49 7/1/03-12/31/03
2004	49
2005	49
2006	49
2007	49
2008	49 1/1/08-6/30/08 57 7/1/08-12/31/08
2009	57
2010	57
2011	57
2012	57

(8) number of inpatient and outpatient surgeries and surgery minutes

Not applicable

(9) number of existing surgery suites in the service area

Not applicable

(10) number of procedures

Not applicable

(11) number of treatment rooms

Not applicable

(12) number of patients served

	Number of residents served
1996	79
1997	108
1998	92
1999	79
2000	88
2001	75
2002	75
2003	108
2004	106
2005	67
2006	70
2007	76

2008	105
2009	110
2010	113
2011	116
2012	115

(13) number of outpatient visits

Not applicable

(14) number of laboratory tests

Not applicable

(15) number of x-rays

Not applicable

(16) number of ER visits

Not applicable

(17) number of CT, MRI, PET or PET/CT scanners

Not applicable

f. If any services will be reduced, indicate how the proposed reduction will affect the service area needs and patient access.

Not applicable – no services will be reduced

g. Provide any other information that may be pertinent to establishing the need for this project.

None available.

h. Attach letters of support from local and regional agencies, other health care facilities, individuals, governmental bodies, etc.

Twenty letters of support have been received from the following:

Name	Comment	Affiliation
Henry I. Akiyama, MD	"Wildflower Court is indispensable. ... I support the addition of eight beds. ..."	Henry I. Akiyama, MD, FACC, PC

Name	Comment	Affiliation
Denise Daniello	"[E]xpress support from the Alaska Commission on Aging for the addition of 8 skilled care beds at Wildflower Court."	Alaska Commission on Aging
Sen. Kim Elton, Rep. Beth Kerttula and Rep. Andrea Doll	"Too often, Juneau residents are transferred out of town, disrupting the continuum of care and separating them from important support networks."	Juneau legislative delegation
Mary Fitterer	"I support and encourage the addition of 8 beds at Wildflower Court."	Alaska Community Services, Inc.
Susan FitzGerald	"This agency fully supports [Wildflower's] request to add bed space to their facility."	Alzheimer's Disease Resource Agency of Alaska
Daniel Harrah, MD	"... many, many patients that have had to go out of town because of the unavailability of beds at Wildflower Court."	Juneau Orthopedics
Bill Herman	"Over the past year I have twice had to send clients to other towns to receive the care they need and then bring them back (if possible) months later when a bed opens."	Office of Public Advocacy (public guardian)
Carol Iverson	"When he was discharged from Bartlett Hospital there was no room for him at Wildflower Court. ... Sending people so far from home and family is really a sad thing."	sister of Wildflower Court resident
Lindy Jones, MD	"I hope the state will understand the need to get these beds."	Valley Medical Care
Alex Malter, MD	"[V]ery common that all the beds are completely full."	Family Practice Physicians
Julie McCormick, MD	"We have many patients who stay in the hospital for an extended period of time, but could be out sooner [if nursing beds were available]."	Family Practice Physicians
Mary Miller	"I am writing to support the addition of eight nursing beds. ..."	The Bridge Adult Day Care Program (program supervisor)
Marianne Mills	"I urge approval. ..."	Southeast Senior Services (program director)
Debbie Siss	"[O]verflow patients have to be sent to outlying communities. ..."	Juneau Hospice and Home Care (volunteer)
Anne Standerwick, MD	"I fully agree with the need for more bed availability at Wildflower Court."	Southeast Medical Clinic

Name	Comment	Affiliation
Lorilyn E. Swanson	"The Juneau Commission on Aging ... unanimously voted to strongly support your Certificate of Need application...."	Juneau Commission on Aging (chair)
Lorilyn E. Swanson	Says it is "great news" that Wildflower is requesting 8 additional beds.	Fireweed Place, Tlingit-Haida Regional Housing Authority (manager)
Bob Urata, MD	"Juneau as a community does not have an adequate number of beds at this time."	Valley Medical Care
Pamela L. Watts, M. Coun., NCC	"As the wait list grows so does the possibility there are frail elderly in unsafe environments further endangered as the length of time increases for admission. ..."	Juneau Alliance for Mental Health, Inc.
Richard Welling, MD	"[E]ight more beds would be a significant improvement in our ability to provide necessary services. ..."	Valley Medical Care

Copies of the letters are found in **Appendix B**.

6. Include your calculations of numerical need for each proposed activity for your service area. If the proposed project is expected to have a larger capacity than that projected by (and available from) the department, explain the rationale and provide documentation to support the larger capacity.

In the response to 4.c it is noted that in 2000, at a time when occupancy was just shy of 90 percent and no one was on the waiting list, Wildflower Court's occupancy ratio was 16.7 per thousand in the 65 and over population. The proportion of the senior population in the older ages has increased since 2000. Because the older population has a higher level of utilization of services, it is likely that the appropriate ratio today, given the demographics of the service area's current senior population, would be lower.

Setting aside that caveat, applying that 16.7 per thousand ratio to the projected 65 and over population at 2010 and 2015 (see table above, **Projected senior population of the Wildflower Court service area**) suggests a "need" for more than 58 nursing beds in 2010 and more than 81 beds in 2015.

C. AVAILABILITY OF LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

1. Describe the different alternatives considered in developing this project. Explain why the particular alternative for providing the services proposed by this application was selected. Include as an alternative a discussion of the effect of doing nothing.

The proposed alternative is highly cost-effective given the low capital cost of adding the proposed beds and the economies of scale in spreading costs of administration and ancillary services over a larger number of residents.

Doing nothing would require residents needing long-term and skilled nursing services to leave the community.

2. Describe any special needs and circumstances. Special needs may include special training, research, Health Maintenance Organizations (HMOs), managed care, access issues, or other needs.

None.

D. THE RELATIONSHIP OF THE PROPOSED PROJECT TO EXISTING HEALTH CARE SYSTEM AND TO ANCILLARY OR SUPPORT SERVICES

1. Identify any existing comparable services within the service area and describe any significant differences in population served or service delivery. If there are no existing comparable services in the area, describe the unmet need and how the target population currently accesses the services. Describe significant factors affecting utilization, including cost, accessibility, and acceptability.

There are no other comparable services offered in the community. The unmet need is demonstrated by the waiting list, letters of support, and the likely increase — absent the additional beds — in the number of beds per thousand persons 65 and over. These also constitute evidence that the service currently offered and to be expanded are cost effective to consumers, accessible and acceptable.

2. Describe the probable effect on other community resources, including any anticipated impact on existing facilities offering the same/similar services or alternatives locally or statewide if applicable. Describe how each proposed new or expanded service will:

a. complement existing services

Letters of support from existing adult day care providers indicate they believe the proposal for adding eight beds at Wildflower Court to be complementary to their services.

b. provide an alternative or unique service

Wildflower Court is the only provider of this service in its service area.

c. provide a service for a specific target population

Services are provided for all ages over 18 years old, but the highest utilization is in the older population.

d. provide needed competition

The proposed expansion will not affect competition.

3. Identify existing working relationships the applicant has with hospitals, nursing homes, and other resources serving the target population in the service area. Include a discussion of cooperative planning activities, shared services (i.e. agreements assigning services such as emergency or obstetrics), and patient transfer agreements. If other organizations provide ancillary or support services to your facility, describe the relationship. Attach copies of relevant agreements in an appendix in the application. If a service requires support from another agency but does not have an agreement, explain why.

Wildflower Court cooperates with Bartlett Regional Hospital, Sitka Community Hospital, Juneau Pioneer Home, The Bridge Adult Day Care Program, and all of the home health agencies to ensure that needed services are delivered in as appropriate and cost-effective manner as possible. This cooperation has been particularly evident as all the stakeholders have struggled to appropriately deal with the acute shortage of nursing beds in Wildflower Court's service area.

E. FINANCIAL FEASIBILITY

1. Demonstrate how the project will ensure financial feasibility, including long-term viability, and what the financial effect will be on consumers and the state, region, or community served.

During 2007, its most recent full year of operation, Wildflower Court posted a loss of \$248,019. In the first full year of operation of the proposed additional beds (2009), a profit of \$69,236 is projected.

2. Discuss how the project construction and operation is expected to be financed. Demonstrate access to sufficient financial resources and the financial stability to build and operate this project.

The estimated cost of the project is \$17,419. The cost will be financed from Wildflower Court's fund balance. At the end of 2007, Wildflower Court's cash balance stood at \$1 million.

3. Provide a description and estimate of:

a. the probable impact of the proposal on the annual increase on the overall costs of the health services to the target population to be served;

Cost will be reduced by the amount of travel that will be avoided when service area residents are no longer required to travel to find nursing home placements.

b. If applying to build a residential psychiatric treatment centers, nursing homes, or additional nursing home beds, the annual increase to Medicaid required to support the new

project, and the projected cost of and charges for providing the health care services in the first year of operation (per diem rate, scan, surgery etc);

No increase in overall Medicaid outlay will be required because the additional beds in Juneau are expected to be occupied by persons who would otherwise occupy hospital beds in the service area or nursing beds outside the service area but within the state. To the extent that availability of the new Wildflower Court beds could result in fewer Medicaid eligible Alaskans going outside the state, the expenses to the Alaska Medicaid program could increase and the expenses to other states' programs could decrease.

During 2007, its most recent full year of operation, Wildflower Court received \$7,522,049 in Medicaid receipts (net of contractual allowances). In the first full year of operation of the proposed additional beds (2009), Medicaid revenue (net of contractual allowances) of \$7,669,932 is projected. The projected increase in revenues is the result of the increased number of beds and a higher Medicaid daily rate, which increased from \$456.74 in 2007 to \$495.26 beginning January 1, 2008.

c. the immediate and long-term financial feasibility of continuing operations of the proposal.

Wildflower Court's financial feasibility analysis projects net income of \$48,004 in 2014. Other than inflationary increases, this projection assumes no increases in per diem rates until the next Medicaid rate-setting year, very small increases in labor costs, and very small increases in resident days (associated with the expected shortage of skilled nursing beds in the service area in the years after 2010).

F. ACCESS TO SERVICE BY THE GENERAL POPULATION AND UNDER-SERVED GROUPS

1. Provide information on service needs and access of under-served groups of people such as low-income persons, racial and ethnic minorities, women, and persons with a disability. Discuss any plans to overcome language and cultural barriers of groups to be served.

Wildflower Court provides its services on a non-discriminatory basis, but the shortage of nursing beds particularly hurts those members of the population who are unable to move to areas where beds are available. To the extent that those with lower incomes and wealth are prevented from seeking care in other communities, they will be differentially benefited by the proposed additional beds.

2. Indicate the annual amount of charity care provided in each of the last five years with projections for the next three years. Include columns for revenue deductions, contractual allowances, and charity care.

	2002	2003	2004	2005	2006	2007	2008	2009	2010
Contractual allowance	1,716,298	2,103,321	2,602,990	2,159,756	2,168,951	1,927,224	1,922,707	2,029,268	2,030,853
Charity care (bad debt)	56,328	196,517	439,167	40,769	21,246	11,175	14,624	14,111	13,598
Total	1,772,626	2,299,838	3,042,157	2,200,525	2,190,197	1,938,399	1,937,331	2,043,379	2,044,451

3. Address the following access issues:

a. transportation and travel time to the facility;

Wildflower Court is centrally located in Juneau, on the municipal bus route, close to the regional hospital and four miles from the airport serving the service area's outlying communities, Anchorage and Seattle. Wildflower Court is approximately nine miles from the state ferry terminal.

b. special architectural provisions for the aged and persons with a disability;

All of Wildflower Court's existing and proposed facilities are specially designed to accommodate the aged and persons with disabilities.

c. hours of operation; and

Wildflower Court operates 24 hours per day, every day of the year.

d. the institution's policies for nondiscrimination in patient services.

Wildflower Court provides its services on a non-discriminatory basis, in compliance with all federal Department of Health and Human Services regulations for Medicaid/Medicare providers, as well as other federal, state and local requirements.

Section V.

Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services

Please discuss the following in narrative form:

1. ACCREDITATION AND LICENSURE: The current status, source, date, length, etc., of the applicant's license and certification. Include information on Medicaid and Medicare Certification.

Wildflower Court first became operational in November 1977 and at that time enrolled in the Medicaid program. The facility became Medicare certified in May 1994. Both the Medicare and Medicaid certifications have been maintained since the original enrollment date. The current State of Alaska licensure as a nursing facility is scheduled for renewal on June 30, 2008.

2. QUALITY CONTROL: How the applicant plans to ensure high quality service.

Federal regulation 42 C.F.R. §483.75 (o) requires a nursing facility to maintain a quality assessment and assurance program. Wildflower Court maintains a quality assurance program and as stated in the introduction of the Quality Improvement Plan:

Wildflower Court is dedicated to providing the best care reasonably possible for the residents residing in its long-term care facility. One of the facility's primary mechanisms for ensuring that its quality of care remains at or above acceptable levels, and improves over time, is the implementation of prescribed quality improvement monitoring activities. Wildflower Court's philosophy of care believes that a systematic review of key clinical areas, accompanied by appropriate responses for correcting identified problems, is critical in ensuring the consistent provision of quality care.

Wildflower Court's quality assurance program exceeds the federal requirements. The committee meets monthly, whereas the regulatory requirement is quarterly meetings. Federal regulations require the committee consist of the director of nursing, a physician designated by the facility, and three other staff members. At Wildflower Court the committee members are the administrator, director of nursing, medical director, pharmacist, facility manager, human resources manager, social services manager, registered dietician, infection control nurse, staff development nurse and wound specialist nurse.

The attributes of quality in nursing homes are very different from those in an acute medical care setting. The differences stem from the fact that nursing home care is both a medical treatment facility and a living situation. As a result, deficiencies in medical or nursing care or in housekeeping or dietary services, which could perhaps be tolerated during a brief hospital stay, become intolerable and harmful to a residents well-being when they are part of an individual's day-to-day life over a longer period.

Wildflower Court's quality assurance program is a comprehensive, ongoing, organization-wide system of self-audits for monitoring and evaluating the quality and appropriateness of the care

provided, so that problems and trends in the delivery of care are identified and steps taken to correct problems and to take advantage of opportunities to improve care.

The current self-audits cover the following areas:

Accident & Incident Report	Accommodation of Needs	Activities
Adaptive Equipment	Admissions Details	Advance Directive
Assessments / Consents Forms	Blood Glucose Machine	Bowel & Bladder Protocol
Chart Audit	Chemical Restraint	CNA Documentation
Communication	Comprehensive Care Plan	Contract Book (report)
Decline in ADL's	Dental Care/Service	Dining and Food Service
Employee File	Fire & Life Safety	Foley Catheter Care
Hazard Materials	Housekeeping - Resident Rooms	Hydration Status
Infection Control (Staff & Resident (report))	Labeling Of Drugs And Biologicals	MDS Review
Meal/ Dietary Provision	Meal Service	Medical Equipment Inspection
Medication Administration	Medication Errors (report)	Medication Room / Cart
Medication Room Refrigerator Temps	Documentation of Nutrition Assessment & Reassessment	Oral Care
Personal Property Loss	Pharmacy & Therapeutics	Pharmacy Reviews
Pharmacy Services	Physical Plant Maintenance	Physical Therapy Rehabilitation Service
Physician Order	Poly-Pharmacy Review (report)	Pressure Sore Review
Privacy and Dignity	Refrigerator / Freezer Cleaning	Refrigerator / Freezer Temperature
Resident Grooming & Appearance	Resident Transfers	Respect & Dignity
Restraint Use	Risk Management	RNA Documentation
Special Services & Procedures /Clean Dressings	Tube Feeding	Warewashing
Weight Loss, Unintended	Wheelchair Cleaning	Wound Care

Monitoring of resident care occurs on a daily basis. At each shift change report is given to the incoming staff to advise them of the current resident status.

Each resident has a care conference with their families, the social services department staff and their primary care nurse within two weeks of admission and at a minimum of every three months thereafter. During these resident care conferences the resident's care plan is reviewed with the resident and their families. The resident's progress is noted and goals are set for the future.

All rehabilitation residents are reviewed at a weekly rehabilitation meeting that includes the director of nursing, all of the therapy staff, the social services department staff, the activities director, the dietitian and the nurse managers. During this meeting the status of the resident's rehabilitation is reviewed with all departments reporting on the resident's care.

3. PERSONNEL: Plans for optimum utilization and appropriate ratios of professional, sub-professional and ancillary personnel.

Federal law contains three key standards for nursing home care:

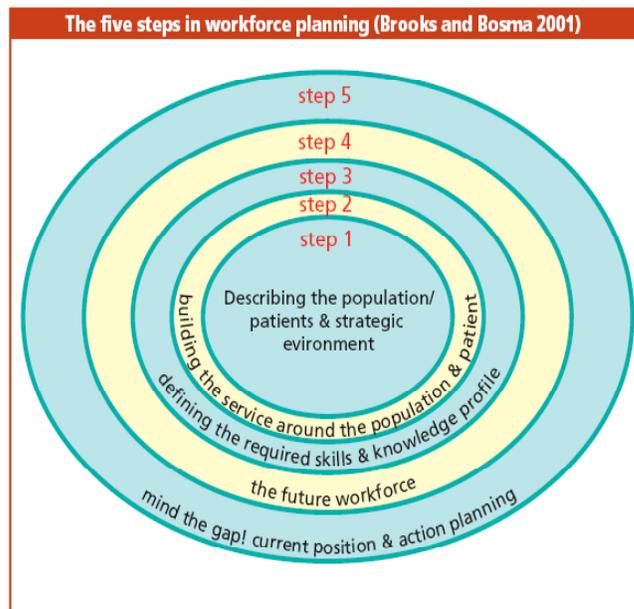
- The nursing home must provide services to help each resident attain or maintain the highest practicable physical, mental and psychosocial well-being.
- A resident's ability to bathe, dress, groom, transfer, walk, toilet, eat and communicate must not decline unless it is medically unavoidable.
- If a resident is unable to carry out activities of daily living, he or she must receive help to maintain good nutrition, grooming and personal and oral hygiene.

Determining the optimum staffing level and the appropriate ratios is difficult because the adequacy of staffing levels in a specific facility is determined in great measure by the acuity levels of the facility residents. Because the "case mix"⁷ within a facility can change daily, the delivery of quality services depends on a facility's ability to respond with agility to the different needs of different resident populations.

Wildflower Court has evaluated its staffing levels and ratios many times over the years. An extensive study was conducted in 2001 before moving into the current facility since the layout was so significantly different from the old building. More recently, when the current administrator was hired in June 2004, another internal study was performed. After having been in the current facility for three years, there was enough resident data in 2004 to evaluate whether or not the organization was complying with the three federal standards of care listed above. The model of workforce planning that was used was developed by Carol Brooks and Tineke Bosma (2001) *Workforce Planning. An Integrated Approach*.

Skill Mix of Direct Care Staff

Many studies suggest that skill mix of direct care staff is at least as important to ensuring positive care outcomes as staffing levels. CNA's provide between 60 to 80 percent of the direct care that nursing home residents receive. While their role is critical to the well-being of residents, several studies specifically correlate higher registered or licensed nurse ratios with better patient outcomes.



⁷ "Case mix" is a general term that refers to the various diagnoses of patients. A widely divergent case mix requires a widely divergent service delivery system, which can include many different types of medical and rehabilitative equipment, and personnel with different areas of expertise.

Some studies also suggest that a proper ratio of licensed nurses (RN's and/or LPN's) to CNA's is as critical in terms of supervision as for direct care. Since the turnover rate for CNA's is quite high, appropriate supervision and professional guidance for CNA's takes on critical importance. (The national average annual turnover rate for CNA's is 71.7 percent and has been reported as high as 100.4 percent. Wildflower Court's average rate is 40.6 percent.)

As a result of the internal study that was conducted in 2004, Wildflower Court has found that the best ratio is approximately one licensed nurse for every 3.25 CNA's. This ratio does not include the director of nursing and the two nurse care coordinators, nor does it include the CNA's who work in the Activity Department.

Ancillary Personnel

The years of data that have been collected on Wildflower Court's resident case mix has shown that approximately 30 percent of the residents are admitted strictly for rehabilitation. An additional 27 percent are admitted for care following a stroke or a fracture, which also requires rehabilitation. The best staffing for ancillary personnel to provide care for Wildflower Court's average case-mix is one physical therapist, one physical therapy aide, one part-time occupational therapist, and one part-time speech therapist.

Nutrition therapy is a vital component of every facet of health care, including the care of residents with diabetes, heart disease, high blood pressure and obesity, as well as conditions that place residents at risk for malnutrition such as cancer, trauma from surgeries or fractures, infection, and obstructive lung disease (asthma and emphysema). Approximately 20 percent of the residents are admitted with secondary diagnosis of diabetes or nutritional deficiencies, including malnourishment. The proper management of the diets of Wildflower Court's case mix requires a part-time dietitian.

Federal regulations require nursing homes to have an ongoing program of meaningful activities to promote self-care and physical, social and mental well-being of residents. Wildflower Court is about more than medical care. It's a place where residents can go on with their lives — and even engage in many activities they may have never taken part in before — while under the secure and capable watch of a team of trained caregivers. In order to provide a program of meaningful activities, Wildflower Court employs one director of activities and three activity aides, all of whom are also CNA's. The programs for the department are overseen by the occupational therapist.

Approximately 23 percent of the residents are admitted with diagnosis of depression. An additional 17 percent have dementia and Alzheimer's disease and another 10 percent have a secondary diagnosis of alcoholism or drug addiction. Alaska regulations requires nursing homes to have a full-time licensed social worker, but it was found that due to the case mix at Wildflower Court one person was unable to provide the social services necessary for the resident population. A social services assistant position was added in 2004.

Organizational Capacity

Organizational capacity generally refers to the management systems and practices that are necessary to operate a skilled nursing facility efficiently; consistent with whatever regulatory requirements are in place.

The December 2000 Institute of Medicine report, *Improving the Quality of Long Term Care*, asserts that:

“Most nursing homes, even highly motivated ones, may lack the technical expertise and resources – including, but not limited to staffing levels – necessary to translate OBRA 87 regulations, practice guidelines, and quality improvement systems into practice. ... Increasing staffing without simultaneously improving management systems will most certainly result in less-than-expected improvement.”

Nursing homes are highly complex organizations, providing housing, food services, personal care, social services, and medical care to very frail residents. Yet, leading researchers in the field of long-term care have noted the lack of rigorous study regarding the basic systems and structures required to operate a nursing home efficiently. Such research is common in most other industrial and service enterprise.

For example, restaurants have staffing models that enable them to calculate how many wait and kitchen staff will be necessary to ensure that in a lunch crowd of 100 diners an hour for two hours, with an L-shaped floor plan and 20-seat counter, and assuming that 20 percent of diners will place special orders, the average diner will wait no longer than 15 minutes. The food service variables of a nursing home are even more complex, with some residents requiring assistance with eating, some preferring to be served in their rooms rather than the common dining area, and some requiring careful observation should problems such as choking arise. Wildflower Court analyzed this need prior to moving into the current facility and found that a new position called a home attendant was needed.

The residents' meals are prepared and placed in large steamer trays at Bartlett Regional Hospital. The home attendants bring over the meals, place the trays in the steamer tables, and serve each resident their meal. This means that the home attendants must make sure that each resident gets the proper meal based on their individual care plan and doctor ordered diet. When the home attendants are not setting up, serving and cleaning after the meal, they perform general housekeeping duties. Wildflower Court utilizes one home attendant in each of its three homes.

Providing a sanitary environment means preventing the spread of disease-causing organisms by keeping the residents' clothing, bedding, environment and their care equipment clean and properly cared for. Wildflower Court employs one full-time and one part-time personnel to operate its in-house laundry service seven days a week. The janitorial staff is thoroughly educated in all sanitary procedures. The five janitorial employees ensure that the facility provides a clean, attractive and home-like environment for residents, staff, and visitors.

The home attendants, laundry personnel, and janitorial staff are supervised by a department director, who also works in each of the areas to cover shortages.

Various staff configurations of managing the medical and other supplies have been tried over the years and it has been found that the optimal staffing is two full-time personnel: a director of purchasing and a supply clerk.

As a part of the internal evaluation of staffing in 2004, it was found that only one full-time person was needed in the maintenance department with assistance from janitorial staff as needed for large projects. The maintenance department assists the residents in a variety of ways including television hookup, regulating room temperatures, as well as electrical and other repair work. In addition, they maintain all of the equipment and do all of the upkeep of the interior and exterior of the building.

The overall management of the support services (purchasing, laundry, housekeeping, janitorial, and maintenance) is done by the facility manager. This position is also responsible for the safety program, disaster planning, and the computer hardware and software systems.

The business office provides a total range of administration and personnel support functions enhancing the complete care concept of nursing home residents. They manage residents' Medicare/Medicaid, insurance, and private-pay billing, comply with federal and state reporting requirements, and maintain a continuing review of residents' monetary resources to ensure their continued Medicaid eligibility. The business office is also responsible for developing and managing a budget for the facility to allocate fiscal resources, monitoring financial performance, developing and managing a financial audit and reporting system, and preventing fraudulent use of taxpayer monies (i.e. Medicare/Medicaid). The department is managed by the chief financial officer and employs two accountants.

It is essential that the residents' medical information remain confidential and only distributed and viewed in accordance with state and federal guidelines. It is also critical to the residents' care and accurate billing that the medical records are complete, and that the residents' diagnosis are properly coded. Wildflower Court employs one person in charge of medical records as a part of the business office.

Human resources management plays a key role in the recruitment and retention of a stable, qualified staff, and consequently the quality of care for residents. Human resources management also ensures that management policies and programs are planned, implemented, and evaluated in compliance with governmental laws and regulations. Wildflower Court has a human resources manager, and the executive secretary provides assistance with the clerical functions.

Staffing levels to ensure the adequate number and types of staff are available to care for the residents, and a program of evaluation and utilization control are monitored on an ongoing basis by the Compliance Committee, which meets on a monthly basis. Members of this committee are the administrator, human resources manager, director of nursing and chief financial officer.

4. APPROPRIATE UTILIZATION: Development of programs such as ambulatory care, assisted living, home health services, and preventive health care that will eliminate or reduce inappropriate use of inpatient services

Wildflower Court cooperates with Bartlett Regional Hospital, Sitka Community Hospital, Juneau Pioneer Home, The Bridge Adult Day Care Program, and all of the home health agencies to ensure that needed services are delivered in as appropriate and cost-effective manner as possible. This cooperation has been particularly evident as all the stakeholders have struggled to appropriately deal with the acute shortage of nursing beds in Wildflower Court's service area.

Wildflower Court has an Admit/Discharge Committee that meets on a daily basis. Members of this committee are the administrator, director of nursing, all of the social services staff, the nurse care coordinators and chief financial officer. At this meeting residents who would be appropriate for discharge to the community are discussed and what progress is being made toward that goal. Individuals who have made inquiries regarding placement on the waiting list are reviewed. If their medical condition is something that could be managed in an assisted living facility or with home health services, the individual is referred to those resources rather than being placed on the waiting list.

5. NEW TECHNOLOGY AND TREATMENT MODES: Plans to use modern diagnostic and treatment devices to enhance the accuracy and reliability of diagnostic and treatment procedures.

Not applicable.

6. LABOR SAVING DEVICES AND EFFICIENCY: The employment of labor-saving equipment and programs to provide operating economies.

The high-touch, labor-intensive nature of providing long-term care and services does not easily lend itself to the employment of labor-saving equipment and programs that provide operating economies. However, the implementation of sound clinical, fiscal, and operational strategies does result in efficiencies and is critical to the continued delivery of quality services.

Nurses have a key role in promoting and developing cost-effective systems. All of the residents of Wildflower Court are assigned to a RN care coordinator who classifies the residents into case-management categories based on acuity and need. The goal of case management has always been to manage care, cost, and outcomes. The implementation of case-management principles provides an opportunity to balance care with cost. The program's purpose is to promote efficiency, efficacy, and effectiveness of services.

Individuals who reside in nursing homes typically take a variety of medications. At Wildflower Court residents take an average of 5.4 routinely scheduled medications, plus up to 2.1 medications given on an "as-needed" basis. Fifty-four percent of Wildflower Court's residents take nine or more medications. In conjunction with the residents' physicians, Wildflower Court continues to work to reduce the number of medications taken by the residents. The success rate shows when Wildflower Court's 54 percent rate is compared to the Alaska average at 65.4

percent and the national average of 66.8 percent. This reduction in poly-pharmacy is better for residents' quality of life and reduces nursing costs.

Another way Wildflower Court reduces the cost of dispensing medications is through the use of special medication packaging, known as the "blister package." This special packaging greatly enhances the efficiency of the nurse in handling and administering medication. Consistent use of the blister cards throughout the facility enables the nurse to become proficient in quickly preparing and administering medications to the resident.

In many respects the cost of medical supplies and drugs are driven by the medical needs of the residents and are beyond the ability of a nursing home to control. However, by implementing programs of bulk purchasing and competitive shopping, Wildflower Court has been able to reduce the total expenses for supplies, including medical supplies and drugs, by 36.7 percent since 2004.

One of the biggest expenses affecting the nursing home industry is workers' compensation insurance. At Wildflower Court this cost has been reduced by 32.8 percent since 2004. This has been accomplished by making safety a priority. A written safety control program was developed that includes a disciplinary section. Managers and supervisors take responsibility for safety enforcement of each work area and employees are held accountable for breaking the rules. The safety committee meets each month and discusses specific work environment hazards and develops policies or recommends the purchase of equipment or supplies that would make the work environment as safe as possible.

In a time of skyrocketing health insurance costs, Wildflower Court has managed to contain its increase to only 6.6 percent from 2004 to 2007. This has been done through a change in carriers, a restructuring of benefits, the addition of an employee assistance plan, and programs to encourage healthy living, such as fitness club memberships, and yoga and weight-loss classes.

The nursing home industry is considered one of the two most heavily regulated industries in the United States (the other being the nuclear power industry). Due to the enormous documentation requirements, nurses must spend a vast majority of their time just documenting what they are doing – daily charting activities, progress notes, weekly and monthly medication and treatment summaries, care planning, and more.

Although Wildflower Court turned to technology in January 1996 to make the documentation process and accounting functions more efficient, the systems that were being using failed to meet all of the needs. For starters, a number of different systems were in use, making it difficult to manage all the different software versions and keep them up to date. Some systems did documentation while others did billing, but none of the systems integrated the two functions. This meant that information regarding residents had to be entered multiple times, a time-consuming and highly error-prone activity. It also resulted in multiple repositories of resident data, which could easily get out of sync, resulting in inconsistent and possibly out-of-date data being used. In January 2004 Wildflower Court began using a software system that combined the clinical and accounting functions. The clinical side provides a convenient way for staff to enter and maintain medical information and for authorized practitioners to access residents'

information — one that ensures the residents' needs are met while increasing accuracy and efficiency. The skilled nursing staff uses this intuitive software to develop each resident-specific plan of care, as well as to manage significant health changes more effectively. The business systems modules are optimized for maximum reimbursement, financial management, and administrative efficiency in long-term care. This integrated system streamlines the charting and assessment process, improves care planning, reduces administrative work and improves information quality and access.

One current program that Wildflower Court is implementing to reduce expenses is to participate in recycling. It is not anticipated that this will result in a huge cost savings, but it has been found that economies on a small scale tend to add up.

Another program to be implemented that is anticipated to save cost is the division of residents into homes based on their care needs. By concentrating diagnoses in each of the four homes, Wildflower Court will be able to better provide stability and continuity of care to the residents. The cost saving will result from direct care staff being able to concentrate on residents within a certain level of care and not having to adjust techniques or charting to differing diagnoses.

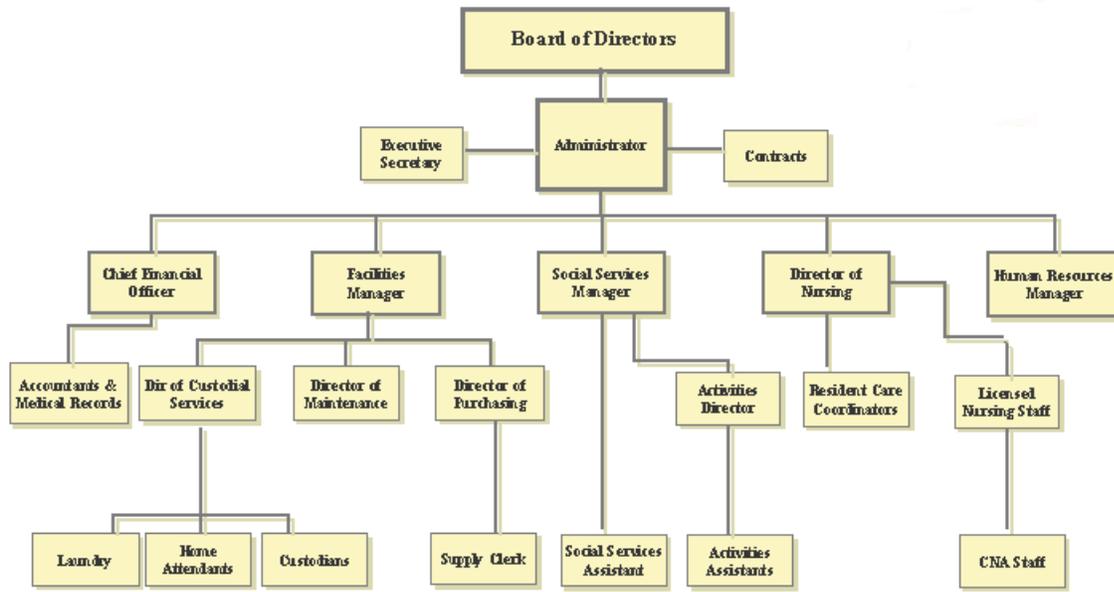
7. PROGRAM EVALUATION: Future plans for evaluation of the proposed activity to ensure that it fulfills present expectations and benefits.

Wildflower Court's strategic plan was developed in 2004 and covers the period 2005 through 2009. Any assessment of success needs goals and objectives against which results can be evaluated. Hence, the first step of any project planning is defining realistic goals and objectives. Ideally, it is these goals and objectives that determine program development, implementation and evaluation. After Wildflower Court's strategic plan was formulated, the managers created goals, objectives, and work tasks in order to implement the plan.

The administrator meets with the management team twice a month to review progress on the work tasks. One-on-one meetings between the administrator and individual managers are held on an as-needed basis. Regular reports are made to the Board of directors at their bi-monthly meetings. This process will also be used to continually evaluate the addition of eight beds to the facility to ensure that they contribute to the success of Wildflower Court's strategic plan.

8. ORGANIZATIONAL STRUCTURE: Include an organizational chart, descriptions of major position requirements and board representation; show representation from community economic and ethnic groups.

Wildflower Court is governed by a seven-member, self-perpetuating board of directors. Although it is not specified in the corporate bylaws, the board strives to include members from a variety of occupations and backgrounds. The current membership includes individuals within the nonprofit, financial and human resource occupations, including the administrator of the Juneau Pioneer Home.



The board has two committees, finance and human resources, each having three members. Board members are appointed to the committees by the president, who also sits on both committees.

There are three elected positions within the board: a president, vice president, and a secretary/treasurer.

The president of the board presides at all meetings of the board of directors, and attends the committee meetings. He/she oversees the governance of Wildflower Court and ensures the programs and activities advance the organization’s mission, vision, and strategic plan. He/she supports and communicates regularly with the administrator. He/she represents the organization to other organizations, the media and the public at large.

The vice president performs all the duties of president in the absence of the president, or in the event of the president’s inability to serve. He/she must be familiar with the responsibilities of the president, the activities and positions of the organization, and functioning of the board committees. He/she represents the organization at the request of the president.

The secretary/treasurer oversees the funds and records of Wildflower Court. He/she insures that notice is given for all meetings of the members and of the board of directors, and that a record of all such proceedings, and attest documents is maintained. He/she ensures that an annual budget is prepared and approved by the board of directors, and that an annual financial statement, which is certified by a public accountant, is published for review by members. He/she serves as the chairperson of the finance committee. He/she represents the organization at the request of the president.

The administrator, who is appointed by and reports directly to the board of directors, is responsible for the day-to-day management of Wildflower Court. Five senior management positions — chief financial officer, director of nursing, facilities manager, social services

manager and human resources manager — report directly to the administrator. The role of the nursing home administrator is the planning, developing, directing and monitoring all operational, administrative, clinical, human resources, and fiscal activities for the facility's programs and services.

The chief financial officer is a chief advisor to the administrator. The CFO is responsible for the leadership of the company's financial activities, including establishing and monitoring internal controls with regard to financial and operational processes. He/she also directs such activities in support of policies, goals, and objectives in collaboration with the administrator and the board of directors by performing the following duties personally or through his/her team. Direct oversight of the accounting and financial functions for the organization including preparation of the monthly financial statements, together with analysis and reconciliation of all key balance sheet and income statement accounts; preparation of the annual budget; analysis of operating results and a comparison of those results to prior year and budgeted results; and cash-flow management, including investment of excess cash and repayment of debt.

The facility manager is responsible for ensuring the maintenance, safety, comfort, orderliness, and cleanliness of the entire Wildflower Court facility, including the grounds and equipment, and for acquiring supplies, materials, and tools necessary for the operations of the organization. He/she is responsible for the development and implementation of the annual management plan for the building and equipment, and assists in developing the annual capital budget. He/she serves as the organization's safety officer, develops and implements a facility-wide safety program, and determines the need for and implements safety training. He/she is also responsible for Wildflower Court's disaster management program.

The human resources manager, as a member of the management team, provides legal and program advice and assistance to managers, department heads, and supervisors in all areas of human resource management. He/she develops and administers personnel policies and procedures, and an employee performance evaluation system. He/she monitors the organizations compliance with all personnel related regulatory and policy issues.

The social services manager has the administrative authority and accountability for the provision of care that addresses the psychosocial needs of the residents, and acts as the resident's advocate. He/she collects and assesses data relevant to residents' psychosocial needs, and risk factors for psychosocial deterioration, and then implements social service interventions that achieve treatment goals, addresses the resident needs, links social supports, and the physical care and physical environment to enhance the resident's quality of life. He/she coordinates admission to the facility and discharge planning.

The director of nursing is responsible for the overall direction, coordination, and evaluation of nursing care and services provided to the residents. He/she ensures quality care is provided that is consistent with regulatory standards and Wildflower Court's policies. He/she is designated to assume responsibilities of daily operations of the facility in the administrator's absence.

9. STAFF SKILLS: Provide descriptions of major position requirements, appropriate staff-to-patient ratios to maintain quality, and the minimal level of utilization that must be maintained to ensure that staff skills are maintained. Provide a source for the staffing standards.

Major Position Requirements:

Administrator –

- Education – must have a baccalaureate or higher degree in a health-care or business related field from an accredited college or university.
- License – must hold a nursing home administrator license for the State of Alaska.
- Experience – must have, as a minimum, three (3) years of experience in health care facility management.

Director of Nursing –

- Education – must have a nursing degree from an accredited college or university.
- License – must hold a license to practice as a registered nurse in the State of Alaska.
- Experience – must have, as a minimum, three (3) years of experience as a supervisor in a hospital, nursing-care facility or other related health care facility.

Human Resource Manager –

- Education – a baccalaureate degree in business administration from an accredited college or university is preferred but not required.
- License – n/a
- Experience – must have, as a minimum, three (3) years of experience in human resource administration.

Facility Manager –

- Education – must have a high school diploma or its equivalent. Courses in business administration, environmental services, food management, and computer technology preferred.
- License – n/a
- Experience – must have, as a minimum, three (3) years of experience in a supervisory capacity, in a maintenance/environmental services related position.

Social Services Manager –

- Education – must have a baccalaureate or higher degree in social work from an accredited college or university.
- License – must hold a social worker license for the State of Alaska.
- Experience – must have, as a minimum, three (3) years of experience in a supervisory capacity, in a social work services position.

Chief Financial Officer –

- Education – must have a baccalaureate or higher degree in accounting or in business administration with a major in accounting from an accredited college or university.
- License – n/a
- Experience – must have, as a minimum, three (3) years of experience in a supervisory capacity, in a financial administration position.

Nursing Care Coordinators –

- Education – must have a nursing degree from an accredited college or university.
- License – must hold a license to practice as a registered nurse in the State of Alaska.
- Experience – must have, as a minimum, two (2) years of experience as a supervisor in a hospital, nursing care facility, or other related health care facility.

Director of Activities –

- Education – two (2) years of study in occupational therapy, recreational therapy, or a related field from an accredited college or university is preferred, but not necessary.
- License – must hold certification as a therapeutic recreation specialist or an activity director certified.
- Experience – must have, as a minimum, two (2) years of experience in a social or recreation program within the last five (5) years, one (1) of which was full-time in an activities program in a health care setting.

Director of Custodial Services –

- Education – must have a high school diploma or its equivalent. Courses in environmental control practices and procedures preferred.
- License – n/a
- Experience – must have, as a minimum, two (2) years of experience in a supervisory capacity, in an environmental services related position.

Director of Purchasing –

- Education – must have a high school diploma or its equivalent. Courses in business administration preferred.
- License – n/a
- Experience – must have, as a minimum, two (2) years of experience in a supervisory capacity, in an environmental services related position.

Director of Maintenance –

- Education – must have a high school diploma or its equivalent. Courses in building codes and safety regulations preferred.
- License – n/a
- Experience – must have, as a minimum, two (2) years of experience in a supervisory capacity, in a maintenance/plant related position.

Accountant –

- Education – must have a high school diploma or its equivalent. Courses in business administration preferred.
- License – n/a

- Experience – must have, as a minimum, two (2) years of experience in an accounting position.

Licensed Nurse (RN/LPN) –

- Education – must have a nursing degree from an accredited college or university.
- License – must hold a license to practice as a registered nurse or a licensed practical nurse in the State of Alaska.
- Experience – None. On-the-job training provided.

Certified Nursing Assistant (CNA) –

- Education – must have a high school diploma or its equivalent.
- License – must hold a license to practice as a certified nursing assistant in the State of Alaska.
- Experience – None. On-the-job training provided.

Secretary –

- Education – must have a high school diploma or its equivalent.
- License – n/a
- Experience – must have, as a minimum, two (2) years of experience in a clerical/secretary position.

Custodial/Laundry/Home Attendant –

- Education – must possess, as a minimum, an 8th grade education.
- License – n/a
- Experience – None. On-the-job training provided.

Appropriate staff-to-patient ratios to maintain quality:

Nursing home quality of care has been a concern at the state and national level for a number of years. Considerable attention has been devoted by researchers and policymakers to the issues of how many staff and what type of staff are needed to meet the needs and expectations of nursing home residents as measured by care processes and outcomes. The preponderance of evidence from a number of studies with different types of quality measures has shown a positive relationship between nursing staffing and quality of nursing home care. CMS, the Centers for Medicare and Medicaid Services published a report in the summer of 2000 in which three levels of staffing were outlined:

- minimum level to avoid harm
- preferred minimum level
- optimum level

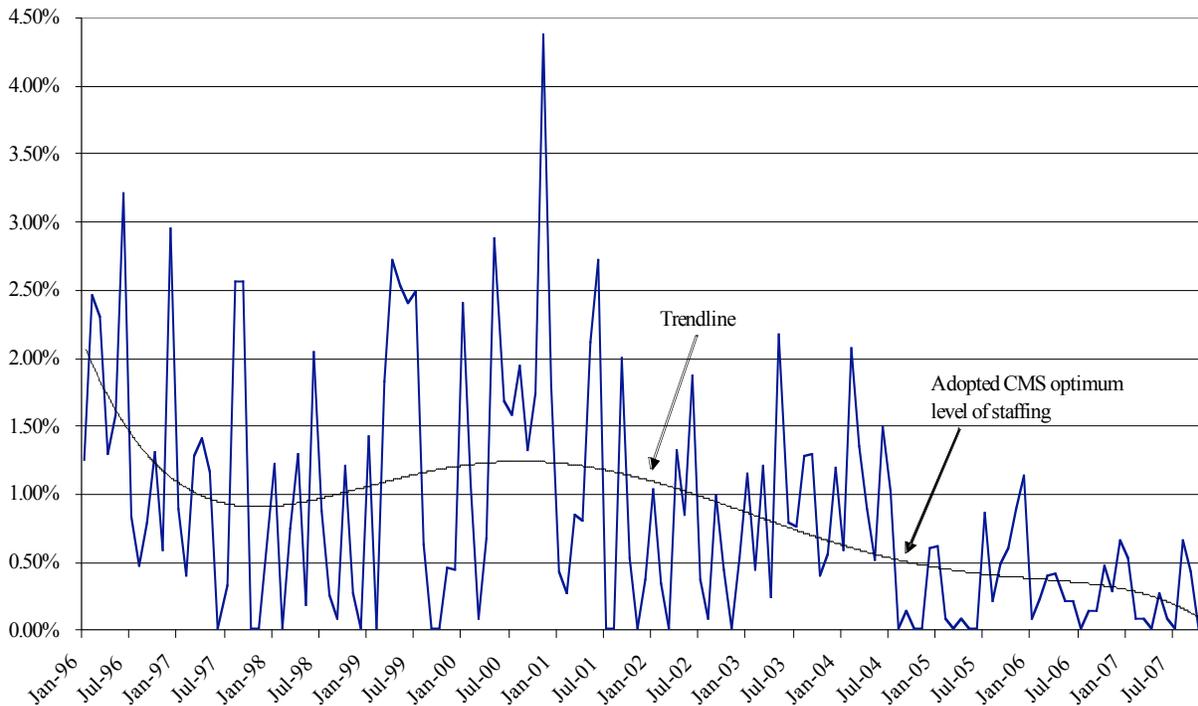
In the summer of 2004 Wildflower Court adopted the optimum level. The optimum level of staffing recommends that each resident is provided one hour of licensed nurse time and nearly three hours of nursing assistant time (2.9 HPRD). The total daily staff time per resident at the optimum level is four hours (3.9 HPRD).

	Licensed Nurse Time (hours:minutes)	Nursing Assistant (hours:minutes)
Federal Regulation	0:18 or 0.3 HPRD*	No requirement
Alaska Regulation 07 AAC 12.275	0:24 or 0.4 HPRD* (for 1-60 occupied beds)	No requirement
US average (www.medicare.gov/NHCompare Last Updated: January 16, 2008)	1:18 or 1.4 HPRD*	2:18 or 2.3 HPRD*
Alaska average (www.medicare.gov/NHCompare Last Updated: January 16, 2008)	2:00 or 2.0 HPRD*	3:30 or 3.5 HPRD*
Wildflower Court	1:22 or 1.4 HPRD*	3:49 or 3.8 HPRD*

*HPRD is hours per resident day. This statistic represents the amount of time a nursing facility with 100 residents could allot to each resident, given its staffing level.

Protecting nursing home residents is a priority for Wildflower Court. As the chart on the next page shows, a higher staffing level translates to better care. Since increasingly sicker and older persons requiring skilled nursing care are being discharged from the hospitals to nursing facilities, more needs to be done by the facilities to ensure that the resident maintains or improves their health status. Because of the increase in staff in 2004 the residents were monitored more closely. Illnesses and infections were recognized and treated earlier resulting in the number of residents requiring hospital stays declining.

Percentage of Residents Having Hospital Days



Minimal level of utilization that must be maintained to ensure that staff skills are maintained:

Many factors influence staff performance and the quality of care provided to residents. Some are internal to the organization, such as staffing and staff characteristics, education and training levels of the staff, job satisfaction and turnover of staff, salaries and benefits, and management and organizational climate. Others are external to the facility itself, such as regulations, reimbursement policies, incentives, excess demand for services, and type of facility.

Wildflower Court incorporates all of these factors into its program of human resource management. Training is provided both through in-house study programs and outside education. Opportunities for learning other jobs or skills are available through a program of regularly rotating staff through different areas of responsibility within the facility. Evaluation of each employee's skill set is a part of their annual performance review.

10. ECONOMIES OF SCALE: The minimum and maximum size of facility or unit required to ensure optimum efficiency. If the planned project is significantly smaller or larger, explain the effect and why the size was chosen.

In terms of operating costs per nursing bed, Wildflower Court is well under the number of beds at which additional beds would cease to provide scale economies.

Section VI. Narrative Description of How Project Meets Applicable Review Standards

Describe in this section of the application how the proposed project meets each review standard applicable to all activities, and each specific review standard applicable to the proposed activity. Some of this information will duplicate information required elsewhere in the application packet; that duplication is intentional.

Referencing the *Alaska Certificate of Need Review Standards and Methodologies*, (Dec. 9, 2005), "Section VI. Long-term Nursing Care Standard and Methodology," p. 20:

Standard 1. Not applicable; Wildflower Court is not seeking to certificate a new freestanding facility.

Standard 2. Not applicable; Wildflower Court is not co-located with a hospital.

Standard 3. Average Wildflower Court occupancy, 2003-2006, 98.33 percent; Average 2004-1st quarter 2007, 99.23 percent. For detailed data see the response to B.2(a), below.

Standard 4. There are no other nursing homes in Wildflower Court's service area.

Standard 5. There are 63 assisted living beds and adult day care slots in Juneau, 48 at the Juneau Pioneer Home and 15 at The Bridge Adult Day Care Program. This is five more than the sum of the existing and proposed nursing home beds. [The Juneau Pioneer Home and The Bridge Adult Day Care Program support the proposed additional beds; see attached letters of support.]

Section VII. Construction Data

A. Please check appropriate boxes:

- | | | | |
|-----------------------------|-------------------------------|------------------------------------|--|
| 1. Construction type | <input type="checkbox"/> New | <input type="checkbox"/> Expansion | <input checked="" type="checkbox"/> Renovation |
| 2. Basement | <input type="checkbox"/> Full | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> None |

B. Project Development Schedule The project is expected to begin during the third quarter of 2008, and be completed during the third or fourth quarter of the same year.

- 1. Estimated completion of final drawings and specifications** Complete.
- 2. Estimated construction begun** Second quarter of 2008.
- 3. Estimated construction complete by** Third quarter of 2008.
- 4. Estimated opening of proposed services** Third or fourth quarter of 2008.

C. Facility site data: Provide the following as attachments (referenced by the subsection and item number):

1. A legal description and area of the proposed site.

A certain tract or parcel of land lying and being situate within fractions of U.S. Mineral Surveys 955 (Boston King Lode), 968 (Extension No. 1 - Boston King Lode) and U.S. Surveys No.s 1075 and 2133, City and Borough of Juneau, First Judicial District, State of Alaska, being more particularly bounded and described as follows;

Beginning at the Easterly most corner of this description, said corner being Corner 4, U.S. Survey No. 3824, identical to Corner 7, U.S. Survey No. 2133 and being a point on the Southwest boundary of U.S. Mineral Survey No. 968 (Extension No. 1 - Boston King Lode); thence along the common boundary of U.S. Surveys 2133 and 3824, S 22 degrees 19' 00" W - 11.49 feet to a point; thence departing said common boundary crossing U.S. Survey No. 2133, the following courses, West - 83.08 feet; N 35 degrees 27' 15" W - 152.15 feet to a point on the common boundary of U.S. Survey Nos. 1075 and 2133, from which Corner 4, U.S. Survey No. 1075 identical with Corner 6, U.S. Survey No. 2133 bears N 0 degrees 44' 00" W - 148.24 feet; thence crossing U.S. Survey No. 1075 the following courses; N 35 degrees 27' 15" W - 264.62 feet; N 56 degrees 05' 00" E - 31.49 feet; N 33 degrees 55' 00" W - 115.81 feet; N 56 degrees 05' 00" E - 58.18 feet; to a point on the common boundary of U.S. Mineral Survey No. 955 (Boston King Lode) and U.S. Survey No. 1075 from which Corner 4, U.S. Survey No. 1075 hereinbefore described identical with Corner 4, U.S. Mineral Survey No. 955 (Boston King Lode) bears S 33 degrees 55' 00" E - 257.22 feet; thence along said common boundary, N 33 degrees 55' 00" W - 110.00 feet to a point; thence leaving said common boundary crossing U.S. Mineral Survey No. 955 (Boston King Lode) the following courses: N 56 degrees 05' 00" E - 80.00 feet; S 33 degrees 56' 00" E - 75.00 feet; S 67 degrees 39' 45" E - 234.02 feet; S 33 degrees 55' 00" E - 82.20 feet; S 22 degrees 20' 15" W - 80.79 feet to a point on the common boundary of U.S. Mineral Surveys 955 (Boston King Lode) and 958 (Extension No. 1 - Boston King Lode), from which Corner 4, U.S. Mineral Survey No. 955 (Boston King Lode)

hereinbefore described, identical with Corner 1, U.S. Mineral Survey No. 968 (Extension No. 1 - Boston King Lode) bears S 67 degrees 44' 00" W -145.82 feet; thence crossing U.S. Mineral Survey No. 968 (Extension No. 1 - Boston King Lode), S 22 degrees 20' 15" W - 171.76 feet to a point on the common boundary of said U.S. Mineral Survey No. 968 and U.S. Survey No. 2133; thence along the common boundary of U.S. Mineral Survey No. 968 (Extension No. 1 - Boston King Lode) and U.S. Survey No. 2133, S 33 degrees 55' 00" E - 190.32 feet to Corner 7, U.S. Survey No. 2133, the true point and place of beginning.

Is the site now owned by the facility? Yes.

If not, how secure are the arrangements to acquire the site? Not applicable.

2. Diagrammatic plan showing:

- a. dimensions and location of structures, easements, rights-of-way or encroachments;**
- b. location of all utility services available to the site; and**
- c. Location of service roads, parking facilities, and walkways within site boundaries.**

Not applicable. The proposed area is within the existing building.

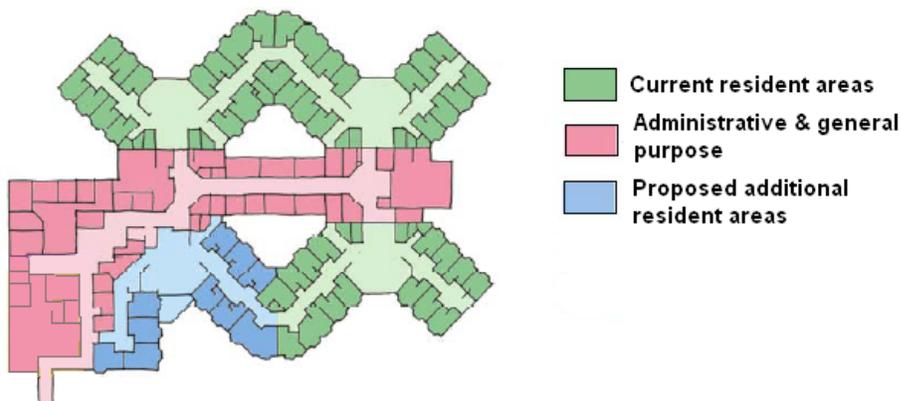
3. Document clearances regarding zone restrictions, fire protection, sewage, and other waste disposal arrangements (under special circumstances, it is acceptable to present evidence of conditional approvals from local government and regulatory agencies).

Since no construction is necessary, local building permits are not needed. The area to be used was original constructed as a part of the entire building, which was completed in 2001. The original building permit ensured compliance with all restrictions and regulations.

4. An architectural master plan including long-range concept and development of total facility.

Not Applicable.

5. Schematic floor plan drawings (or conceptual drawings) of proposed activity, including functional use of various rooms.



The blue area is the proposed additional resident area. The dark blue areas are the resident's bedrooms and the light blue areas are their other living and activity space.

D. Describe the plan for completing construction and the effect (disruption) construction activities will have on existing services.

No construction is needed; therefore no disruption of existing services is anticipated.

Section VIIIA. Financial Data – Acquisitions

1. Acquisition type: (Please check applicable boxes)

Lease Rent Donation Purchase Stock Transaction

Not applicable.

2. Cost data	(Omit cents)
a. Total acquisition cost*	\$ 0
b. Amount to be financed	\$ 0
c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.)	\$ 0
d. Anticipated interest rate %, term years.	\$ 0
e. Total anticipated interest amount	\$ 0
f. Total of (a) and (e)	\$ 0
g. Estimated annual debt service requirements	\$ 0

3. Describe how you expect to finance the project.

The total cost of the project, \$17,419 (\$2,177 per added bed), will be paid from Wildflower Court's fund balance.

Note: Acquisition costs must include (as appropriate):

- Total purchase price of land and improvements (if donated, the fair market value**)
- "Goodwill" or "purchase of business" costs
- The net present value of the lease calculated on the total lease payments over the useful life of the asset as set out in the 2004 version of Estimated Useful Lives of Depreciable Hospital Assets, published by the American Hospital Association.
- Consultant or brokers fees paid by person acquiring the facility
- Other pre-development costs to date.

None.

*Site acquisition should be stated as "book" value, i.e. actual purchase price plus costs of development. If desired, the applicant may elect to state the acquisition as "fair market value"*** (in which case, give reason and basis).

** A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

Section VIII B. Financial Data – Construction Only

1. Construction Method (Please check)

- a. Conventional bid Contract management Design and build
 b. Phased Single project Fast Track

2. Construction Cost (New Activity)

(Omit cents)

- | | |
|---|----------|
| a. Site acquisition (Section VIII A.2.f) | \$ 0 |
| b. Estimated general construction** | \$ 500 |
| c. Fixed equipment, not included in a** | \$ 0 |
| d. Total construction costs (sum of items a, b, and c)** | \$ 0 |
| e. Major movable equipment** | \$ 0 |
| f. Other cost:** | \$ 0 |
| (1) Administration expense | \$ 0 |
| (2) Site survey, soils investigation, and materials testing | \$ 0 |
| (3) Architects and engineering fees | \$ 0 |
| (4) Other consultation fees (preparation of application included) | \$ 0 |
| (5) Legal fees | \$ 0 |
| (6) Land development and landscaping | \$ 0 |
| (7) Building permits and utility assessments (including water, sewer,
electrical, phones, etc.) | \$ 0 |
| (8) Additional inspection fees (clerk of the works) | \$ 0 |
| (9) Insurance (required during construction period) | \$ 0 |
| g. Total project cost (sum of items d, e, f) | \$ 500 |
| h. Amount to be financed | \$ 0 |
| i. Difference between 2.g and 2.h (list, as Schedule 1, available resources
to be used, e.g., available cash, investments, grants funds, community
contributions, etc.) | \$ 500 |
| j. Anticipated long-term interest rate | _____ % |
| k. Anticipated interim (construction) interest rate | _____ % |
| l. Anticipated long-term interest amount | \$ 0 |
| m. Anticipated interim interest amount | \$ 0 |
| n. Total items g, l, and m | \$ 0 |
| o. Estimated annual debt service requirement | \$ 0 |
| p. Construction cost per sq. ft. | \$ 0.07 |
| q. Construction cost per bed | \$ 62.50 |
| r. Project cost per sq. ft. | \$ 0.07 |
| s. Project cost per bed (if applicable) | \$ 62.50 |

*Site acquisition should be stated as "book" value, i.e., actual purchase price (or estimate of value if donated) plus costs of development. If desired, the applicant may elect to state as "fair market value" (in which case, so indicate). A form for use in calculating fair market value is included on page 31 of this packet. Include your calculations as part of this section of your application.

** Items must be certified estimates from an architect or other professional. Major medical equipment may be documented by bid quotes from suppliers.

Section IX. Financial Data – All Proposed Activities

Provide an accompanying narrative explanation for each of the schedules below if there are any significant trends or significant changes in any item or group of items from year to year.

Note: Indicate whether you are using a calendar year or other fiscal year period.

Wildflower Court's accounts and projections are on calendar year basis.

A. Attach Schedule I - Facility Income Statement

1. For the most recent five prior full fiscal or calendar years
2. Projections during construction or implementation period (if applicable)
3. Projection for three years following completion of construction, or implementation of the proposed activity.

See schedules below.

B. Attach Schedule II - Facility Balance Sheet

1. For the most recent five prior fiscal or calendar years.
2. Current fiscal or calendar year to date

See schedules below.

C. Attach Schedule III - Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide revenue and expense data FOR EACH SERVICE THAT IS IDENTIFIED AS CHANGING.

1. For the most recent five prior full fiscal or calendar years (information may be obtained on total patient load, directly from your respective years' Medicare Cost Reports)
2. Current fiscal or calendar year to date
3. Projection for five years following completion of construction or implementation.

See schedules below.

D. Attach Schedule IV – Operating Budget

Current and projected line item capital and operating budgets for the proposed activity. Describe what alternative plans have been made if deficits occur.

See schedules below.

Deficits would be financed from cash reserves.

E. Attach Schedule V – A. Debt Service Summary, and B. New Project Debt Service Summary

A debt service cash flow schedule over the life of the debt, if applicable, for all long-term debt of the facility. Identify each debt, including the proposed activity, and break out interest, principal, and other costs.

See schedules below.

F. Attach Schedule VI - Reimbursement Sources

Showing reimbursement sources for the facility for the previous five full years and projected for three years after implementation.

See schedules below.

G. Attach Schedule VII – Depreciation Schedule

Showing a depreciation schedule for all items acquired through the proposed project. Note that the straight-line method must be used. Indicate on the depreciation schedule or separately which major movable equipment is being purchased for the project (see Section VIII B, Item 2e). Also, on a separate page, include a list of all equipment to be purchased through this project and the costs.

See schedules on the following pages. Furniture will be depreciated over five years, other costs expensed.

Schedule I. Facility Income Statement

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Gross Patient Revenue:						
Inpatient Routine	0	0	0	0	0	0
Inpatient Ancillary	0	0	0	0	0	0
Outpatient	0	0	0	0	0	0
Long-Term Care	8,756,499	9,030,111	10,103,246	10,174,033	10,185,979	10,173,496
Swing Beds	0	0	0	0	0	0
Other-Assisted Living	345,304	428,821	200,668	0	0	0
Total Patient Revenue	9,101,803	9,458,932	10,303,914	10,174,033	10,185,979	10,173,496
Less Deductions						
Charity Care	0	0	0	0	0	0
Contractual Allowances	-1,716,298	-2,103,321	-2,608,912	-2,160,113	-2,168,951	-1,927,224
Bad Debts	-56,328	-211,423	-439,167	-40,769	-21,246	-11,175
Total Deductions	-1,772,626	-2,314,744	-3,048,079	-2,200,882	-2,190,197	-1,938,399
Net Operating Revenues	7,329,177	7,144,188	7,255,835	7,973,151	7,995,782	8,235,097
All Other Revenues	233,999	0	72,595	832,584	202,880	195,027
EXPENSES:						
Salaries	3,255,784	3,431,401	3,818,337	3,653,893	3,493,153	3,678,399
Benefits	1,165,732	1,176,209	1,414,220	1,366,728	1,460,313	1,325,090
Supplies	759,207	724,399	734,824	506,902	549,696	537,421
Utilities	89,674	111,317	126,230	145,637	156,848	163,629
Property Tax	0	0	0	0	0	0
Rent	0	0	0	0	0	0
Lease	0	0	0	0	0	0
Other Expenses	638,737	880,944	834,382	881,920	942,790	873,832
Depreciation	785,974	1,178,627	1,222,032	1,220,178	1,109,686	1,021,765
Interest	1,203,820	1,190,100	1,170,623	1,144,109	1,124,776	1,078,007
Total Expenses	7,898,928	8,692,997	9,320,648	8,919,367	8,837,262	8,678,143
Excess (Shortage) of Revenue Over Expenditures	-335,752	-1,548,809	-1,992,218	-113,632	-638,600	-248,019

Note: Use one copy of this form for the previous five years, another for the construction or development period, and three years after the project opens

Schedule I. Facility Income Statement

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	FY 2008 1/1/08–6/30/08	FY 2008 7/1/08–12/31/08	FY 2009	FY 2010	FY 2011
Gross Patient Revenue:					
Inpatient Routine	0	0	0	0	0
Inpatient Ancillary	0	0	0	0	0
Outpatient	0	0	0	0	0
Long-Term Care	5,138,023	5,934,246	11,835,756	11,892,781	11,942,661
Swing Beds	0	0	0	0	0
Other	0	0	0	0	0
Total Patient Revenue	5,138,023	5,934,246	11,835,756	11,892,781	11,942,661
Less Deductions					
Charity Care	0	0	0	0	0
Contractual Allowances	-909,620	-1,013,087	-2,029,268	-2,030,853	-2,031,155
Bad Debts	-7,440	-7,184	-14,111	-13,598	-13,342
Total Deductions	-917,060	-1,020,271	-2,043,379	-2,044,451	-2,044,497
Net Operating Revenues	4,220,963	4,913,975	9,792,377	9,848,330	9,898,164
All Other Revenues	70,638	70,656	145,166	149,144	153,231
EXPENSES:					
Salaries	1,901,219	2,123,178	4,247,203	4,289,676	4,332,572
Benefits	833,494	937,782	1,890,008	1,923,225	1,957,026
Supplies	297,233	333,301	640,072	655,513	670,789
Utilities	76,355	74,926	157,166	165,016	173,120
Property Tax	0	0	0	0	0
Rent	0	0	0	0	0
Lease	0	0	0	0	0
Other Expenses	496,587	465,987	980,152	1,008,779	1,047,176
Depreciation	488,165	488,165	932,768	914,092	882,267
Interest	525,938	525,938	1,020,938	979,688	938,438
Total Expenses	4,618,991	4,949,277	9,868,307	9,935,989	10,001,388
Excess (Shortage) of Revenue Over Expenditures	-327,390	35,354	69,236	61,485	50,007

Note: Use one copy of this form for the previous five years, another for the construction or development period, and three years after the project opens

Schedule II. Facility Balance Sheet

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
CURRENT ASSETS						
Cash & Cash Equivalent	1,082,044	176,313	430,911	771,674	894,390	1,030,875
Net Patient Accounts Receivable	964,624	1,443,158	1,155,381	1,006,457	875,375	939,030
Other Accounts Receivable	5,677	20,730	15,521	3,076	3,789	8,904
Inventories	84,195	81,841	69,986	31,587	34,040	34,678
Prepaid Expenses	26,985	77,400	149,891	134,118	120,564	200,983
Other	175,125	176,814	0	0	7,367	0
Total Current Assets	2,338,650	1,976,256	1,821,690	1,946,912	1,935,525	2,214,470
Property and Equipment						
Land & Improvements	0	0	0	0	0	0
Building/Fixed Equipment	13,917,336	14,069,442	14,831,081	14,835,688	14,835,688	14,628,541
Major Movable Equipment	1,171,563	1,199,103	1,191,083	1,191,083	1,191,083	1,458,833
Accumulated Depreciation	-1,736,150	-3,244,624	-4,465,827	-5,686,005	-6,795,691	-7,817,455
Net Property & Equipment	13,352,749	12,023,921	11,556,337	10,340,766	9,231,080	8,269,919
Other Assets	3,626,644	3,233,404	1,810,672	1,779,824	1,759,043	1,753,935
TOTAL ASSETS	19,318,043	17,233,581	15,188,699	14,067,502	12,925,648	12,238,324
LIABILITIES/FUND BALANCE						
Current Liabilities						
Accounts Payable	217,098	408,501	644,036	136,850	76,407	89,915
Accrued Expenses	325,969	229,665	382,898	345,855	382,835	380,166
Accrued Compensation	200,275	213,809	263,216	247,011	219,906	218,434
Other Accruals	434,385	599,374	558,535	561,404	558,718	560,046
Total Current Liabilities	1,177,727	1,451,349	1,848,685	1,291,120	1,237,866	1,248,561
Long Term Liabilities						
Long Term Debt	17,100,000	16,650,000	16,200,000	15,750,000	15,300,000	14,850,000
Other						
Total Long Term Liabilities	17,100,000	16,650,000	16,200,000	15,750,000	15,300,000	14,850,000
Fund Balance	1,040,316	-867,768	-2,859,986	-2,973,618	-3,612,218	-3,860,237
Total Liabilities & Fund Balance	19,318,043	17,233,581	15,188,699	14,067,502	12,925,648	12,238,324

Note: Use one copy of this form for the previous five years, another for the construction or development period, and three years after the project opens

Schedule II. Facility Balance Sheet

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	6/30/08	FY 2008	FY 2009	FY 2010	FY 2011
CURRENT ASSETS					
Cash & Cash Equivalent	1,017,107	1,120,043	2,127,428	2,376,915	2,579,102
Net Patient Accounts Receivable	847,350	968,024	973,288	977,978	982,079
Other Accounts Receivable	4,222	4,306	4,629	5,323	5,589
Inventories	34,721	35,415	38,071	43,782	45,971
Prepaid Expenses	114,536	108,809	103,369	98,201	95,255
Other	0	0	0	0	0
Total Current Assets	2,017,936	2,236,597	3,246,785	3,502,199	3,707,996
Property and Equipment					
Land & Improvements	0	0	0	0	0
Building/Fixed Equipment	14,866,962	14,937,309	15,026,295	15,107,891	15,211,741
Major Movable Equipment	1,197,372	1,245,336	1,281,068	1,340,622	1,387,074
Accumulated Depreciation	-8,208,594	-8,696,759	-9,629,527	-10,543,619	-11,425,886
Net Property & Equipment	7,855,740	7,485,886	6,677,836	5,904,894	5,172,929
Other Assets	1,621,125	1,621,125	1,621,125	1,621,125	1,621,125
TOTAL ASSETS	11,494,801	11,343,608	11,545,746	11,028,218	10,502,050
LIABILITIES/FUND BALANCE					
Current Liabilities					
Accounts Payable	87,280	86,732	88,894	91,490	94,580
Accrued Expenses	199,154	200,078	406,785	418,668	432,806
Accrued Compensation	130,263	145,804	292,336	295,941	299,595
Other Accruals	435,363	457,899	835,400	838,303	841,245
Total Current Liabilities	852,060	890,513	1,623,415	1,644,402	1,668,226
Long Term Liabilities					
Long Term Debt	15,075,000	14,850,000	14,250,000	13,650,000	13,050,000
Other					
Total Long Term Liabilities	15,075,000	14,850,000	14,250,000	13,650,000	13,050,000
Fund Balance	-4,432,259	-4,396,905	-4,327,669	-4,266,184	-4,216,176
Total Liabilities & Fund Balance	11,494,801	11,343,608	11,545,746	11,028,218	10,502,050

Note: Use one copy of this form for the previous five years, another for the construction or development period, and three years after the project opens

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Revenues	8,756,499	9,030,111	10,103,246	10,174,033	10,185,979	10,173,496
Expenses	7,898,928	8,692,997	9,320,648	8,919,367	8,837,262	8,678,143
Patient Days	15,827	15,729	17,333	17,756	17,726	17,757
Revenue Per Patient Day	553.26	574.11	582.89	572.99	574.63	572.93
Operating & Capital Budget Summary:						
Gross Revenues	9,335,802	9,458,932	10,376,509	11,006,620	10,388,859	10,368,523
Deductions from Revenue	-1,772,626	-2,314,744	-3,048,079	-2,200,882	-2,190,197	-1,938,399
Net Revenue	7,563,176	7,144,188	7,328,430	8,805,738	8,198,662	8,430,124
Direct Expense	-5,739,824	-6,112,299	-6,647,909	-6,178,626	-6,174,108	-6,160,627
Indirect Expense	-2,159,104	-2,580,698	-2,672,739	-2,740,741	-2,663,154	-2,517,516
Net Income Projected	-335,752	-1,548,809	-1,992,218	-113,629	-638,600	-248,019
Rate Computation						
Annual Medicaid Rate	443.11	445.48	423.27 (Jan-Jul) 422.51 (Aug-Dec)	433.19	443.90	456.74
Base Year Cost	7,898,928	8,692,997	9,320,648	8,919,367	8,837,262	8,678,143
Less Ancillary						
Plus Admin. Overhead						
Cost Basis for Rate						
Base Year Patient Days	15,827	15,729	17,333	17,756	17,726	17,757
Cost per Patient Day	499.08	552.67	537.74	502.33	498.55	488.72

**Years 1 and 2 are equivalent to State of Alaska swing-bed rate.
Facility Medicaid Rate is figured from Year 3 onward.**

Schedule III. Average Patient Cost Per Day (Per Diem Rate if applicable) and Revenue Amounts

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

	FY 2008 1/1/08– 6/30/08	FY 2008 7/1/08– 12/31/08	FY 2009	FY 2010	FY 2011
Revenues	5,138,023	5,934,246	11,835,756	11,892,781	11,942,661
Expenses	4,618,991	4,949,277	9,868,307	9,935,989	10,001,388
Patient Days	8,891	10,262	20,565	20,586	20,590
Revenue Per Patient Day	577.89	578.27	575.53	577.71	580.02
Operating & Capital Budget Summary:					
Gross Revenues	5,208,661	6,004,902	11,980,922	12,041,925	12,095,892
Deductions from Revenue	-917,060	-1,020,271	-2,043,379	-2,044,451	-2,044,497
Net Revenue	4,291,601	4,984,631	9,937,543	9,997,474	10,051,395
Direct Expense	-3,379,145	-3,739,088	-7,480,664	-7,592,672	-7,712,230
Indirect Expense	-1,239,846	-1,210,189	-2,387,643	-2,343,317	-2,289,158
Net Income Projected	-327,390	35,354	69,236	61,485	50,007
Rate Computation					
Annual Medicaid Rate	495.26	495.26	495.26	495.26	495.26
Base Year Cost	4,618,991	4,949,277	9,868,307	9,935,989	10,001,388
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days	8,891	10,262	20,565	20,586	20,590
Cost per Patient Day	519.51	482.29	479.86	482.66	485.74
Years 1 and 2 are equivalent to State of Alaska swing-bed rate. Facility Medicaid Rate is figured from Year 3 onward.					

Schedule IV. Operating Budget

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

Description:	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Number of Beds	44	44 (Jan-Jun) 49 (Jul-Dec)	49	49	49	49
Days in a year	365	365	366	365	365	365
Available bed days	16,060	16,980	18,025	17,885	17,885	17,885
Resident bed days	15,827	15,729	17,333	17,756	17,726	17,757
Percent growth	3.63%	-0.62%	10.20%	2.44%	-0.02%	0.02%
Occupancy	98.5%	92.6%	96.6%	99.3%	99.1%	99.3%
Average length of stay	211	146	164	265	277	234
Patient Bed Days						
Number of Residents	75	108	106	67	70	76
Daily Room and Board Rate*						
Nursing Revenue	7,667,750	7,786,500	8,563,340	8,840,765	8,837,593	8,844,929
Nursing Services						
Payer Mix:						
Medicaid	14,331	13,083	14,150	16,033	16,771	16,485
Medicare	974	1,425	1,447	584	388	521
Other	420	1,065	1,612	1,066	520	751
Ancillary Revenue	1,088,749	1,243,611	1,539,906	1,333,268	1,348,386	1,328,567
Total Revenue	8,756,499	9,030,111	10,103,246	10,174,033	10,185,979	10,173,496
Rate Computation						
Annual Medicaid Rate	443.11	445.48	423.27 (Jan-Jul) 422.51 (Aug-Dec)	433.19	443.90	456.74
Base Year Cost						
Less Ancillary						
Plus Admin. Overhead						
Cost Basis for Rate						
Base Year Patient Days	15,827	15,729	17,333	17,756	17,726	17,757
Cost per Patient Day	499.08	552.67	537.74	502.33	498.55	488.72

Years 1 and 2 are equivalent to State of Alaska swing-bed rate.

Facility Medicaid Rate is figured from Year 3 onward.

Schedule IV. Operating Budget

Provide Last Five Years Actual and
Projections For Three Years Beyond Project Completion

Description:	FY 2008 1/1/08–6/30/08	FY 2008 7/1/08– 12/31/08	FY 2009	FY 2010	FY 2011
Number of Beds	49	57	57	57	57
Days in a year	182	184	365	365	365
Available bed days	8,918	10,488	20,805	20,805	20,805
Resident bed days	8,891	10,262	20,565	20,586	20,590
Percent growth		Total 2008 growth from 2007 7.86%	7.37%	0.10%	0.02%
Occupancy	99.4%	98.6%	98.8%	98.9%	99.0%
Average length of stay		253	253	271	279
Patient Bed Days	8,891	10,262	20,565	20,586	20,590
Number of Residents	40	65	110	113	116
Daily Room and Board Rate*					
Nursing Revenue	4,445,500	5,131,000	10,282,500	10,293,000	10,295,000
Nursing Services					
Payer Mix:					
Medicaid	8,434	9,805	19,651	19,672	19,676
Medicare	161	161	322	322	322
Other	296	296	592	592	592
Ancillary Revenue	692,523	803,246	1,553,256	1,599,781	1,647,661
Total Revenue	5,138,023	5,934,246	11,835,756	11,892,781	11,942,661
Rate Computation					
Annual Medicaid Rate	495.26	495.26	495.26	495.26	495.26
Base Year Cost					
Less Ancillary					
Plus Admin. Overhead					
Cost Basis for Rate					
Base Year Patient Days	8,891	10,262	20,565	20,586	20,590
Cost per Patient Day	519.51	482.29	479.86	482.66	485.74

**Years 1 and 2 are equivalent to State of Alaska swing-bed rate.
Facility Medicaid Rate is figured from Year 3 onward.**

Schedule V-A. Debt Service Summary						
Provide Current Debt Data and Projections For the Next Three Years						
Existing Debt:	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Bond Debt for construction of current facility						
Principal	300,000	300,000	450,000	450,000	450,000	450,000
Interest	1,206,375	1,188,750	1,171,125	1,144,688	1,113,750	1,082,813
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Schedule V-A. Debt Service Summary

Provide Current Debt Data and Projections For the Next Three Years

Existing Debt:	FY 2008 1/1/08– 6/30/08	FY 2008 7/1/08– 12/31/08	FY 2009	FY 2010	FY 2011
Bond Debt for construction of current facility					
Principal	0	450,000	600,000	600,000	600,000
Interest	525,937	525,938	1,020,938	979,748	938,438
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Principal					
Interest					
Total Existing Debt					
Principal					
Interest					
Estimated Debt – New Project					
Principal					
Interest					

Schedule VI. Reimbursement Sources

Show reimbursement sources for the previous five years and projections for three years after the new project opens.

Fiscal Year 2002 (January 1, 2002 – December 31, 2002)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	58	7,685,621	-1,334,192	6,351,429
Medicare	14	800,759	-375,862	424,897
Private Insurance	2	255,074	-195	254,879
Self Pay	0	0	0	0
Charity	0	0	0	0
Other	1	15,045	-6,049	8,996
Total	75	8,756,499	-1,716,298	7,040,201

Fiscal Year 2003 (January 1, 2003 – December 31, 2003)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	66	7,148,932	-1,334,082	5,814,850
Medicare	29	1,222,511	-704,217	518,294
Private Insurance	7	337,443	-17,581	319,862
Self Pay	5	313,359	-43,238	270,121
Charity	0	0	0	0
Other	1	7,866	-4,203	3,663
Total	108	9,030,111	-2,103,321	6,926,790

Fiscal Year 2004 (January 1, 2004 – December 31, 2004)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	66	7,823,056	-1,909,740	5,913,316
Medicare	33	1,279,786	-699,352	580,434
Private Insurance	2	253,372	6,102	259,474
Self Pay	5	747,032	-5,922	741,110
Charity	0	0	0	0
Other	0	0	0	0
Total	106	10,103,246	-2,608,912	7,494,334

Fiscal Year 2005 (January 1, 2005 – December 31, 2005)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	61	8,859,794	-1,860,247	6,999,547
Medicare	3	573,780	-290,041	283,739
Private Insurance	1	286,214	-358	285,856
Self Pay	2	454,245	-9,467	444,778
Charity	0	0	0	0
Other	0	0	0	0
Total	67	10,174,033	-2,160,113	8,013,920

Fiscal Year 2006 (January 1, 2006 – December 31, 2006)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	66	9,225,821	-1,781,139	7,444,682
Medicare	1	598,723	-386,513	212,210
Private Insurance	1	269,180	0	269,180
Self Pay	2	92,255	-1,299	90,956
Charity	0	0	0	0
Other	0	0	0	0
Total	70	10,185,979	-2,168,951	8,017,028

Fiscal Year 2007 (January 1, 2007 – December 31, 2007)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	60	8,980,987	-1,458,938	7,522,049
Medicare	9	731,323	-462,488	268,835
Private Insurance	2	227,184	0	227,184
Self Pay	5	234,002	-5,798	228,204
Charity	0	0	0	0
Other	0	0	0	0
Total	76	10,173,496	-1,927,224	8,246,272

Fiscal Year 2008 (6 month period – January 1, 2008 – June 30, 2008)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	35	3,719,758	-456,285	3,263,473
Medicare	3	881,607	-453,335	428,272
Private Insurance	2	323,806	0	323,806
Self Pay	2	212,852	0	212,852
Charity	0	0	0	0
Other	0	0	0	0
Total	40	5,138,023	-909,620	4,228,403

Fiscal Year 2008 (6 month period – July 1, 2008 – December 31, 2008)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	39	4,159,212	-484,199	3,675,013
Medicare	26	1,775,034	-528,888	1,246,146
Private Insurance	0	0	0	0
Self Pay	0	0	0	0
Charity	0	0	0	0
Other	0	0	0	0
Total	65	5,934,246	-1,013,087	4,921,159

Fiscal Year 2009 (January 1, 2009 – December 31, 2009)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	66	8,885,526	-1,215,594	7,669,932
Medicare	35	2,386,739	-813,674	1,573,065
Private Insurance	2	339,996	0	339,996
Self Pay	2	223,495	0	223,495
Charity	0	0	0	0
Other	0	0	0	0
Total	110	11,835,756	-2,029,268	9,806,488

Fiscal Year 2010 (January 1, 2010 – December 31, 2010)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	72	9,173,824	-1,248,577	7,925,247
Medicare	37	2,423,124	-782,276	1,640,848
Private Insurance	1	178,498	0	178,498
Self Pay	1	117,335	0	117,335
Charity	0	0	0	0
Other	0	0	0	0
Total	113	11,892,781	-2,030,853	9,861,928

Fiscal Year 2011 (January 1, 2011 – December 31, 2011)				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid	81	9,570,871	-1,333,449	8,237,422
Medicare	33	2,061,165	-697,706	1,363,459
Private Insurance	1	187,423	0	187,423
Self Pay	1	123,202	0	123,202
Charity	0	0	0	0
Other	0	0	0	0
Total	116	11,942,661	-2,031,155	9,911,506

Schedule VII. Depreciation Schedule

Use the straight-line method.
Provide a separate schedule for any pieces of major moveable equipment.

Equipment Description	Cost	AHA Life	Depreciation Per Year
8 Beds	12,136	5	2,427
4 Mattresses	900	5	180
4 Night stands	800	5	160
3 Dining tables tops - 42x42	609	5	122
3 Adjustable table bases	1,019	5	204
3 Over bed trapeze	1,455	5	291

Appendix A

Certification & Licensing Survey

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

*DIVISION OF PUBLIC HEALTH
CERTIFICATION AND LICENSING*

Sarah Palin, Governor

*619 East Ship Creek Avenue
Suite 232
Anchorage, AK 99501-1667
Telephone: (907) 334-2483
Fax: (907) 561-3011*

April 16, 2007

SENT BY FACSIMILE, ORIGINAL BY MAIL

Millie Duncan
Administrator
Wildflower Court
2000 Salmon Creek Ln.
Juneau, Alaska 99801

Facility Provider # 02-5027

Dear Ms. Duncan:

On April 13, 2007, Certification and Licensing survey staff completed a phone revisit to verify that your facility had achieved and maintained compliance with Federal Certification and State Licensure deficiencies cited by our Agency during a Medicare/Medicaid and State Licensure survey conducted 3/19-22/07. Based on our revisit, we have determined that your facility has corrected the deficiencies and is in compliance effective 4/13/07.

Sincerely,
CERTIFICATION AND LICENSING



Jane Urbanovsky
Section Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2007
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were noted during an unannounced standard Medicare/Medicaid survey conducted 3/19/07-3/22/07. The sample included 12 in-house residents and 1 closed record.</p> <p>Team Members: Ginger Beal, RN Kathy Murtiashaw, RN Mary Solstad, RN Kathy Thomas, RN</p> <p>Department of Health and Social Services Division of Public Health Certification and Licensing 619 E. Ship Creek Avenue, Suite 232 Anchorage, Alaska 99501</p>	F 000		
F 281 SS=D	<p>483.20(k)(3)(i) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure an inhaled medication was administered in accordance with professional standards for 1 of 35 observed medications administrated. Findings: Review of the physician's order revealed an order for Flovent inhaler (220 mcg.) 2 puffs.</p>	F 281	<p>F 281 Comprehensive Care Plans</p> <p>Nursing Policy for Administration of Oral Inhalers was up-dated in Nursing Policy Manual. Staff education of resident use of oral inhalers and resident self administration of medication according to policy was conducted on April 4 and will continue on April 18, 2007. Following the in-service education, disciplinary steps will be taken for staff not following the policies and nursing professional standard of practice. A Quality Improvement monitor (see Attachment) has been developed and will be reviewed on a biannual basis.</p>	04/04/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Willie Duncan* TITLE: *Administrator* (X6) DATE: *4/4/07*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2007
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	<p>Continued From page 1</p> <p>Observation during a medication pass on 3/20/07 at 8 am, revealed staff #1 handed a non-sampled Resident (#14) a canister of Flovent and reminded the Resident to take 2 puffs. The Resident self-administered the inhalant in 2 rapid inhalations, with no pause between the inhalations.</p> <p>Interview with staff #1 on 3/21/07 at 8:51 am disclosed: "If the resident is cognitive and can do it themselves, I let them do it themselves." The surveyor asked the nurse if residents were instructed in how to administer inhalants. The nurse stated, "I do at first, then I just observe to make sure they are doing it right."</p> <p>Review on 3/21/07 of the facility's policy and procedure, Oral Inhalers, dated 12/1/92, revealed the following: "Standard: Oral inhalers are used appropriately and safely to relieve bronchospasm...10. Encourage resident to hold breath as long as possible ..."</p> <p>Further review of the facility's policy and procedure, Standard Nursing Procedures, revised 7/28/00, revealed: "Standard-Nursing procedures will be carried out in accordance with the current standard of practice. Policy-Staff will refer to the policy and procedure manual for directions on performing procedures. If there is no specific policy or procedure in the manual, the standard procedure in Nursing Procedure, Third Edition, Springhouse, Springhouse, Pennsylvania, will be utilized."</p> <p>During an interview with the Director of Nursing (DON) and Administrator on 3/21/07 pm at 4pm, they confirmed that the policy and procedure on Oral Inhalers was the most current policy and</p>	F 281		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2007
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 281	Continued From page 2 procedure. In addition, the DON stated that the nurses have oversight on how the inhalers are used. According to the Drug Information Handbook for Nursing 2007, 8th Edition, Flovent is a corticosteroid inhalant used for maintenance treatment of asthma as prophylactic therapy. Instructions for administration include: "Take 3-5 deep breaths. Use inhaler on inspiration. Allow 1 full minute between inhalations. Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis" (fungal infection). Instructions in "Teaching Correct Use of Inhaled Medications", (Joanne Rokosky, Home Healthcare Nurse Vol 23 No 12, December 2005), include "there should be 1 minute or longer between puffs ..." In addition, the article included "oral candidiasis is a side effect that can be prevented by rinsing the mouth and spitting out the rinse water."	F 281		
F 371 SS=F	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure sanitized dishware was allowed to air dry. This failed practice created a potential for food contamination and increased the risk for food-borne illness. Findings:	F 371	F371- SANITARY CONDITIONS – FOOD PREP & SERVICE The procedure of allowing dishes to air dry is (was) written in the dishwashing procedures as well as job description. Re-training will take place on April 10 th 2007 for all staff that may be involved in dishwashing. Training materials will include Department of Environmental Conservations "Food Workers Card", which has a segment specifically on dishwashing.	04/10/07

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 371	<p>Continued From page 3</p> <p>Observation in the dishwashing room during the initial kitchen tour on 2/19/07 at 9:45 am, revealed staff unloaded 4 trays of clean dishes (plates and bowls) from the low-temperature dishwasher. He pushed the trays through an opening into the clean side of the dishwashing area. When asked what he did with the clean dishes, he went into the clean area, picked up a wash rag, and began drying a plate. When asked if he dried all of the dishes with the rag, he replied "yes." Many of the dishes were observed to still be wet.</p> <p>Interview with the facility's administrator on 3/21/07 revealed long-term care staff were responsible for orienting/instructing personnel on the procedure for dishwashing.</p> <p>Alaska Food Code:</p> <p>18 AAC 31.425. Protection of clean items. The operator of a food establishment shall ensure that clean items are dried, reassembled, stored, displayed, and handled in a manner that prevents contamination of the clean items by ensuring that</p> <p>(1) after washing, rinsing, and sanitizing, as specified in 18 AAC 31.422-18 AAC 31.424, equipment and utensils are</p> <p>(B) air-dried before contact with food.</p> <p>FDA Food Code:</p> <p>4-901.11 Equipment and Utensils, Air-Drying Required.</p> <p>After cleaning and SANITIZING, EQUIPMENT and UTENSILS:</p> <p>(A) Shall be air-dried or used after adequate draining</p>	F 371		
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 371	Continued From page 4 4-903.11 Equipment, Utensils, Linens, and Single-Service and Single-Use Articles. (A) Except as specified in (D) of this section, cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored: (B) Clean EQUIPMENT and UTENSILS shall be stored as specified under (A) of this section and shall be stored: (1) In a self-draining position that allows air drying Review on 3/22/07 of the facility's "Procedure for Dishwashing" and "Orientation for Dishwashing" revealed: "...Dishwashing: ...All cleaned dishes should be left in their racks and moved to the 'clean Room' there they will be allowed to air dry ..."	F 371		
F 387 SS=E	483.40(c)(1)-(2) FREQUENCY OF PHYSICIAN VISITS The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure physician visits were made and subsequent progress notes written at least once every 30 days for the first 90 days after admission for 6 residents (#s 1, 3, 5, 8, 11 and 12) and every	F 387	F387 Frequency of Physician Visits Wildflower Court Medical Director has agreed to visit residents when their attending physician is unable to perform the exam and assessment within the required time frames. A policy will be written and all of the residents' attending physicians will be reminded of the regulations and notified of the policy change prior to April 13, 2007. (See Attachment)	04/13/07

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 387	<p>Continued From page 5 60 days thereafter for 4 residents (#s 3, 4, 5 and 11) of 13 sampled residents. Findings:</p> <p>Resident #1</p> <p>Record review on 3/19/07-3/21/07 revealed the Resident was admitted to the facility on 9/25/06 with the following diagnoses: paraplegia (paralysis from the waist down); decubitus ulcers (pressure sore); neurogenic bladder (defective functioning of urinary bladder due to nerve damage); chronic neuropathic pain (chronic pain resulting from injury to the nervous system); history of leg deep vein thrombosis (blood clot); diabetes; history of gastritis; and anemia. The Resident's medication regime included: Amitriptyline (for depression); Calcitonin nasal spray (hormone replacement); Vitamin D; Calcium; Coumadin (blood thinner to prevent clots); Multivitamin; KCl (potassium supplement); Arginaid (for wound healing); Memantine (used to treat dementia and confusion); Prilosec (gastric acid suppression); Neurontin (to treat neuropathic pain); Glucophage (antidiabetic); Vitamin B12 (to treat anemia); Colace (stool softener); Biscodyl suppository (stool softener); Vicodin (Hydrocodone, a narcotic and Tylenol combination used to treat pain) as needed; Baclofen (muscle relaxant to treat spasms) as needed; Morphine Sulfate (injectable narcotic pain reliever) as needed if unable to take oral medications; Milk of Magnesia as needed; and Tylenol (for pain or fever) as needed.</p> <p>Further review of the record revealed an admission history and physical, dated 9/25/06. A physician visit was made on 10/12/06. Subsequent visits were made on 11/3/06 and 11/29/06. Another physician visit was not made</p>	F 387		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2007
NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 387	<p>Continued From page 6 until 2/26/07. Therefore, one 60 day physician visit was missed.</p> <p>Resident #3</p> <p>Record review on 3/19-3/21/07 revealed the Resident was admitted to the facility on 6/3/2005 s/p CVA (cerebral vascular accident) with left hemiplegia. On 11/19/2006 the resident fell and sustained a left hip fracture. The Resident was transferred to the hospital where an Open Reduction Internal Fixation (ORIF) of the left hip was done. The Resident was readmitted to the facility on 11/23/2006 on the following medications: Levofloxacin (antibiotic); Tylenol (pain); Senokot (laxative); Multi Vitamin (vitamin supplement); Trazadone (depression); Lisinopril (blood pressure); Zocor (cholesterol); ASA (blood thinner); Neurontin (nerve pain); Prozac (depression); Prevacid (ulcers); Colace (stool softener); and Codeine (pain).</p> <p>Physician visits were conducted by the Residents attending physician on the following dates: 3/13/06, 7/8/06, 9/10/06, 11/15/06, 1/6/07, and 3/7/07. As a result, physician visits were not made at least every 60 days.</p> <p>Resident #4</p> <p>Record review on 3/19/07-3/21/07 revealed the Resident was admitted to the facility on 12/16/04 with the following diagnoses: subarachnoid hemorrhage (occurs when a blood vessel outside the brain ruptures); right side hemiparesis (partial paralysis of one side of the body); hypertension; encephalopathy (alters brain function and/or structure); depressive disorder; and late effects CVA (stroke). The Resident's medication regime</p>	F 387			

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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F 387	<p>Continued From page 7</p> <p>included: Diltiazem extended release (for hypertension); Depakote (used for convulsions); Detrol LA (used for urinary frequency, urgency, or urge incontinence); Neurontin (for convulsion); Lisinopril (given for hypertension); Atenolol (for hypertension); Zocor (to reduce the amount of cholesterol and certain other fatty substances in the blood); Elavil (antidepressant); and Ibuprofen (as needed for pain).</p> <p>Further review of the record revealed a physician visit was made on 9/5/06. Subsequent visits were made by an FNP (family nurse practitioner). Another physician visits were not made until 3/20/07. As a result, alternating physician visits were not made every 60 days.</p> <p>During an interview with the Director of Nursing (DON) on 3/20/07 at 2:26 pm, she confirmed there had not been a physician visit since the 9/5/06 visit.</p> <p>Resident #5</p> <p>Record review on 3/19/07-3/22/07 revealed the Resident was admitted to the facility on 8/21/06 with diagnosis of Multiple Sclerosis (MS); Quadriplegia; recurrent UTI's; Seizure Disorder; and Depression. The resident was on the following medications: Zoloft (depression); Sotalol (arrhythmias); Baclofen (muscle spasms); Ranitidine (gastric ulcers); Reglan (gastric reflux); Multi Vitamin (vitamin supplement); Mincin (urinary tract infections); Senokot (laxative); Seroquel (depression); Sinemet (impaired muscle tone); Cipro (antibiotic); Dilantin (seizures); Actigall (prevention of gallstone formation); Trazadone (depression); Oxybutynin (bladder spasms); Colace (stool softener); and Ambien</p>	F 387		
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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F 387	<p>Continued From page 8 (sleeping pill).</p> <p>Physician visits were made by the Resident's attending physician on 10/18/06, 12/19/06 and 2/19/07. As a result, physician visits were not made at least every 30 days for the first 90 days after admission and every 60 days thereafter.</p> <p>Resident #8</p> <p>Record review on 3/19/07-3/21/07 revealed the Resident was admitted to the facility on 6/22/06 with the following diagnoses: Multiple Sclerosis associated with paresthesia (burning pain); depressive disorder; dementia; hypertension; history of urinary tract infection; and urinary retention. The Resident's medication regime included: Tylenol Extra Strength (analgesic); Baclofen (muscle relaxant to treat spasms); baby Aspirin (given preventively); Multivitamin; Nitrofurantoin (prevention and treatment of urinary tract infection); Prevacid (decreases gastric acid secretion); Colace (stool softener); Omega 3 (fatty acid supplement); Tylenol PM (analgesic given at bedtime); Ibuprofen (analgesic) as needed for pain; Dulcolax suppository (stool softener) as needed; Milk of Magnesia as needed; Vicodin (a narcotic and Tylenol combination used to treat pain) as needed; Maalox (antacid) as needed; Beano (to prevent intestinal gas) as needed; Excedrin Migraine (analgesic) as needed for headache; and Lotrisone cream (anti-inflammatory) to abdominal catheter site as needed.</p> <p>Further review of the record revealed an admission history and physical, dated 6/23/06. A physician visit was not made until 8/24/06. A subsequent visit was not made until 10/18/06.</p>	F 387		

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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F 387	<p>Continued From page 9</p> <p>As a result, physician visits were not made at least every 30 days for the first 90 days after admission.</p> <p>Resident #11</p> <p>Review review on 3/19-21/07 revealed the Resident was admitted to the facility on 12/1/06 with diagnosis of Multiple Sclerosis (MS), Osteoporosis, and Urinary Incontinence. The Resident was on the following medications: Fosomax (osteoporosis); Multi Vitamin (vitamin supplement); Baclofen (muscle spasms); Boniva (treatment for Osteoporosis); and Colace (stool softener).</p> <p>A physician visit was made by the Resident's attending physician on 1/9/07. As a result, physician visits were not made at least every 30 day for the first 90 days after admission.</p> <p>Resident #12</p> <p>Record review on 3/19/07-3/21/07 revealed the Resident was admitted to the facility on 1/11/06 with the following diagnoses: Alzheimer's dementia with delirium; anxiety; leukemia; history of colon cancer; and urinary urge incontinence. The Resident's medication regime included: Seroquel (antipsychotic); Klonopin (antianxiety); Gabapentin (given for social phobia); Multivitamin; Colace (stool softener); Tylenol Extra Strength (analgesic); Phenergan (for nausea, vomiting) as needed; Benadryl (antihistamine) as needed for itching; Imodium (antidiarrheal) as needed for loose stools; Milk of Magnesia as needed; Biscodyl suppository (stool softener) as needed.</p>	F 387		

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F 387	<p>Continued From page 10</p> <p>Further review of the record revealed an admission history and physical, dated 1/11/06. A physician visit was made on 1/27/06. A subsequent visit was not made until 3/18/06, followed by a visit on 5/23/06. As a result, physician visits were not made at least every 30 days for the first 90 days after admission.</p> <p>Review on 3/21/07 of the facility's policy and procedure, #N-A-1006 Physician Services, updated 7/24/02, revealed the following: "...Frequency of Physician visits: (1) The physician shall visit the resident, and review and renew the orders as often as necessary to assure adequate medical care, however, the resident must be seen by a physician, and orders renewed, at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. (2) At the option of the physician, required visits in the facility, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialistFrequency of physician visits for residents covered under Medicare and VA: The resident must be seen by a physician at least once every 30 days and a progress note written. Physician orders are to be reviewed and renewed every 30 days ..."</p> <p>During an additional interview with the DON on 3/21/07 at 3:40 pm, the DON disclosed the missing physician visits for the residents in question could be not be found.</p>	F 387		

DEPARTMENT OF HEALTH & HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES
DIVISION OF SURVEY AND CERTIFICATION
SURVEY, CERTIFICATION & ENFORCEMENT BRANCH



IMPORTANT NOTICE – PLEASE READ CAREFULLY

September 28, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

CMS Certification Number: 025027

Dear Ms. Duncan:

On May 1, 2007, a life safety code survey was completed at Wildflower Court by a survey team from the Centers for Medicare and Medicaid Services to determine if the facility was in compliance with Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that Wildflower Court was not in compliance with these requirements.

Findings from the post revisit by staff from the Office of Health Facilities Licensing & Certification (State survey agency) representing the Centers for Medicare and Medicaid Services (CMS), Seattle Regional Office, indicate that Wildflower Court is now in substantial compliance effective **September 17, 2007** with federal life safety code requirements for nursing homes participating in the Medicare and/or Medicaid programs.

If you have any questions, please contact Lynnette Osias of my staff at (206) 615-2313.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Chickering".

Steven Chickering
Western Consortium Survey and Certification Officer
Division of Survey and Certification

cc: Jane Urbanovsky, Licensing & Certification
Alaska State Ombudsman

Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202

San Francisco Regional Office
75 Hawthorne Street, 4th Floor
San Francisco, CA 94105

Seattle Regional Office
2201 Sixth Avenue, RX-48
Seattle, WA 98121

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. BUILDING AD - ADDITIONAL WING B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2007
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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Life Safety Code Survey was conducted at Wildflower Court - Long Term Care, Juneau, Alaska on 04/04/07. The 2000 New Edition of the Life Safety Code per 42 CFR 483.70 was utilized for this survey.</p> <p>The Facility is a single story structure with a full basement. The type of construction is Type V (111). The facility was fully sprinkled with an automatic fire and smoke alarm system.</p> <p>The facility plans were approved in 2001; however, an addition to the Cranberry Wing was approved in August 2003 and completed in 2004. There is no fire resistive separation between the addition and the existing portions of the facility. Therefore the "New" section of the 2000 Life Safety Code was used for the entire facility.</p> <p>The deficiencies identified during this survey are listed below:</p> <p>Daniel J Caufield, Life Safety Code Specialist Robert Plumb, Deputy Fire Marshall</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by:</p>	K 000	<p style="text-align: center; font-size: 2em; opacity: 0.5;">COPY</p>	04/06/07
K 018 SS=E	<p>Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p>	K 018	<p>Doors to Cranberry, Huckleberry entrances and 9118 adjusted to close and latch.</p> <p>Weekly inspections of all self closing doors will be preformed by custodial services. Doors found not latching will be reported to maintenance for immediate repairs.</p> <p>Monthly inspections of all doors within the facility will be preformed by custodial services. Doors found not</p>	04/06/07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE May 3, 2007
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801	
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K 018	Continued From page 1 Based on observation and staff interview the facility failed to ensure door openings closed to resist the passage of smoke into an exit corridor. This potentially exposed residents to smoke who used the activity area and corridor for egress. Findings: Observation during the facility tour on 04/04/07 revealed the laundry room 9118, Cranberry entrance doors and Huckleberry entrance doors did not close properly. The door not properly closing would compromise residents and staff occupying two smoke compartments. These observations were acknowledged by the facility manager.	K 018	latching will be reported to maintenance. Training and procedures in place	5/3/07
25 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the integrity of smoke barriers. This potentially allowed smoke to spread	K 025	K025 Ceiling tile put pack into place. The importance of smoke barriers & their functions in life safety will be incorporated in the new hire orientation & annual life safety in-services. Memo sent to all staff regarding smoke barriers, their functions. Maintenance and Custodial services have been informed that if/when working around or moving these barriers that they must be back in place prior to leaving the area.	04/05/07 05/07/07 05/02/07

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NAME OF PROVIDER OR SUPPLIER WILDFLOWER COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 SALMON CREEK LANE JUNEAU, AK 99801	
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K 025	Continued From page 2 to other floors, exposing residents to a fire and/or smoke environment. Observation during the facility tour on 04/04/07 it was observed that there was a missing ceiling tile in equipment room across from room 111. This observation was acknowledged by the facility manager.	K 025		
K 048 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 18.7.1.1 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure an effective evacuation plan for residents was adequate. The lack of a confirmed plan could potentially prevent residents from continuation of required medical care. Findings: Record review prior to the facility tour on 04/05/07 revealed a disaster plan identifying Bartlett Hospital or the National Guard Armory as an evacuation point if required to relocate residents. There were no written agreements or memorandum of understanding between Wildflower Court and Bartlett Hospital and Alaska National Guard. Interview on 04/05/07 at 11:10 am with the facility manager revealed there were no written agreements with Bartlett Hospital or Alaska National Guard to evacuate residents to their facility.	K 048	K048 Attachment letter from CBJ Emergency Programs Manager; Letter of Understanding to Juneau Pioneer Home. Letter from City & Borough of Juneau indicates a willingness and ability to provide off site housing and support depending on the size and scope of an evacuation if needed. Wildflower Court has submitted a letter of understanding with the local Pioneer Home and is actively pursuing a positive response. Once received both facilities will work to produce a procedure which will assure adequate staffing, transportation, equipment and supplies arrive at the host facility. Wildflower Court will review disaster planning and evacuation policies, procedures and agreement letters annually. WFC has signed agreement with Bartlett Regional Hospital regarding disaster and emergency situations. This agreement provides that BRH will assist with supplying equipment and supplies and provide staffing in the event of an emergency situation. (Attached)	04/12/07

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K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to conduct fire drills at least quarterly on every shift and they were not held under unexpected times/varied conditions. This deficient practice affected all staff and residents. Findings:</p> <p>A review of facility records on 04/04/07 revealed that during the fourth quarter of 2006, there were no fire drills conducted on the day shift. Of note, fire drills held for night shift over the last year all took place between 5:30 am and 6 am.</p> <p>The findings listed above were acknowledged at the time by the facility manager.</p>	K 050	<p>K050</p> <p>Life Safety Quality Assurance form will be revised to reflect drills being conducted quarterly for each shift. Life Safety Quality Assurance form will be sent out monthly in-order to assure the facility is in compliance.</p>	04/06/07
K 054 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p>	K 054	<p>K054</p> <p>Sensitivity Test was performed on April 23, 2007, see attached letter.</p> <p>Printer interface module has been ordered</p>	04/23/07

A-17

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K 054	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to provide for testing of smoke detectors for sensitivity as required. Without this testing, the facility had no assurance that the smoke detectors would function as designed. This deficient practice affected all staff and residents. Findings: Record review on 04/04/07 revealed there was no documentation of sensitivity testing of the center's smoke detectors. The report of the annual service and inspection of the fire alarm system was accomplished, but the date of sensitivity testing of the smoke detectors was unknown. Interview with the facility manager on 04/04/07 disclosed that he was unable to contact the contractor to find out if accomplished and acknowledged the requirement.	K 054	4/30/07 and will be installed by Simplex Grinnell. Once installed a complete print out will be preformed and kept with other system inspection reports. Sensitivity testing will be preformed once in 2007, once in 2008 and then at five year intervals, or as required.	04/30/07
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 This STANDARD is not met as evidenced by: Based on observation, record review and staff interview the facility failed to ensure fire extinguishers were properly maintained. This potentially delayed a quick response to contain a fire from spreading, exposing residents to fire in the environment. Observation during the facility tour on 04/04/07	K 064	K064 Extinguisher in Activities has been returned to its holder. Fire extinguisher with expired service tag has been taken to and serviced by Southeast Extinguisher service. The facility owns and maintains a total of 18 portable extinguishers. These have been numbered 1-18. Future service invoices for these extinguishers will be itemized reflecting the fire extinguisher's number and the total number of extinguishers serviced.	04/12/07 04/12/07 05/02/07

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K 064	<p>Continued From page 5 revealed a fire extinguisher on the window sill next to the stove in the Cranberry activity room.</p> <p>Further observation revealed an extinguisher in the sleep lab area that received its last annual servicing on 06/05 although a yellow sticky pad was added to continue with monthly checks and was up-to-date.</p> <p>Interview with the facility manager on 04/04/07 disclosed that the fire extinguisher on the window sill probably came from smoke alarm activation from a burning pizza in the oven the day before and was not returned. He also acknowledged annual service was missing on sleep lab fire extinguisher.</p>	K 064		
K 141 JS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 18.3.2.4, NFPA 99, 8.6.4.2.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure precautionary signs were displayed wherever supplemental oxygen was in use. This deficient practice had potential to affect all residents, staff and visitors. Findings:</p> <p>During the facility tour on 04/04/07 supplemental oxygen was observed stored or in use without precautionary signs in place. This was observed in the following rooms: 9110, 9205, 9246, 9311 and 9418.</p> <p>The above findings were acknowledged during the survey process by the facility manager and</p>	K 141	<p>K141</p> <p>Signs have posted at each entry door stating "Wildflower Court is a smoke free facility." Signs will be maintained in a new condition or replaced when needed.</p>	04/12/07

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K 141 K 144 SS=D	<p>Continued From page 6 during the exit conference by the administrator.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview the facility failed to ensure the emergency generator was exercised for 30 minutes under load. This potentially exposed residents to loss of illumination of exit egress, fire and smoke alarms, and life support equipment during power outage. Findings:</p> <p>During a record review of the generator maintenance documentation on 04/04/07, the generator was not exercised for 30 minutes under load for the months of January and February 2007.</p> <p>Interview with the Facility manager on 04/04/07 disclosed that the generators were not run for 30 minutes because the Information Technology personnel stated it would interfere with the computer system. Of note, the generator was exercised for 30 minutes during the month of March.</p> <p>The above findings were acknowledged by the facility manager and administrator during the exit conference.</p>	K 141 K 144	<p>K144</p> <p>Due to perceived electrical surges and computer server concerns load tests were not performed in January and February of 2007. Transient surge suppressor has been installed to assure proper voltage supply at all times: 4/17/07 Thirty minute load testing has resumed in March of 2007. Transient surge suppressor will be monitored visually weekly to assure operational status.</p>	04/17/07

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K 147 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that approved wiring was maintained. This potentially exposed residents to electrical fire hazard. Findings include:</p> <p>Observation during the facility tour on 04/04/07, revealed a yellow extension cord in resident room 9242 that was plugged into the wall but not attached to an appliance.</p> <p>Further observations on 04/04/07 revealed a white extension cord being used to power a stereo radio in the dish washing room 8042a.</p> <p>These observations were acknowledged by the facility manager.</p>	K 147	<p>K147</p> <p>Yellow extension cord in room 9242 is needed to charge wheelchairs internal battery charger. Resident has been asked to unplug the cord from the wall when not in use. White extension cord in dish room has been removed.</p> <p>Housekeepers and custodians have been asked to monitor their assigned areas for extension cords. If found they have been instructed to inform the Director of Custodial services or Maintenance. The cords use will be evaluated and replaced if warranted. Use of extension cords will be added to new hire orientation and at the annual life safety in-service.</p>	04/11/07
K 154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the facility failed to have a policy that addressed the procedures to follow should the facility 's</p>	K 154	<p>K154</p> <p>See attached policy & procedure regarding Fire Watch.</p> <p>Fire Watch procedures and training will be given to staff likely to perform this function Monday.</p> <p>Fire Watch procedures will be incorporated into the annual life safety in-service</p>	05/07/07 05/07/07

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K 154	Continued From page 8 sprinkler system be out of service. As a result, staff may not take the appropriate steps to ensure the residents are safe from fire or smoke should these situations occur. Findings: A review of the facility emergency procedures on 04/04/07 revealed no documented procedures for the notification of the local fire authority, establishing an approved fire watch, or other steps staff should take in the event of a loss of the sprinkler system. Interview with the Facility manager on 04/04/07 verified that while they had knowledge of steps to take there was no policy describing the steps that would be taken.	K 154			
155 S=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure a policy was in place that described procedures to be followed in the event that the fire alarm was out of service for more than 4 hours in a 24-hour period. Without such a policy in place, there was no assurance that in the event of a failure of the facility's fire alarm, facility staff and management would follow required procedures, such as notifying authorities and either evacuating the building or providing for an approved fire watch. This deficient practice	K 155	K155 See attached policy & procedure regarding Fire Watch within Wildflower Court. Fire Watch procedures and training will be given to staff likely to perform this function Monday. Fire Watch procedures will be incorporated into the annual life safety in-service	05/07/07	

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K 155	<p>Continued From page 9 affected all occupants of the building. Findings:</p> <p>Record review on 04/04/07 found no policy outlining a procedure for when the fire alarm was out of service for more than 4 hours in a 24-hour period.</p> <p>The findings listed above were acknowledged at the time by the facility manager and the administrator.</p>	K 155		

Appendix B

Letters of Support

HENRY I. AKIYAMA, M.D., F.A.C.C., P.C.

INTERNAL MEDICINE
& CARDIOLOGY

1420 GLACIER AVENUE
JUNEAU, ALASKA 99801

TELEPHONE (907) 586-6226
FAX (907) 586-6155

February 28, 2007

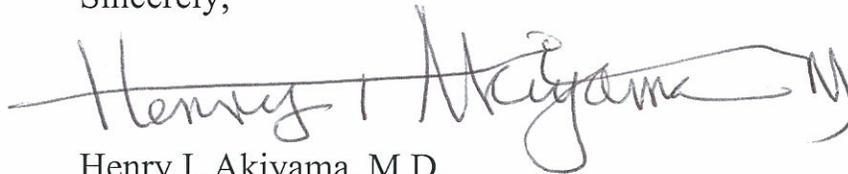
To Whom It May Concern:

Wildflower Court is indispensable in Juneau's healthcare system.

Access to quality long term health care is an increasing problem as seniors are living longer, many suffering from disabling chronic illnesses.

I support the addition of eight more beds to meet the increasing needs of Wildflower Court.

Sincerely,

A handwritten signature in black ink that reads "Henry I. Akiyama" with a stylized flourish at the end.

Henry I. Akiyama, M.D.

HIA/aka

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SARAH PALIN, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

February 21, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan:

This letter is written to express support from the Alaska Commission on Aging for the addition of 8 skilled care beds at Wildflower Court. The Commission is concerned about the large need for skilled nursing care in Juneau that is currently not being met by existing providers resulting in wait lists for admission to Wildflower Court and the unfortunate situation where some older Juneau residents having to relocate to other communities in order to receive rehab and long term care services.

The demographics in Alaska are changing. Over the last ten years, the number of Alaskans 60 and older has increased significantly and based on current projections, this trend will continue as the population is expected to more than double, some say triple, in the next 25 years, particularly with the aging of the baby boomers and more older Alaskans choosing to age in place. This demographic boom has profound policy implications for us as a state as we prepare to meet the future demands of a growing aging population.

The need for long-term care services will rise concomitantly with the growth of the older Alaskan population, and is a situation that needs to be addressed statewide as well as in local communities. Older persons in need of long term care should be allowed to remain in their home communities for as long as possible, to be near their family and friends. Moving to a new place can be very traumatic for an older person leading to complications in their health and well-being.

We wish you success in your efforts to secure additional assisted living beds at Wildflower Court. Feel free to contact me should you require anything further.

Sincerely,



Denise Daniello

Executive Director

Alaska State Legislature

Juneau Delegation
Senator Kim Elton
Representative Beth Kerttula
Representative Andrea Doll



State Capitol
Juneau, Alaska
99801-1182

March 6, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan,

We support the addition of eight skilled nursing care beds to Wildflower Court. Too often, Juneau residents are transferred out of town, disrupting their continuum of care and separating them from important support networks.

Juneau is in great need of more beds in both skilled nursing care and assisted living. Waitlists are incredibly long and residents who find themselves in need of either type of care are too often transferred to other homes in Alaska or even out of state for extended periods while they wait for a bed in Juneau. This disrupts their connection to family and friends, as well as the programs and services within the community. Such moves often begin a difficult period in which programs and services must be re-established or begun in lonely and unfamiliar places.

We applaud Wildflower Court's efforts to expand the availability of care in Juneau so our residents may be served more easily in their local community.

Sincerely,

Handwritten signature of Senator Kim Elton in blue ink.

Senator Kim Elton

Handwritten signature of Representative Beth Kerttula in blue ink.

Representative Beth Kerttula

Handwritten signature of Representative Andrea Doll in blue ink.

Representative Andrea Doll



**ALASKA
COMMUNITY
SERVICES, INC.**

Helping Alaska's Seniors — Help Alaska

ANCHORAGE

1057 W. Fireweed Lane, #103
Anchorage, AK 99503

Phone: (907) 276-6472
Fax: (907) 276-6475

www.akcommunityservices.org

FAIRBANKS

HOMER

JUNEAU

KENAI

KETCHIKAN

SEWARD

WASILLA

Mary Fitterer, Program Coordinator
Alaska Community Services, Inc.
National Senior Service Corps
3100 Channel Drive
Juneau, AK 998901

June 27, 2006

To Whom It May Concern:

I want to support Wildflower Court's request to add 8 additional beds to their facility. Many seniors in Juneau who have a need for assisted living and medical care that require a nursing home facility are placed on a waiting list or often sent outside the community to Sitka or Petersburg. Being sent outside one's community adds undo anxiety and tension to an already difficult transition for elderly people.

Juneau has a need for added beds in nursing homes.

Alaska Community Services, Inc. has a number of volunteers at Wildflower Court. It is a facility that has created a welcoming, friendly atmosphere that makes their primary concern the welfare of the residents. Our volunteers are welcomed and utilized.

Again, I support and encourage the addition of 8 beds at Wildflower Court.

Sincerely,

Mary Fitterer
Program Coordinator



Alzheimer's
Resource of Alaska

March 15, 2007

**Anchorage &
Statewide Services**

1750 Abbott Road
Anchorage, AK 99507
phone 907-561-3313
fax 907-561-3315
Toll-free in Alaska
800-478-1080

Fairbanks Services

Regency Court Mall
P.O. Box 72791
Fairbanks, AK 99707
phone 907-452-2277
fax 907-457-3376

Juneau Services

3100 Channel Drive
Suite 19
Juneau, AK 99801
phone 907-586-6044
fax 907-586-6084

Mat-Su Valley Services

Trinity Barn Plaza
P.O. Box 4406
Palmer, AK 99645
phone 907-746-3413
fax 907-746-3412

www.alzaska.org

To Whom It May Concern:

The Alzheimer's Disease Resource Agency of Alaska has worked with Wildflower court for a number of years. This agency fully supports their request to add bed space to their facility.

The additional beds are unquestionably needed in our community. There are a number of caregivers that I work with that are at their limits. The person that they are caregiving for have become so difficult to care for that there is risk they might not get the care they need. I also see caregiver burnout, to the point that the caregiver is experiencing health problems both physical and mental of their own. Home and Community services cannot provide the 24 hour care that the person needs. Wildflower Court has admitted these clients. The families now have a great relationship with them and visit them daily. The clients are getting the medical care and social care that they need.

Currently and historically, there is a waiting list to be admitted. When clients are in need of support that they could only receive in a nursing home and the community cannot support these people with the number of beds that are available (the need out ways the resources). The alternatives have been that when someone becomes so acute that they can no longer be cared for in their home we have to look at flying them to Anchorage, or the lower forty-eight for care. This is really hard on the families and the clients who have complex diagnosis and medical needs. With additional space those families could look to Wildflower Court for placement of their love one.

I would also like to take the time to say that I have been to almost every nursing home in the state of Alaska with Wildflower Court being one of the nicest. Wildflower Court's environment and attention to detail makes their facility warm and inviting to both residence and visitors. I am continually amazed when a client moves in on how well

B5



Alzheimer's
Resource of Alaska

**Anchorage &
Statewide Services**

1750 Abbott Road
Anchorage, AK 99507
phone 907-561-3313
fax 907-561-3315
Toll-free in Alaska
800-478-1080

Fairbanks Services

Regency Court Mall
P.O. Box 72791
Fairbanks, AK 99707
phone 907-452-2277
fax 907-457-3376

Juneau Services

3100 Channel Drive
Suite 19
Juneau, AK 99801
phone 907-586-6044
fax 907-586-6084

Mat-Su Valley Services

Trinity Barn Plaza
P.O. Box 4406
Palmer, AK 99645
phone 907-746-3413
fax 907-746-3412

www.alzaska.org

they do. Often times their health improves. The families that were under so much stress from the day in day out of caregiving can now enjoy their relationship with their loved one.

I would highly hope the state sees Juneau's need for additional beds at Wildflower Court and approves the request.

Best regards,

Susan FitzGerald
Southeast Alaska Regional Outreach Coordinator
Alzheimer's Disease Resource Agency of Alaska



3225 Hospital Drive, Suite 101-A
Juneau, AK 99801
PH: 907.523.9080 • FX: 907.523.9081

Daniel Harrah, MD

*Board-certified
Orthopedic Surgeon*

March 12, 2007

Wildflower Court
Attn: Millie Duncan, Administrator
2000 Salmon Creek Lane
Juneau, AK 99801

Dear Ms. Duncan,

I am writing this letter in support of a certificate of need for Wildflower Court to add eight more beds to the facility. As a physician, I realize that there is a great need for this. I have had many, many patients that have had to go out of town because of the unavailability of beds at Wildflower Court. This makes it difficult for me to follow patients postoperatively and also makes it difficult for the patients and their families since many of them live out of town and must travel to outlying communities for their rehabilitation.

Sincerely,

A handwritten signature in black ink, appearing to be "Daniel Harrah", written over a light blue horizontal line.

Daniel Harrah, M.D.
DH:tsh

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

OFFICE OF PUBLIC ADVOCACY

SARAH PALIN, Governor

*P.O.Box 110225
JUNEAU, ALASKA 99811-0225*

211 4TH ST - STE 101

PHONE: (907) 465-4173

FAX: (907) 465-3645

April 20, 2007

To: Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

Re: Certificate of Need Letter

Dear Ms. Duncan,

I am writing to express my support for Wildflower Court's Certificate of Need to add additional skilled nursing beds. The facility seems to be always full anymore when our office has need for placement. Over the past year I have twice had to send clients to other towns to receive the care they need and then bring them back (if possible) months later when a bed opens. This causes separation and trauma to them, their families and changes in doctors etc. Additional beds at this excellent facility in Juneau would be a wonderful step, toward keeping the care of both long term care patients and shorter term rehabilitation clients closer to their homes.

The demographics in Alaska, like the rest of the nation, indicate a shift toward a majority elderly population within the next twenty years. Wildflower Court is already feeling the early effects as our wait list increases in size and greater numbers of inquires are fielded. More and more adult children encourage their parents to move to their families, and at times move directly to Wildflower Court from facilities in other states. All these activities related to admission continue to increase demand for the services offered.

For those who need short term rehabilitation stays, that service is only available when beds are available. With a long wait list fewer and fewer bed openings will be accessible.

Let's do what's right for our growing elderly population.

Sincerely,



Bill Herman/ Public Guardian



April 25, 2007

Carol Iverson
4110 Auburn Rd. NE
Salem, OR 97301

Dear Ms. Duncan,

My brother is at Wildflower Court now, and is receiving the best care I could ever hope for, but it took a long time to get him there.

When he was discharged from Bartlett Hospital, there was no room for him at Wildflower Court. He was put on a waiting list. He was then flown to Petersburg, but they could not provide the care he needed. At that point, because he was **still** on the waiting list, he was sent to Seattle. He made some progress, but not as much as we hoped. Part of the problem was that he was so far from home and very discouraged.

When he finally got a room at Wildflower, his progress was **amazing**. Instead of going downhill, he started dramatically improving!! I credit them for saving his life. I just wish so many months had not gone by waiting to get in!

He is very close to being well enough to go home. I will be eternally grateful to the wonderful staff at Wildflower Court. I only hope more people can have the chance my brother had.

The lack of space is really a concern to me and others. Sending people so far from home and family is really a sad thing. In Juneau, my brother had family, and he was only a ferry ride from his home. I hope you can understand and approve the addition of at least eight beds to this wonderful facility.

Sincerely,

Carol Iverson



1801 Salmon Creek Lane • Juneau, Alaska 99801
Phone: (907) 586-2434 • Fax: (907) 586-2446

Bob Urata, M.D.
Sharon Fisher, M.D.
Priscilla Valentine, M.D.
Lindy Jones, M.D.
Anya Maier, M.D.
Richard Welling, M.D.
Joseph Roth, M.D.
Dorothy Hernandez, M.D.
Don Schneider, M.D.
Justine Emerson, F.N.P.
Matthew Jones F.N.P.
Rebecca Young, F.N.P.

February 26, 2007

Millie Duncan, Administrator
Wildflower Court
2007 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan:

This is a letter to offer my support in you attempting to get more nursing home beds. As I am sure you are well aware, it is all too often that we have people in the hospital who are residents of Juneau who need nursing home care and unfortunately because of the long waiting list, they are unable to get admitted to the nursing home here in Juneau, so are forced to go to Wrangell, Petersburg or Sitka. When they go there they lose all their family and community support that is important for their health and well being. Adding eight more beds would help partially remedy this situation.

I appreciate you advocating for extra beds, and I truly hope that the state will understand the need to get these beds.

Sincerely,

Lindy Jones, M.D.

LJ/cmm

Family Practice Physicians
10301 GLACIER HIGHWAY • JUNEAU, ALASKA 99801
(907) 789-2910

WILLIAM M. COLE, M.D.
LARRY DEPUTE, P.A.-C.
NATE HADDOCK, M.D.
JULIE MCCORMICK, M.D.
ALEX MALTER, M.D.
ERIC OLSEN, M.D.
KIM C. SMITH, M.D.
WENDY SMITH, P.A.-C.

February 23, 2007

Ms. Millie Duncan
Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

To Whom It May Concern:

I am writing in support of Wildflower Court's application to get a certificate of need for eight more beds. I am an internist with an active practice in town, and have had many circumstances where I have tried to get patients in to Wildflower Court, but they have had no beds. Additionally, I serve as the medical director at the nursing home, and take care of approximately 20 patients there.

As noted above, it is quite common that physicians in the community have patients who would be appropriate for admission to Wildflower Court, either for permanent, long-term care or occasionally for subacute rehab type services. Unfortunately, it is also very common that all the beds are completely full.

As medical director of the facility, I feel very confident that the nursing home provides excellent quality care. Additionally, I have no doubt that if they receive approval for eight more beds, they will be able to provide excellent quality care. For any new residents.

Please feel free to call if you have any questions.

Sincerely,



Alex Malter, M.D.

AM/blh

Family Practice Physicians
10301 GLACIER HIGHWAY • JUNEAU, ALASKA 99801
(907) 789-2910

WILLIAM M. COLE, M.D.
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ALEX MALTER, M.D.
ERIC OLSEN, M.D.
KIM C. SMITH, M.D.
WENDY SMITH, P.A.-C.

February 23, 2007

FAXED

Ms. Millie Duncan
Administrator
Wildflower Court
2000 Salmon Creek Lane fax 463-8743
Juneau, AK 99801

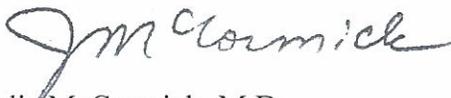
Dear Ms. Duncan:

I am writing to support that we need more beds for skilled nursing in our community. At least eight more beds that could be provided would be a start to assist with our needs in the community, and maybe more beds. We have many patients who stay in the hospital for an extended period of time, but could be out sooner. Their extended stays in the hospital puts them more at risk for nosocomial infections. Their extended stays could be reduced significantly if we had other skilled nursing beds available.

When I have had patients who have needed care, they have gone to communities surrounding Juneau, and they have been pulled away from their families and support systems here locally. Transitioning to and from these facilities is difficult, with airplane rides, for people who have significant injuries or fractures. This causes increased pain with traveling and it can become very problematic.

The addition of eight more beds to your facility would greatly improve the quality of care in Juneau and keep people closer to home and their support systems. If you have any questions, please don't hesitate to call.

Sincerely,



Julie McCormick, M.D.

JM/blh



The Bridge Adult Day Program

1803 Glacier Highway

Juneau, Alaska 99801

(907) 463-6170 • Fax (907) 586-1908

March 7, 2007

Re: Wildflower Court Certificate of Need application

To whom it may concern:

I am writing to support the addition of eight nursing beds at Wildflower Court in Juneau, Alaska. As the Supervisor of the Bridge Adult Day Program in Juneau, I support the development of home and community based services, but also recognize that there are times when people need long term care and/or residential rehabilitative services. Over the past few years, I have personally known several people who have had to leave Juneau for their rehabilitative services and health care because there were no beds available at Wildflower Court. The trauma of leaving their community was difficult not only for the elder, but also for their families and friends. The advocacy, emotional support, and direct care that families provide to their loved ones, especially when they are in need of rehabilitation services and/or long term care, affects the recovery rate as well as the quality of the recovery experience. Indeed, it can ultimately determine if someone recovers or if they simply just give up. Therefore, I urge you to approve the Certificate of Need application submitted by Wildflower Court.

Sincerely,

Mary E. Miller
Program Supervisor





SOUTHEAST SENIOR SERVICES

419 Sixth Street • Juneau, Alaska 99801
(907) 463-6192 • FAX (907) 586-9018
www.ccsjuneau.org

March 9, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

Dear Ms. Duncan,

Through this letter, I urge approval of at least eight additional skilled nursing beds for Wildflower Court, Juneau's only nursing home. We have a crisis situation regarding a lack of skilled nursing beds in Juneau, negatively impacting elders, families, and local institutions, such as Bartlett Regional Hospital. There are currently 20 people on the waiting list to get in to Wildflower Court and there are no alternatives in Juneau.

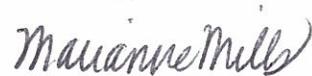
More and more families are having to send their loved ones to Sitka, Petersburg, or Wrangell because of the long waiting list at Wildflower Court. This is a burden on the families, who have had to maintain in essence two households; one in Juneau and another in the town where their loved one is living. These families are stretched and strained more than they would have been if there were an adequate number of nursing home beds in Juneau.

Needless to say, when the elder or person needing the skilled nursing care is removed from her own town, her quality of life suffers. Her friends are unable to visit her and she becomes more isolated. Her recovery is hampered by lack of socialization and the limitation that distance imposes on the amount of family support that the person can receive. If the individual is unable to recover, it is especially sad for the families to have their loved one die away from their home.

In addition, Bartlett Regional Hospital has been forced to keep patients beyond what Medicare will pay and has suffered financially. Under Medicare's 50 mile rule, if a patient refuses to go to a nursing facility outside of Juneau, the Hospital is obligated to let them stay. Bartlett Hospital, without payment, keeps elders—someone recovering from a fall, for instance—because there is no safe place for the elder to go. Juneau is also challenged by a lack of assisted living facilities.

The additional of eight more beds in Wildflower Court will help our community substantially.

Sincerely,


Marianne Mills
Program Director



A PROGRAM OF CATHOLIC COMMUNITY SERVICES

B14

May 20, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

Dear Ms. Duncan,

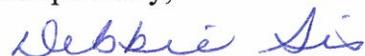
I am writing this letter in complete support of the addition of eight beds to Wildflower Court. This addition will greatly benefit the physical and emotional health of families in Juneau.

I am currently a very active Juneau Hospice and Home Care Volunteer who visits patients and their families in their homes. I also volunteer to see patients on my own, who have chronic and terminal illnesses, as I am a Healing Touch Practitioner. I recently retired from a very active Real Estate career, in order to pursue my "heart's work" of working with patient's who are ill and nearing the end of this life. I have seen how families have been stressed trying to either adapt their homes for their loved ones, while waiting months or a year or longer for a room to become available at Wildflower for their loved one, or sometimes, needing to sell their home in order to accommodate a family member into their home. I have seen all of the sacrifices that a family has had to make from both the group families aspect as well as that of the patient and it is heartbreaking sometimes. The patient does not want to be a burden and yet, at times, it cannot be helped, due to the shortage of beds available.

I am also aware, that there are times, when it is inevitable, due to circumstances that overflow patients have to be sent to outlying communities for nursing home care. These patients are then isolated, away from their families, friends and much needed programs and services. This is detrimental to their long term prognosis. This in itself seems just heartbreaking and unacceptable to me, personally. With the opening of eight more beds at Wildflower, this situation will vastly improve.

Please let me know if there is anything at all I can do personally, to further this cause. I visit patients regularly at Wildflower Court. I know several people who are currently on your waiting list. I have volunteered at Wildflower and moderated a meditation group for a few of the residents and totally support the wonderful respectful care the friendly staff gives to all of the residents.

Respectfully,



Debbie Sis 9073 Ninnis Dr. Juneau, AK 99801 (907) 723-6647 E-mail: dsis@gci.net



Southeast Medical Clinic

February 22, 2007

To Whom It May Concern:

I am writing in support of adding more beds to the Wildflower Court facility in Juneau. As an internal medicine physician who takes care of patients with multiple types of serious illnesses and many elderly people, I frequently have contact with Wildflower Court and its facilities. I am currently the primary care physician for three long-term residents of Wildflower Court.

I believe Wildflower Court is an invaluable asset for our community. I fully agree with the need for more bed availability at Wildflower Court. I often have difficulty with discharge planning for hospitalized patients who are not ready to return home, but no longer require an acute care facility. The majority of the time, a bed is not available at Wildflower Court for that type of situation. This situation often results in patients staying in an acute care facility longer than is appropriate, discharged to home earlier than is ideal, or transferred to a long-term care facility outside of Juneau, which is not ideal either. I strongly believe that there is need for additional beds at Wildflower Court.

Thank you for your consideration of this matter. If I may be of further assistance, please do not hesitate to contact me.

Sincerely,

Anne Standerwick, MD

AS/mjc



Fireweed Place

Tlingit-Haida Regional Housing Authority
"Housing Designed by Seniors for Seniors"
415 Willoughby Avenue Juneau, Alaska 99801
(907) 586-5000 • Fax (907) 586-5001

March 10, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan:

Fireweed Place has learned that Wildflower Court is preparing a Certificate of Need Request to the State of Alaska for an additional 8 beds for your facility. **This is great news.**

Fireweed Place is an independent living apartment complex for seniors located in downtown Juneau. We are constantly seeing tenants who are having to go outside of the community for additional care due to the lack of skilled nursing beds in Juneau. Not only is the person facing critical health care issues but on top of that he/she has the emotional upheaval of leaving behind family, friends and their church community – truly a support group that they need at such a time.

This is a traumatic experience for those placed in this position, as well as a logistical nightmare for family and friends. Until a person faces this challenge of learning that there is no place for a beloved family member to have care in Juneau they do not understand; once they are thrust into this situation it is complete disbelief.

Those of us who work within the elderly community know that there is an inadequacy in Juneau as far as skilled nursing, assisted living and rehabilitation beds and we welcome any additional beds that can be gained. Juneau facilities not only serve those that live here; they also serve the entire S.E. Alaska communities. There is a misconception among many that Juneau has ample skilled nursing beds when they see Wildflower Court, the Pioneer Home and Bartlett Hospital – reality soon sets in however that we are limited in the number of beds available.

Please know that Fireweed Place, the tenants that live here, as well as the families who have been forced to move their loved ones out of the community support your actions in requesting this Certificate of Need for 8 additional beds.

In the future we also hope that Juneau can establish an Assisted Living Facility for those who are not yet to the critical care stage but need assistance – a Goal that many of us have been working on for several years.

Sincerely,
Fireweed Place


Lorilyn E. Swanson, Manager

**Juneau Commission on Aging
155 Seward
Juneau, Alaska 99801**

March 10, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan:

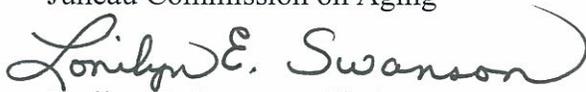
The Juneau Commission on Aging, on March 8th unanimously voted to strongly support your Certificate of Need application to the State of Alaska for 8 additional skilled care beds at Wildflower Court.

The Commission members are continually hearing of the need for not only skilled care beds but for those of assisted living and rehabilitation beds as well. A day does not go by that commission members are not reminded of how many of Juneau's long time residents have to go outside of the community to meet his/her medical needs. This is extremely traumatic for those who have made Juneau and S.E. Alaska their home for over 60 plus years and felt that when needed care facilities would be available to meet his/her needs only to find out that there is not. They not only have taken away their sense of being at home and within a community that they know but they also leave behind the support of family and friends. This also places a tremendous burden on spouses and family members who must travel or find accommodations outside of the community.

The need for skilled nursing beds as well as rehabilitation and assisted living beds in Juneau is critical and your endeavors to go forward with this Certificate of Need will help at least 8 more families in the S.E. Communities.

Should you need any additional support or testimonies please feel free to call on the Commission for support.

Sincerely,
Juneau Commission on Aging


Lorilyn E. Swanson, Chair

**Juneau Commission on Aging Members: Andrea Ebona-Michel; William Hosey; Beatrice Shepard;
Lorilyn Swanson, Chair; Bob Thibodeau, Vice Chair; Sandy Warner, Secretary**



1801 Salmon Creek Lane • Juneau, Alaska 99801
Phone: (907) 586-2434 • Fax: (907) 586-2446

Bob Urata, M.D.
Sharon Fisher, M.D.
Priscilla Valentine, M.D.
Lindy Jones, M.D.
Anya Maier, M.D.
Richard Welling, M.D.
Joseph Roth, M.D.
Dorothy Hernandez, M.D.
Don Schneider, M.D.
Justine Emerson, F.N.P.
Matthew Jones F.N.P.
Rebecca Young, F.N.P.

March 3, 2007

Ms. Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, Alaska 99801

Dear Ms. Duncan:

This is a letter in support of Wildflower Court's certificate of need to add eight more beds to its long term care facility. This is a letter of support because Juneau as a community does not have an adequate number of beds at this time.

My understanding of this is because of my work at Bartlett Regional Hospital, where it appears many times we cannot discharge an elderly patient to an appropriate facility because of lack of beds. Therefore, we are forced to convince the family to allow them to go to long-term care centers in Petersburg, Wrangell, or Sitka.

Unfortunately, many of these families do not want to have their loved ones go there, even for a short-term rehab session, so they end up staying at Bartlett Regional Hospital until they are convinced to go elsewhere.

Recently, it has been my experience that Wildflower Court has a greater than 8 person waiting list for a bed.

It is hoped that you will agree with the certificate of need in order to relieve this problem. As our population ages, the demand for long-term care beds will continue to increase at both the intermediate and skilled nursing levels.

Thank you for your kind attention to this matter. Please do not hesitate to call me for any questions or concerns.

Sincerely yours,

Bob Urata, M.D.

BU/cmm



Juneau Alliance for Mental Health, Inc.

*Quality Community-Based Mental Health Services
Since 1985*

March 14, 2007

Millie Duncan, Administrator
Wildflower Court
2000 Salmon Creek Lane
Juneau, AK 99801

Dear Ms. Duncan,

For a number of reasons, I am pleased to write this letter of support for the addition of 8 skilled care beds to Wildflower Court. First is the transport of many lifelong Juneau residents to facilities out of town, and sometimes out of state. Needed services could be provided in the home community if these beds were available for individuals requiring physical rehabilitation or long term care. Some of the clientele of Wildflower Court have had involvement with the JAMHI Emergency Services, clinic, or case management programs before they have been able to access care at Wildflower Court.

For nearly two years the 'wait list' for admission to Wildflower Court has grown, frequently postponing or preventing movement of potential residents into the facility. Essentially, this creates two undesirable situations:

1) Many times, acute care patients with potential for successful physical rehab during a short stay have been routed to other communities for convalescent or rehabilitative care. They are removed from support systems that have sustained them, including family, friends, familiar medical care providers-- and the agencies on which they may depend upon their re-entry to the community.

2) The demographics in Alaska, like the rest of the nation, indicate a shift toward a majority elderly population within the next twenty years. Wildflower Court is already feeling the early effects as our wait list increases in size and greater numbers of inquiries are fielded. More and more adult children encourage their parents to move to Juneau to be closer to their families, and at times move parents directly to Wildflower Court from facilities in other states. All these activities related to admission continue to increase demand for the services offered by our facility. As the wait list grows so does the possibility there are frail elderly in unsafe environments further endangered as the length of time increases for admission to Wildflower Court.

Residents requiring rehab and long term care services will receive these services wherever there is space available. Often, additional costs are incurred by the state when transportation for moving from one community to another is factored into the overall cost of care.

As with youth who experience a range of physical and/or emotional or cognitive problems requiring professional care, the elderly and the infirm enjoy an enhanced quality of life when disruptions are minimized. Separating these individuals from home and family when they need them most is the worst of all worlds and a situation that will in many instances be avoided by increasing the number of long term care beds in Juneau at Wildflower Court.

I strongly support the addition of 8 skilled care beds to Wildflower Court, and wish you all the best as you continue to provide much-needed care to Juneau residents.

Sincerely,

Pamela L. Watts, M.Coun., NCC
Administrator



1801 Salmon Creek Lane • Juneau, Alaska 99801
Phone: (907) 586-2434 • Fax: (907) 586-2446

Bob Urata, M.D.
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Dorothy Hernandez, M.D.
Don Schneider, M.D.
Justine Emerson, F.N.P.
Matthew Jones F.N.P.
Rebecca Young, F.N.P.

Letter of Support for Expansion

February 23, 2007

To Whom It May Concern:

I am writing this letter of support for the expansion project of Wildflower Court in Juneau. As a local family physician who has used their services in the past, I know how challenging it has been to locate rooms for patients in need of quality long-term skilled nursing care. The acquisition of eight more beds would be a significant improvement in our ability to provide necessary services for our aging population and I support this application of resources and energy to this end.

If I can provide further information, please don't hesitate to contact me.

Sincerely,

Richard Welling, MD