

Providence Alaska Transitional Care Center

50-Bed Transitional Care Facility

Providence Health & Services Alaska


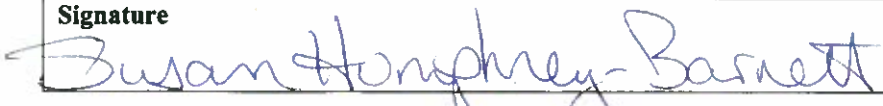
Certificate of Need Application

November 2011

Table of Contents

Section I. General Applicant Information	1
Section II. Summary Project Description	8
Section III. Description of Facilities and Capacity Indicators	11
Section IV. Narrative Review Questions	16
Section V. Consideration of Quality, Effectiveness, Efficiency, and Benefits of the Applicant's Services	35
Section VI. Narrative Description of How Project Meets Applicable Review Standards.....	40
Section VII. Construction Data.....	45
Section VIIIA. Financial Data - Acquisitions.....	47
Section VIIIB. Financial Data – Construction Only	48
Section IX. Financial Data – All Proposed Activities.....	49
Application Fee – Determination and Certification of Amount	61
Appendix A PECC Certification Letters.....	62
Appendix B Equipment List	65
Appendix C PECC Condition Survey.....	69
Appendix D Letters of Support.....	72
Appendix E Excerpt from Providence Health & Services Alaska Strategic Plan	77
Appendix F Organizational Chart.....	79
Appendix G Job Descriptions	81
Appendix H Resumes	110
Appendix I Site Plan	121
Appendix J Certified Cost Estimate	124

Section I. General Applicant Information

	CERTIFICATE OF NEED APPLICATION APPLICANT IDENTIFICATION AND CERTIFICATION OF ACCURACY
1. Applicant Identification	
Facility Name Providence Alaska Transitional Care Center	Medicaid Provider Number TBD
Facility Address (Street/City/State/Zip Code) 1101 Boniface Pkwy, Anchorage, AK 99504	Medicare Provider Number TBD
Name and mailing address of organization that operates the facility (if different from above) Providence Health & Services Alaska P.O. Box 196604 Anchorage AK 99519-6604	
Facility Administrator (Name, title, mailing address, including City/State/Zip Code) Denise Smith, PECC Administrator 4900 Eagle Street, Anchorage AK 99503	Telephone 907-212-0254 Facsimile 907-212- 0280 E-mail Denise.Smith@providence.org
Applicant (Name, title, mailing address, including City/State/Zip Code) Susan Humphrey-Barnett, Area Operations Administrator Providence Health & Services Alaska P.O. Box 196604 Anchorage AK 99519-6604	Telephone 907-212-3694 Facsimile 907-212-2884 E-mail Susan.HumphreyBarnett@providence.org
Principal Contact Person (Name, title, physical address, mailing address, including City/State/Zip Code) John Hale, Program Manager, Regional Business Planning & Development Providence Health & Services Alaska 3760 Piper St., Anchorage AK P.O. Box 196604 Anchorage AK 99519-6604	Telephone 907-212-2356 Mobile Phone Facsimile 907-212-2375 E-mail jvhale@providence.org
2. Ownership Information	
A. Type of Ownership (check applicable category) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> For profit: individual <input type="checkbox"/> For profit: partnership <input type="checkbox"/> For profit: corporation </div> <div style="width: 48%;"> <input type="checkbox"/> Not for profit: government <input checked="" type="checkbox"/> Not for profit: corporation <input type="checkbox"/> Other (specify): _____ </div> </div>	
B. List of all Owners (Page 2 of application) C. Accreditation Information (Page 2 of application)	
3. Agreement to participate in the Uniform Statewide Reporting System	
I hereby agree to participate in the uniform statewide reporting system required under AS 18.07.101 when requested to do so under 7 AAC 07.105(c).	
4. Certification of Accuracy by Certifying Officer of the Organization	
I hereby certify that the information contained in this application, including all documents that form any part of it, is true, to the best of my knowledge and belief. I agree to provide, within 60 days from receipt of a request from the department under 7 AAC 07.050(b), any additional information needed by the department to make a decision.	
Name Susan Humphrey-Barnett	Title Area Operations Administrator, Providence Health & Services (Alaska)
Signature 	Date 11/18/11

For Part 2.B. of the application form, provide the following ownership information under each requirement, using as much space as necessary to provide complete information:

- (1) For individual owners and partnerships, list the names, titles, organizational name, mailing and street addresses, and telephone and facsimile numbers of the owner or partners.**
- (2) For corporations, list the names, titles, and addresses of the corporate officers and Board of Directors. If the facility is a subsidiary of another company or has multiple owners, provide the names and addresses of the all of companies that have ownership in the facility.**
- (3) For governmental or other nonprofit owners, list the names and addresses of hospital board members.**

**Providence Health & Services
Board of Directors**

Effective: January 1, 2011

All Directors use this official address:

1801 Lind Ave. SW, #9016
Renton, WA 98057-9016

Jeffrey Clode, MD
M. Adrian Davis, LCM
Lucille Dean, SP
Mary Corita Heid, RSM
Michael Holcomb
Sallye Liner
Dana Rasmussen
Jim Roberts, MD
Owen Robinson
Cheryl M. Scott
Peter J. Snow
Michael A. Stein
Ellen Wolf

**Providence Health & Services
Corporate Officers**

John F. Koster, MD
President/CEO
1801 Lind Ave. SW, #9016
Renton, WA 98057-9016

Mike Butler
Executive Vice President/Finance &
Treasurer
1801 Lind Ave. SW, #9016
Renton, WA 98057-9016

Jeffrey W. Rogers
Corporate Secretary
1801 Lind Ave. SW, #9016
Renton, WA 98057-9016

**Providence Health & Services Alaska
Community Ministry Board
July 2011**

DAVID G. WIGHT, Chair

12130 Lilac Drive
Anchorage, AK 99516

ELEANOR ANDREWS, Vice Chair

Andrews Group, Owner
2627 C St., Suite 100
Anchorage, AK 99515

KRIS ERCHINGER, Secretary

Finance Director, City of Seward
P.O. Box 167
Seward, AK 99664

AL PARRISH, Ex officio member

Senior Vice President, Chief Executive
Providence Health & Services Alaska
P.O. Box 196604, Anchorage, AK 99519-6604

JEREMY GITOMER, MD, Ex officio member

Chief, PAMC Medical Staff
Providence Alaska Medical Center
3200 Providence Drive
Anchorage, AK 99508

KATHY J. ANDERSON

Independent Consultant
11500 Discovery Heights Circle
Anchorage, AK 99515

STEPHANIE BIRCH, RNC, FNP

Section Chief, Women's, Children's & Family Health
Alaska Department of Health & Social Services
4501 Business Park Blvd., Suite 24
Anchorage, AK 99503

JAMES B. BLASINGAME

P.O. Box 101338
Anchorage, AK 99510-7500

SUSAN BOMALASKI, PhD, LPC

Executive Director, Catholic Social Services
3710 E. 20th Ave.
Anchorage, AK 99508

PAT BRANSON

Chair, PKIMC Advisory Board
Providence Kodiak Island Medical Center
P.O. Box 3888
Kodiak, AK 99615

CAROL COMEAU

Superintendent, Anchorage School District
5530 E. Northern Lights Blvd.
Anchorage, AK 99504

JEFFERY COOK

Vice President, External Affairs
Flint Hill Resources
1100 H&H Lane
North Pole, AK 99705

DAVE DENGEL

Chief Executive Officer
Copper Valley Telephone
P.O. Box 2747
Valdez, AK 99686

CHRISTOPHER DYKE, MD

3841 Piper St., Suite T1-057
Anchorage, AK 99508

JOE FAULHABER

Owner, Real Estate Inc.
345 Paystreak Drive
Fairbanks, AK 99712

ROGER FLOERCHINGER

President, Yukon Title Company, Inc.
183 View Ave.
Fairbanks, AK 99712

JOHN E. HALL, MD

3200 Providence Drive
Anchorage, AK 99508

RICK JOHNSON

Owner, Innovative Benefit Design
1500 W. 33rd Ave., #210
Anchorage, AK 99508

Archbishop ROGER L. SCHWIETZ, OMI

225 Cordova St.
Anchorage, AK 99501

DEBBY SEDWICK

1112 S St.
Anchorage, AK 99501

PAM SHIRRELL, RN

State of Alaska, Public Health Department
P.O. Box 2319
Valdez, AK 99686

RICHARD STRUTZ

Regional President, Wells Fargo Bank
P.O. Box 196127
Anchorage, AK 99519

PAUL ZIMMER, MD

Chief, PKIMC Medical Staff
1915 Rezanoff Drive
Kodiak, AK 99615

For Part 2.C. of the application form, provide the following information:

Is this facility accredited or certified by a recognized national organization? ☒ Yes ☐ No

If yes, identify the organization, the date of accreditation or certification, and attach as an appendix to this application a copy of the most current accreditation or certification.

Providence Health & Services Alaska owns and operates Providence Extended Care Center. This existing facility is licensed for 170 skilled nursing home beds, of which 69 are dual Medicare certified. These certification letters are included in Appendix A.

The proposed Providence Transitional Care Center will utilize the existing Providence Extended Care Center license, although the number of licensed beds will be 50 at the time the new Transitional Care Center is opened.

Section II. Summary Project Description

Provide a one-page summary of the proposed project including:

- (1) A brief description of each proposed service, including whether equipment will be purchased or replaced and a list of that equipment.**
- (2) The number of square feet of construction/renovation.**
- (3) The number and type of beds/surgery suites/specialty rooms.**
- (4) Services to be expanded, added, replaced, or reduced.**
- (5) The total cost of the project.**
- (6) How the project will be financed.**
- (7) Estimated completion date.**

Providence Health & Services Alaska (Providence) proposes to build the Providence Transitional Care Center (TCC), a new 50-bed transitional care facility in East Anchorage. This facility is intended to be a replacement for the existing transitional care unit within the Providence Extended Care Center (PECC).

The TCC will focus on patients who need transitional care and meet the diverse needs of that population (e.g. age, language, medical need). This new facility is intended to provide transitional care services, similar to those currently offered at Providence Extended Care Center (PECC) but in a different location. The TCC will provide a modern facility that better supports patient needs, patient privacy and operational efficiency. Each patient in the TCC will have a private room with a private bathroom. The TCC will be licensed as a skilled nursing facility.

The TCC facility will be located on the same site as the Providence Alaska Cottages (the Cottages) and will purchase administrative and support services housed in the commons building of the Cottages. The Cottages is a 96-bed intermediate care facility that received a Certificate of Need in May of 2011 and is currently under construction. The Cottages consists of eight cottages, each cottage housing 12 residents, and a commons building housing administrative and support services.

The existing PECC is a 41-year-old facility of institutional design. It is licensed for 170 skilled nursing beds and currently provides both intermediate and transitional care (approximately 120 beds serve intermediate care residents and approximately 50 beds serve transitional care residents). Residents have semi-private rooms (two residents per room) and share half bathrooms (four residents per half bath). The physical layout of the facility does not easily support ambulation, social interaction, or privacy and dignity for the residents. Without significant renovation, the existing PECC facility is nearing the end of its usable life. The Cottages project is already underway to replace the intermediate care portion of PECC. That project is anticipated to be operational in January 2013. If the CON is approved, the TCC project is planned to be operational in January 2013 as well. It is anticipated that existing PECC will be closed as a long-term care facility after all of the transitional care patients either discharge or transfer to the new TCC.

Providence anticipates the future patient population will have care needs that are similar to PECC's current transitional care population: varied ages, numerous chronic and acute health conditions, and/or limited mobility/function. Patients receiving transitional care are typically medically complex and their care is focused on improvement. Transitional care patients need skilled services for 30 to 100 days or longer and are typically discharged to home, assisted living or to an intermediate care setting. These patients are no longer appropriate for an acute care setting, cannot be cared for at home or in an assisted living facility and need licensed nursing care facility to support their recovery and/or continued care.

The TCC provides the most effective, efficient and appropriate solution to the transitional care needs of the community, including:

- More efficiently serving the diverse needs of the population, including age, language, medical demands and behavioral support;
- Purchase of administrative and support services from the Cottages reduces the overall capital and operational costs for the facility;
- Available land/space on the site to support future to expansion to 72 beds, if supported by community need.

The new facility will have 35,962 square feet of space. The proposed new construction and equipment will cost an estimated \$16.4 million. The project will not utilize any debt financing. With approval of a certificate of need, construction will begin in May 2012, and the TCC will be operational in January 2013. Funds will be encumbered through December 2012. All construction is expected to be completed by January 2013.

After opening the TCC with 50 transitional care beds, Providence intends to reduce the number of licensed beds at PECC to 0, a reduction of 50 beds. As a net result, Anchorage/Mat-Su's long-term care bed capacity will have no net change from the projected 236 beds projected at the time the TCC opens.

The tables below reflect the number of Providence-owned licensed beds before, during and after this transition.

Current PECC – Q4 2011

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	120	50	170

Providence plans to reduce the number of licensed beds at PECC from 170 to 146 in preparation for the transition to the Cottages. This change will likely occur in first and second quarter 2012.

PECC – Prior to Transition to Cottages and TCC– Q1 – Q4 2012

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146

PECC, Cottages and TCC during Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146
Cottages	96**	0	96
TCC	0	50	50
Total	192	100	292

** 12 Beds will be dual Medicare / Medicaid Certified

PECC, Cottages and TCC after Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	0	0	0
Cottages	96**	0	96
TCC	0	50	50
Total	96	50	146

** 12 Beds will be dual Medicare / Medicaid Certified

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 (PECC)	Added, Expanded, or Replacement Capacity (Cottages)	TOTAL PROPOSED CAPACITY
IN-PATIENT ACUTE CARE HOSPITALS			
Acute Care Beds	0	0	0
One-bedroom/unit	0	0	0
Two-bedroom/unit	0	0	0
BEHAVIORAL HEALTH CARE			
Inpatient Acute Psychiatric Beds	0	0	0
RPTC Beds	0	0	0
Inpatient Substance Abuse Beds	0	0	0
LONG-TERM CARE			
Acute Beds	0	0	0
One-bedroom/unit	0	0	0
Two-bedroom/unit	0	0	0
Nursing Beds-Cottages			
One-bedroom/unit	0	+96 SNF beds (Cottages) + 50 SNF beds (TCC)	146 SNF beds
Two-bedroom/unit	85 rooms/170 SNF beds	0	0 SNF beds
DIAGNOSTIC AND DIAGNOSTIC IMAGING SERVICES			
CT Scanner	0		
MRI	0		
PET or PET/CT	0		
Cardiac Catheterization	0		
Emerging Med. Tech.	0		
SURGICAL CARE			
Ambulatory Surgery or Dedicated OP Suites	0		
Suites for IP & OP	0		
Endoscopy Suites	0		
Open-Heart Surgery	0		
Organ Transplantation	0		
THERAPEUTIC CARE			
Radiation Therapy	0		
Lithotripsy	0		
Renal Dialysis	0		
Current Capacity (Q4 2011)	170 SNF beds (PECC)		170 SNF beds
Projected Capacity (Q1 - Q4 2012)	146 SNF beds (PECC)		146 SNF beds
Total Capacity during Cottages and TCC Transition (Q1 2013)	146 SNF beds (PECC)	+ 96 SNF beds (Cottages) + 50 SNF beds (TCC)	292 SNF beds
Total Capacity after Transition to Cottages (Q1 – 2013)	0 SNF beds (PECC)	+ 96 SNF beds (Cottages) +50 SNF beds (TCC)	146 SNF beds

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.

This project is construction of a skilled nursing facility on the same site as the Cottages project, which received CON approval in May 2011. This project will, in the short term, increase the number of skilled nursing beds licensed in the Anchorage/Mat-Su area by 50 to a total of 292 beds. The new facility will focus on the care needs of residents needing transitional care. These residents cannot be cared for at home or in an assisted living facility. The TCC is intended to serve those who are medically unstable; whose stay is focused on improvement; who are likely to be discharged within 30-100 days; and who will be discharged back home, to assisted living or to an intermediate care setting.

The physical construction will be a single building with 50 beds in private rooms. The commons building from the Cottages project will house administration and other shared support resources for the TCC. The TCC will be connected to the commons building by an enclosed walkway.

Providence plans to reduce the number of transitional care beds at PECC from 50 to 0 once the new TCC is completed and patients can be transferred. This change will likely occur in Q1 2013. This will result in no net change in transitional care beds in the community.

The tables below reflect the number of Providence owned licensed beds before, during and after this transition.

Current PECC – Q4 2011

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	120	50	170

Providence plans to reduce the number of licensed beds at PECC from 170 to 146 in preparation for the transition to the Cottages. This change will likely occur in first and second quarter 2012.

PECC – Prior to Transition to Cottages and TCC– Q1 – Q4 2012

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146

PECC, Cottages and TCC during Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146
Cottages	96**	0	96
TCC	0	50	50
Total	192	100	292

** 12 Beds will be dual Medicare / Medicaid Certified

PECC, Cottages and TCC after Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	0	0	0
Cottages	96**	0	96
TCC	0	50	50
Total	96	50	146

** 12 Beds will be dual Medicare / Medicaid Certified

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

A list of the equipment to be purchased is located in Appendix B.

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

This project is for a new facility. There is no replacement equipment.

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

Site Utilities:

- Existing site utilities are to be utilized as fully as possible. Site utilities will be extended to the new Transitional Care Center as appropriate, including domestic and fire protection water supply, sanitary sewer, electrical power and telephone/data connection.

Transitional Care Building:

- Electrical: The primary electrical power will be located in the building; emergency generator power will be located in the adjacent Commons (Providence Alaska Cottages) building.
- Heating and ventilation: Heating boilers will provide the primary building heat and domestic hot water. The building will be equipped with a supply fan and exhaust fan air ventilation system. An emergency back-up building heat and ventilation system is not planned for the building.
- Air conditioning system: Air conditioning is planned for the common areas of building, design degree days will be accommodated via operable windows in patient rooms.
- Oxygen: Each room will have medical oxygen plumbed, saving room space and reducing ergonomic and safety issues related to oxygen tanks and equipment.

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

- Structural framing: Consist of a combination of wood stud framed load-bearing walls and glue-laminate structural post and beams supporting engineered wood roof structure (BCI).

- Floor system: Primarily consist of thickened edge concrete floor slab with internal grade beams located to support load bearing walls.
- Number of floors: Single floor (no basement).

G. Total square footage in current facility/project.

This application is for a new facility.

H. Total square footage of proposed facility/project.

<u>Transitional Care Center:</u>	35,300 square feet
Total Building Area:	35,962 square feet

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

Total of 50 beds = 719.24 square feet per bed

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

Common Areas	approximately 32 percent
Private Rooms	approximately 48 percent
Service Support	approximately 20 percent

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

The facility is expected to have an average daily census of 48 patients.

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.

Providence currently operates several facilities/services in the continuum of care in Anchorage:

- Providence Alaska Medical Center, 373-bed acute care hospital;
- Providence Extended Care Center, a 190-bed skilled nursing facility
- Providence Horizon House, a 60-unit assisted living facility with 20 additional beds in cottages for dementia care;
- Providence Home Health Care, providing nursing and therapy services in the home; and
- Providence Hospice, providing care and services to those who are dying and who live in their own home or a community-based setting.

A brief history of expansion and construction follows:

In acute care, Providence has completed the following projects over the last five years:

- Replacement of a catheterization laboratory (2006)
- Expansion of the Post-Anesthesia Care Unit (2006)
- Relocation and expansion of the Cancer Center (2006)
- Expansion of the Cardiovascular Observation Unit (2007)
- Expansion and relocation of sports medicine/rehabilitation therapy (2007)
- Expansion of the Newborn Intensive Care Unit (2007)
- Addition of a cardiac catheterization laboratory (2007)
- Relocation of the Sleep Disorders Center (2009)
- Replacement of a surgical robot (2009)
- Addition of an electrophysiology laboratory (2009)
- Emergency Power Supply System (2011)
- Providence Cottages (2012)
- Providence Alaska Medical Center has one project currently under way (Generations) that involves modernization and expansion of the Newborn Intensive Care Unit, maternity areas, surgery, and ancillary support services (2014).

Specifically in long-term care, PECC has made additions in 1987 and 2000 and remodeled the rehabilitation gym in 2004. The Providence Cottages project, replacing the existing intermediate care units in PECC will be operational in January 2013.

The proposed TCC project is in response to the age of the current PECC facility. According to the results of PECC Condition Survey, without significant renovation, the existing PECC facility is nearing the end of its usable life (Appendix C). This project has been part of the strategic planning process over the last three years. The land and the facility design are planned to enable up to 22 additional transitional care rooms to be added at a later date, if supported by community need.

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.)

As a Catholic not-for-profit health care provider, Providence has been serving Alaskans for more than 100 years. Our commitment to meet Alaskans' health care needs, both now and in the future, requires that Providence connect with our communities and have a deep understanding of their current and future health care needs. The proposed Providence TCC is consistent with the needs Providence has identified for long-term care services in our community, our region and our state. The long-term care population has diverse needs with a wide range of ages, multiple health conditions, limited mobility and behavioral health issues. A review of several state and other agency plans that deal with senior services shows a concern for access to the variety of services needed by seniors and the concern of the fast-growing population of people age 65 and older along with their demand on the health care system. The plans reviewed are listed in Section IV – Consistency with Local, Regional and State Government Plans. The proposed project has already garnered support from members of the community as reflected in Appendix D.

In securing the approval of the Governing Board of Providence Health & Services to proceed, the proposed project was required to be consistent with the Providence mission, core values, and operating commitments.

Consistency with Providence Mission

The Providence mission is:

“As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.”

Providence serves all Alaskans by providing acute and emergency care, outpatient services, home and hospice care, long-term care and wellness services.

As the state’s largest long-term care provider, Providence cares for our most vulnerable and frail population -- the adult and elderly with long-term health needs that require assistance outside of the home.

The proposed project is consistent with this mission.

Consistency with Providence Core Values

The 41-year-old PECC building is an institutional setting with little natural light, requiring two residents to share a room and four residents to share a half bath. The hallways are long and difficult to maneuver, resulting in a lack of social interaction and ability to self propel. These characteristics not only make it undesirable to the community, they also create significant challenges to assure privacy and dignity for patients, contrary to Providence's core values.

The TCC will be a dignified place where patients will have greater measures of privacy and ability to navigate the facility.

Respect: The TCC was designed with private patient rooms / bathrooms to provide respect of and dignity for those we care for. The existing PECC facility makes it difficult to ensure the privacy of our patients is maintained and is a deterrent, causing some community members to choose not to use PECC's services.

Compassion: In planning the move to the TCC we have considered the impact on both patients and employees. Efforts will be made to minimize the impact the transition might have on both groups.

Justice: The TCC will provide the appropriate environment of care for all transitional care patients.

Excellence: The TCC has been designed with improvement of the care delivery and overall patient experience in mind.

Stewardship: The TCC was developed to maximize the utilization of resources that could be shared with the Cottages. This allows Providence Alaska to provide transitional care at a lower overall cost to the community. The facility has been sized to meet existing needs but has been designed to allow fiscally responsible growth in the future should the need arise.

Consistency with Providence Operating Commitments

People-centered: Provides a patient-centered care environment proven to attract the best people to serve this population and carry out the ministry.

Service-oriented: Improves the quality of life for patients and leads to improved customer and family satisfaction.

Quality-focused: Facility designed and constructed to meet or exceed the most recent building codes.

Financially-responsible: Shares resources with the Cottages allowing for lower overall capital and operating costs.

Growing to Serve: Facility has been designed with the ability to increase capacity, if needed, for future growth.

Consistency with Providence Strategic Plans

Providence develops a three-year strategic plan and updates it annually. These plans establish and provide direction for the organization and its programs and services. As part of the strategic planning process, annual environmental analyzes are conducted to assess infrastructure, capacity, community needs and trends within Anchorage and Alaska to ensure Providence continues to adapt to future community needs. One of the principle goals driving the strategic plan is the goal of “transforming to meet growing community needs.” Assessment and analysis shows continued demand for long-term care services along with an inadequate infrastructure to support the care needs of the disabled and frail residents. An excerpt from our, Providence Health & Services Alaska, 2009-2011 Strategic Plan is in Appendix E.

Consistency with Local, Regional and State Government Plans

There are numerous local, regional and other state government plans that discuss long-term care needs for seniors in Alaska. Most plans stress the need to have adequate access to the variety of services needed by the senior population and note the high growth expected for the senior population.

The following reports were reviewed.

- “Alaska Health Care Strategies Planning Council. Final Report: Summary and Recommendations, 2007”
- “Alaska State Health Care Plan for Senior Services, FY2008-FY2011,” State of Alaska. DHSS. Alaska Commission on Aging.
- “Healthy Alaskans 2010”
- “Healthy Alaskans 2020”
- “Long Term Care and Cost Study,” 2006.
- “State Plan for Long Term Care Services,” 2008.
- “Transforming Health Care in Alaska,” Alaska Health Care Commission. 2009 Report/2010-2014 Strategic Plan.
- “Tribal Long Term Care Services Development Plan,” Alaska Tribal Health System, December, 2008

Consistency with Alaska Certificate of Need Review Standards and Methodologies

There are specific Alaska Review Standards and Methodologies for long-term care bed need. The projected need for this project utilized the state's formula.

The state formula is as follows:

Step One: Determine the projected long-term nursing care caseload using the formula:

C=CASU

C(caseload)= the average daily census of long-term nursing care patients five years from the project implementation date

Average Daily Census= patient days per year/365

CASU (composite age specific use)=defined as the cumulative average daily census of long-term nursing care patients per 1,000 persons for the age groups: 0-64 years, 65-74 years, 75 to 84 years, and 85 years and over, five-year implementation of the project, calculated as follows:

CASU = (UR_{<65} x PP_{<65}) + (UR_{65•74} x PP_{65•74}) + (UR_{75•84} x PP_{75•84}) + (UR_{>85} x PP_{>85}) where:

UR_{<65} = average nursing home bed use rate of the service area population aged 0 to 64 years for the preceding three years

PP_{<65} = the projected population 0 to 64 years for the fifth year from the project implementation date

UR_{65•74} = average nursing home bed use rate of the service area population aged 65 to 74 years for the preceding three years

PP_{65•74} = the projected population 65 to 74 years for the fifth year from the project implementation date

UR_{75•84} = average nursing home bed use rate of the service area population aged 75 to 84 years for the preceding three years

PP_{75•84} = the projected population 75 to 84 years for the fifth year from the project implementation date

UR_{>85} = average nursing home bed use rate of the service area population aged 85 years of age and older for the preceding three years

PP_{>85} = the projected population 85 years of age and older for the fifth year from the project implementation date.

The State of Alaska did a bed forecast for 2015 and 2020 using the specific methodology that showed an additional bed need of 96 beds for 2015 above the current supply of 314 available in 2010. The bed need in 2020 showed an additional bed need of 194 beds above the current supply of 314 (see following table - *Anchorage – Matanuska Susitna Borough Long Term Care Bed Need Forecasts for 2015/2020*).

Anchorage - Matanuska Susitna Borough Long Term Care Bed Need Forecasts for 2015/2020
PRELIMINARY – Pending Review

Using CON Methodology with Age Specific Use Rates Taken into Consideration (three-year average)

	Bed Days for Calendar Year (Prestige (2007 estimated) and PECC)					July 1 Census Count
Year	Total	Age 0-64	Age 65-74	Age 75-84	Age 85+	(Patients)
2007	103155	32514.65	20165.16	30587.02	19888.18	283
2008	97153	31365	18897	25218	21673	276
2009	100433	34818	21035	23913	20669	271
2008 mid-period population	366,341	341,054	15,680	7,262	2,345	
Avg bed days per person	0.2736	0.0965	1.2776	3.6591	8.8458	

Population Projections (AK Dept of Labor, 2007, AKSubStatePopProj.xls)					
	All Ages	0-64	65-74	75-84	85+
Pop proj 2015	404,745	364,887	26,993	9,403	3,462
Pop proj 2020	433,588	380224	36,308	12,956	4,100

Bed Day Projections						
2015	110756	35198	34486	34407	30624	
2020	118649	36678	46386	47408	36268	
Beds "Needed" Projections -- Days/365/90%						
	Total not Age Adjusted					Total Age Adjusted Need
2015	337.2	107.1	105.0	104.7	93.2	410.1
2020	361.2	111.7	141.2	144.3	110.4	507.6

over the 314 currently available in 2010:

2015	96
2020	194

Source: LTC Bed Need Anc-Mat-Su.doc – e-mail from Alice Rarig to Gretchen Guess and William Streur, July 14, 2010

At the time of the state's calculation, Prestige had 90 beds and PECC had 224 beds for a total of 314. Since that time PECC has lowered their licensed beds to 170 and the current supply is 260 beds. PECC is expected to further reduce its licensed beds to 146 during 2012. The projected number of Anchorage / Mat-Su beds before the Cottages facility and TCC opens is 236. The number of beds will temporarily increase to 382 when the new Cottages facility and TCC open in January 2013.

After the 96-bed Cottages facility and 50-bed TCC opens, Providence will decrease the number of beds available at PECC to 0, maintaining the number of Anchorage / Mat-Su skilled nursing beds at 236. This project fits within the projected community need based on the state's projections for population growth and utilization of long-term care beds.

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.

Providence Health & Services Alaska (Providence) proposes to build the Providence Transitional Care Center (TCC), a 50-bed transitional care facility in East Anchorage. This facility is intended to be a replacement for the existing transitional care unit within the Providence Extended Care Center (PECC).

The existing PECC is a 41-year-old facility of institutional design. Residents have semi-private rooms (two residents per room) and shared half bathrooms (four residents per half bath). The physical layout of the facility does not foster ambulation, social interaction, or privacy and dignity for the patients. Without significant renovation, the existing PECC facility is nearing the end of its usable life (Appendix C).

The new facility will offer increased privacy in bedrooms and bathing facilities and wider, shorter hallways to encourage ambulation and social interaction.

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.

Community Need and increasing demand for service

The state's long-term care bed need methodology shows that there is a growing demand overall and a significant increase of the population age 65 and older that is having an impact on the supply of long-term care beds. The methodology shows a demand of 96 additional beds in 2015 and a demand for additional 194 beds in 2020. The TCC facility design is planned to enable up to 22 additional beds at a later date, if supported by community need.

National trend

Nursing homes are now focused on patient-centered or patient-directed care as the model to better engage residents and give them more control of their daily lives.¹ Older nursing homes that are much like institutions or hospitals have provided challenges for patients. Long hallways

¹ Skilled Nursing Facility Replacement Evaluation Preliminary Report, Health Dimensions Group, March 2008, page 10.

make it difficult for individuals to ambulate, alone or with a walker, often causing them to choose wheelchairs in order to get to dining or other activities.

The TCC is designed with shorter, wider hallways to encourage ambulation. Residents have privacy and dignity with private rooms and baths equipped with appropriate lifts.

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.

This does not apply to the proposed replacement facility.

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.

The proposed project will serve the needs of adults who are in need of skilled nursing care. The facility will be routinely caring for transitional care residents -- those who are medically unstable, whose stay is focused on improvement, who will be discharged within 30-100 days, and will be discharged back home, to assisted living, or to an intermediate care setting. Typical patients will have transitional care needs that may include varied ages, numerous chronic and acute health conditions, and/or limited mobility/function. They cannot be cared for at home or in an assisted living facility.

The proposed facility is expected to have a similar resident population as PECC TCU, where the majority of residents are from the Anchorage service area (76 percent are from the Anchorage service area and 24 percent from other Alaskan communities). Residents are most often over the age of 65 (62 percent) but adults under 65 (38 percent) are also served. The Anchorage population projection for seniors shows a dramatic increase expected for the Anchorage service area with a 152 percent increase between 2010 and 2030. The under 65 population is expected to increase 9 percent during that same time period.

Alaska Department of Labor Anchorage Projected Population Estimates, 2010-2030						
Age	2010	2015	2020	2025	2030	Percent Change
0-64	271,039	276,096	281,266	287,535	294,765	9%
65+	22,284	30,806	40,821	50,171	56,206	152%
Total	293,323	306,902	322,087	337,706	350,971	20%
Source:	<u>Alaska Population Projections, 2007-2030.</u> Alaska Department of Labor Table 3.4 Municipality of Anchorage Population by Age and Sex, and Components of Change 2006-2030.					

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

The new proposed facility is expected to have a similar patient origin distribution as PECC. PECC's TCU patient origin for the period 7/1/2010 to 6/30/2011 was as follows.

Table IV.B.4.a.1
Providence Extended Care Center – Transitional Care Unit
Patient Origin, Region, Percentage, 7/1/10 to 6/30/11

Region	Percentage of Patients
Northern	0%
Interior	4%
Western	1%
Anchorage	76%
Kenai-Peninsula Borough	4%
Mat-Su Borough	7%
Valdez/Cordova	1%
Southeast	3%
Lower 48	0%
Unknown	4%
Total	100%

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.

As seen in Table IV.B.4.a.1 above, approximately 24 percent of PECC's residents live outside of the Anchorage service area.

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.

The proposed TCC facility is expected to have similar distribution of race, gender, and age as PECC. The following data is from PECC transitional care patients during the time period indicated on teach table.

Table IV.B.4.c.1
Providence Extended Care Center – Transitional Care Patients
Patient Origin, Race, Percentage, 7/1/10 to 6/30/11

Race	Percentage of Patients
White	81%
Black	2%
Asian/Pacific	7%
Alaska Native / Native American	2%
Hawaiian	2%
Unknown	0%
Total	100%*

* Individual values do not sum to 100% due to rounding

Table IV.B.4.c.2
Providence Extended Care Center – Transitional Care Patients
Patient Origin, Gender, Percentage, 7/1/2010 to 6/30/2011

Gender	Percentage of Patients
Female	57%
Male	43%
Total	100%

Table IV.B.4.c.3.
Providence Extended Care Center – Transitional Care Patients
Patient Origin, Age, Percentage, 7/1/2010 to 6/30/2011

Age	Percentage of Patients
< 35	2%
35 to 44	2%
45 to 54	14%
55 to 64	21%
65 to 74	23%
75 to 84	24%
85 and higher	15%
Total	100%*

* Individual values do not sum to 100% due to rounding

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.

Providence anticipates the future patient population will have care needs that are similar to PECC's current transitional care population: varied ages, numerous chronic and acute health conditions, and/or limited mobility/function. Patients receiving transitional care are typically medically complex and their care is focused on improvement. Transitional care patients need skilled services for 30 to 100 days or longer and are typically discharged to home, assisted living or to an intermediate care setting. These patients are no longer appropriate for an acute care setting, cannot be cared for at home or in an assisted living facility and a need licensed nursing care facility to support their recovery and/or continued care.

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;

See Tables IV.B.4.a.1 through Table IV.4.c.3 for the experience of PECC TCU from July 2010 to June 2011. Table IV.B.5.a.1 shows the annual resident days and resident census for

all of PECC, including intermediate and transitional care residents, for 2005-2011. The facility will be serving a similar population.

**Table IV.B.5.a.1
PECC Resident Days, 2005-2011**

Year	Resident Days	Resident Census (July 1)
2005	75,529	205
2006	72,859	194
2007	71,459	196
2008	71,320	190
2009	71,506	193
2010	62,913	164
2011*	47,865	162

* YTD (October)

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 TCC will serve a population similar to the population at PECC. The facility will provide patients with increased privacy and is expected to have an average daily census of 48 patients.

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.

See Table IV.B.5.a.1 for five years of historic utilization data from PECC. Table IV.B.5.c.1 shows monthly resident day volumes for October 2010 through October 2011. This includes both intermediate care residents and transitional care patients. PECC reduced its licensed number of beds from 190 to 170 effective October 2011.

**Table IV.B.5.c.1
PECC Resident Days, November 2010-October 2011**

Month	Resident Days
November 2010	4,542
December	4,852
January 2011	4,945
February	4,546
March	5,085
April	4,897
May	5,044
June	4,861
July	4,868
August	4,671
September	4,367
October	4,581

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.

Providence plans to reduce the number of licensed beds at PECC from 170 to 146 in preparation for the transition to the Cottages, but the existing number of transitional care beds will be maintained. The reduction will be in intermediate care beds. This change will likely occur in the first and second quarter 2012. The Cottages and TCC are planned to be operational and ready for occupancy in January 2013. At that time, existing intermediate care residents from PECC will transition to the Cottages and the transitional care patients will move to the TCC. As residents and patients leave PECC, these open beds will not be refilled. PECC will be reducing the number of licensed beds from 146 to 0.

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
- (2) number of patient days
- (3) average length of stay
- (4) percent occupancy
- (5) average daily census
- (6) number of licensed beds
- (7) number of beds set up
- (8) number of inpatient and outpatient surgeries and surgery minutes
- (9) number of existing surgery suites in the service area
- (10) number of procedures
- (11) number of treatment rooms
- (12) number of patients served
- (13) number of outpatient visits
- (14) number of laboratory tests
- (15) number of x-rays
- (15) number of ER visits
- (16) number of CT, MRI, PET or PET/CT scanners

**Table IV. B. 5.e.1
Providence TCC
Projected Utilization Calculations, 2013-2016**

Data	2013	2014	2015	2016
Admissions	579	579	579	579
Discharges	579	579	579	579
Resident days	17,520	17,520	17,520	17,520
Avg. length of stay	30	30	30	30
Occupancy	96%	96%	96%	96%
Avg. daily census	48	48	48	48
Licensed beds	50	50	50	50
Beds set up	50	50	50	50

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

The result of this project and ensuing reduction in licensed beds at PECC will result in no net change in available beds.

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

The existing PECC is a 41-year-old facility of institutional design. Residents have semi-private rooms (two/room) and shared half bathrooms (four/half bath). The physical layout of the facility does not foster ambulation, social interaction, or privacy and dignity for the patients. Shared rooms reduce the overall available bed capacity due to patient gender differences, infections, illnesses and behavior issues. Without significant renovation, the existing PECC facility is nearing the end of its usable life (Appendix C). It is anticipated that existing transitional care unit at PECC will be closed shortly after the TCC is opened.

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

See Appendix D.

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.

This project temporarily increases capacity by 50 skilled nursing beds. Bed need using the state's methodology based on a three-year historic use rate and population projections shows a need of 120 beds in 2015, 159 beds in 2017 and 216 beds in 2020 over the 280 current bed supply. This proposed project fits within the need projections.

Table IV. B. 6
Projection of LTC Bed Need,
Anchorage/Mat-Su Service Area,
2015, 2017, 2020

	Total	0-64	65-74	75-84	85+	July 1 Census Count
Bed Days						
2007	103,154	32,514	20,165	30,587	19,888	283
2008	97,153	31,365	18,897	25,218	21,673	276
2009	100,435	34,818	21,035	23,913	20,669	271
3 yr avg days	100,247	32,899	20,032	26,573	20,743	
Population						
2006	359,987	337,065	13,912	6,882	2,128	Estimated by DOL
2007	364,403	339,995	14,975	7,138	2,295	interpolated
2008	368,820	342,926	16,038	7,394	2,462	interpolated
2009	373,235	345,856	17,101	7,650	2,628	interpolated
2010	377,651	348,786	18,164	7,906	2,795	Estimated By DOL
3 yr avg pop	368,819	342,926	16,038	7,394	2,462	
use rate (days/pop)						
	0.2718	0.0959	1.2491	3.5938	8.4271	
Population Projections						
2015	404,745	364,887	26,993	9,403	3,462	Estimated by DOL
2017	416,282	371,022	30,719	10,824	3,717	Estimated by DOL
2020	433,588	380,224	36,308	12,956	4,100	Estimated by DOL
Days Projection (Pop*use rate)						
	Not Age Adjusted					
2015	110,012	35,006	33,716	33,793	29,175	131,689
2017	113,148	35,594	38,370	38,900	31,325	144,190
2020	117,852	36,477	45,351	46,561	34,551	162,941
Beds Needed (days/365/90% occ)						
	Not Age Adjusted					Age Adjusted Beds Needed
2015	335	107	103	103	89	401
2017	344	108	117	118	95	439
2020	359	111	138	142	105	496
Beds needed over the current 280 in 2010:				2015	121	Beds needed
				2017	159	Beds needed
				2020	216	Beds needed

The tables below reflect the number of Providence owned licensed beds before, during and after this transition.

Current PECC – Q4 2011

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	120	50	170

Providence plans to reduce the number of licensed beds at PECC from 170 to 146 in preparation for the transition to the Cottages. This change will likely occur in first and second quarter 2012.

PECC – Prior to Transition to Cottages and TCC– Q1 – Q4 2012

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146

PECC, Cottages and TCC during Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146
Cottages	96**	0	96
TCC	0	50	50
Total	192	100	292

** 12 Beds will be dual Medicare / Medicaid Certified

PECC, Cottages and TCC after Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	0	0	0
Cottages	96**	0	96
TCC	0	50	50
Total	96	50	146

** 12 Beds will be dual Medicare / Medicaid Certified

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.

Option 1: Status Quo: Keep beds at PECC. Providence Alaska decided against this option because it would keep transitional care patients in a facility with an institutional design and limitations to operational efficiency. In addition, the facility needs significant investment to remain operational (Appendix C). The capital cost to renovate the building would be similar to constructing a new facility and would not have the same useable life as a new building before requiring adding renovation or replacement. This is not an acceptable solution.

Option 2: Exit the business. Providence Alaska decided against this option because of its 30-year commitment to the community to provide transitional care and our mission focus. PECC is the primary provider of transitional care services in the community.

Option 3: Build a transitional care facility on the Providence Alaska Medical Center (PAMC) campus – Providence Alaska explored locating a transitional care facility on the PAMC campus. This was not pursued due to limited real estate availability and higher construction costs.

Option 4: Build a transitional care facility co-located with the Cottages - Build a 50-bed TCC co-located with the recently approved Cottages. Providence chose this model because it has a more cost-effective construction cost, the real estate was already available and co-location allows economies of scale. The TCC is planned to be completed and ready for occupancy in January 2013. At that time, existing transitional care patients from PECC will transition to the TCC. As patients leave PECC, their open beds will not be refilled with new patients. At the completion of the transition, the TCC will have up to 50 transitional care patients and PECC will be closed as a nursing facility. The TCC facility design is planned so up to 22 additional beds can be added. There is also additional land available on the same site for further expansion of the Cottages.

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.

There are no issues.

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.

In Anchorage, there are two skilled nursing facilities: PECC and Prestige. Prestige, a 90-bed, for-profit facility, was built in 1986 and was formerly known as the Mary Conrad Center. Prestige provides skilled nursing care and rehabilitation. Prestige has private rooms and bathing facilities and is a household model. It is our understanding that it operates near capacity.

PECC also provides skilled nursing care and rehabilitation. The 170-bed, non-profit facility built in 1970 has semi-private rooms and four residents share a half bath. Bathing facilities are down the hall. PECC is a facility that provides charity care.

Both facilities have Medicare- and Medicaid-certified beds.

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
- b. provide an alternative or unique service
- c. provide a service for a specific target population
- d. provide needed competition

a. Complement existing services – The proposed TCC facility will provide a different physical layout that has wider hallways within a modern physical plant. Co-location with the Cottages allows for contracting of support resources between the two facilities, creating economies of scale. The TCC will be attached to the commons building by an enclosed walkway.

b. Unique service - The TCC will be the only not-for-profit transitional care facility in the Anchorage / Mat-Su service area.

c. Target population – This facility will target adults needing transitional care for rehabilitation.

Providence anticipates the future patient population will have care needs that are similar to PECC's current transitional care population: varied ages, numerous chronic and acute health conditions, limited mobility/function and/or mental health issues. Patients receiving transitional care are typically medically complex and their care is focused on improvement. Transitional care patients need skilled services for 30 to 100 days or longer and are typically discharged to home, assisted living or to an intermediate care setting. These patients are no longer appropriate for an acute care setting, cannot be cared for at home or in an assisted living facility and a need licensed nursing care facility to support their recovery and/or continued care.

d. Competition – Both facilities in the Anchorage area are operating at 80 percent occupancy or higher. Patients are often waiting in hospital beds for an available skilled nursing bed.

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.

The proposed new facility will develop transfer agreements with Providence Alaska Medical Center (PAMC) and other facilities as needed. The existing PECC currently has a transfer agreement with PAMC.

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.

As a not-for-profit institution, Providence reinvests dollars spent on health care back into the community. Reinvesting in infrastructure to enhance patient safety, quality, and service excellence are at the heart of this proposal. The financial feasibility of the proposed project is demonstrated in the financial statements presented in Section IX. Though the proposed TCC is projected to sustain ongoing operational losses, these losses are the result of Providence's mission of providing care regardless of patients' ability to pay. The project is financially supported by the stable and sustainable operations of Providence Health & Services Alaska.

The proposed TCC would allow Providence to provide transitional care in an appropriate setting, at a significantly lower cost than they would incur by staying in an acute-care setting.

Providence currently offers transitional care at PECC. Today, PECC is the largest nursing home in Alaska, one of only two facilities in Anchorage. However, as PECC approaches its 41st year of existence, the building is reaching a point where major renovations or replacement must occur (Appendix C).

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 proposed project will not be financed through debt issuance. Providence Health & Services Alaska has the financial resources to undertake and operate the proposed project successfully.

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;

There is an anticipated one-time 14.4 percent increase in the pricing of services on a per bed basis; beginning at the facility's opening in 2013. This increase assumes the projected 2010 rebasing and CON capital estimate. Cost-based payers, including Medicaid, will be impacted by the additional capital costs of this project. The projected impact on Medicaid rates is shown in Schedule III of Section IX.

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);

PHSA projects a 20.0 percent increase in Medicaid reimbursement in Q1 2013, with standard annual inflation and quadrennial rebasing thereafter.

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

The proposed project will improve the overall ability of Providence to continue operations by allowing us to care for patients in an appropriate environment. The historical and projected financial statements included in Section IX indicate the financial feasibility of the proposed project. Though the proposed TCC is projected to sustain ongoing operational losses, these losses are the result of Providence's mission of providing care regardless of ability to pay.

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.

Needs of and access to Services by Medically Underserved Persons

Providence provides care without regard for patients' ability to pay, consistent with the Providence mission to provide high-quality health care to all individuals, with special concern for the poor and vulnerable. This is reflected in the annual amount of charity care provided by Providence in Alaska and the projected charity care for the TCC.

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.

**Table IV.F.1.
Providence Health & Services Alaska
Total Deductions from Revenue - Historical
2006 – 2010**

	Year	Charity Care	Contractual Allowances	Bad Debt	Other	Total Deductions from Revenue
<i>Actual</i>	2006	29,483,722	100,523,865	34,434,951	299,755,414	464,197,952
	2007	34,758,350	106,528,002	57,116,036	334,821,648	533,224,037
	2008	51,156,102	117,515,072	45,130,568	389,074,907	602,876,649
	2009	60,737,092	131,919,609	48,283,558	422,864,668	663,804,927
	2010	70,859,297	149,997,571	50,071,386	518,471,739	789,399,993

**Table IV.F.1.
Providence Alaska TCC
Total Deductions from Revenue - Estimated
Projected 2013-2015**

	Year	Charity Care	Contractual Allowances	Bad Debt	Other	Total Deductions from Revenue
<i>Projected</i>	2013	1,040,000	0	214,000	9,708,000	10,962,000
	2014	1,093,000	0	225,000	10,490,000	11,809,000
	2015	1,147,000	0	236,000	11,300,000	12,686,000

3. Address the following access issues:

- a. transportation and travel time to the facility;**
- b. special architectural provisions for the aged and persons with a disability;**
- c. hours of operation; and**
- d. the institution's policies for nondiscrimination in patient services.**

a. Transportation and travel time to facilities

The new proposed facility will be located in Anchorage, which is Alaska's largest city and home to 42 percent of the state's population. Transportation can be provided by private vehicles, public transportation, medical transport and community van pools. The proposed facility is in East Anchorage, which is within a 30 minute drive or less for residents of Anchorage and from the international airport. It is within 60 minute drive for residents of the Mat-Su Borough.

b. Special architectural provisions for the handicapped and aged

Providence complies with the rules and regulations of the Federal Register Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities and Alaska State Department of Health & Social Services, which oversees licensing and certification. Internal improvements would comply with standards set forth in the Americans with Disabilities Act (ADA).

c. Service hours of operation

The TCC will operate 24 hours a day, seven days a week.

d. Institutional policies for non-discrimination in resident services

Providence provides care without regard for patients' ability to pay, consistent with the Providence mission of the Sisters of Providence to provide quality health care to all individuals.

Providence will not discriminate against a resident because of race, creed, color, or national origin.

Patients who speak English as a second language are usually assisted by family members. An interpreter service is offered via the telephone. For Alaska Native languages, volunteers from the Alaska Native Medical Center or Southcentral Foundation are utilized. Specific cultural needs of residents will be documented in their plan of care so all care providers are made aware of their specific needs.

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.

The TCC will be licensed as one skilled nursing facility that is dual Medicare/Medicaid certified.

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

Providence has a Quality Strategic Plan and a Performance Improvement program in place to monitor and evaluate the entire continuum of care to support and promote quality care and services. Full cooperation with all divisions of the organization must be maintained to facilitate the mission of Providence and its care delivery system, and to perform measurable quality care. An important aspect of ensuring high-quality service in organizational performance is effectively reducing factors that contribute to unanticipated adverse events and/or outcomes.

Performance improvement is a system that enhances the evolution of professionalism and promotes an environment for excellence and collaboration in health care. It provides a mechanism for the unique contributions of each individual within the organization.

Performance improvement provides the opportunity for employees to follow through on the commitment to excellence reflected in the mission statement in order to facilitate accomplishment of the common goal: providing the highest quality care available to the residents of the state of Alaska.

The focus is on quality, participation and the recognition of staff expertise to identify and prioritize areas for improvement and implementing needed improvements. This process encourages all staff members to find better ways of doing their jobs and promotes a shared governance model.

The objectives of the performance improvement program include:

- Measuring performance through data collection;
- Assessing current performance;
- Improving performance;
- Managing resources in the most appropriate manner;
- Minimizing risk and injury;
- Identifying and acting upon opportunities to improve patient care;
- Reducing variation; and
- Trending, benchmarking and maximizing patient outcomes with advanced databases.

All equipment meets quality and safety standards required of all manufacturers by the federal government. Preventive maintenance is performed on equipment and consists of a thorough inspection for any defects that may affect patient care or safety.

The education, training and skills of physicians and other independent licensed practitioners (ILP) are evaluated through a credentialing process, and only qualified physicians and ILP are recommended for privileges. Members of the medical staff, through training and continuing education, stay current with new developments in their respective specialties.

All personnel must meet professionally accepted job requirements.

The facility provides continuing education training and ensures that all personnel receive training provided by equipment vendors, professional societies and attend selected special educational meetings both in and out-of-state.

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

The TCC will be staffed with at least one nurse per twelve patients during days and evenings and one nurse per fifteen patients during nights. The TCC will be staffed with at least one Certified Nurse Assistant (CNA) per seven patients during days, one CNA per eight patients during evenings and one CNA per 14 patients during nights.

The overall staffing level for the proposed facility is an average of 2.1 FTEs per patient day. Although there is not a set staffing guideline by CMS or the State of Alaska, the staffing ratio will be reported to the State during their annual survey.

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

This facility will target adults needing transitional care for rehabilitation.

Providence anticipates the future patient population will have care needs that are similar to PECC's current transitional care population: varied ages, numerous chronic and acute health conditions, and/or limited mobility/function. Patients receiving transitional care are typically medically complex and their care is focused on improvement. Transitional care patients need skilled services for 30 to 100 days or longer and are typically discharged to home, assisted living or to an intermediate care setting. These patients are no longer appropriate for an acute care setting, cannot be cared for at home or in an assisted living facility and need licensed nursing care facility to support their recovery and/or continued care.

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.

The TCC will have some technology that will help increase staff efficiencies as they work to complete care tasks. These technologies include the following.

Nurse call system

With a nurse call system, staff will be notified of activated alarms through wireless phones, directing staff when and where they are to where they need be. This feature increases staff efficiency and lessens their response time to activated alarms. Overhead paging is eliminated, reducing noise and contributing to a quiet environment. Through the paging system scheduled messages can be sent to remind care staff of specific tasks. The call system will also allow two-way communication between a patient's room and the nurses' station and there will be a light outside each patient room to indicate when a call has been activated.

American Data Systems (ECS) program

ECS is a documentation program that eliminates paper charts and resident medical records. Electronic versions of all medical records and treatment records are possible, thus resident paper charts are reduced or eliminated. ECS will also create resident bills, a daily census report and create the resident's facesheet.

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

In addition to new technology described in question five, there are other devices which are also labor-saving or help address ergonomics:

- Overhead lifts in bariatric rooms – Each bariatric room has an overhead lift that moves from the bed to the bath and shower. This allows staff to move residents without waiting for additional assistance and is a positive safety feature for staff and patients.
- TCC design – The layout of the TCC with shorter wings connecting at a nurse's station in the center decreases distance to patient rooms and improves the ability of staff to observe or respond to each patient.
- Private Baths – With private baths, patients do not need to be wheeled down the hall for bathing, improving the patient experience and saving time for staff.
- Oxygen – The TCC will have medical oxygen plumbed to each patient's room, saving room space and reducing ergonomic and safety issues related to oxygen tanks and equipment.
- Wall-mounted computers – The TCC will have wall mounted computers which will be used for input information into the electronic medical record, saving time and reducing paperwork.

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

Providence has a quality management program in place with a manager directly responsible for the coordination of these activities throughout the Providence system. The primary objective of the program is to ensure the provision of high-quality appropriate resident care; the program also helps appropriately manage resources and minimize risk to the resident, physicians and employees.

The specific objectives of the Providence Performance Improvement Program are met through a process of identifying problems, establishing criteria, monitoring activities against pre-established criteria and confirming the existence and magnitude of problems. With this information, various plans of action are developed, after which continued monitoring takes place to assure that problems have been rectified. The process occurs at the staff and medical staff level and the results are regularly reported to the various medical and foundation boards and committees of the organization.

The Quality Manager is responsible for monitoring their Quality Plan and service and safety criteria. Activities are reported on an ongoing basis to the Quality Council. In addition, ongoing resident surveys and focus groups assist in identifying if and how residents' needs are being met.

Each manager also reviews the departmental budget, volume, staffing, productivity, and quality indicators monthly and annually. Both the manager and medical director are responsible for developing plans for corrective action when indicators are not met.

The proposed facility has its own set of success indicators that will be monitored during construction and for one year after all services are fully implemented and operational.

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

The proposed organizational chart for the cottages is located in Appendix F. Rosters for the Providence Health & Services Board of Directors, Corporate Officers and the Providence Alaska Region Community Ministry Board are located in Section I.

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.

Proposed position descriptions included in Appendix G are the following:

- Facility administrator
- Medical director (contract)
- Nursing director
- Primary care nurse, RN

- Primary care nurse, LPN
- Certified nursing assistant

Resumes of current positions at PECC included in Appendix H are the following:

- Administrator
- Medical director
- Nursing director

The TCC will be staffed with at least one nurse per twelve patients during days and evenings and one nurse per fifteen patients during nights. The TCC will be staffed with at least one Certified Nurse Assistant (CNA) per seven patients during days, one CNA per eight patients during evenings and one CNA per 14 patients during nights.

The overall staffing level for the proposed facility is an average of 2.1 FTEs per patient day. Although there is not a set staffing guideline by CMS or the State of Alaska, the staffing ratio will be reported to the State during their annual survey.

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.

The TCC has been sized to match the existing 50 bed transitional care capacity at PECC. The facility has been designed so that up to 22 additional beds could be added in the future. Co-locating the TCC with the Cottages provides economies of scale related to the contracting of administrative and support resources in the Cottages commons building. If not co-located, each facility would require additional administrative and support resources on location.

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.*

Consistency with Alaska General Review Standards

The department will apply the following general review standards, the applicable service-specific review standards set out in this document, the standards set out in AS 18.07.043, and the requirements of 7 AAC 07 in its evaluation of each certificate of need application:

1. The applicant documents need for the project by the population served, or to be served, including, but not limited to, the needs of rural populations in areas having distinct or unique geographic, socioeconomic, cultural, transportation, and other barriers to care.

Please see Section IV.B.4a.

2. The applicant demonstrates that the project, including the applicant's long-range development plans, augments and integrates with relevant community, regional, state, and federal health planning, and incorporates or reflects evidence-based planning and service delivery. A demonstration under this standard should show that the applicant has checked with the department regarding any relevant state plan, with appropriate federal agencies for relevant federal plans, and with appropriate communities regarding community or regional plans.

Please see Section IV.A.

3. The applicant demonstrates evidence of stakeholder participation in planning for the project and in the design and execution of services.

A planning group has been actively involved for the last three years in developing the PECC replacement plan. Intensive research was done to learn of the most new and innovated designs and the most successful in caring for the overall well-being of patients/residents. Site visits to various designs and models of care were made across the country. Physicians, nurses and finance administrators toured the different designs. Information from resident surveys and resident and family discussions gave the site visitors relevant data to address the needs of the residents. In addition, a meeting with peers from Providence long term care facilities in Oregon and Washington helped to focus efforts and provide support for those issues which are vital to a successful facility. Providence has also presented proposed construction plans to local community councils and to the Anchorage Planning and Zoning Committee to receive their feedback and approval. This project has been supported by those organizations.

4. The applicant demonstrates that they have assessed alternative methods of providing the proposed services and demonstrates that the proposed services are the most suitable approach.

Please see Section IV.C.

5. The applicant briefly describes the anticipated impact on existing health care systems within the project's service area that serve the target population in the service area, and the anticipated impact on the statewide health care system.

Please see Section IV.D.2.

6. The applicant demonstrates that the project's location is accessible to patients and clients, their immediate and extended families and community members, and to ancillary services. This includes the relocation of existing services or facilities.

Please see Section IV.F.3

Consistency with Alaska Certificate of Need Review Long Term Care Review Standards and Methodologies

1. A new freestanding long term nursing facility will not be approved unless the applicant has demonstrated a need for a minimum of 40 beds.

The proposed new facility is larger than 40 beds. This standard has been met.

2. New long term care nursing units co-located with hospitals will not be approved unless the applicant has demonstrated a need for a minimum of 15 beds. The department may approve a smaller number of beds if the applicant documents use patterns, and submits data and analysis that justify a smaller unit.

This project is not co-located with a hospital. This standard is not applicable.

3. To be considered for approval to expand licensed capacity, a freestanding long-term nursing care facility must have an average annual occupancy of at least 90%, and co-located long-term nursing care units must have an average annual occupancy rate of at least 80%, during the preceding three years.

This project is not increasing capacity for an existing facility. This standard is not applicable. Overall, Providence will be reducing its number of licensed skilled nursing beds.

The tables below reflect the number of Providence owned licensed beds before, during and after this transition.

Current PECC – Q4 2011

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	120	50	170

Providence plans to reduce the number of licensed beds at PECC from 170 to 146 in preparation for the transition to the Cottages. This change will likely occur in first and second quarter 2012.

PECC – Prior to Transition to Cottages and TCC– Q1 – Q4 2012

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146

PECC, Cottages and TCC during Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	96	50	146
Cottages	96**	0	96
TCC	0	50	50
Total	192	100	292

** 12 Beds will be dual Medicare / Medicaid Certified

PECC, Cottages and TCC after Transition - Q1 2013

	SNF - Intermediate Care Beds	SNF – Transitional Care Beds	Total
PECC	0	0	0
Cottages	96**	0	96
TCC	0	50	50
Total	96	50	146

** 12 Beds will be dual Medicare / Medicaid Certified

4. In a service area with more than one long term nursing care facility, all facilities must have had an average annual occupancy of at least 90% during the preceding three years before additional beds are approved.

This project maintains capacity in the community. This standard is not applicable.

5. In the interest of serving individuals in the most cost-effective, least-restrictive setting possible, there must be a combination of at least one assisted living beds or adult day care slot for each existing and proposed new long term nursing care bed. For a community with a population of 10,000 or less, the department may approve beds on a case-by-case basis.

There are more than 2,000 assisted living beds in the Anchorage area, compared with the current total of 260 skilled nursing beds. As this project reduces the number of long-term nursing care beds, the standard ratio of 1:1 has been met.

Review Methodology

This project used the Alaska Standards and Review Methodology in the planning efforts. The state methodology is based on a three-year historic occupancy rate and shows a community need for more long term nursing care beds in the Anchorage/Mat-Su service area.

The state formula is as follows.

Step One: Determine the projected long-term nursing care caseload using the formula:

C=CASU

C(caseload)= the average daily census of long-term nursing care patients five years from the project implementation date

Average Daily Census= patient days per year/365

CASU (composite age specific use)=defined as the cumulative average daily census of long-term nursing care patients per 1,000 persons for the age groups: 0-64 years, 65-74 years, 75 to 84 years, and 85 years and over, five-year implementation of the project, calculated as follows:

CASU = (UR_{<65} x PP_{<65}) + (UR_{65•74} x PP_{65•74}) + (UR_{75•84} x PP_{75•84}) + (UR_{>85} x PP_{>85}) where:

UR_{<65} = average nursing home bed use rate of the service area population aged 0 to 64 years for the preceding three years

PP_{<65} = the projected population 0 to 64 years for the fifth year from the project implementation date

UR_{65•74} = average nursing home bed use rate of the service area population aged 65 to 74 years for the preceding three years

PP_{65•74} = the projected population 65 to 74 years for the fifth year from the project implementation date

UR_{75•84} = average nursing home bed use rate of the service area population aged 75 to 84 years for the preceding three years

PP_{75•84} = the projected population 75 to 84 years for the fifth year from the project implementation date

UR_{>85} = average nursing home bed use rate of the service area population aged 85 years of age and older for the preceding three years

PP_{>85} = the projected population 85 years of age and older for the fifth year from the project implementation date.

Table VI
Projection of LTC Bed Need,
Anchorage/Mat-Su Service Area,
2015, 2017, 2020

	Total	0-64	65-74	75-84	85+	July 1 Census Count
Bed Days						
2007	103,154	32,514	20,165	30,587	19,888	283
2008	97,153	31,365	18,897	25,218	21,673	276
2009	100,435	34,818	21,035	23,913	20,669	271
3 yr avg days	100,247	32,899	20,032	26,573	20,743	
Population						
2006	359,987	337,065	13,912	6,882	2,128	Estimated by DOL
2007	364,403	339,995	14,975	7,138	2,295	interpolated
2008	368,820	342,926	16,038	7,394	2,462	interpolated
2009	373,235	345,856	17,101	7,650	2,628	interpolated
2010	377,651	348,786	18,164	7,906	2,795	Estimated By DOL
3 yr avg pop	368,819	342,926	16,038	7,394	2,462	
use rate (days/pop)	0.2718	0.0959	1.2491	3.5938	8.4271	
Population Projections						
2015	404,745	364,887	26,993	9,403	3,462	Estimated by DOL
2017	416,282	371,022	30,719	10,824	3,717	Estimated by DOL
2020	433,588	380,224	36,308	12,956	4,100	Estimated by DOL
Days Projection (Pop*use rate)						
Not Age Adjusted						
2015	110,012	35,006	33,716	33,793	29,175	131,689
2017	113,148	35,594	38,370	38,900	31,325	144,190
2020	117,852	36,477	45,351	46,561	34,551	162,941
Beds Needed (days/365/90% occ)						
Not Age Adjusted						
2015	335	107	103	103	89	401
2017	344	108	117	118	95	439
2020	359	111	138	142	105	496
Beds needed over the current 280 in 2010:						
				2015	121	Beds needed
				2017	159	Beds needed
				2020	216	Beds needed

This proposed TCC project for 50 additional beds is within the bed demand projections for 2015 and 2020. After the Cottages and TCC open, Providence will decrease the number of beds available at PECC to 0, maintaining the number of Anchorage / Mat-Su skilled nursing beds to 236.

Section VII. Construction Data

A. Please check appropriate boxes:

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

B. Project Development Schedule

Date

- | | |
|--|----------------|
| 1. Estimated completion of final drawings and specifications | Nov. 1, 2011 |
| 2. Estimated construction begun by | April 13, 2012 |
| 3. Estimated construction complete by | Jan. 1, 2013 |
| 4. Estimated opening of proposed services | Jan. 1, 2013 |

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. Is the site now owned by the facility? If not, how secure are the arrangements to acquire the site?

Legal Description: Plat 910112 Waldec #1, TR A2 Anchorage, Alaska. 26.12 Acres

Ownership: Legacy, LLC

2. Diagrammatic plan showing the following items

- 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.

See Appendix I

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).

Zone Restrictions:

- R-3 Land Use: Requires a Conditional Use Permit (CUP) for the installation of a transitional care facility.

Fire Protection:

- Type VA (1 hour fire resistive construction) equipped with automatic sprinkler system throughout.

Sewage System:

- Utilization of MOA waste water and sewage distribution system.

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

See Appendix I

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

See Appendix I

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

The proposed site is a vacant site; therefore, no disruption or effect of the existing activities or services is anticipated. The intent is to complete all site and building construction prior to occupancy and relocation of residents.

Section VIIIA. Financial Data - Acquisitions

1. Acquisition type: (Please check applicable boxes)

☐ Lease ☐ Rent ☐ Donation ☐ Purchase ☐ Stock Transaction

2. Cost data

(Omit cents)

- | | |
|---|--------|
| a. Total acquisition cost* | \$ N/A |
| b. Amount to be financed | \$ N/A |
| c. Difference between items (a) and (b) (list available resources to be used, e.g. available cash, investments, grants, etc.) | \$ N/A |
| d. Anticipated interest rate _____% , term ____ years. | |
| e. Total anticipated interest amount | \$ N/A |
| f. Total of (a) and (e) | \$ N/A |
| g. Estimated annual debt service requirements | \$ N/A |

3. Describe how you expect to finance the project.

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.

*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 VIIIB. Financial Data – Construction Only

1. Construction Method (Please check)

- | | | |
|--|---|---|
| a. <input type="checkbox"/> Conventional bid | x Contract management | <input type="checkbox"/> Design and build |
| b. <input type="checkbox"/> Phased | <input type="checkbox"/> Single project | x Fast Track |

2. Construction Cost (New Activity)

(Omit cents)

a. Site acquisition (Section VIIIA.2.f)	\$	
b. Estimated general construction**	\$	12,711,970.00
c. Fixed equipment, not included in a**	\$	500,000.00
d. Total construction costs (sum of items a, b, and c)**	\$	13,211,970.00
e. Major movable equipment**	\$	821,246.00
f. Other cost:**		
(1) Administration expense	\$	38,572.00
(2) Site survey, soils investigation, and materials testing	\$	15,000.00
(3) Architects and engineering fees	\$	650,210.00
(4) Other consultation fees (preparation of application included)	\$	15,000.00
(5) Legal fees	\$	
(6) Land development and landscaping	\$	1,500,000.00
(7) Building permits and utility assessments (including water, sewer, electrical, phones, etc.)	\$	120,000.00
(8) Additional inspection fees (clerk of the works)	\$	
(9) Insurance (required during construction period)	\$	75,000.00
g. Total project cost (sum of items d, e, f)	\$	16,446,998.00
h. Amount to be financed	\$	-
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.)	\$	16,446,998
j. Anticipated long-term interest rate	<u>N/A</u>	
k. Anticipated interim (construction) interest rate	<u>N/A</u>	
l. Anticipated long-term interest amount	\$	-
m. Anticipated interim interest amount	\$	-
n. Total items g, l, and m	\$	16,446,998
o. Estimated annual debt service requirement	\$	-
p. Construction cost per sq. ft.	\$	367.39
q. Construction cost per bed	\$	264,239.40
r. Project cost per sq. ft.	\$	457.34
s. Project cost per bed (if applicable)	\$	328,939.96

*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.

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.

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

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.

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.

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.

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.

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.

Schedule I. Facility Income Statement			
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion			
Gross Patient Revenue: (in thousands)	FY 2013	FY 2014	FY 2015
Inpatient Routine	-	-	-
Inpatient Ancillary	-	-	-
Outpatient	-	-	-
Long-Term Care	18,489	19,420	20,385
Swing Beds	-	-	-
Other	-	-	-
Total Patient Revenue	18,489	19,420	20,385
Less Deductions			
Charity Care	1,040	1,093	1,147
Contractual Allowances	9,708	10,490	11,303
Bad Debts	214	225	236
Total Deductions	10,962	11,807	12,686
Net Operating Revenues	7,527	7,611	7,699
All Other Revenues	316	329	342
EXPENSES:			
Salaries	7,148	7,387	7,547
Benefits	2,538	2,623	2,679
Supplies	1,531	1,574	1,621
Other Expenses	2,439	2,119	2,177
Depreciation	1,057	1,057	1,057
Interest	-	-	-
Total Expenses	14,713	14,760	15,081
Excess (Shortage) of Revenue			
Over Expenditures	(6,870)	(6,820)	(7,040)
Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens			

Schedule I. PHSA Income Statement					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
Gross Patient Revenue: (in thousands)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Inpatient	\$ 617,839	\$ 699,066	\$ 756,590	\$ 794,737	\$ 822,417
Outpatient	\$ 320,198	\$ 364,225	\$ 411,481	\$ 451,677	\$ 524,304
Long-Term Care	\$ 50,434	\$ 51,700	\$ 42,399	\$ 43,154	\$ 41,134
Other	\$ 21,506	\$ 24,203	\$ 26,319	\$ 28,353	\$ 29,560
Total Patient Revenue	\$ 1,009,977	\$ 1,139,194	\$ 1,236,789	\$ 1,317,921	\$ 1,477,415
Less Deductions					
Charity Care	\$ 29,484	\$ 34,758	\$ 51,156	\$ 60,737	\$ 70,859
Contractual Allowances	\$ 434,714	\$ 498,467	\$ 551,720	\$ 603,068	\$ 718,541
Bad Debts	\$ 34,435	\$ 57,116	\$ 45,131	\$ 48,284	\$ 50,071
Total Deductions	\$ 498,633	\$ 590,341	\$ 648,007	\$ 712,089	\$ 839,471
Net Operating Revenues	\$ 511,344	\$ 548,853	\$ 588,782	\$ 605,832	\$ 637,944
All Other Revenues	\$ 33,718	\$ 26,468	\$ 37,378	\$ 39,232	\$ 37,956
EXPENSES:					
Salaries	\$ 213,593	\$ 222,820	\$ 233,148	\$ 249,410	\$ 252,090
Benefits	\$ 54,982	\$ 58,477	\$ 65,241	\$ 70,492	\$ 70,879
Supplies	\$ 85,503	\$ 88,226	\$ 94,863	\$ 97,057	\$ 103,638
Other Expenses	\$ 115,156	\$ 116,494	\$ 122,625	\$ 123,814	\$ 122,657
Depreciation	\$ 31,259	\$ 38,405	\$ 44,386	\$ 48,512	\$ 51,825
Interest	\$ 2,985	\$ 6,733	\$ 8,332	\$ 8,345	\$ 7,561
Total Expenses	\$ 503,478	\$ 531,155	\$ 568,595	\$ 597,630	\$ 608,650
Excess (Shortage) of Revenue Over Expenditures	\$ 41,584	\$ 44,166	\$ 57,565	\$ 47,434	\$ 67,250
Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens					

Note: Since this is a new facility, historical information is not available. The table above summarizes the operations of Providence Health & Services Alaska for the past five years.

Schedule II. PHSA Balance Sheet					
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion					
CURRENT ASSETS (in thousands)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Cash & Cash Equivalent	\$ 45,087	\$ 43,363	\$ 46,558	\$ 64,546	\$ 76,373
Net Patient Accounts Receivable					
Accounts Receivable	\$ 102,280	\$ 96,133	\$ 116,717	\$ 110,070	\$ 116,618
Inventories	\$ 13,807	\$ 13,981	\$ 13,340	\$ 15,120	\$ 16,034
Prepaid Expenses					
Other	\$ 1,935	\$ 2,238	\$ 2,342	\$ 1,673	\$ 2,238
Total Current Assets	\$ 163,109	\$ 155,715	\$ 178,957	\$ 191,409	\$ 211,263
Property and Equipment	\$ 777,279	\$ 842,045	\$ 879,786	\$ 926,101	\$1,015,779
Accumulated Depreciation	\$ 367,996	\$ 399,829	\$ 436,714	\$ 473,821	\$ 522,185
Net Property & Equipment	\$ 409,283	\$ 442,216	\$ 443,072	\$ 452,280	\$ 493,594
Other Assets	\$ 264,629	\$ 266,116	\$ 235,770	\$ 298,301	\$ 301,733
TOTAL ASSETS	\$ 837,021	\$ 864,047	\$ 857,799	\$ 941,990	\$1,006,590
LIABILITIES/FUND BALANCE					
Current Liabilities					
Accounts Payable	\$ 39,401	\$ 32,132	\$ 20,830	\$ 25,236	\$ 28,970
Accrued Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Accrued Compensation / Other Accruals	\$ 37,800	\$ 47,640	\$ 86,833	\$ 92,101	\$ 84,661
Total Current Liabilities	\$ 77,201	\$ 79,772	\$ 107,663	\$ 117,337	\$ 113,631
Long Term Liabilities					
Long Term Debt	\$ 215,916	\$ 203,648	\$ 153,602	\$ 188,810	\$ 184,597
Other	\$ 40,994	\$ 19,066	\$ 17,449	\$ 16,883	\$ 16,185
Total Long Term Liabilities	\$ 256,910	\$ 222,714	\$ 171,051	\$ 205,693	\$ 200,779
Fund Balance	\$ 502,910	\$ 561,561	\$ 579,085	\$ 618,960	\$ 692,177
Total Liabilities & Fund Balance	\$ 837,021	\$ 864,047	\$ 857,799	\$ 941,990	\$ 1,006,590
Note: Use one copy of this form for the previous five years, another for the construction or development period, and five years after the project opens					

Schedule II. Facility Balance Sheet			
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion			
CURRENT ASSETS (in thousands)	FY 2013	FY 2014	FY 2015
Cash & Cash Equivalent			
Net Patient Accounts Receivable			
Other Accounts Receivable			
Inventories			
Prepaid Expenses			
Other			
Total Current Assets			
Property and Equipment			
Land & Improvements			
Building/Fixed Equipment	16,804	16,804	16,804
Major Movable Equipment	487	487	487
Accumulated Depreciation	1,333	2,389	3,446
Net Property & Equipment	15,958	14,901	13,845
Other Assets	(36,055)	(41,818)	(47,801)
TOTAL ASSETS	(20,097)	(26,917)	(33,956)
LIABILITIES/FUND BALANCE			
Current Liabilities			
Accounts Payable			
Accrued Expenses			
Accrued Compensation			
Other Accruals			
Total Current Liabilities			
Long Term Liabilities			
Long Term Debt			
Other			
Total Long Term Liabilities			
Fund Balance	(20,097)	(26,917)	(33,956)
Total Liabilities & Fund Balance	(20,097)	(26,917)	(33,956)
Note: Use one copy of this form for the previous five years, another for the construction or development period, and five 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			
Dollars in thousands, Except per-day amounts	FY 2013	FY 2014	FY 2015
Revenues	\$ 18,489	\$ 19,420	\$ 20,385
Expenses	\$ 14,713	\$ 14,760	\$ 15,081
Patient Days	17,520	17,520	17,520
Revenue Per Patient Day	\$ 1,055.28	\$1,108.41	\$1,163.43
Operating & Capital Budget Summary:			
Gross Resident Revenue	\$ 18,489	\$ 19,420	\$ 20,385
Deductions from Revenue	\$ 10,962	\$ 11,809	\$ 12,686
Other Operating Revenue	\$ 316	\$ 329	\$ 342
Net Operating Revenue	\$ 7,843	\$ 7,940	\$ 8,041
Direct Expense	\$ 14,713	\$ 14,760	\$ 15,081
Indirect Expense			
Net Income Projected	\$ (6,870)	\$ (6,820)	\$ (7,040)
Rate Computation			
Annual Medicaid Rate	\$ 533.78	\$ 543.20	\$ 552.82

Note: Since this is a new facility, historical information is not available.

Schedule IV. Operating Budget			
Provide Last Five Years Actual and Projections For Three Years Beyond Project Completion			
Description: (dollars in thousands except per-day amounts)	FY 2013	FY 2014	FY 2015
Number of Beds	50	50	50
Days in a year	365	365	365
Available bed days	18,250	18,250	18,250
Resident bed days	17,520	17,520	17,520
Percent growth	N/A	0%	0%
Occupancy	96%	96%	96%
Average length of stay	30	30	30
Patient Bed Days	N/A	N/A	N/A
Number of Residents	48	48	48
Daily Room and Board Rate*	\$ 578.71	\$ 608.00	\$ 638.00
Nursing Revenue	\$ 10,139	\$ 10,652	\$ 11,178
Nursing Services			
Payer Mix:			
Medicaid	38.5%	38.5%	38.5%
Medicare	45.5%	45.5%	45.5%
Other	16.0%	16.0%	16.0%
Ancillary Revenue	\$ 8,350	\$ 8,767	\$ 9,205
Total Revenue	\$ 18,489	\$ 19,419	\$ 20,383
Rate Computation			
Annual Medicaid Rate	\$ 533.78	\$ 543.20	\$ 552.82

Note: Since this is a new facility, historical information is not available.

Schedule V-A. Debt Service Summary					
Provide Current Debt Data and Projections For the Next Three Years					
Existing Debt:	FY	FY	FY	FY	FY
None					
Principal	-	-	-	-	-
Interest	-	-	-	-	-
Total Existing Debt					
Principal	-	-	-	-	-
Interest	-	-	-	-	-
Estimated Debt – New Project					
Principal	-	-	-	-	-
Interest	-	-	-	-	-

Note: Providence Extended Care Center currently has no long-term debt, and PHSA does not carry any debt on their behalf. No additional debt will be issued for this project.

Schedule V-B. New Project Debt Service Summary					
Attach a debt service cash flow schedule over the life of the debt for the new project. Break out principal, interest, and other.					
Year	Item	Principal	Interest	Other	Total
	None	-	-	-	-

Note: Providence Extended Care Center currently has no long-term debt, and PHSA does not carry any debt on their behalf. No additional debt will be issued for this project

Schedule VI. Reimbursement Sources

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

Fiscal Year 2013				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid		7,122	3,520	3,602
Medicare		8,408	4,934	3,475
Private Insurance		1,313	519	794
Self Pay		1,313	1,040	272
Charity				
Other		333	168	165
Total		18,489	10,180	8,308

Fiscal Year 2014				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid		7,480	3,814	3,666
Medicare		8,832	5,357	3,475
Private Insurance		1,379	562	817
Self Pay		1,379	1,093	286
Charity				
Other		350	179	170
Total		19,419	11,055	8,415

Fiscal Year 2015				
Reimbursement Source	Number of Patients	Gross Patient Charges	Deductions	Net Patient Revenues
Medicaid		7,852	4,121	3,731
Medicare		9,270	5,795	3,475
Private Insurance		1,447	605	842
Self Pay		1,447	1,147	300
Charity				
Other		367	191	176
Total		20,383	11,859	8,525

Note: Since this is a new facility, historical information is not available. Reliable patient counts cannot be provided because a single resident's payor type can change during his or her stay at PECC.

Schedule VII. Depreciation Schedule				
Use the straight-line method. Provide a separate schedule for any pieces of major moveable equipment.				
Equipment Description	Qty	Cost	AHA Life	Depreciation Per Year
Artwork	1	15,000	7	\$ 2,143
Lift, Patient, Battery Powered	2	13,432	10	\$ 1,343
Lift, Patient, Battery Powered	1	6,716	10	\$ 672
Lift, Patient, Ceiling	1	17,275	10	\$ 1,728
Lift, Patient, Ceiling	1	17,275	10	\$ 1,728
Loveseat, Lounge	1	3,296	12	\$ 275
Loveseat, Lounge	1	3,296	12	\$ 275
Electrocardiograph (ECG)	1	6,619	7	\$ 946
Stretcher, Shower	1	3,000	10	\$ 300
Stretcher, Shower	1	3,000	10	\$ 300
Furniture, Modular Workstation	2	9,000	10	\$ 900
Furniture, Modular Workstation	1	4,500	10	\$ 450
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	4,500	10	\$ 450
Furniture, Modular Workstation	1	5,250	10	\$ 525
Furniture, Modular Workstation	1	15,000	10	\$ 1,500
Furniture, Modular Workstation	2	10,500	10	\$ 1,050
Furniture, Modular Workstation	1	15,000	10	\$ 1,500
Ice Machine, Countertop	1	7,336	10	\$ 734
Ice Machine, Countertop	1	5,000	10	\$ 500
Ice Machine, Countertop	1	7,336	10	\$ 734
Food Service Equipment	1	100,000	10	\$ 10,000
Freight	1	21,501	7	\$ 3,072
Logistics, Moving, & Storage	1	38,821	7	\$ 5,546
Furniture	1	3,000	10	\$ 300
Computers and Networking	1	20,000	3	\$ 6,667
Computers – Servers	1	55,000	5	\$ 11,000
Spectralink / Avaya Gateway	1	35,000	5	\$ 7,000
Photocopier	1	7,500	5	\$ 1,500
Photocopier	1	7,500	5	\$ 1,500
Total		486,903		\$ 67,259

Fair Market Value – How to Calculate

THIS PAGE DOES NOT APPLY TO THIS APPLICATION

Fair market value is the price that the property would sell for on the open market. It is the price that would be agreed on between a willing buyer and a willing seller, with neither being required to act, and both having reasonable knowledge of the relevant facts.

To determine the fair market value of equipment, using the formula below, first determine the number of years of estimated useful life of the equipment, as described in the AHA publication *Estimated Useful Lives of Depreciable Hospital Assets* to achieve an annual depreciation amount. Include your calculations as part of this section of your application.

Determining Fair Market Value of Equipment		
1	Purchase price of equipment (round to nearest dollar)	\$
2	AHA estimated useful life of equipment (in years)	
3	Annual Depreciation Expense (ADE) [Divide #1 by #2]	\$
4	Multiply ADE by age of equipment (new = 0)	\$
5	Fair Market Value (Subtract #4 from #1)	\$

The fair market value of land or buildings is the value contained in a current appraisal of the land or building from a licensed real estate appraiser who has no financial or other interest in the transaction. Attach the appraisal as an appendix to the application.

Application Fee – Determination and Certification of Amount

How to Determine the Amount of the Application Fee Required under 7 AAC 07.079

(1) For a project that does not include a lease of a facility or equipment, the value of the project is:

- A. the amount listed on page 20 of this packet under Section VIIIA, Financial Data – Acquisitions, subsection (2), item “a” (total acquisition cost of land and buildings):

\$ 0

plus

- B. the amount listed on page 21 of this packet under Section VIIIB, Financial Data – Construction Only, item “g” (total project cost, which is the sum of items d, e, and f):

\$ 16,446,998

Estimated Value of the Activity for (1)
(sum of A & B above)

\$ 16,446,998

(2) For a project that has a component that is leased, the fair market value of the leased equipment, facility, or land must be considered in addition to the acquisition cost. See the form on page 31 of this packet for how to determine fair market value.

Estimated Fair Market Value for (2):

\$ 0

Estimated Value for (1) from above:

\$ 0

Total Estimated Value of the Activity
(sum of (1) and (2):

\$ 0

Amount of Application Fee submitted with this application
(see 7 AAC 07.079 to calculate amount due):

\$ \$16,447.00

Certification of Individual Determining Application Fee

I certify that, to the best of my knowledge, as of this date, the estimated value and fee for this certificate of need activity are accurate.

Date:

Facility Name and Address:

Name and Title of Person Determining Application Fee:

Bruce Lamoureux
Signature of Certifying Officer of the Organization

Appendix A
PECC Certification Letters



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

October 17, 2011

Denise Smith, Administrator
Providence Extended Care Center
4900 Eagle Street
Anchorage, AK 99503

CMS Certification No. 02-5018

Dear Ms. Smith:

Your request to decrease the Medicare certified beds from 190 down to 170 (62 dually certified for Medicare and Medicaid use and 108 for Medicaid use only) at Providence Extended Care Center is approved. The effective date is October 1, 2011. We will notify Providence Extended Care Center's Medicare intermediary, Noridian Administrative Services, LLC, of this change.

Should Providence Extended Care Center wish to change the number of Medicare certified beds in the future, the following requirements will apply.

- The request for a change must be received by the state survey agency at least 45 days in advance of the proposed date of change.
- The date of change must correspond to the first day of Providence Extended Care Center's Medicare cost reporting year or to the first day of a cost reporting quarter within that year.
- Only two change requests will be approved per Medicare cost reporting year.

If you have any questions, please contact Gary Keopanya of my staff at (206) 615-2321 or by e-mail at Gary.Keopanya@cms.hhs.gov.

Sincerely,

Jeannine O'Malley

for:

Jerilyn McClain, RN, MPH
Survey, Certification and Enforcement Branch Manager

cc: Kathy Murtiashaw
Noridian Administrative Services, LLC

*cc: Todd O'Neil
Christine Barington
Susan HB*

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES HEALTH FACILITIES LICENSING & CERTIFICATION

Sean Parnell, Governor

*4501 Business Park Blvd, Ste 24, Bldg L
Anchorage, AK 99503-1667*

Telephone: (907) 334-2483

Fax: (907) 334-2682

September 29, 2011

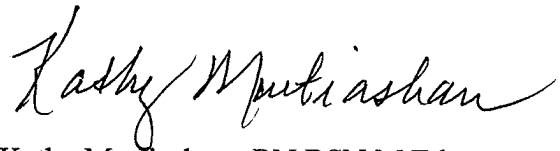
Denise Smith
Administrator
Providence Extended Care Center
4900 Eagle Street
Anchorage, Alaska 99503

Dear Ms. Smith:

The request for a decrease in the number of licensed beds for Providence Extended Care Center from 190 beds to 170 beds was approved with the effective date of 10/1/2011. Enclosed is the license reflecting the 170 licensed beds for Providence Extended Care Center.

This license must be placed in an area easily visible to the public.

Sincerely,



Kathy Murtiashaw, RN BSN M.Ed
Manager
Health Facilities Licensing and Certification

Enclosure

Appendix B
Equipment List

Equipment Description	Make	Model	Qty	Ext.Cost
Allowance, Accessories	To Be Determined	TBD	1	\$ 20,000.00
Allowance, Accessories - Entry Mat	To Be Determined	TBD	1	\$ 700.00
Allowance, Accessories - Laundry bag/tags	To Be Determined	TBD	1	\$ 25.00
Allowance, Accessories - Laundry bag/tags	To Be Determined	TBD	24	\$ 600.00
Allowance, Accessories - Laundry bag/tags	To Be Determined	TBD	1	\$ 25.00
Allowance, Accessories - Laundry bag/tags	To Be Determined	TBD	24	\$ 600.00
Allowance, Food Service Equipment	Strategic Equipment Supplies Corp	TBD	1	\$ 100,000.00
Allowance, Freight	TBD	TBD	1	\$ 36,000.00
Allowance, Furniture	To Be Determined	TBD	1	\$ 3,000.00
Allowance, Furniture	To Be Determined	2 RND TABLE/10 CHAIR	2	\$ 6,000.00
Allowance, Furniture	To Be Determined	2 RND TABLE/10 CHAIR	2	\$ 6,000.00
Allowance, Furniture	To Be Determined	2 RND TABLE/10 CHAIR	1	\$ 3,000.00
Allowance, I.T. (Computers & Networking)	To Be Determined	TBD	1	\$ 20,000.00
Allowance, I.T. Servers	To Be Determined	TBD	1	\$ 55,000.00
Allowance, I.T. Spectralink/Avaya Gateway	To Be Determined	TBD	1	\$ 35,000.00
Allowance, Table Lamp	To Be Determined	TBD	4	\$ 500.00
Allowance, Tools, Maintenance	To Be Determined	TBD	1	\$ 2,000.00
Artwork, Allowance	American Art Resources	TBD	1	\$ 15,000.00
Bedside cabinet, Oak Park, 1Dr/1Drwr	MAXWELL THOMAS	Oak Park English Oak	50	\$ 11,250.00
Board, Bulletin/Marker Combo	Quartet GBC / ACCO Brands	BTE643A (Dry Erase, 36w x 24h)	50	\$ 6,600.00
Bracket, Television, Ceiling, Flat Screen	TeleHealth Services	THLC200C (for 26" & 32" LCD)	50	\$ 10,000.00
Bucket, Mopping	Rubbermaid Commercial Products	7580-88 WaveBrake Side Press Combo	2	\$ 234.00
Cabinet, Patient Room, Wardrobe	Joerns Healthcare	Americana Oversized Wardrobe 2Dr	50	\$ 37,500.00
Cart / Truck, Soiled Utility	Rubbermaid Commercial Products	4612 Cube Truck (12 cu.ft., Black)	2	\$ 1,368.00
Cart, Housekeeping, Polymer	Rubbermaid Commercial Products	6173 Janitor Cart w/ Bucket & Wringer	2	\$ 846.00
Cart, Supply, Chrome, 60 inch	InterMetro Industries Corporation	Super Erecta (4-Tier, 60x24x68)	10	\$ 6,280.00
Chair, Interiors, Guest	Hill-Rom - Room & Furniture	Aero	50	\$ 15,000.00
Chair, Interiors, Stacking w/Arms	Herman Miller Healthcare	Caper WC410P	5	\$ 1,210.00
Chest, Oak Park, 4 Drwr	MAXWELL THOMAS	Oak Park English Oak	50	\$ 18,750.00

Equipment Description	Make	Model	Qty	Ext.Cost
Clock, Analog, Wall	Staples	Model 18377 (12.5" Round)	50	\$ 1,000.00
Coffee Maker, Dispenser	Douwe Egberts Coffee Systems	C-300	2	\$ -
Coffee Maker, Pour-Over, 3-5 Warmer	Bunn-O-Matic Corporation	VP17-3 BLK (3 Lower)	1	\$ 534.00
Copier, Floor	Xerox Corp.	WorkCentre 5638	2	\$ 15,000.00
Desk, Wall, Charting, PC	Unspecified		4	\$ 3,000.00
Desk, Wall, Charting, PC	Unspecified		4	\$ 3,000.00
Dispenser Crystal Light bag in box	Kraft Foods	TCC2	1	\$ -
Dispenser Crystal Light bag in box	Kraft Foods	TCC2	1	\$ -
Dispenser Crystal Light bag in box	Kraft Foods	TCC2	1	\$ -
Dispenser, Glove, Triple Box	Health Care Logistics	7467-01 Plexiglass	2	\$ 130.00
Dispenser, Hand Sanitizer, Wall Mount	3M Health Care	Avagard D Wall Bracket 9226	50	\$ -
Dispenser, Paper Towel, Surface Mount	Georgia Pacific	59462 enMotion Touchless (Smoke Grey)	25	\$ 2,275.00
Dispenser, Paper Towel, Surface Mount	Georgia Pacific	59462 enMotion Touchless (Smoke Grey)	9	\$ 819.00
Dispenser, Paper Towel, Surface Mount	Georgia Pacific	59462 enMotion Touchless (Smoke Grey)	25	\$ 2,275.00
Dispenser, Soap, Wall Mounted	STERIS Corporation	SDS Dispenser	68	\$ -
Disposal, Sharps, Wall Mount	Covidien - Kendall Products	Devon Gatorguard Jr. (5 qt)	2	\$ -
Electrocardiograph (ECG), Interpretive	GE Healthcare - Cardiology	MAC 1200 Standard w/cart	1	\$ 6,619.00
Floor Machine, Extractor, Portable	Windsor Industries, Inc.	Presto 3 Deluxe	2	\$ 1,886.00
Furniture, Allowance, Modular Work Station	Herman Miller Healthcare	Action Office	4	\$ 18,000.00
Furniture, Allowance, Modular Work Station	Herman Miller Healthcare	Action Office	8	\$ 42,000.00
Furniture, Allowance, Modular Work Station	Herman Miller Healthcare	Action Office	2	\$ 30,000.00
Ice Machine, Dispenser, Flaker, Countertop	Scotsman Ice Systems	MDT4F12	1	\$ 5,000.00
Ice Machine, Dispenser, Flaker, Countertop	Scotsman Ice Systems	MDT4F12	2	\$ 14,672.00
Lift, Patient, Battery Powered	ArjoHuntleigh	Maxi Move (w/Scale, Manual DPS)	3	\$ 20,148.00
Lift, Patient, Ceiling, 1-Bed	ArjoHuntleigh	Maxi Sky 1000 (Linear Track)	2	\$ 34,550.00
Lounge Chair w/Wood Arms	B&OI	Carolina	8	\$ 5,000.00
Loveseat, Lounge	Carolina Business Furniture	Monique 674-2	2	\$ 6,592.00
Mat, Floor, Chair	OfficeMax	ES Robbins Loop / Berber Chairmat-Rectangle	2	\$ 150.00
Oven, Microwave, Countertop	GE Appliances	JEB1860DMWW (1.8 cu ft/White)	3	\$ 717.00
phone lucent 6206 plus	avaya	6408 plus	4	\$ 1,000.00

Equipment Description	Make	Model	Qty	Ext.Cost
Printer, Allowance	Hewlett-Packard	TBD	1	\$ 550.00
Refrigerator, Commercial, Undercounter	Summit Appliance	FF7	1	\$ 960.00
Refrigerator, Domestic with Freezer	Frigidaire - Div. Electrolux	FFTR1814LM (18.2 cu. ft. / Silver Mist)	1	\$ 850.00
Refrigerator, Laboratory, w/ Freezer	Fisher Scientific Company	Isotemp 17.9 cuft (13-986-106A)	2	\$ 3,600.00
Services Logistics, Move, Storage	TBD	TBD	1	\$ 65,000.00
Shelving, Wire, Chrome, 48	InterMetro Industries Corporation	Super Erecta 48x24x74 (5-Tier)	1	\$ 590.00
Shelving, Wire, Chrome, 60	InterMetro Industries Corporation	Super Erecta Starter (5A567C)	20	\$ 13,460.00
Shelving, Wire, Chrome, 60	InterMetro Industries Corporation	Super Erecta 60x18x74 (5-Tier)	2	\$ 1,076.00
Sphygmomanometer, Aneroid, Wall Mount	Welch Allyn, Inc. - Med Division	767 Wall w/Adult Cuff	50	\$ 11,000.00
Stretcher, Shower	GF Health Products Inc.	8005 PVC Shower Bed	2	\$ 4,000.00
Stretcher, Shower	GF Health Products Inc.	9005 Bariatric PVC Shower Bed	2	\$ 6,000.00
Table, Changing, Infant, Wall Mount	Koala Kare Products	Horizontal Recessed KB100	4	\$ 3,500.00
Table, Interiors, Allowance	Carolina Business Furniture	TBD	6	\$ 2,100.00
Table, Interiors, Conference	Herman Miller Healthcare	Table Round 42" Diameter	1	\$ 900.00
Table, Overbed, General	Unspecified		1	\$ 500.00
Table, Overbed, General	Unspecified		24	\$ 12,000.00
Table, Overbed, General	Hill-Rom - Room & Furniture	PatientMate Jr OBT220	25	\$ 12,500.00
Telephone, patient room	Med-Pat, Inc	One piece phone XL301	50	\$ 750.00
Television, 25-27 in, Flat Panel	Philips Consumer Electronics (see TeleHealth Serv.)	Philips 26HFL5830D (26" Hospitality LCD)	50	\$ 40,000.00
Vacuum, Canister	Windsor Industries, Inc.	TrekVac 3	2	\$ 810.00
Waste Can, Open Top	Rubbermaid Commercial Products	2543 Fire Resistant Beige (28 qt.)	3	\$ 153.00
Waste Can, Step-On	Rubbermaid Commercial Products	6145 Beige (18 gal)	50	\$ 7,500.00
Waste Can, Swing Top	Rubbermaid Commercial Products	Slim Jim 3540 w/ lid (23 gal)	64	\$ 6,592.00
Total Capital Equipment Costs				\$ 821,246.00

Appendix C
PECC Condition Survey

Providence Extended Care Center

Condition Survey

December 13, 2010

The following is an executive summary of a condition survey conducted of the Providence Extended Care Center, located at 4900 Eagle Street, Anchorage Alaska. The information disclosed herein is referenced from the Condition Survey prepared by Architects Alaska, dated November 1997 and recent evaluation.

EXECUTIVE SUMMARY:

General Facility Description:

The facility consists of numerous phases of construction over 30 years, beginning with the single story resident's wings constructed in 1971 and 1977 followed by the construction of a two story administrative/support addition in 1987 and resident day rooms in early 2000.

Condition Survey:

The major categories of the condition survey include Site Conditions, Structural Systems, Mechanical Systems and Electrical Systems. In each category deficiencies, necessary repairs and life expectancy were identified.

Site Conditions:

1. Parking lot is frequently full (limited parking)
2. Areas of parking lot are subject to heaving, which makes it difficult to navigate during winter months.

Structural Systems: The original building was most likely designed in accordance with the 1968 edition of the Uniform Building Code (UBC) since which time the seismic design and snow drifting requirements have changed significantly. A preliminary code analysis was conducted on the existing facility utilizing the 1994 UBC. The following is a list of recommended structural upgrades to comply with 1994 structural building codes. Please note that there have been significant revision/upgrades to the building codes since 1994 which may result in more severe structural modifications.

1. Add and reinforce connections between wall systems and foundation systems and between wall systems and roof systems.
2. Add structural plywood to walls for lateral resistance
3. Develop drag struts to transfer lateral forces from roof diaphragm to exterior walls
4. Reinforce beams in structural frame at chapel
5. Add additional support to all ceiling suspension systems
6. Add bracing to boiler equipment and piping
7. Reinforce structural roof joist and beams to support potential snow drift loads
8. Roof insulation at the resident room wings is limited, which reduces thermal envelop efficiency. Additional insulation will reduce heat loss and snow melt, thus increase snow load on the roof system. The current roof structure is not designed to withstand additional snow load.

Mechanical Systems: There are several different Heating and Ventilation Systems, which serve the various construction additions of the facility. The following is a list of discovered issues and deficiencies.

1. System utilizes Ceiling and Attic spaces as air plenum, which contains combustible materials. Fire and smoke within the air plenum may spread freely.
2. Supply air distribution utilizes underground utilidor to distribute air. There is evidence of standing water within the supply air system, which could lead to mold and other air quality issues.
3. Supply air system is not equipped with smoke dampers.
4. Penthouse Fan Equipment is not equipped with seismic bracing
5. Roof top Supply Air Units have limited temperature control and do not provide adequate outside air ventilation throughout the heating season.
6. Air filtration for the roof top units does not meet building standards
7. Electrical baseboard heating is utilized at the perimeter wall, which is an expensive energy source and not operationally cost efficient.
8. Relief fans are prone to premature bearing failures.
9. Domestic Water distribution piping has experienced numerous leaking. Copper piping appears to be deteriorating from the inside outward. In 1992 a corrosion inhibitor injector system was installed, which has helped reduced the rate of deterioration. Future replacement of piping is expected.
10. The fire protection system is not equipped with a backflow preventer as required by code.
11. Building temperature control deficiencies are primarily related to lack of zoning and condition of the mechanical systems.

Electrical Systems:

1. Numerous Power Distribution Panels are approaching the end of anticipated life and will require replacement and/or upgrade.
2. Fire Alarm system, while in working order, does not comply with today's codes.
3. Telecommunication Distribution System will not support technology upgrades

Appendix D
Letters of Support

Karen Lawfer
Section of Health Planning and Systems Development
Certificate of Need Program
PO Box 110610
Juneau, AK 99811-0610
September 2, 2011



Dear Ms. Lawfer,

I am writing this letter in support of the Providence Health & Services Alaska certificate of need application for replacement of the Transitional Care Unit within Providence Extended Care Center.

The current PECC facility was opened in 1970, is outdated and does not meet the expectations of residents and families. Patients are two to a room and share a small bathroom with three other patients. While the care at PECC is excellent, residents deserve more privacy than the current facility allows. The new facility will provide that by having individual rooms with private bathrooms.

As we in healthcare all know, confidentiality is a major concern. While we all do our best to maintain that confidentiality for the patients, in the current building it is very difficult to visit a patient and maintain their privacy when there is only a curtain between them and their roommate and possibly the roommate's visitors. Our patients deserve privacy when medical care is being provided to them.

The current facility was constructed in an institutional style with narrow hallways that make ambulation difficult. The new facility will have wider hallways that encourage patients to be more mobile and help them be more independent during their recovery process.

Thank you for the opportunity to comment. I encourage you to move quickly to approve this certificate of need application.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel E. Reitz", is written over the printed name.

Joel E. Reitz MSN ANP



August 25, 2011

Karen Lawfer
Section of Health Planning and Systems Development
Certificate of Need Program
P.O. Box 110610
Juneau, AK 99811-0610

RE: Providence Health & Services Alaska TCU Certificate of Need

Dear Ms. Lawfer,

I am writing in support of Providence Health & Services Alaska's application for certificate of need to replace the Transitional Care Unit (TCU) at Providence Extended Care Center. It is my understanding that PH&S would like to replace Providence Extended Care Center as the facility is reaching its end of life as well as a desire to pursue a new model of care for SNFpatients. The current facility was built in an era when debilitated or ill people were convalesced in bed which is reflected in its design. We now know people with debilities can achieve higher levels of functional independence, recover more quickly from illness, and experience a greater quality of life in environments that support and encourage these goals.

Providence Extended Care Center currently exists as double occupancy rooms with adjoining ½ bathroom such that four people share a common toilet. The congested space limits peoples' movements particularly those who are wheelchair dependent. There is a simple curtain used to separate personal space which acts as a visual block but does nothing to provide noise control, allow private conversations, or prevent odors from being shared. The bathing facility is a communal shower shared by all residents which requires residents to be transferred via shower gurneys down public hallways. The arrangement is difficult for many people to tolerate from a privacy and dignity standpoint. The building is designed with long hallways, similar to hospitals, which can cause ambulatory residents to become dependent on wheelchairs. Having said all that, I strongly believe the quality of clinical and personal care provided at PECC is excellent.

From an operational standpoint, the current shared rooms create barriers to efficient utilization of bed capacity. Available beds go unused if the gender of a

patient does not match that of the other patient in the room, if there is an infection control concern related to a specific patient and/or if one patient has a significant volume of equipment. As a result the Transitional Care Unit rarely operates at its full capacity, limiting access to a critical resource in the community.

The new TCU will accommodate 50 post acute care patients. All rooms will be single occupancy, eliminating the constraints to bed utilization. The hallways will be wider and shorter enabling patients to move around with more independence aiding in their rehabilitation. The single occupancy rooms will provide significantly more privacy and dignity with en-suite handicap outfitted toilet and shower room. There will be lifts in the ceiling rather than large floor space occupying lift equipment that obstructs resident movement. Oxygen will be provided in the wall rather than generated from noisy floor units that impairs hearing, disturbs sleep and conversation, and takes up floor space increasing risk for falls. Lastly, with stewardship in mind, the new TCU will be co-located on the same campus with the new long term care Cottages which will allow for efficient and more cost effective use of shared commodities.

Thank you for your time and consideration of the requested certificate of need for this project. Please let me know if additional comment would be of assistance in your decision making process.

Sincerely

A handwritten signature in dark ink, appearing to read 'Karen Mailer', with a stylized, flowing design.

Karen Mailer, MD, CMD
Medical Director
Providence Extended Care Center



8/25/11

Karen Lawfer
Section of Health Planning and Systems Development
Certificate of Need Program
PO Box 110610
Juneau, AK 99811-0610

Dear Ms. Lawfer,

I am writing this letter in support of the Providence Health & Services Alaska certificate of need application for replacement of the Transitional Care Unit within Providence Extended Care Center.

The current PECC facility was opened in 1970, is outdated and does not meet the expectations of patients and families. Patients are two to a room and share a small bathroom with four other patients. While the care at PECC is excellent, patients deserve more privacy than the current facility allows. The new facility will provide that by having individual rooms with private bathrooms.

The current facility was constructed in an institutional style with narrow hallways that make ambulation difficult. The new facility will have wider hallways that encourage patients to be more mobile and help them be more independent during their recovery process.

Thank you for the opportunity to comment. I encourage you to move quickly to approve this certificate of need application.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernard Farzin", written over a horizontal line.

Bernard Farzin, MD
Medical Staff

Appendix E

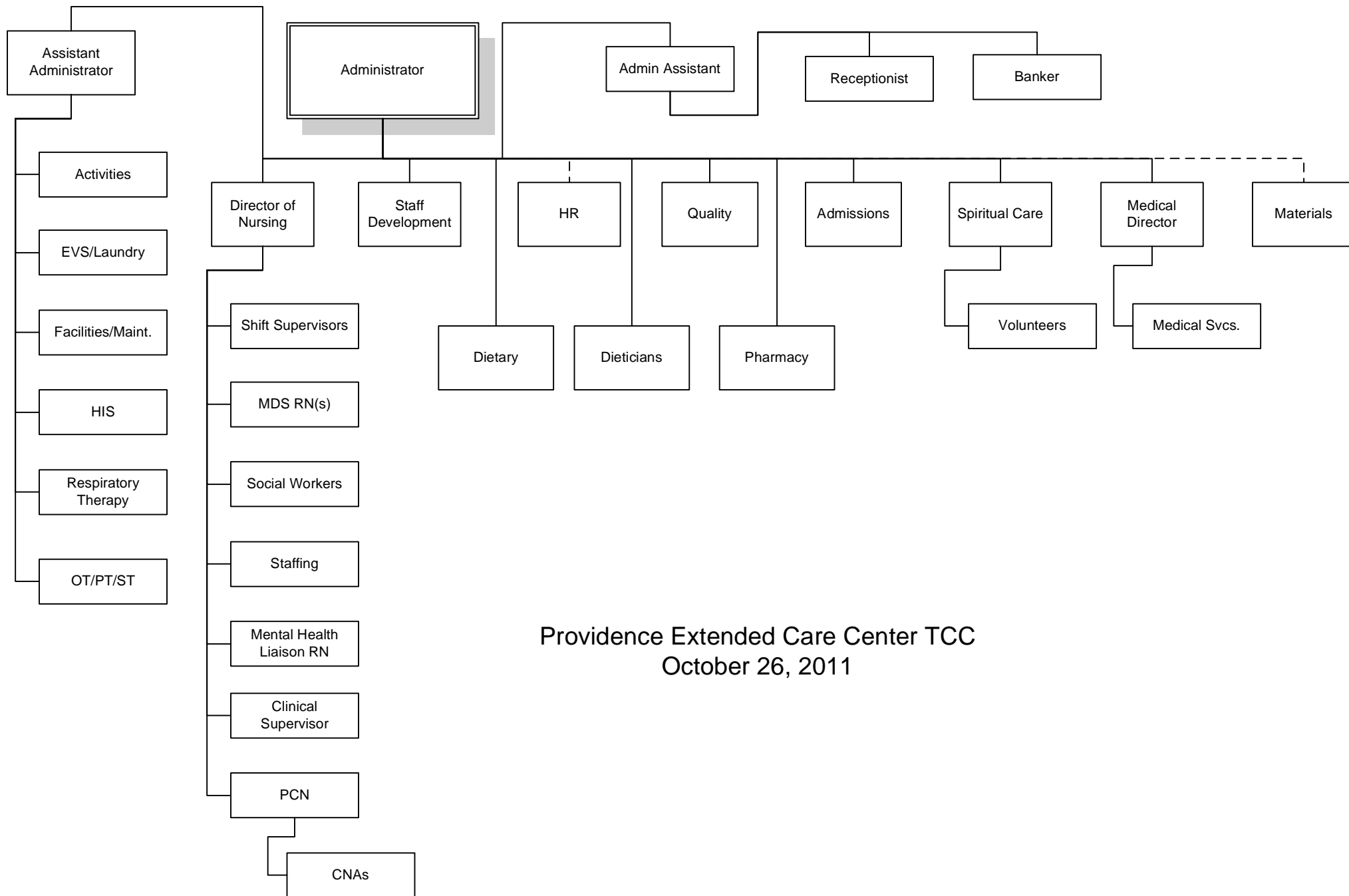
Excerpt from Providence Health & Services Alaska Strategic Plan

Alaska Service Area: Summary of Major Capital Commitments over \$5 Million

Project Description	Risks and Mitigation Activities
<p><u>Description and Amount:</u> PECC replacement facility</p> <p><u>Strategic Goal Linkage:</u> Service Excellence – provide an appropriate environment that fits the care needs of the residents Continuum of Care – provide a long term care discharge site for PAMC patients</p>	<p><u>Risks:</u> Reimbursement for services is below costs High cost of construction</p> <p><u>Mitigation Activities:</u> Capital conservation plan</p>

Excerpt from 2009-2011 Strategic Plan, Providence Health & Services, Alaska Region, page 38

Appendix F
Organizational Chart



Appendix G
Job Descriptions

PROVIDENCE HEALTH SYSTEM IN ALASKA SPECIFIC JOB DESCRIPTION

JOB CODE: 14001-196

JOB TITLE: ADMINISTRATOR, [REDACTED]
[REDACTED]

PROCESS LEVEL: [REDACTED]

DEPARTMENT: ADMINISTRATION

REPORTS TO: OPERATIONS ADMINITRATOR, [REDACTED]

DRAFT

SUPERVISES: EXECUTIVE ASSISTANT, DIRECTOR OF RESIDENT SERVICES, MANAGER OF STAFF DEVELOPMENT, MANAGER OF MISSION LEADERSHIP, MANAGER OF ACTIVITIES & COMMUNITY RELATIONS, MANAGER OF PHARMACY, MANAGER OF PLANT SERVICES, MANAGER OF LAUNDRY/ENVIRONMENTAL SERVICES, MANAGER OF DIETARY SERVICES, DIRECTOR OF QUALITY/RISK MANAGEMENT, SUPERVISOR OF ADMISSIONS.

DESCRIPTION STATUS: NEW 2/09; 3/10

SUPERSEDES: N/A

POSITION SUMMARY

The Administrator provides operational leadership, management and direction for Providence Extended Care Center. Ensures the delivery of high quality, cost effective health care consistent with the mission of the Sisters of Providence and the goals and objectives of Continuing Care Services. The Administrator will function as a member of Continuing Care Services, which has the responsibility for development and implementation of an integrated delivery system in Anchorage.

ESSENTIAL JOB FUNCTIONS:

(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)

A. JOB DUTIES:

1. Leads all operational activities of Providence Extended Care Center to develop and achieve its goals and objectives. Evaluates, develops, recommends and implements approved changes to operations and
-

organization of all services provided at the Providence Extended Care Center to achieve top rated customer and staff satisfaction.

2. Role models the Providence Health System Mission and Core Values to all Providence Extended Care Center staff. Coordinates the effective leadership with the Providence Extended Care Center Manager of Mission Leadership.
 3. Leads quality improvement activities, which promote employee/physician involvement in decision-making on work organization and resident care delivery. Achieves standards of service consistent with the Mission, Core Values, regulations and laws, oversees system for monitoring quality and intervenes as appropriate to take corrective action.
 4. Ensures the financial strength of the facility by leading the development, monitoring and achievement of the facility's annual and long term financial operating and capital budgets, to achieve cost effectiveness and productivity and revenue maximization.
 5. Leads the Providence Extended Care Center leadership team and works collaboratively with managers to enhance the services and effectiveness of operations at the Providence Extended Care Center.
 6. Provides leadership and works collaboratively with managers and staff to evaluate new opportunities and to develop programs and services that improve the organization's market position and meet community needs.
 7. Maintains positive facility/medical staff relationships and creates an organizational climate that results in the integration of physicians into Providence Extended Care Center decision-making process so that they support outcomes.
 8. Represents the Providence Extended Care Center to the community in an appropriate manner. Refers issues to the Operations Administrator and/or PHSA Community Relations Team as needed.
 9. Serves as a member of Continuing Care Services Council working cooperatively with team members on the development and implementation of the integrated delivery system and strategic plans in Alaska. Provides leadership to maximize quality, cost effectiveness and responsiveness to new opportunities.
 10. Demonstrates the ability to develop and manage diverse and effective teams to achieve results. Ensures that continuous improvement occurs on the team and within the organization. Integrates thought, values and action in seizing opportunity and taking calculated risks to attain superior performance and outcomes.
-

11. Demonstrates personal and interpersonal qualities that engender confidence, trust, credibility and positive regard by others as someone who can be counted on.
12. Implement care/services that recognize age/diversity specific needs/issues of customers served.
13. Performs other related duties as required.

B. IDENTIFIED COMPETENCIES

Completes Competency Plan for assigned job and department.

C. CORE VALUES

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

D. ESSENTIAL JOB QUALIFICATIONS: (Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)

1. **Education:** Bachelors degree in health care administration, business administration or related clinical field.
 2. **Experience:** Minimum six years of health care experience in progressive clinical and/or leadership positions. Previous long-term care experience is desired.
 3. **Licensure/Certification:** Current Alaska Nursing Home Administrator licensure or must be able to obtain within 12 months of hire.
 4. **Other Qualifications:** Must have a working knowledge and understanding of the trends and changes taking place in health care and their implications, and of managed care including capitation and contracting issues. Must have the ability to plan, organize and prioritize resources and to manage multiple high priority demands to achieve goals and objectives; effectively direct and supervise work of others; work effectively in a team environment and direct the activities of senior level managers; establish relationships with diverse groups, strong communications and good listening skills; and articulate the mission of the Sisters of Providence Health System to employees, other providers and groups. Must be a problem solver who involves others in key decisions but assures timely decisions are made. Must have an understanding of local integrated delivery systems and of a large multi-site health system.
 5. **Attendance:** Regular attendance is a requirement of this position.
-

6. **English Language:** Must be able to read, write, and speak English.

This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

Employee Printed Name: _____ Date: _____

Employee Signature: _____ SSN: _____

Supervisor Review: _____ Date: _____

Human Resources Review: _____ Date: _____

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

N = NEVER (0 hours per day)
R = RARELY (less than 1/2 hours per day)
O = OCCASIONALLY (1/2 to 2.5 hours per day)
F = FREQUENTLY (2.5 to 5.5 hours per day)
C = CONTINUALLY (5.5 to 8 hours per day)

**WORKING
CONDITIONS/ENVIRONMENT**

I. LIFTING/CARRYING (Amount of force exerted to lift and/or carry)

1 - 10 lbs.	F
11 - 20 lbs.	R
21 - 35 lbs.	N
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)

1 - 10 lbs.	O
11 - 20 lbs.	R
21 - 35 lbs.	N
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

III. POSTURES/MOVEMENTS

Sitting	F
Standing	O
Walking	O
Stooping, kneeling, crouching	
and/or crawling	O
Reaching and /or grasping	O
Hand/finger dexterity	F
Climbing and/or balancing	N
Carrying, pushing and/or	
pulling	F

IV. COGNITIVE/SENSITIVE

Talking	O
Hearing	F
Sight (Addendum: acuity, color blindness)	F
Smelling/tasting	R

OCCUPATIONAL ASPECTS

A. WORK ENVIRONMENT

Working Inside	C
Working Outside	N
Changing Temperatures	N
Wet/Humid Conditions	N
Areas of dust, odors, mist, gases	
or other airborne matter	O
Mechanical, electrical and/or	
other hazards	N
Confined Spaces	N

B. OTHER ASPECTS

Infectious Agents	C
Chemicals	R

C. Special Equipment/Clothing

Special Equipment or Clothing	F
-------------------------------	---

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requirements.

PRIMARY CARE PHYSICIAN/MEDICAL DIRECTOR AGREEMENT

The parties to this Agreement are Providence Health & Services – Washington d.b.a. Providence Extended Care Center (“Providence”) and [REDACTED] (“Physician”). In consideration of the mutual promises set forth below, the parties agree as follows:

1. Background. Providence owns and operates a licensed skilled nursing facility in Anchorage, Alaska (“SNF”) that offers a full range of skilled nursing services. Providence is in need of a Medical Director to participate in the development and delivery of SNF services and a geriatric practice physician to develop and deliver professional medical services at the SNF. Providence wishes to employ Physician and Physician wishes to be employed by Providence, on the terms and conditions set forth in this Agreement. “Physician” and “Medical Director” refer to the same person.
2. Duties and Responsibilities of SNF. SNF shall provide the following:
 - (a) All items reasonably necessary to enable Physician to practice medicine including, but not limited to, space, utilities, medical supplies, and equipment, subject to annual budgetary amounts.
 - (b) Professional liability and other insurance as specifically provided for in section 6 of this Agreement.
 - (c) Professional and nonprofessional assistants and staff reasonably necessary to the proper and efficient operation of the SNF.
3. Duties and Responsibilities of Physician. Serving in his/her professional capacity as a practicing physician of the SNF, Physician shall be responsible for the following:
 - (a) Physician shall provide professional medical services for patients of the SNF pursuant to the policies (including without limitation Providence’s Fraud and Abuse Prevention and Detection Policy 711), rules, regulations, and objectives of the SNF, the bylaws and rules of Providence Alaska Medical Center’s Medical Staff, the requirements of applicable professional societies, and all applicable rules and regulations. Physician understands that SNF is a Catholic facility and Physician agrees to provide physician services in a manner that is consistent with the Providence Health & Services Mission and Core Values and the Roman Catholic moral tradition as articulated in such documents as The Ethical and Religious Directives for Catholic Health Care Services.
 - (b) Physician shall maintain, on an unrestricted basis:
 - (i) a license to practice medicine in the State of Alaska;
 - (ii) Federal DEA number;
 - (iii) Medical Staff membership and appropriate clinical privileges at Providence Alaska Medical Center and other facilities as required by SNF;
 - (iv) Participating provider status with all managed care plans with which SNF are affiliated; and
 - (v) Participating provider status with Medicare and Medicaid.

Physician shall immediately report to SNF any action or threatened action that may result in a restriction, suspension or revocation of Physician’s license, permits or privileges to practice medicine, including without limitation any of the foregoing.

- (c) It is expected that Physician shall provide services under this Agreement for SNF on an average of 36 hours per week. Approximately 12 hours a week will be as the Medical Director, as coordinated with the SNF Operations Administrator. Physician will be off every other Friday. Physician shall participate in evening and weekend call schedule and will develop said schedule.
- (d) Physician shall provide professional services to charity patients in accordance with the policies of SNF.
- (e) Physician shall attend a reasonable number of SNF staff conferences.
- (f) Physician shall obtain the written approval of the SNF Operations Administrator or his designee for all schedule changes, vacation requests, CME requests, etc., at least one month in advance of when the applicable schedule is distributed.
- (g) Provide for primary care coverage for assigned patients at the SNF on a 24-hour per day 7-day per week basis. Participates in a shared call coverage system as scheduled.
- (h) Promptly complete all records, forms, and reports required by SNF policies and the Medical Staff documenting to meet standards and to support level of billing as appropriate for the nature of condition present (this will include comprehensive evaluations at the time of admission and medical visits with submitted bills for conditions as often as medically appropriate);
- (i) Physician shall perform other duties as may be reasonably requested from time to time.
- (j) Physician's specific responsibilities as Medical Director of the SNF shall include, but not be limited to the following:
 - (i) Coordinate, supervise and evaluate the provision of medical services within the SNF;
 - (ii) Assist in administering and operating the SNF in an efficient and effective manner subject to any directives specific to SNF.
 - (iii) Provide recommendations to SNF Administration in the development, management and budgeting of the SNF.
 - (iv) Assist in operating the SNF in compliance with (1) Providence Alaska Medical Center (PAMC) Medical Staff (Medical Staff) Bylaws; Rules and Regulations; (2) any directives applicable to the SNF, including policies such as Providence's Fraud and Abuse Prevention and Detection Policy 711; (3) all applicable local standards of relevant professional societies; (4) all applicable local, state, and federal laws and regulations; and (5) in a manner that is consistent with the Providence Health & Services Mission and Core Values and the Roman Catholic moral tradition as articulated in such documents as The Ethical and Religious Directives for Catholic Health Care Services.
 - (v) Provide consultation in developing the SNF's policies, clinical protocols, forms, reports and records required by SNF.

- (vi) Facilitate communication among the SNF, Medical Staff, SNF administration, and other SNF departments.
- (vii) Participate in the development and implementation of effective quality assurance and utilization review programs.
- (viii) Coordinate the SNF physician on-call system and participate in that system.
- (ix) Participate in the teaching of physicians and non-physician professional staff within the SNF.
- (x) Promptly complete all records regarding SNF services as reasonably required by SNF or its Medical Staff.
- (xi) Work cooperatively and collaboratively with other physicians and staff.
- (xii) Perform other duties relating to the SNF as requested by SNF Administration.

4. Billing and Fees. All charges for Physician's services provided to patients of the SNF, whether performed at the SNF, in hospitals or elsewhere, shall be billed by SNF to the patient or third party payor. All fees for medical services provided by Physician at the SNF or elsewhere are the property of SNF.

Any and all fees and honorariums for professional lectures, teaching, speaking engagements, research and studies will be the property of SNF, unless otherwise agreed upon by Physician and SNF. SNF place of business and/or assets may not be used in producing books and/or inventions/devices, unless Physician enters into a written agreement with SNF permitting such use.

5. Physician's Compensation. Physician shall receive salary in accordance with Schedule A (Salary) attached hereto and incorporated herein.

6. Insurance.

(a) Malpractice Insurance. SNF will provide medical malpractice insurance coverage for all activities and services performed by Physician within the scope of his duties and employment as a practicing SNF physician. Said coverage will be consistent with SNF existing policies and Physician shall be notified of any changes in SNF policies that affect the insurance coverage provided to Physician. The obligation of SNF to provide medical malpractice coverage, as set forth in this paragraph, shall survive expiration or termination of this Agreement. Upon request, SNF shall provide proof of such coverage.

SNF shall not be responsible for the purchase of insurance covering any period of time prior to the effective date of this Agreement. Physician shall provide SNF with proof of adequate tail insurance to cover Physician for all activities prior to the effective date of this Agreement. Physician shall indemnify and hold SNF harmless from any claims, demands, costs (including attorneys fees) or other expenses related to actions of Physician or occurrences prior to the effective date of this Agreement.

(b) General Liability Insurance. SNF will provide public liability insurance for all activities and practices of SNF, its physicians and employees.

7. Patient Reports and Records. Patient reports and records are to be considered and treated as the records of SNF.

8. SNF Operations and Management. The SNF Medical Director and Operations Administrator or her designee, both appointed by SNF, shall have operational authority over SNF management decisions. Medical peer review, quality assurance reviews, utilization reviews and associated reviews shall be the responsibility of the SNF Medical Director. Physician shall comply with and cooperate in all such reviews and with all policies and procedures relating to the operation and management of the SNF. The SNF Medical Director shall also be responsible for the recruitment of additional physicians to practice at the SNF, as required by patient demand.

9. Annual Review. Annually, Physician, and the Operations Administrator or his designee shall develop measurable goals, objectives and standards for Medical Director's performance and the SNF performance. Objectives and standards shall relate to at least the following: mission, quality care, SNF development, resource utilization, financial performance and productivity. The SNF Operations Administrator or his designee shall conduct the review and may seek input from members of the SNF staff, members of SNF Medical Staff and other SNF personnel.

10. Relationship of Parties. Physician shall be an employee of Providence on a 0.9 FTE basis and the terms of this Agreement shall control the terms of Physician's employment. This Agreement shall supersede and replace any of the benefits, policies and procedures of Providence that are applicable to employees of Providence, except as otherwise expressly provided herein or to the extent required by law. In the performance of the professional work and responsibilities assumed by Physician under this Agreement, Physician shall exercise his or her independent medical judgment as a physician free of any direction or control by SNF in a manner consistent with currently approved methods and practices of the profession, and in the best interests of the patient.

11. Term and Termination.

(a) This Agreement shall be in effect for a period of one (1) year, [REDACTED], and terminating as of [REDACTED] subject to any early termination as provided herein. This Agreement may be renewed upon written agreement of the parties.

(b) Either party may terminate this Agreement for a material breach hereof by giving the other party written notice at least ninety days before the proposed date of termination specifying the alleged material breach or breaches and giving the other party at least forty-five days to cure or be making substantial good faith progress towards curing the breach as quickly as reasonably possible. If the party alleged to be in breach has not cured the material breach within ninety days after written notice, or is not making substantial good faith progress towards curing the material breach as quickly as reasonably possible if not curable within ninety days, then this Agreement shall be terminated as of 12:01 AM on the ninety first day after notice has been given.

(c) This Agreement shall immediately terminate upon the death of Physician. In addition, this Agreement shall immediately terminate, without notice, if Physician's license to practice medicine in Alaska or Physician's Medical Staff membership and/or privileges at Providence Alaska Medical Center are terminated or revoked. This Agreement may be immediately terminated by SNF if Physician's license to practice medicine in Alaska or Physician's Medical Staff membership and/or privileges at Providence Alaska Medical Center are suspended or restricted or Physician is otherwise disciplined by action of any state or federal agency.

(d) If problems arise with Physician's interpersonal relationships with others in the SNF with whom it is necessary for Physician to relate in order to perform her duties under this Agreement, then the SNF Operations Administrator or his designee, shall give Physician written notice of such, specifying the

problems with particularity and offering Physician the opportunity to discuss the situation and to attempt to develop a written plan of corrective action. If Physician refuses to meet to discuss the matter at any mutually convenient time or refuses to agree to any reasonable written plan of corrective action or substantially fails to meet the material objective standards of any agreed upon written plan of corrective action, then SNF can immediately terminate this Agreement by written notice.

(e) If Physician shall have engaged in serious unprofessional conduct or shall have been convicted of a felony involving moral turpitude which has caused or will cause serious public embarrassment and potential loss of reputation to the Sisters of Providence, the SNF, then SNF can immediately terminate this Agreement upon written notice. If Physician develops mental impairments which would be detrimental to the practice of medicine, then SNF shall follow procedures in Providence Alaska Medical Center's Medical Staff Bylaws to resolve the matter with respect to Physician's SNF privileges and practice, including but not limited to Medical Staff procedures, if any, for dealing with impaired physicians, and SNF shall follow Providence's human resource policies and procedures for dealing with individuals suffering from disabilities with respect to Physician's SNF practice.

(f) Either party may terminate this Agreement at any time with or without cause and without penalty or premium upon ninety days prior written notice.

(g) Should the physician terminate this agreement prior to its one year term, physician shall reimburse SNF the Transition Bonus on a prorated basis.

12. Dispute Resolution. All disputes arising out of or concerning the termination of the employment relationship between Physician and SNF, including alleged violations of federal, state, or local law, fair employment practice statutes or civil rights acts, shall first be submitted to mediation and, if necessary, arbitration. If the parties are not able to agree upon a mediator, then the mediator shall be designated by the Presiding Judge/designee of the Superior Court of the State of Alaska. The parties shall share equally the mediator's fees.

If the dispute is not resolved through mediation, the Physician and SNF shall submit the dispute to final and arbitration to a mutually agreeable arbitrator or if such person cannot be agreed within five business days to the arbitrator will be chosen by the Presiding Judge/designee of the Superior Court of the State of Alaska. When the arbitrator cannot be mutually agreed upon, the party seeking arbitration shall apply to the Court within 30 days of the date mediation has failed and shall request an arbitration hearing within 90 days of the date an arbitrator is selected. Both Physician and SNF agree to submit the dispute to arbitration within the 90 day period, unless this time period is extended by written mutual agreement. The arbitration opinion and award shall be enforceable by any court having jurisdiction. The Physician and SNF shall share equally all costs of arbitration except their own attorney's fees unless ordered by the arbitrator to pay the attorney's fees of the prevailing party.

The Physician and SNF specifically recognize that this section means that certain claims will be litigated and reviewed before impartial arbitrator(s) instead of before a court of law and/or jury, but desire the many benefits of the arbitration process over court proceedings, including speed of resolution, lower costs and fees, and more flexible rules of evidence. The arbitrator(s) duly selected will have the power and authority to order any remedy for violation of a statute, regulation, ordinance or law as a court of competent jurisdiction would have. In the event the Physician or SNF refuses to comply with these Dispute Resolution terms and, before the mediation process is completed or an arbitration decision rendered, instead brings legal action in a court of law, the party who must defend such action or bring action to enforce the terms shall be entitled to its entire costs and reasonable attorney's fees resulting from such action(s).

13. Miscellaneous.

- (a) This Agreement constitutes the entire agreement between the parties and all prior arrangements and negotiations between the parties are hereby deemed to be merged herein. This Agreement may be amended only upon the written agreement of the parties.
- (b) This Agreement is personal to Physician and may not be assigned by Physician.
- (c) This Agreement has been made in and shall be construed, interpreted, and enforced pursuant to the laws of the State of Alaska.
- (d) Unless otherwise specified, all notices hereunder shall be in writing and shall be effectively given when delivered personally, on the date of delivery or, if mailed, two (2) days after deposit in the United States mail, first-class postage prepaid, certified or registered, addressed to the addressee at such address as either party may from time to time specify in writing to the other.
- (e) Physician hereby represents and warrants that he is not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in any federally funded health care program, including Medicare and Medicaid. Physician hereby agrees to immediately notify Providence of any threatened, proposed, or actual debarment, suspension or exclusion from any federally funded health care program, including Medicare and Medicaid. In the event that Physician is debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in any federally funded health care program during the term of this Agreement, or if at any time after the effective date of this Agreement it is determined that Physician is in breach of this Section, this Agreement shall, as of the effective date of such action or breach, automatically terminate. Physician further understands that Providence periodically checks contracted individuals and entities against the Office of Inspector General (OIG) and General Service Administration (GSA) databases of Excluded Individuals and Entities and will notify Physician if it discovers a match. Physician will take reasonable measures to verify that the match is the same individual or entity before taking any action to terminate any underlying agreement(s).

Executed as of 3/18/2009.

PROVIDENCE HEALTH & SERVICES – WASHINGTON
d/b/a Providence Extended Care Center:

By _____
Susan Humphrey-Barnett
Its: Area Operations Administrator Alaska Region

PHYSICIAN:

Karen Maier, M.D.

Document274464

PROVIDENCE HEALTH SYSTEM IN ALASKA

SPECIFIC JOB DESCRIPTION

JOB CODE: 14005-196

JOB TITLE: DIRECTOR RESIDENT SERVICES

DRAFT

PROCESS LEVEL:

REPORTS TO:

SUPERVISES: NEIGHBORHOOD MANAGER, SHIFT SUPERVISOR, ADMISSIONS NURSE, STAFFING COORDINATOR, AND ADMINISTRATIVE ASSISTANT

DESCRIPTION STATUS: NEW 3/00; REVISED 8/14/01, 10/01/01; 01/03; 6/03, 10/03

SUPERSEDES: DIRECTOR OF NURSING & CLINICAL SVCS (Old JC 871)
NURSE EXECUTIVE – LONG TERM CARE

WORKING RELATIONSHIP WITH:

MEDICAL DIRECTOR
MANAGER PHARMACOLOGICAL SERVICES
PROVIDENCE ALASKA MEDICAL CENTER
(PAMC) CLINICAL INTERFACE

POSITION SUMMARY

The Director, Resident Services has direct full responsibility, authority, and accountability for the provision of administrative direction and control of the nursing services and assigned related clinical services at Providence Extended Care Center. The Director of Clinical Services serves as a clinical resource within continuing care services administration, and a facilitator of clinical interface between the nursing home and Providence Alaska Medical Center, Alaska Regional Hospital, Alaska Native Medical Center, and Elmendorf Air Force Base Hospital.

ESSENTIAL JOB FUNCTIONS:

(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)

A. JOB DUTIES:

1. Administration: Establishes and maintains plan for effective management of financial, human, material and informational resources within nursing services departments which includes: preparing and operating the assigned departments/cost centers budget including capital, personnel and expense budgets; establishing goals/objectives for assigned departments; and maintaining managerial competence.
2. Nursing Administration: Functions as the Director of Nursing at Providence Extended Care Center.

3. Leadership: Serves as a professional role model to staff, demonstrating creativity, vision, insight, energy, and commitment, supporting pursuit of the mission of the organization, adherence to its Core Values, and fostering its operational and financial success in its service to those in need.
4. Recruitment: Contributes to the initiatives of Human Resources Recruitment, and the Director of Staff Development and Recruitment in initiatives to recruit, train, and retain needed staff.
5. Nursing Practice: Responsible for the development, approval and implementation of standards of nursing practice and delivery mechanisms for the nursing home which support nursing home philosophy and licensing regulations.
6. Planning: Participates with administrators, Medical Director, physicians and clinical representatives in developing the nursing home's mission, strategic plans, budgets, resource allocation, operation plans, and policy making decisions and takes action consistent with the accepted standards and values of continuing care services.
7. Planning: Participates directly in program planning and evaluation, development of support clinical functional plans and review of functional plans for support departments to assure congruence with clinical objectives and quality standards.
8. Personnel, Staff Development: Develops, implements and evaluates programs to promote recruitment, retention, development and continuing education of nursing staff members and other staff as necessary to promote quality care delivery.
9. Technology and Information Management Systems: Assures department's participation in evaluating, selecting and integrating health care technology and information management systems that support patient care needs and the efficient use of resources.
10. Communication: Participates in developing and implementing mechanisms for collaboration between nursing staff members, physicians and other clinical practitioners. Devises and maintains formal and informal communication systems in support of quality care delivery and consistent staff management.
11. Quality, Regulatory Compliance: Participates in planning, promoting and conducting nursing home-wide quality monitoring and improvement actions ensuring compliance with applicable federal, state and local laws and regulations.
12. Professional Organization: Participates in and assumes leadership roles in professional organizations.
13. Performs all duties in a manner consistent with standards, values and mission of continuing care services; assures performance dependability so that a high level of service can be

extended to the community and to other departments; and participates in all aspects of budget planning and review.

14. Respects the rights of residents and employees, provides privacy, and maintains confidentiality.
15. Implements care/services that recognize age/diversity specific needs/issues of customers served.
16. Continuing Education: Pursues on-going continuing education to remain current on nursing practice, and approaches and advances in nursing administration.
17. Maintains awareness of accident prevention practices and provides a safe environment.
18. Performs other related duties as required.

B. IDENTIFIED COMPETENCIES

Completes Competency Plan for assigned job and department.

C. CORE VALUES

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

D. ESSENTIAL JOB QUALIFICATIONS:(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)

1. **Education:** Graduate of an accredited School of Nursing or equivalent. A BSN is strongly recommended with a Masters Degree in Nursing, Business or Management preferred.
2. **Experience:** Five years of increasing responsibility in Nursing, including three years as a Charge Nurse, Nurse Manager, or Director of Nursing, including senior nursing administration experience and previous clinical nursing experience working with a Medical Director, physicians, committees and departments.
3. **Licensure/Certification:** Able to be licensed as a Registered Nurse within the State of Alaska.
4. **Other Qualifications:** Must have the ability to perform duties and responsibilities promptly and consistently with little direct supervision in planning and organizing work; and to judge the appropriate action in response to changes, circumstances or problems.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

Employee Printed Name: _____ Date: _____

Employee Signature: _____ SSN: _____

Supervisor Review: _____ Date: _____

Human Resources Review: _____ Date: _____

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

N = NEVER	(0 hours per day)
R = RARELY	(less than 1/2 hours per day)
O = OCCASIONALLY	(1/2 to 2.5 hours per day)
F = FREQUENTLY	(2.5 to 5.5 hours per day)
C = CONTINUALLY	(5.5 to 8 hours per day)

**WORKING
CONDITIONS/ENVIRONMENT**

I. LIFTING/CARRYING (Amount of force exerted to lift and/or carry)

1 - 10 lbs.	O
11 - 20 lbs.	R
21 - 35 lbs.	R
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)

1 - 10 lbs.	O
11 - 20 lbs.	R
21 - 35 lbs.	R
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

III. POSTURES/MOVEMENTS

Sitting	F
Standing	F
Walking	F
Stooping, kneeling, crouching	
and/or crawling	R
Reaching and /or grasping	F
Hand/finger dexterity	F
Climbing and/or balancing	R
Carrying, pushing and/or	

pulling O

IV. COGNITIVE/SENSITIVE

Talking	C
Hearing	C
Sight (Addendum: acuity, color	
blindness	C
Smelling/tasting	R

OCCUPATIONAL ASPECTS

A. WORK ENVIRONMENT

Working Inside	C
Working Outside	N
Changing Temperatures	N
Wet/Humid Conditions	N
Areas of dust, odors, mist, gases	
or other airborne matter	N
Mechanical, electrical and/or	
other hazards	N
Confined Spaces	N

B. OTHER ASPECTS

Infectious Agents	R
Chemicals	R

C. Special Equipment/Clothing

Special Equipment or Clothing	R
-------------------------------	---

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requirements.

PROVIDENCE HEALTH SYSTEM IN ALASKA

JOB DESCRIPTION

JOB CODE: 45000-196

JOB TITLE: PRIMARY CARE NURSE, R N [REDACTED]

PROCESS LEVEL: [REDACTED]

REPORTS TO: NURSE MANAGER

SUPERVISES: CNAS, LPNS

DRAFT

DESCRIPTION STATUS: NEW: 12/00

SUPERSEDES: (OLD JC 896) 105-TEAM LEADER RN, 876-RN, 877-RESOURCE NURSE, PECC

POSITION SUMMARY

The Primary Care Nurse is in charge of the resident care for a specific group of residents, to include, supervision of team members, coordinating referrals to other members of the interdisciplinary healthcare team, families and physicians. The Primary Care Nurse serves as the point of contact for resident information. Assists with clinical interventions and resident activities of daily living.

ESSENTIAL JOB FUNCTIONS:

(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)

A. JOB DUTIES

1. COMMUNICATES closely with the resident and their family. Provides the Primary Nurse's name card to each family/resident to promote direct access to their contact person. Keeps the resident/family informed of needs or changes.
2. SUPERVISES overall resident care for a specific group of residents within scope of practice according to licensure. This includes performing a month end chart review, to include but not limited to, MAR, TAE, Physician orders match from month end to the new month prior to end of month to ensure that resident needs are addressed, documentation is accurate and interventions are achieving the desired outcome. Match the Resident Daily Care Plan to the Care Plan for accuracy. This includes review of the progress notes for any plans that may not have been brought forward at the time of the writing of the DAPIE note to the care plan and the RDCP.
3. ADMINISTERS medications and treatments and provides direct licensed nursing care for a specific group of residents on a given shift.

4. CONTACTS other members of the healthcare team as needed. Completes physician orders, insuring diagnosis, or condition with each order. Evaluates justification for each medication as medically necessary. coordinates efforts to reduce medications. Refers to nursing/social worker intervention prior to gaining an order for a psychoactive medication. Consults Resident Care Coordinator for possible plan of care actions prior to requesting medication or calling the physician.
5. REPORT is given to the C.N.A.s and gains a return report from the C.N.A.s during the shift.
6. COLLABORATES with all other healthcare professionals as needed for service for appropriate residents. Observe and report significant findings to other healthcare professionals. keep Resident Care Coordinator informed of significant events and changes in condition. Collect data during 7 day assessment MDS periods and provides information to Resident Care Coordinator.
7. ASSESSES residents within the scope of practice according to licensure.
8. UPDATES the care plan as changes take place and at least quarterly. Consult Resident Care Coordinator for appropriate interventions.
9. NOTIFIES the physician and/or nurse practitioner of resident changes of condition and receives orders. Upon a change of condition, will maintain close communication with the Resident Care Coordinator for further assessment. Resident Care Coordinator will determine if the change of condition needs further changes related to MDS>
10. ATTENDS AND PARTICIPATES in resident care conferences.
11. Acts as a clinical resource. Role models collaboration and partnership with physicians, staff, residents, family and other departments. Participates in the orientation and training of new staff.
12. COMPLIANCE: Direct and administer assigned functions to ensure high quality, cost effective resident services which meet or surpass survey standards. Assure adequate preparation for, and participate in regulatory compliance surveys.
13. Demonstrates awareness of human and resident rights in all aspects of care, treating each resident and co-worker with respect and dignity.
14. Implements care/services that recognize age/ diversity specific need/issues of customers served.
15. Seeks to expand personal professional growth by individual study of current information related to current nursing techniques and Long Term Care specialty issues. Attends meetings and inservices including mandatory and interdepartmental inservices as assigned. Perform s other related duties as directed and assigned.

B. IDENTIFIED COMPETENCIES

Completes Competency Plan for assigned job and department.

C. CORE VALUES

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

ESSENTIAL JOB QUALIFICATIONS:

(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)

1. **Education:** Graduate of an accredited School of Nursing.
2. **Experience:** Six months nursing experience in a health care facility preferred (acute care, long term care, rehabilitation center)
3. **Licensure/Certification:** Current Alaska Registered Nurse license.
4. **Other Qualifications:** Must be proficient in medication administration. Acquired skill or ability to become proficient in IV therapy within scope of practice according to licensure. Able to clearly articulate and communicate ideas verbally and in writing. Supervision/leadership experience preferred.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

Employee Printed Name: _____ Date: _____

Employee Signature: _____ SSN: _____

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

N = NEVER (0 hours per day)
R = RARELY (less than 1/2 hours per day)
O = OCCASIONALLY (1/2 to 2.5 hours per day)
F = FREQUENTLY (2.5 to 5.5 hours per day)
C = CONTINUALLY (5.5 to 8 hours per day)

**WORKING
CONDITIONS/ENVIRONMENT****I. LIFTING/CARRYING** (Amount of force exerted to lift and/or carry)

1 - 10 lbs.	F
11 - 20 lbs.	R
21 - 35 lbs.	N
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)

1 - 10 lbs.	R
11 - 20 lbs.	R
21 - 35 lbs.	R
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

III. POSTURES/MOVEMENTS

Sitting	F
Standing	F
Walking	F
Stooping, kneeling, crouching	
and/or crawling	R
Reaching and /or grasping	O
Hand/finger dexterity	C
Climbing and/or balancing	N
Carrying, pushing and/or	
pulling	R

IV. COGNITIVE/SENSITIVE

Talking	C
Hearing	C
Sight (Addendum: acuity, color blindness)	C
Smelling/tasting	N

OCCUPATIONAL ASPECTS**A. WORK ENVIRONMENT**

Working Inside	C
Working Outside	N
Changing Temperatures	N
Wet/Humid Conditions	N
Areas of dust, odors, mist, gases	
or other airborne matter	F
Mechanical, electrical and/or	
other hazards	N
Confined Spaces	N

B. OTHER ASPECTS

Infectious Agents	C
Chemicals	O

C. Special Equipment/Clothing

Special Equipment or Clothing	O
-------------------------------	---

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requirements.

PROVIDENCE HEALTH SYSTEM IN ALASKA

JOB DESCRIPTION

JOB CODE: 64000-196

JOB TITLE: PRIMARY CARE NURSE - L P N

PROCESS LEVEL:

REPORTS TO: NEIGHBORHOOD MANGER

SUPERVISES: CNAS, LPNS

DESCRIPTION STATUS: NEW: 12/00; REVISED 9/03

SUPERSEDES: 105-TEAM LEADER RN, 876-RN, 877-RESOURCE NURSE, PECC;
OLD JC 898

DRAFT

POSITION SUMMARY

The Primary Care Nurse is in charge of the resident care for a specific group of residents, to include, supervision of team members, coordinating referrals to other members of the interdisciplinary healthcare team, families and physicians. The Primary Care Nurse serves as the point of contact for resident information. Assists with clinical interventions and resident activities of daily living.

ESSENTIAL JOB FUNCTIONS:

(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)

A. JOB DUTIES

1. COMMUNICATES closely with the resident and their family. Provides the Primary Nurse's name card to each family/resident to promote direct access to their contact person. Keeps the resident/family informed of needs or changes.
2. SUPERVISES overall resident care for a specific group of residents within scope of practice according to licensure. This includes performing a month end chart review, to include but not limited to, MAR, TAE, Physician orders match from month end to the new month prior to end of month to ensure that resident needs are addressed, documentation is accurate and interventions are achieving the desired outcome. Match the Resident Daily Care Plan to the Care Plan for accuracy. This includes review of the progress notes for any plans that may not have been brought forward at the time of the writing of the DAPIE note to the care plan and the RDCP.
3. ADMINISTERS medications and treatments and provides direct licensed nursing care for a specific group of residents on a given shift.

4. CONTACTS other members of the healthcare team as needed. Completes physician orders, insuring diagnosis, or condition with each order. Evaluates justification for each medication as medically necessary. coordinates efforts to reduce medications. Refers to nursing/social worker intervention prior to gaining an order for a psychoactive medication. Consults Resident Care Coordinator for possible plan of care actions prior to requesting medication or calling the physician.
 5. REPORT is given to the C.N.A.s and gains a return report from the C.N.A.s during the shift.
 6. COLLABORATES with all other healthcare professionals as needed for service for appropriate residents. Observe and report significant findings to other healthcare professionals. keep Resident Care Coordinator informed of significant events and changes in condition. Collect data during 7 day assessment MDS periods and provides information to Resident Care Coordinator.
 7. ASSESSES residents within the scope of practice according to licensure.
 8. UPDATES the care plan as changes take place and at least quarterly. Consult Resident Care Coordinator for appropriate interventions.
 9. NOTIFIES the physician and/or nurse practitioner of resident changes of condition and receives orders. Upon a change of condition, will maintain close communication with the Resident Care Coordinator for further assessment. Resident Care Coordinator will determine if the change of condition needs further changes related to MDS>
 10. ATTENDS AND PARTICIPATES in resident care conferences.
 11. Acts as a clinical resource. Role models collaboration and partnership with physicians, staff, residents, family and other departments. Participates in the orientation and training of new staff.
 12. COMPLIANCE: Direct and administer assigned functions to ensure high quality, cost effective resident services which meet or surpass survey standards. Assure adequate preparation for, and participate in regulatory compliance surveys.
 13. Demonstrates awareness of human and resident rights in all aspects of care, treating each resident and co-worker with respect and dignity.
 14. Implements care/services that recognize age/ diversity specific need/issues of customers served.
 15. Seeks to expand personal professional growth by individual study of current information related to current nursing techniques and Long Term Care specialty issues. Attends meetings and inservices including mandatory and interdepartmental inservices as assigned. Perform s other related duties as directed and assigned.
-

B. IDENTIFIED COMPETENCIES

Completes Competency Plan for assigned job and department.

C. CORE VALUES

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health System.

ESSENTIAL JOB QUALIFICATIONS:

(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)

1. **Education:** Graduate of an accredited School as a License Practical Nurse.
2. **Experience:** Six months nursing experience in a health care facility preferred (acute care, long term care, rehabilitation center)
3. **Licensure/Certification:** Current license in the State of Alaska as a License Practical Nurse.
4. **Other Qualifications:** Must be proficient in medication administration. Acquired skill or ability to become proficient in IV therapy within scope of practice according to licensure. Able to clearly articulate and communicate ideas verbally and in writing. Supervision/leadership experience preferred.
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

This Job Description reflects Providence Health System in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

Employee Printed Name: _____ Date: _____

Employee Signature: _____ SSN: _____

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

N = NEVER (0 hours per day)
R = RARELY (less than 1/2 hours per day)

O = OCCASIONALLY (1/2 to 2.5 hours per day)
F = FREQUENTLY (2.5 to 5.5 hours per day)
C = CONTINUALLY (5.5 to 8 hours per day)

WORKING CONDITIONS/ENVIRONMENT

I. LIFTING/CARRYING (Amount of force exerted to lift and/or carry)

1 - 10 lbs.	F
11 - 20 lbs.	R
21 - 35 lbs.	N
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)

1 - 10 lbs.	R
11 - 20 lbs.	R
21 - 35 lbs.	R
36 - 50 lbs.	N
51 - 75 lbs.	N
76 - 100 lbs.	N

III. POSTURES/MOVEMENTS

Sitting	F
Standing	F
Walking	F
Stooping, kneeling, crouching	
and/or crawling	R
Reaching and /or grasping	O
Hand/finger dexterity	C
Climbing and/or balancing	N
Carrying, pushing and/or	
pulling	R

IV. COGNITIVE/SENSITIVE

Talking	C
Hearing	C
Sight (Addendum: acuity, color	
blindness	C
Smelling/tasting	N

OCCUPATIONAL ASPECTS

A. WORK ENVIRONMENT

Working Inside	C
Working Outside	N
Changing Temperatures	N
Wet/Humid Conditions	N
Areas of dust, odors, mist, gases	
or other airborne matter	F
Mechanical, electrical and/or	
other hazards	N
Confined Spaces	N

B. OTHER ASPECTS

Infectious Agents	C
Chemicals	O

C. Special Equipment/Clothing

Special Equipment or Clothing	O
-------------------------------	---

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requirements.

PROVIDENCE HEALTH & SERVICES ALASKA

JOB DESCRIPTION

JOB CODE: 84005-196A

JOB TITLE: CERTIFIED NURSING ASSISTANT (CNA)

PROCESS LEVEL:

REPORTS TO: TEAM LEADER, CHARGE NURSE, NURSE
MANAGER/SUPERVISOR

SUPERVISES: N/A

DESCRIPTION STATUS: NEW: 1/97, REV 6/09; REV 6/10

SUPERSEDES: N/A

DRAFT

POSITION SUMMARY

The Certified Nursing Assistant performs basic routine nursing duties/tasks which do not require professional training and education. These duties/tasks center around the resident by assisting them in all activities of daily living. The CNA performs under the supervision of a licensed nurse (RN or LPN) at all times.

ESSENTIAL JOB FUNCTIONS:

(Responsibilities, Accountabilities, and Competencies; May not include all duties of this job)

A. JOB DUTIES; (For performance review, assess competence for each essential function using "C" for competent and "NI" for needs improvement)

1. RESIDENT CARE: Demonstrates understanding of and carries out individual resident's care according to Standards of Care and the Residents Daily Care Plan. Uses techniques as taught in facility orientation.
2. REPORTING/DOCUMENTATION: Records vital signs, weights, bowel records, meal intake, admission paperwork, and other required documentation. Reports changes observed in residents to the Team Leader.
3. PERSONNEL: Works with new Nursing Assistant orientees and with CNAs unfamiliar with unit routines.
4. Implements care/services that recognize age/diversity specific needs/issues of customers served.
5. Performs other related duties as required.

B. IDENTIFIED COMPETENCIES

Completes Competency Plan for assigned job and department.

C. CORE VALUES

Demonstrates personal and interpersonal qualities that support the Core Values of Providence Health & Services.

ESSENTIAL JOB QUALIFICATIONS:

(Any equivalent Combination of Knowledge, Skills, Abilities, Education, and Experience)

1. **Education:** N/A
2. **Experience:** Minimum of 6 months experience as a nurse aide, nursing assistant or private care-giver is preferred.
3. **Licensure/Certification:** Must hold a current State of Alaska CNA certification. New CNA graduates and candidates that hold a current, unencumbered nurse assistant certification or registration from another U.S. state must obtain the State of Alaska certification within four (4) months of employment.
4. **Other Qualifications:** N/A
5. **Attendance:** Regular attendance is a requirement of this position.
6. **English Language:** Must be able to read, write, and speak English.

This Job Description reflects Providence Health & Services in Alaska's best effort to describe the essential functions and qualifications of the job described. It is not an exhaustive statement of all the duties, responsibilities or qualifications of the job. This document is not intended to exclude an opportunity for modifications consistent with providing reasonable accommodation. This is not intended to be a contract. Your signature indicates you have read this Job Description and understand the essential functions and essential qualifications of the job.

Employee Printed Name: _____ Date: _____

Employee Signature: _____ EmpNo: _____

IN AN 8 HOUR WORKDAY, THIS JOB REQUIRES:

N = NEVER (0 hours per day)
R = RARELY (less than 1/2 hours per day)
O = OCCASIONALLY (1/2 to 2.5 hours per day)
F = FREQUENTLY (2.5 to 5.5 hours per day)
C = CONTINUALLY (5.5 to 8 hours per day)

**WORKING
CONDITIONS/ENVIRONMENT****I. LIFTING/CARRYING** (Amount of force exerted to lift and/or carry)

1 - 10 lbs.	F
11 - 20 lbs.	O
21 - 35 lbs.	O
36 - 50 lbs.	O
51 - 75 lbs.	R
76 - 100 lbs.	N

II. PUSHING/PULLING (Amount of force exerted to push and/or pull)

1 - 10 lbs.	F
11 - 20 lbs.	F
21 - 35 lbs.	O
36 - 50 lbs.	O
51 - 75 lbs.	O
76 - 100 lbs.	R

III. POSTURES/MOVEMENTS

Sitting	O
Standing	F
Walking	F
Stooping, kneeling, crouching	
and/or crawling	O
Reaching and /or grasping	F
Hand/finger dexterity	F
Climbing and/or balancing	R
Carrying, pushing and/or	
pulling	O

IV. COGNITIVE/SENSITIVE

Talking	F
Hearing	F
Sight (Addendum: acuity, color	
blindness	F
Smelling/tasting	O

OCCUPATIONAL ASPECTS**A. WORK ENVIRONMENT**

Working Inside	C
Working Outside	N
Changing Temperatures	N
Wet/Humid Conditions	R
Areas of dust, odors, mist, gases	
or other airborne matter	N
Mechanical, electrical and/or	
other hazards	N
Confined Spaces	N

B. OTHER ASPECTS

Infectious Agents	O
Chemicals	O

C. Special Equipment/Clothing

Special Equipment or Clothing	O
-------------------------------	---

The above is intended to describe the general content of, and requirements for, the performance of this job. It is not intended to be construed as an exhaustive statement of duties, responsibilities or requiremen

Appendix H

Resumes

Karen Mailer, MD, CMD

**18111 Spain Drive
Anchorage, AK 99516**

**907-952-0378
KrnEM123@aol.com**

EDUCATION:

Fellowship: Geriatric Medicine
MetroHealth Medical Center / CWRU
Cleveland, Ohio
July 2004 – July 2005

Residency: Family Medicine
Memorial Hospital of Rhode Island / Brown University
Providence, Rhode Island
June 1996 – May 1999

M.D., Case Western Reserve University School of Medicine
Cleveland, Ohio
August 1992 – May 1996

Pre-med coursework, Case Western Reserve University
Cleveland, Ohio
June 1991 – July 1992

B.A., University of Cincinnati
Cincinnati, Ohio
September 1982 – June 1986

Certificate in French Language and Civilization, La Sorbonne
Paris, France
August 1984 – June 1985

WORK

HISTORY: Providence Extended Care Center - Anchorage, AK
Medical Director and Staff Physician
170 bed SNF and LTC center
April 12, 2009 - Present

Anchorage Neighborhood Health Center - Anchorage, AK
Family Practice & Geriatrics: Outpatient
December 1, 2008 - March 26, 2009

MetroHealth Medical Center – Cleveland, OH
Geriatrician: LTC & SNF
December 1, 2005 – August 1, 2008

WORK

HISTORY: Ohio Permanente (Kaiser) – Cleveland, OH
Geriatrician: SNF
November 16, 2005 – May 24, 2007

Cordova Community Medical Center - Cordova, AK
Medical Director and Interim Chief of Staff
Rural Family Practice: OP, IP, ED, OB, LTC & SNF
January 15, 2001 – June 15, 2004

Southeast Alaska Regional Health Consortium - Juneau, AK
Family Practice Locum Tenens: OP, IP, OB, LTC
March 13, 2000 – December 22, 2000

CompHealth, Inc. Locum Tenens Assignments:
Kenner Army Health Clinic – Fort Lee, VA:
January 18, 2000 – March 3, 2000
PHS HIS – Box Elder, MT:
December 2, 1999 – December 17, 1999
Cordova Community Medical Center, AK:
August 30, 1999 – November 19, 1999

Mediplex Rehab Hospital – New Bedford, MA
SNF - Inpatient Physician Services
June 1999 – July 1999

The Cleveland Clinic – Cleveland, OH
Dept. of Rheumatic and Immunologic Disease
Research Assistant
Summer 1993

The Free Medical Clinic of Greater Cleveland
AIDS Program Coordinator

- Session speaker regarding HIV testing and counseling at The Cleveland Clinic Foundation's "Annual Update on AIDS" 1990 and 1991.
- Represented agency on Cleveland's AIDS Consortium
- Provided anonymous HIV testing
November 1988 – June 1991

WORK

HISTORY: E.C. Hunter, Inc. – Cleveland, OH
Administrative Assistant
September 1986 – October 1988

FACULTY

APPOINTMENTS: Clinical Instructor
Faculty of Medicine of Case Western Reserve University
2006 - 2008

RESEARCH &

PUBLICATIONS: Vera A. DePalo, MD; Karen Mailer, MD; David Yoburn, MD; Robert S. Crausman, MD "Lactic Acidosis Associated with Metformin Use in Treatment of Type 2 Diabetes Mellitus." Geriatrics. Vol. 60 No. 11: 36-41, November 2005.

David W. Stepnick, MD; Mary Kay Peterson, MD; Charles Bogdan, MD; Jeffrey Davis, MD; Jay Wasman, MD; Karen Mailer "Effects of Tumor Necrosis Factor alpha and Vascular Permeability Factor on Neovascularization of the Rabbit Ear Flap." Archives of Otolaryngology – Head & Neck Surgery. 121:667-672, 1995.

LICENSURE &

CERTIFICATION: American Board of Family Practice: Current
Geriatrics Certificate of Added Qualifications: Current
Certified Medical Director (AMDA): Current
Wound Care Certification (NAWC): Current
Alaska Medical License: Current
Ohio Medical License: Current
Indiana Medical License: Expired
Massachusetts Medical License: Expired
Basic Life Support: 3/09 - Current
DEA: Current

PROFESSIONAL

AFFILIATIONS: Member, American Academy of Family Physicians
Member, American Geriatrics Society
Member, American Medical Directors Association

REFERENCES: References furnished upon request

Denise Smith, RN, MS, PN
(907) 696-8845 or (907) 212-2337
smithsss@gci.net

QUALIFICATION HIGHLIGHTS

- A Servant Leader with strong abilities to develop rapport and build bridges.
- Creative facilitator who identifies /trends while mindful of patient, family, and staff needs.
- Efficient collaborator for organizing and leading new and/or existing programs.
- Possesses a passion for the core values and mission of Providence Health System.

RELEVANT SKILLS AND EXPERIENCE

Clinical Leadership & Facilitation

- Strong ability to prioritize, manage resources, critically think, and problem solve.
- Extensive knowledge of and experience with legal and regulatory organizations / requirements; to include State investigations of potential OB EMTALA violations and Federal, Drug Enforcement Agency, and Nursing Board investigations of potential nursing and physician misconduct allegations and standard of care concerns.
- Twelve years experience as a Root Cause Analysis (RCA) and Failure Mode Effect Analysis (FMEA) facilitator. Responsible for guiding groups through reactive and proactive evidence based process improvement. Led, trained, supported, and coached team members through research projects, task forces, and clinical improvements.
- Facilitated multiple formal CAP, Work Out, Rapid Cycle Improvement (RCI), and informal sessions for both technical and cultural change.

Communication & Creativity

- Open, trusting, and genuine relationships across the PHS and PHSA systems and the State of Alaska; including other healthcare facilities and communities both rural and urban.
- Dynamic presenter / teacher; comfortable planning and conducting meetings and education sessions for staff and leaders.
- Extensive experience in disclosure techniques with patients, family, and staff; to include compassionate work with TCHAP during and following unanticipated patient outcomes.
- Creative conflict resolution and active listening skills.
- Over 25 years interrogation/interview experience for discerning individual customer needs.
- Strong ability to develop projects based upon customer needs and business impact by utilizing active communication practices and evidence based processes.
- A sense of humor and a belief that work should be enjoyable and fulfilling.

Analytical & Strategic Skills

- Visionary and effective discernment and thought mapping capabilities.
- Responsible for monitoring and evaluating the Regional Unusual Occurrence Reports.
- Track key metrics on determined goals to ensure positive results.
- Systematic approach to gap and trend identification for work plans and budgets, while prioritizing patient, family, and staff safety and needs.
- Research manuscript accepted for publication: *CIN: Computers, Informatics, & Nursing*, Nov issue, 2010: "Nursing Attitudes and Satisfaction levels with Computerized Documentation: a comparative study".

- Employs ethical decision making processes.
- Instrumental in planning and strategizing for a private (not for profit) \$16 million budget.

Education/Certifications/Credentials

- Masters of Science in Nursing (MS) Degree with an emphasis in Health Care Administration.
- Associate of Applied Science (AAS) degree in Search and Rescue Operations.
- Instructional Technologies Applied Associate (AA) degree.
- Institute for Healthcare Communication (IHC) faculty member.
- Alaska State Licensed Registered Nurse and Nursing Home Administrator
- Certified Master Instructor.
- Completed Parish Nurse (PN) certification training.
- Completed SANE (Sexual Assault Nurse Examiner) training.
- Completed “Crucial Conversations”, “Crucial Confrontation” and PHS “Disclosure” training.
- Eligible for the ANCC Certified Professional in Healthcare Risk Management examination.
- NRP & BLS certifications; previously held PALS and ACLS certifications.
- PALI DDI trng completed: “Control Charts for Quality Improvement”, “Expanding your Team's Capabilities”, “Time Management and Mastering Information”, “Effective Preceptor and Coach”, “The OZ Principle – Accountability”, “Engaging the Generations”, and “Moving from Conflict to Collaboration”.

Committee & Community Involvement/ Memberships

- PHS Perinatal Collaborative charter member, OB Risk, Physician Quality Committee (PQC), Regional Board QI Sub Committee, Documentation Oversight, Ethics, Policy & Procedure, Event Triage, Medication Safety, Medical Records, Patient Education, Blood Utilization Review, Cancer Committee, Environment of Care Council, Performance Improvement & Patient Safety Council (PIPS), Clinical Informatics Council (CIC), Patient Falls, Research Council, and Radiation Safety Committee.
- ANA, ASHNA, and Sigma Theta Tau International Nursing Honor Society memberships.
- National Board Member for the Women of the Evangelical Lutheran Church in America (WELCA). Member of the Finance Committee.
- Lutheran Church of Hope member/roles: Women’s Group President, Church Council, Treasurer, Sunday School & VBS teacher, confirmation mentor (1989-2011).
- Chugiak High School Parent Volunteer (1998 - 2011).
- Public Health volunteer – newborn home visits, mass vaccinations, emergency exercises (2001 - present).
- Initiated a weekly Family Mobile Food Pantry (MFP) in partnership with the Food Bank of Alaska and local churches and volunteers (2009 - 2011).

EMPLOYMENT HISTORY

07/10 - present Administrator, Providence Extended Care Center

11/06 – 07/10 Director, Risk Management, Providence Health & Services Alaska Region.

Responsible for the Risk Management & Prevention Program; focus on patient safety, staff education, loss prevention, and risk reduction activities to mitigate unsafe activities or losses. Through UOR reports, critical event review, sentinel event identification, root cause analysis, insurance activities, recall notifications, and claim and lawsuit management and resolution. Extensive experience in settlement/ mediation negotiations, discussions, and apologies when appropriate.

- 10/05 – 11/06 Six Sigma Master Black Belt, PAMC – responsible for Lean Six Sigma project management to include: visioning, project scoping, definition, extensive facilitation, creating and monitoring measurement and metric systems, statistical analysis, teaching, mentoring, and coaching of clinical staff and Green and Black Belts. Dashboard and control chart management.
- 2/06 – present Parish Nurse – A volunteer servant leader, responsible for the holistic care of patients and families within or outside of the formal healthcare system. Including the 150+ membership of a local congregation. Identifies available community resources to match the needs of patients and families as needed. Involved in preventative medicine and health promotion, such as: free foot clinics at Brother Francis Shelter, juvenile diabetic diet discussions at a local church, Chronic Pain mgt discussions, Laughter and Stress Reduction Workshops for Alzheimer and Cancer communities, assisting with medication reconciliation in the community after discharge from hospital, and networking and advocating for infant, child, adolescent and elderly medication needs that aren't being met.
- 10/03-10/05 Six Sigma Black Belt, Providence Alaska Medical Center (PAMC) – responsible for methodical, statistically significant process improvement and change management. Included project work in Labor & Delivery concerning C section rates/timing, variations in Anesthesia care, and instrument use issues in the L&D Operating Rooms.
- 06/03-8/04 Patient Safety Coordinator, PAMC - responsible for Pt Safety and Risk mitigating activities including: Root Cause Analysis, Failure Mode and Effect Analysis, rounding for risk prevention, medication error reduction, clinical standardization, and performance improvement house wide. Work in clinical areas daily on a wide variety of initiatives, to include: decreasing patient falls, blood glucose control, and high-risk medication double-check processes. Coordinated with multiple departments and outside agencies regularly. Assisted in the creation of the AK Statewide Pt Safety Collaborative. Member of the PHS Perinatal Collaborative assisting with identifying EFM concerns and standardizing EFM training and language, and identifying the need for structured pitocin protocols.
- 08/01-06/03 Clinical Documentation Specialist, PAMC - responsible for nursing informatics, overseeing documentation processes and practices to include computerized charting systems. Assisted with the planning, training, and installation of the Central Fetal Monitoring (QS) System in the Maternity center, Ibex system in the Emergency Department and the CMORE system in Endoscopy, and the original discussion and development of computerized medication administration records (MARs) for all nursing units including the Maternity Center and NICU. Fore runner to Nursing Informatics coming to PHSA.
- 1995-2003 Staff RN-Clinical Supervisor-Charge Nurse – Progressive Care Unit, PAMC, a cardiac telemetry / dialysis unit. Floated as needed to the Emergency Dept, Labor & Delivery, and Intensive Care Units.
- 1994-1995 Pediatric Nurse for private practice – La Touche Pediatrics.
- 1979-2002 United States Air Force (USAF) Survival Instructor / Training Manager with extensive teaching and presenting experience; Heavy Equipment Operator, and acting First Sergeant for a 75 person team. Team oversight and responsibility for significant construction sites and projects – domestic and international.

Jon Anderson
10326 E. Olivewood Drive
Palmer, Alaska 99645
Home Phone (907) 745-8904

SUMMARY

Dedicated registered nurse (RN) with 11 years of experience in various supervisory/managerial positions with a specialty in the Skilled nursing facility/ Long term care setting. Highly dependable healthcare provider with strong work ethic, exceptional people skills, and motivation to work effectively in a multidisciplinary way to develop strong teams. Enthusiastic and willing to learn and experience new endeavors that will heighten my skills and contribute to successful, professional delivery of health care to the customer.

Proficient in the use of Windows with software knowledge and experience in Microsoft Word, Excel, Outlook, Pathlinks, & ECS (Electronic Charting System and Financial System).

WORK HISTORY

Manager Transitional Care Unit, Providence Extended Care Center
4900 Eagle Street, Anchorage, AK 99503
Phone No. (907) 212-0225
Feb 2009 – Present

Job Duties: Overall responsibility to coordinate the team to deliver resident centered care in a compassionate and ethical manner according to recognized standards. Exercise independent judgment with 24-hour accountability for clinical and operational issues of the unit. Responsible for the business plan, fiscal management and clinical and resource utilization. Facilitate change and promotes teamwork. Responsible for delegating and coordinating the assessment, planning, implementation and evaluation of resident centered care and services. Teaches, coaches, serves as a role model, and provides for adherence to established standards, policies, protocols and practices of the Department of Nursing and the mission of the Facility and the Sisters of Providence.

Use independent judgment, effectively recommending and/or taking action related to interviewing hiring, transfers, promotions, evaluating performance, overstaff, layoffs, disciplinary action and employee complaints and concerns. Conduct and document employee performance on an annual basis and as needed. Uses appropriate interpersonal skills to guide others to accomplish objectives, facilitates teamwork, participation and cooperation. Delegates work so subordinates have the necessary direction, authority and skills to complete assignments.

Utilize staffing management principles to assure adequate supply of staff to meet resident care needs. Plans for seasonal fluctuations and anticipates changes that may impact staffing. Responsible for the preparation of the unit work schedule, approves employee requests for time off. Makes adjustments in daily schedules according to changes in staffing. Manages On-The-Job recovery program work assignments on the unit when assigned.

Facilitates the annual development and implementation of unit QI plan, addressing all aspects of clinical and business objectives and strategic plan. Indicators are identified and improvement processes utilize PDCA structure. Strive for and consistently achieve excellence in care provided to residents.

Models time management, conscientiousness, dedication, self-discipline, accountability and responsibility. Collaborates with all appropriate Departments to promote optimal resident entered care, Eden alternative and customer service. Supports and promotes Service Excellence. Supports and fosters an environment to promote employee and resident survey participation. Reviews survey results with staff, develops action plans using staff input. Implements, monitors and adjusts action plans to achieve customer satisfaction. Provides visionary leadership. Uses leadership principles to anticipate and influence change. Determines resources and actions need to accomplish objectives. Sets priorities and manages time effectively. Identify potential problems/opportunities and plans for contingent action. Develop new and unique ideas to improve existing systems or operations and when new organizational approaches are needed. Encourage innovative efforts in others. Seek creative methods to resolve conflicts. Maintains awareness of accident prevention practices and provides a safe work environment.

Develops, modifies and implements resident centered care standards, policies, procedures and protocols. Establishes clear clinical practice expectations for resident care using department philosophy. Assigns work and responsibly directs staff. Creates supporting systems that enable staff and empower team members to jointly plan and deliver care. Role models collaboration and partnership with physicians, primary staff, residents, families and other departments. Schedules regular meetings with direct report staff to provide supervision, assure communication and to monitor operations. Develops, implements, evaluates and modifies services to meet resident centered care and staff development needs. Seeks out solutions and resources to meet identified needs. Exercises independent judgment to implement plans for operations in area of responsibility. Direct and administer assigned functions to ensure high quality, cost effective resident centered care services, which meet or surpass survey standards. Maintain and guide the implementation of organization policies and procedure in compliance with state, Federal and other regulatory guidelines. Participates in mock surveys, develops plans of correction for deficient areas. Assure adequate preparation for and participate in regulatory and other compliance surveys. Maintains and/or enhances the self-esteem of others through listening and responding with empathy and clear transmission of information. Answers inquiries accurately and in a timely manner. Write reports, memos, and evaluations in a complete, clear, concise, and timely manner. Responsible for the preparation of the annual operating and capitol budgets. Involves staff in budget planning. Conducts daily analysis of performance compared to budget. Makes necessary adjustments to meet budget. Ensures adequate supplies and equipment are available for staff and ensures the effective and efficient utilization of such. Ensures unit works within the established budget. Is aware when budget standards are not met and able to identify/justify reason(s) why. Maintains staff awareness of costs appropriately and supports/suggests cost-saving efforts. Strives to improve own level of competence through skill development, keeping abreast of nursing trends and new developments in health care affecting Long Term Care as well as management theory. Responsible for compliance with CDC and OSHA Standards and coordinates staff education related to infection control practices. Performs surveillance of infections. Initiates and conducts epidemiological investigations of unusual trends or outbreaks of communicable diseases. Observes activities of staff to maintain standards of sanitation and aseptic techniques. Performs surveillance of infections. Conducts environmental rounds, identifies and resolves areas of concern. Responsible for Resident Assessment Instrument (RAI) process, including MDS's, RAP's, care plans and other assignments to meet Federal and State regulations and quality expectations. Able to adjust assessment reference dates within statutory allowances to reflect resident care and services to maximize allowable reimbursement. Understand criteria for the Change of Status MDS and other Medicare required assessment and ensures completion according to prescribed time frames. Responsible for the investigation of resident, family, and employee concerns, such as but not limited to, Unusual Occurrence Reports, Employee Injury reports, resident concerns or one-on-one meetings. Identifies root cause and develops corrective action plan. Prepares necessary and/or required reports according to department guidelines. Implements care/services that recognize age/diversity specific needs/issues of customers served. Demonstrates awareness of human and resident's rights in all aspects of care, treating each resident and co-worker with respect and dignity. Respects the rights of residents and employees, provides privacy and maintains confidentiality.

***Neighborhood Coordinator Transitional Care Unit, Providence Extended Care Center
4900 Eagle Street, Anchorage, AK 99503
2004 –Feb2009***

Job Duties Performed: Coordinated the team to deliver resident care in a compassionate and ethical manner according to recognized standards and resident care model of the unit. Functioned as the clinical and operating resource. Assisted with the business plans, fiscal accountability and clinical and resource utilization. Fostered change and teamwork. Performed clinical duties of the resident care role. Used independent judgment, effectively recommending and/or taking action related to interviewing, hiring, transfers, promotions, evaluating performance, overstaff, layoffs, disciplinary action and employee complaints and concerns. Conducted and documented employee performance on an annual basis and as needed. Used appropriate interpersonal skills to guide others to accomplish objectives, facilitate teamwork,

participate and cooperate. Delegated work so subordinates had the necessary direction, authority and skills to complete assignments.

Assisted in the preparation of unit work schedules, approval of requests for time off. Assisted in the management of the On-The-Job Recovery program work assignments on unit.

Provided assistance to the Neighborhood Manager in the facilitation of the annual development and implementation of a QI Plan, addressed all aspects of clinical objectives. Developed staff to achieve quality outcomes.

Collaborated with all appropriate departments to promote optimal resident centered care and customer service. Modeled and mentored the Customer Service Standards. Supported and promoted Service Excellence and Eden alternative. Supported and fostered an environment to promote employee and resident survey participations. Reviewed survey results with staff, developed action plans using staff input. Implemented, monitored and adjusted action plans to achieve customer satisfaction.

Provided visionary leadership. Used leadership principles to anticipate and influence change. Determined resources and actions needed to accomplish objectives. Set priorities and managed time effectively. Identified potential problems/opportunities and planned contingent action. Developed new and unique ideas to improve existing systems or operations, and when new organizational approaches were needed. Encouraged innovative efforts in others. Sought creative methods to resolve conflict. Gave clear directions, explained reasons for decisions, and solicited the input of staff to enhance group capabilities. Provided clinical care that role modeled the department practice. Established clear clinical practice expectations for resident care using department philosophy.

Assigned work and directed staff. Assisted in the creation of supporting systems that enabled staff and empowered team members to jointly plan and deliver care. Role modeled collaboration and partnership with physicians, primary staff, residents, families and the departments. Scheduled regular meetings with direct report staff and provided supervision, assured communication monitored operations.

Assisted in the preparation of annual operating and capital budgets.

When needed performed the job duties and responsibilities of the PRIMARY CARE NURSE – RN.

Directed the admission, discharge, and transfer of residents. Reviewed admission and re-admission orders. Reviewed documentation for discharge charts. Ensured month end documentation was completed and provided education, direction and support as needed to team members.

Recommended staff educational needs to meet desired outcomes.

Provided assistance in the investigation of resident, family and employee concerns, such as but not limited to Unusual Occurrence Reports, Employee Injury reports, resident concern or one-one-on meetings.

Identified root causes and recommended corrective action plans. Prepared necessary and/or required reports according to department guidelines.

Implemented care/services that recognize age/diversity specific needs/issues of customers served.

Demonstrated awareness of human and resident's rights in all aspects of care, treating each resident and co-worker with respect and dignity. Respected the rights of residents and employees, provided privacy and maintained confidentiality.

Primary Care Nurse/ Charge Nurse, Providence Extended Care Center (North side)

4900 Eagle Street, Anchorage, AK 99503

October 2000 - 2004

Worked as a primary care nurse (RN) throughout the facility for the first 9 months delivering direct licensed nursing care including administering medications and treatments to assigned residents on a given shift. Supervised overall resident care for a specific group within scope of practice. After this initial period of 9 months was promoted and held various charge nurse positions on the north side of building. Functioned independently without Neighborhood Manager before restructuring into Neighborhood Manager/ Neighborhood Coordinator model. Neighborhood Coordinator role replaced this Charge Nurse role.

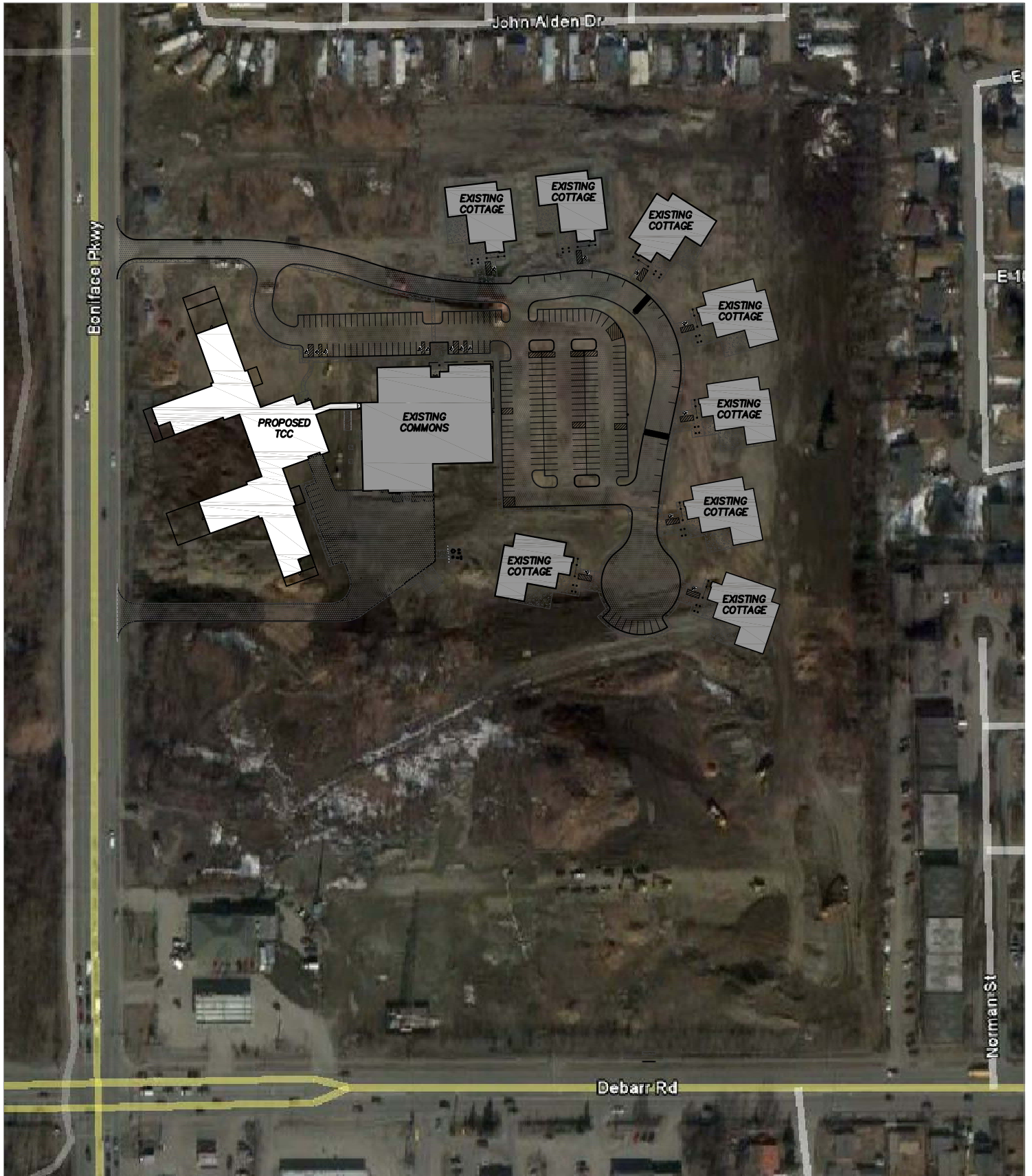
East Metro Family Practice IGH, 1993 – 2000, Certified Medical Assistant

EDUCATION

College of St. Catherine Minneapolis – 1996- 1999, Associate Degree of Applied Science Major: Nursing
Inver Hills Community College, IGH, MN –1984- 1985, Associate of Arts Degree

Appendix I

Site Plan



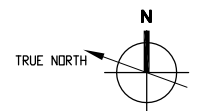
SITE PLAN

COLOR KEY

- SERVICE SUPPORT
- COMMON SPACE
- PRIVATE ROOM



TRANSITIONAL CARE CENTER BUILDING FLOOR PLAN



Appendix J
Certified Cost Estimate



740 Bonanza Avenue • Anchorage, Alaska 99518
 Phone (907) 562-2336 Fax (907) 561-3620
www.davisconstructors.com

October 27, 2011

Micaela Jones
 Providence Health & Services Alaska
 Real Estate & Development Dept.
 3760 Piper St, Suite 3035
 Anchorage, AK 99508

Re: Providence Alaska Transitional Care Center
 Certified Estimate for CON

Dear Micaela,

Below is the Certified Estimate for the CON for 50 units constructed within 1 Transitional Care Building, the associated site work based on the Debar & Boniface site, and facility expansion capabilities to construct up to 72 units, based on the enclosed layout for expansion.

Providence Alaska Transitional Care Cost Summary (Detail Estimates Below)	
Transitional Care Building	14,751,970
Design & Permits	755,210
Land Development Costs	30,000
Commissioning	20,000
Grand Total	15,557,180
Transitional Care Detailed Estimate	
General Conditions	1,047,212
Sitework/Demolition	1,827,064
Concrete Foundations	1,006,767
Fasteners	30,509
Wood Framing Package (panels & Trusses)	1,000,319
Misc Blocking	13,597
Engineered Wood Columns/Beams	88,922
Wood Sheathing	246,881
Exterior Trim	71,898
Exterior Air & Vapor Barrier	144,373
Batt Insulation	174,006

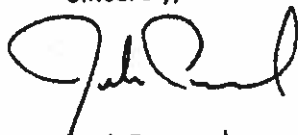
Board Insulation	49,251
Fire insulation	2,055
Waterproofing	38,693
Ice & Water Shield	46,185
Asphalt Shingles	615,797
Flashing	22,788
Siding	233,281
Membrane Roofing	591,574
Caulk & Sealants	28,929
Hollow Metal	120,016
Wood Doors	114,279
Overhead Doors	6,154
Aluminum / Glazing Sub	43,694
PVC Windows	228,820
Finish Hardware	213,217
Ceramic Tile	221,319
Metal Ceiling Framing	194,840
Int. Sheetrock & Backer Board	362,344
Acoustic Ceilings	95,726
Res Tile/Carpet	389,124
Tape-Paint-VWC	251,264
Fiberglass Reinf. Panel	32,480
Special Conditions	187,811
Commercial Kitchen	307,701
Lockers	9,602
Casework	45,728
Blinds	32,546
Mechanical	2,251,179
Sprinkler	201,889
Electrical	2,162,137
CHANGE ORDERS	
Design & Permits	
Permits	120,000
Design Fees	635,210
Subtotal Design & Permits	755,210
Commissioning	
Commissioning	20,000
Subtotal Commissioning	20,000

Page 3 of 3

We have carefully prepared and analyzed this estimate for its accuracy and thoroughness and we are confident with this estimate. In addition to our analysis, several major subcontractors have assisted during the development of the 35% design and the subsequent estimates.

We look forward to any questions you may have.

Sincerely,



Josh Pepperd
President