

§ 8.430.3.A(5)(b): PLANNED DIFFERENTIATION OF THE PROPOSED NEW FACILITY FROM EXISTING NURSING FACILITIES IN THE SAME SERVICE AREA (E.G., NEW MODELS OF CARE, SPECIAL PROGRAMS, OR TARGETED POPULATIONS).

- ❖ **HCR MANORCARE'S NEW POST-ACUTE MODEL OF CARE – A PROVEN LEADER IN REDUCING RE-HOSPITALIZATION RATES THROUGH THE DELIVERY OF AN ADVANCED CONCEPT IN POST-ACUTE NURSING AND REHABILITATION CARE:**

OVERVIEW

The proposed project will, through its building design and specialized clinical programs, utilize HCR ManorCare's new Post-Acute Model of Care (the "Model of Care"). This Model of Care, which responds to critical national and state initiatives to decrease the re-hospitalization rate, is designed to meet the unique needs of patients with high acuity and rehabilitation needs. Because a large majority of these targeted, post-acute patients, nearly 90%, come directly from the hospital, the Model of Care recognizes the highly specialized care that these patients require. These post-acute patients typically have experienced life changing events such as chronic diseases, heart complications, stroke or other neurological concerns, cancer, orthopedic injury, replacement, or pulmonary issues. In utilizing the Model of Care, HCR ManorCare facilities have a record of success in transitioning patients back to their home at the highest possible level of functioning in as short a time period as possible. For example, about 89 percent of HCR ManorCare post-acute patients are discharged home with an average length of stay of 34 days. See Exhibit C. Thus, in utilizing the Model of Care, HCR ManorCare's facilities are distinguished from other nursing facilities in both Colorado and the nation by the following:

- Lower re-hospitalization rates;
- Significant cost savings;
- Improved referral and admission flow; and
- Increased successful discharges to the community consistent with the patient's highest possible functioning level.

Successful Transition of Patients Back Home

HCR ManorCare's new Model of Care is particularly successful in transitioning patients back home or to the community as soon as possible. Its programs, which are tailored to the specialized needs of patients with high acuity and rehabilitation needs, contain the following components that maximize a successful transition:

- Post-acute care that targets outcomes;
- Specialized nursing care;
- Post-acute integrated rehabilitation services;
- Pre-surgery planning and orientation;
- Education, counseling, and discharge planning;

- ◆ Extensive network of attending and specialty consultant physicians;
- ◆ Nurse liaisons to help transition patients among care settings, including a “Fast-Track” Nurse Liaison program for an expedited admission process;
- ◆ Case management services;
- ◆ Nurse practitioner to help manage re-hospitalization;
- ◆ Quality assessment and performance improvement;
- ◆ Clinical practice guidelines;
- ◆ Specialty programs, including physician consultants and evidence based core guides; and
- ◆ Integrated rehabilitation services.

HCR ManorCare’s successful record in post-acute care is also illustrated by the number of managed care contracts currently available to the company’s Colorado facilities, including Aetna, Blue Cross/Blue Shield, Cigna, Colorado Access Advantage, Humana, Kaiser, Tricare and United Healthcare.

The expertise and quality track record of HCR ManorCare post-acute rehab programs is further illustrated by the company’s contracts with over 200 managed care organizations, including in the Denver metro area. In addition, HCR ManorCare has a partnership with the National Football League since 2007 to be an exclusive provider of post-surgery rehabilitation and therapy to retired NFL players. This includes agreements with 14 major medical centers.

Decreased Re-Hospitalization Rates

HCR ManorCare’s Model of Care results in decreased re-hospitalization rates which is a key national and state initiative, by incorporating the following:

- ◆ Center based nurse practitioner program;
- ◆ Attending physician practice education;
- ◆ Use of INTERACT III and SBAR¹;
- ◆ Eagle Room Process that incorporates twice daily interdisciplinary meetings, review of changes of condition and triage to address proactively, and morning/afternoon review to ensure follow-up; and
- ◆ Use of an electronic Re-hospitalization Dashboard that tracks every discharge to an acute care hospital, including the date, discharging physician, diagnosis, charge nurse and shift.

Post-acute Facilities Tailored to High Acuity and Rehabilitation Patients

HCR ManorCare’s new Model of Care contains design features, specialized equipment, and clinical systems that support the unique needs of the post-acute patients with high acuity and rehabilitation needs, including the following:

- ◆ Large Therapy Suite (physical and occupational therapy) with 3,600 Gross Square Footage (“GSF”), and a separate space for the speech therapy clinic.

¹ See page 10 for full description.

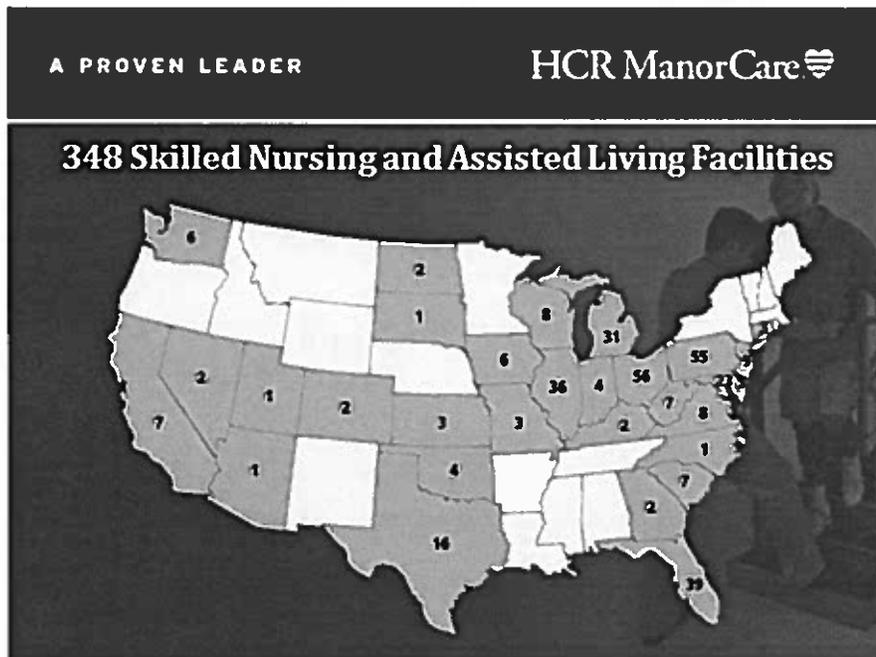
- ♦ Electronic Medical Record (“EMR”), including computer kiosks, laptops and portable devices for immediate entry of patient documentation into the EMR, which facilitates communication between the medical, nursing, and therapy staff.
- ♦ Wireless nurse call/door security paging system, with pagers carried by all staff.
- ♦ Wireless internet access for patients, and an Internet Café with computer stations.
- ♦ Advanced therapy equipment modalities.
- ♦ Clinical expertise and rehabilitation outcomes management system.

❖ **HCR MANORCARE’S NEW MODEL OF CARE IS A DEMONSTRATED LEADER IN IMPROVING PATIENT OUTCOMES, KEY INDICATORS, AND DECREASED HOSPITAL READMISSION RATES:**

Extensive Experience with Post-Acute Patients

HCR ManorCare has extensive national experience in developing and operating facilities utilizing this post-acute care delivery model, including 348 post-acute care facilities and assisted living facilities in 30 states. See Map below, also included as Exhibit A. This includes two facilities in Colorado: the 160-bed ManorCare Health Services-Denver (“MCHS-Denver”) and the 150-bed ManorCare Health Services-Boulder (“MCHS-Boulder”) that have been integral members of their healthcare communities since 1998.

Exhibit A
Map – HCR ManorCare’s National Presence



In all of its facilities, HCR ManorCare strives to continually measure and improve its performance. HCR ManorCare facilities treat a staggering number of post-acute patients. For example, in 2012, admissions to a ManorCare facility utilizing this Model of Care exceeded 161,000 and included the following post-acute patients: 46,521 orthopedic recovery patients; 25,598 cardiac recovery patients; 13,425 pulmonary care patients; 6,937 oncology rehabilitation; 5,446 stroke and neurological recovery patients; and 63,215 patients with other conditions focused on restoring function and accommodating dysfunction.

Over 92% of its admissions are from acute care settings, with placements for post-acute rehab received from over 2,000 hospitals for each of the past three years. Correspondingly, HCR ManorCare facilities had a similar large number of discharges in 2012, exceeding 161,000. This averaged 44 admissions and discharges per month per facility and 95 monthly admissions and discharges per facility in urban markets.

***Demonstrated Excellence in Transitioning Patients Home As Quickly As Possible
And Strong Patient Outcome Key Indicators***

Notably, HCR ManorCare facilities utilizing this Model of Care have demonstrated excellence in transitioning patients back home as quickly as possible:

- ◆ 89% of all patients discharged to their home;
- ◆ 75% of all patients discharged to their home within 30 days of admission;
- ◆ Post-acute patient Average Length of Stay (“LOS”) of 34 days;
- ◆ Average LOS for a Medicare patient of 37 days; and
- ◆ Average LOS for a Managed Care patient of 26 days.

HCR ManorCare’s two existing facilities in Colorado, MCHS-Denver and MCHS-Boulder, utilize this Model of Care. As shown in Exhibit B, both Colorado facilities outperformed national rehabilitation hospitals in Patient Outcome Key Indicators averages, including:

- ◆ 93.8% of MCHS-Denver patients and 95.2% of MCHS-Boulder patients discharged back to the community following treatment compared to the nationwide rehabilitation hospital average of 74.5%.
- ◆ 98.8% of MCHS-Denver patients and 97.5% of MCHS-Boulder patients achieved community discharge goals.
- ◆ 87.7% of MCHS-Denver non-ambulatory patients and 83.9% of MCHS-Boulder non-ambulatory patients achieved ambulation goals.

Demonstrated Reduction in Hospital Readmission Rates

Similarly, the two Colorado facilities utilizing this Model of Care demonstrate a marked reduction in hospital readmission rates. The most recent re-hospitalization rate at MCHS-Denver was 9.66%, and 9.52% at MCHS-Boulder, as highlighted in the chart in Exhibit C. These rates are notably lower than the national rates for Medicare beneficiaries (17.5% in 2013, 18.5% in 2012, and around 19% for each of the years from 2007 to 2011).²

MCHS-Denver and MCHS Boulder have been able to establish such low readmission rates by providing high quality of care and becoming integral members of the provider community since 1988. Both have received 4-star CMS ratings and established strong hospital referral networks, as demonstrated by the 1,520 admissions from 24 hospitals to these facilities during the past 12 months, including 964 at MCHS-Denver and 556 at MCHS-Boulder. Additionally, both have used extensive communication and electronic innovation and integration to achieve such low readmission rates.

Communication on every level – hospital to post-acute care provider, nursing assistance to nurse, nurse to doctor, and all caregivers to patient and his or her family – is critical to a smooth transition of care and decreasing re-hospitalizations within the first 30 days of a patient’s stay in a post-acute facility. HCR ManorCare utilizes a Transition of Care form to maximize communication between the hospital and HCR ManorCare facility, and also provides an educational initiative to insure that the clinical team provides appropriate clinical interventions and care management.

HCR ManorCare’s electronic medical record platform and other electronic communication systems result in improved patient outcomes. Such electronic systems include Physician access to electronic medical records, PointClickCare electronic medical record system, nurse practitioner electronic notepads, and therapy handheld devices (discussed in detail at the end of this section).

Access for All Patients

Additionally, MCHS-Denver and MCHS-Boulder, as Medicare and Medicaid certified providers, ensure access to these post-acute services for all residents, regardless of payor source. While Medicare and Managed Care admissions made up 94% of all admissions to HCR’s Colorado post-acute care facilities, Medicare and Managed care represented only 32% of total aggregate patient days due to conversion of long-term patients to other payor sources, as illustrated in Exhibit D). The availability of Medicaid certification permitted these two facilities to admit and treat Medicaid recipients who needed both short term post-acute care as well as longer term nursing care. There are limited post-acute facilities in the Lakewood service area, and no Medicaid-certified facilities that have been built in over 28 years. This application is requesting

² U.S. Department of Health and Human Services, “New HHS Data Shows Major Strides Made in Patient Safety, Leading to Improved Care and Savings.” May 7, 2014. <http://innovation.cms.gov/Files/reports/patient-safety-results.pdf>.

Medicaid certification of 60 of its 120 beds in order to provide the same access for Medicaid eligible patients to post-acute services, as is indicated by the letters of support in Tab 21.

❖ **HCR MANORCARE’S MODEL OF CARE DIRECTLY RESPONDS TO NATIONAL AND STATE INITIATIVES TO REDUCE HOSPITAL READMISSIONS:**

HCR ManorCare’s Model of Care responds to national and Colorado initiatives and priorities to reduce hospital readmission rates.

National initiatives include the following:

- The Affordable Care Act, Section 1886, established the Hospital Readmission Reduction Program in 2010. Subsequently, the Centers for Medicare and Medicaid Services (“CMS”) began enforcing the reduction of hospital payments associated with excess readmissions in October 2012.
- The issue of hospital readmissions evolved as a result of many factors, including decreased hospital length of stay, which caused increased admissions to nursing facilities as well as increased re-hospitalization rates (see Exhibit E).
- The U.S. Department of Health and Human Services, Office of Inspector General (the “OIG”) issued a report, “Medicare Nursing Home Resident Hospitalization Rates Merit Additional Monitoring” in November 2013. In its report, the OIG cautioned that transfers from nursing facilities to hospitals are costly to Medicare and increase the risk of resident harm and other negative care outcomes. It additionally commented that the negative outcomes associated with hospitalizations are further complicated by the lack of communication of critical medical information between providers during the transfer.
- The CMS “2012 Nursing Home Action Plan,” which also identified the initiative to reduce avoidable hospitalizations among nursing facility residents, including providing \$500 M in funding to reduce the 30-day hospital readmission rate, through the community based Care Transition Programs. CMS estimated that approximately 2.6 million seniors are readmitted to hospitals within 30 days of discharge, at a cost of over \$26 billion each year.
- The June 2013 Report to Congress by the Medicare Payment Advisory Commission (“MEDPAC”), titled “Medicare and the Health Care Delivery System,” found that 12.3 percent of all 2011 Medicare hospital admissions were associated with readmissions. The MEDPAC report called for improved care coordination between providers to further reduce hospital readmission rates.

Colorado Department of Health Care Policy and Financing initiatives include the following:

- Colorado Foundation for Medical Care (“CFMC”), a Quality Improvement Organization (“QIO”) that was one of the 14 CMS test sites responsible for developing the Care

Transitions Program during 2008–2011. CFMC, along with other QIOs, focused on reducing hospitalization and re-hospitalization rates.

- ♦ Healthy Transitions Colorado (“HTC”) that was launched in 2013 and managed as a statewide campaign by the Center for Improving Value in Health Care (“CIVHC”) that includes CFMC as one of its operating partners. On its website, HTC states a goal to reduce avoidable readmissions by:
 - Preventing 8,700 readmissions within 30 days of discharge from hospitals, and therefore keeping people out of the hospital a cumulative 34,000 days.
 - Saving Colorado over \$80M by July 2015 based on an average cost per readmission of \$9,923.
- ♦ The Metric Dashboard on the HTC website identifies a 15.7 hospital readmission rate for Medicare patients, which is larger than the 9.66% re-admission rate at MCHS-Denver and the 9.52% rate at MCHS-Denver.
- ♦ Colorado’s Regional Care Collaborative Organizations (“RCCOs”), as part of the Department’s Accountable Care Collaborative (“ACC”) has the goal to improve health and reduce costs for Medicaid patients with the Jefferson County RCCO (the Colorado Community Health Alliance) being in the forefront of such efforts. The Department’s RCCOs have the goal to ensure comprehensive care coordination and a Medical Home level of care for every member.

HCR ManorCare, through its Model of Care, is committed to supporting the above national and state initiatives at the proposed MCHS-Lakewood facility as well as at its existing Colorado post-acute care facilities. HCR ManorCare staff actively participate in the RCCO initiatives, including efforts that focus on ACC planning and strategy. HCR ManorCare’s participation includes attending RCCO meetings and workshops related to achieving integrated care and ensuring that Medicaid and dual eligible patients have access to the same level of care as patients with Medicare and private insurance.

HCR ManorCare post-acute care facilities have clinical practices and systems in place to support these initiatives, including the use of INTERACT II and SBAR tools recommended by HTC as programs/tools that improve care and reduces re-hospitalizations, as detailed in the overview section of this document.

❖ THE NEW MODEL’S POST-ACUTE CLINICAL PROGRAM KEY COMPONENTS

MCHS-Lakewood project will be a Medicare and Medicaid certified, post-acute provider of rehabilitation services. This dual certification ensures that all residents that are located within the service area will have access to this Model of Care. The proposed site will provide a comprehensive continuum of specialized post-acute and rehabilitation services based on HCR-ManorCare’s expertise in treating this targeted patient population who are the higher acuity and

more medically complex patients. While the majority of these patients, including individuals recovering from surgery, a serious injury, or an acute illness, may require intensive rehabilitative and complex medical care services, some patients may require 24-hour nursing care. These patients, no longer able to live independently or unable to be cared for by a family member, are generally at an advanced age, have multiple medical problems, and are more susceptible to conditions common to aging such as fragile skin, risk of falling, poor hydration, weight loss, and general cognitive decline. A plan of care will be developed to address each patient's health needs, functional abilities, chronic illnesses, and desired outcomes. The services that will be available at MCHS-Lakewood project are summarized below.

Skilled Post-Acute Care – MCHS-Lakewood will serve and treat high acuity (post-hospital), medically complex patients, including individuals with the following clinical conditions:

<ul style="list-style-type: none"> • Stroke/neurological conditions • Joint replacement • Cardiac related problems • Pulmonary impairment • Orthopedic injuries • Amputation recovery • Neuro-muscular reconditioning 	<ul style="list-style-type: none"> • Post-surgical recovery • Oncology care • Trach care • IV antibiotics • Specialized wound care • Parenteral care • Bariatric care
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Complex medical services provided to these patients will include intensive rehabilitation therapies, intermediate care, restorative care, hospice care, and respite care:

Intensive Rehabilitation Therapies – MCHS-Lakewood will provide a progressive, intensive rehabilitation program, which will specialize in transitioning patients from the hospital back to their home environment or to a more independent setting. Physical, occupational and speech therapies will be provided to all patients who need those services.

Restorative Care – Individualized care will be provided to ensure that each patient maintains his/her health and functional independence to the extent possible.

Longer Term Care – Irrespective of any specialized program's best efforts, a certain percentage of post-acute patients may need to remain at MCHS-Lakewood beyond their post-acute care due to their medical conditions. These patients will have the option to remain at MCHS-Lakewood for a longer period of time, in order to avoid relocation to unfamiliar surroundings and care givers that could have a detrimental psychological as well as physical effect on them.

Hospice Care – Inpatient hospice services will be provided.

Respite Care – Short-term respite stays will assist caregivers currently providing services to family members in their home.

Support Services – MCHS-Lakewood will provide the following support services:

<ul style="list-style-type: none"> • Pre-admission screening • Patient care planning • Appropriateness review • Discharge planning • Dietary services • Pharmacy services • Consulting physician visits for dentistry podiatry, and psychology and for other • diagnostic evaluations and laboratory work • Social services 	<ul style="list-style-type: none"> • Recreational therapy • Beauty salon/barber shop • Quality assurance • Family programs • Chaplaincy program • Community outreach • Housekeeping • Laundry • Maintenance
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While targeting a population that has a need for short term post-acute care, in order to create access for those who may not be able to return to home, either within a short period of time or long term, MCHS-Lakewood will offer a comprehensive continuum of skilled post-acute and rehabilitation services.

❖ HIGH ACUITY POST-ACUTE SERVICES AND TYPES OF PATIENTS TREATED

MCHS-Lakewood will specialize in providing high acuity, post-hospital care, and intensive rehabilitation services to patients who primarily are recovering from surgery, a serious injury or an acute illness. In meeting the unique needs of these patients, HCR ManorCare will provide medical and rehabilitation services to return these patients to the community as soon as possible (with a median of a 30 day stay). These services will include a full range of services that are a cost-effective alternative environment to an acute or rehabilitation hospital, which makes HCR ManorCare’s facilities more like rehabilitation facilities than the long term care facilities that provided nursing and residential care ten years ago. HCR ManorCare Post-Acute facilities are different in that they:

- ◆ Treat higher acuity patients, experience more admissions and discharges, and focus on rehabilitation;
- ◆ Are completely staffed by in-house therapists, ensuring consistency of services and coverage;
- ◆ Provide thorough home assessments prior to discharge, to ensure that the patient returns home to a safer environment; and
- ◆ Provide education for family members and post discharge caregivers.

In providing these services, HCR ManorCare facilities utilize the following specialized clinical

programs:

INTERACT (Interventions to Reduce Acute Care Transfers), a nationally and state-recognized quality improvement program, focuses on improving the early identification, assessment, documentation, and communication about changes in a patient's status in order to improve care and reduce the frequency of transfers to a hospital. It includes clinical and educational tools and strategies for use in every day practice in nursing facilities.

SBAR Communication Process (Situation, Background, Assessment, Recommendation), and associated tools, are used to improve communication between nurses and primary care providers (i.e., physicians or nurse practitioners) to ensure that important information about the patient is relayed. Adopted by the health care industry as a nationally accepted method of communication, the SBAR Communication Tools have resulted in improved communications, increased patient safety, and enhanced clinical outcomes.

The **HCR ManorCare Eagle Room process** is an on-going, interdisciplinary, care and service management system that includes administration, interdisciplinary team members, and ancillary services involved in patient care and service delivery. The attendees serve as a subcommittee of the Quality Assessment and Assurance Committee. Its purpose is to triage patient needs by implementing steps that identify patient risk, determine priorities and needs, evaluate action steps required, assign staff responsibility, and substantiate task completion.

HCR ManorCare has a proven track record in providing high acuity services to patients with a variety of health care conditions that require specialized care, such as the following:

Stroke and Other Neurological Conditions:

- ◆ Patients who have suffered from cerebral vascular accidents (strokes) may require both long-term and short-term rehabilitation services. MCHS-Lakewood will accommodate their clinical needs better than nursing facilities that are not prepared to care for more impaired residents.

Joint Replacement and Orthopedic Injuries:

- ◆ MCHS-Lakewood will work directly with orthopedists to "pre-plan" admissions and to schedule post-surgery follow-up for patients undergoing elective joint replacement surgery. MCHS-Lakewood can admit these patients within 24 hours of their surgery.
- ◆ MCHS-Lakewood will treat patients with injuries due to accident or injury.
- ◆ MCHS-Lakewood, staffed completely by in-house therapists, can control and directly provide therapy services to their patients so that MCHS-Lakewood patients will see the same therapists every day. Other nursing facilities that use contractual therapy services are unable to guarantee consistency of services and coverage.

Cardiac and Pulmonary Related Diseases:

- ◆ MCHS-Lakewood, unlike many existing facilities, will admit complex medical patients, who have co-morbidities involving cardiac and pulmonary problems. Through its rehabilitation services, MCHS-Lakewood will work with patients, families, and physicians to manage patients' existing cardiac and pulmonary problems and to improve their condition.
- ◆ MCHS-Lakewood will provide services to support patients with chronic obstructive pulmonary diseases, including emphysema.
- ◆ MCHS-Lakewood will treat post cardiac surgery patients who require rehabilitation and re-conditioning.

Amputation Recovery:

- ◆ MCHS-Lakewood will work closely with physicians both before and after surgery to develop comprehensive care plans to promote healthy care and healing of amputation sites, including specialized wound care services, as described below.
- ◆ The MCHS-Lakewood Rehabilitation Department will be actively involved with physicians in prosthetic management and selection.

Oncology Care:

- ◆ MCHS-Lakewood will work closely with patients, family members, and oncologists to ensure that the agreed upon care plan is developed and implemented.
- ◆ MCHS-Lakewood will assist in arranging transportation for radiation treatment.
- ◆ MCHS-Lakewood, will maintain close partnerships with area hospice agencies to provide services to terminal patients.
- ◆ HCR ManorCare, involved in CMS's Pain Collaborative, a national research study that strives to identify the best way to manage and control pain in nursing homes, has designed and implemented a pain management protocol to serve the needs of all patients, including those with cancer.

Trach Care:

- ◆ MCHS-Lakewood will be equipped to treat patients who have tracheotomies.

Antibiotics:

- ◆ MCHS-Lakewood will be equipped to successfully manage IV antibiotic therapy 24 hours a day, 7 days a week.

- ◆ MCHS-Lakewood will be equipped to initiate IV therapy care as well. The objective of doing so will be to keep residents at the proposed post-acute care facility and avoid transfer to a hospital.

Specialized Wound Care:

- ◆ HCR ManorCare, unlike many nursing facilities, has a long history of providing wound care to its patients. It uses specific wound care protocols to provide care.
- ◆ MCHS-Lakewood will provide WoundVac® care and services, which is often not available at other nursing facilities.
- ◆ MCHS-Lakewood will use the specific pressure relieving products that can be found in all HCR ManorCare post-acute care facilities, including specialized mattresses for all beds.

Parenteral Care:

- ◆ MCHS-Lakewood will care for parenteral patients with dietician-directed care.

Bariatric Care:

- ◆ MCHS-Lakewood will provide this specialized level of care, which is designed to meet the need of clinically obese individuals, usually over 400 lbs.
- ◆ MCHS-Lakewood is able to provide bariatric care on a case-by-case basis by purchasing the necessary equipment, providing specialized training for staff, and working closely with the patients to develop an individualized plan of care.
- ◆ MCHS-Lakewood will include two specially designed bariatric patient rooms, including bed and fixtures designed to accommodate bariatric patients and enlarged room and bathroom doors.

❖ THE MCHS-LAKEWOOD POST-ACUTE REHABILITATION PROGRAM

MCHS-Lakewood will provide a progressive and intensive rehabilitation program specializing in transitioning patients from the hospital back to their home environment or to a more independent setting. These clinical rehabilitation programs include the following components:

- ◆ A broad range of intensive therapeutic and advanced modality services will be used to maximize patients' functional abilities, enabling them to reach their highest level of independence as quickly as possible, with the objective to return to their homes.
- ◆ A professional interdisciplinary team that uses an intensive approach to teach lifestyle adjustments to promote independence. Our clinicians meet or exceed the professional

requirements necessary to work in any type of clinical setting, including an acute care hospital and inpatient rehabilitation hospital.

- ◆ Treatment plans that are designed to maximize independent functioning, improve psychological and physical well-being and assist the patient in returning home.
- ◆ Vital sign monitoring during therapy treatment to assure cardiopulmonary activity tolerance, and communication of patient responses to the interdisciplinary team members.
- ◆ Scheduled therapy sessions that include the patient's preference and coordination of therapy and nursing services for improved patient tolerance.
- ◆ Patient/caregiver training in order to prepare the patient to manage their care after discharge. The rehab team strives to understand the home environment, the use of an automated home exercise program that results in a home exercise plan that is tailored to each patient.
- ◆ Family members are included in the rehabilitative and discharge planning to help prepare for the patient's return, as successful management in the home environment results in decreased re-hospitalization rates.
- ◆ National student affiliation programs with fieldwork positions in HCR ManorCare post-acute facilities, including positions in physical therapy, occupational therapy and speech language pathology.

Post-Acute Rehabilitation Program features include:

<ul style="list-style-type: none"> ◆ Physical, occupational and speech therapies ◆ Therapy treatments ◆ Psychiatrist consultation ◆ State-of-the-art equipment 	<ul style="list-style-type: none"> ◆ Interdisciplinary conferences ◆ Discharge planning ◆ Patient/caregiver training ◆ Home assessment
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The foundation of a post-acute rehabilitation program focusing on individual needs is an experienced interdisciplinary team that includes:

<ul style="list-style-type: none"> ◆ Board certified psychiatrist ◆ Occupational therapists ◆ Physical therapists ◆ Speech and language pathologists ◆ Respiratory therapists ◆ Therapeutic recreation specialists 	<ul style="list-style-type: none"> ◆ Rehabilitation nurses ◆ Registered Dietitian ◆ Case management ◆ Psycho-social services ◆ Consulting orthopedist and prosthetist
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An individual care plan is developed for each patient, identifying his/her specific medical, physical, and emotional needs and strengths. The interdisciplinary team works with the patient to determine rehabilitation goals and approaches. Progress is then measured toward these goals. The overall objective is to help patients achieve their highest possible level of function and

independence.

HCR ManorCare post-acute facilities use Accelerated Care Plus (“ACP”) advanced modality rehab programs, state-of-the-art equipment and training, including quarterly staff training for treatment of rehab patients. ACP is a leading provider of integrated clinical programs for post-acute rehab facilities, and their specialized treatment programs combine innovative medical technology with evidence-based clinical protocols and advanced therapist training. The use of specialized equipment in HCR ManorCare therapy gyms, including cardiovascular training equipment, accommodates post-acute patients who may not otherwise be able to participate in therapeutic exercises.

The advanced modality program includes the use of electrical stimulation, ultrasound and diathermy equipment, as briefly summarized below:

- ◆ **Electrical Stimulation** uses a gentle electrical current to increase circulation, stimulate the release of pain-relieving endorphins, retrain functional movement patterns and decrease muscle disuse atrophy with a focus on improvement in gait, transfers and functional activity performance. By accelerating neuromuscular re-education and reducing spasticity, electrical stimulation is also effective for post-stroke rehabilitation.
- ◆ **Ultrasound** focuses on the deep heating of muscles, tendons and connective tissue to increase blood flow and tissue extensibility, while reducing pain and inflammation. Use of ultrasound accelerates improvement of range of motion in contracture management by providing deep heat and pain control prior to stretching.
- ◆ **Shortwave Diathermy** produces thermal effects that are appropriate for larger joints and surface areas including the neck, lower back, hip and knee. It increases blood flow, treats muscle spasms, joint stiffness and contractures. Shortwave Diathermy is also effective for post-surgical pain, edema and pain management for osteoarthritis.

These advanced modalities facilitate successful outcomes and increase the therapists’ ability to treat a broader range of patients with complex medical conditions including:

- ◆ Pain
- ◆ Edema
- ◆ Contractures
- ◆ Acute and chronic wounds
- ◆ Falls
- ◆ Neurological and stroke motor dysfunction
- ◆ Post-surgical recovery
- ◆ Incontinence

Discharge Planning: The interdisciplinary team, in working towards a successful discharge, recognizes the importance of educating patients and families by identifying individual family needs and concerns, promoting self-care consistency, and encourages the patient to adapt to lifestyle changes. In addition to the availability of family and community support, the discharge

team also considers the patient's home environment for discharge. Thus, the discharge process includes, as indicated in the care plan, patient/family education, ordering adaptive equipment, coordinating referrals for follow-up services, and providing a discharge summary to the patient's community physician.

❖ THE NEW MODEL OF CARE'S PHYSICAL DESIGN

Development Expertise

HCR ManorCare has over 40 years of experience in designing, planning, constructing, and equipping post-acute facilities and assisted living facilities. This experience results in a building design that enhances quality of life for patients, supports the delivery of post-acute clinical and rehabilitation services and long-term care services, and results in construction and operating cost efficiencies. In building over 120 facilities and renovating more than 300 nursing facilities, HCR ManorCare has developed some of the most efficient and attractive post-acute facilities in the nation.

The company has expended over \$350 million during the past three years in new construction, renovations and expansions of existing facilities, new equipment, and information technology. In the past ten years, HCR ManorCare has focused on developing new facilities that incorporate its new Post-Acute Model of Care. This includes constructing/opening 13 Post-Acute facilities, two under construction that are scheduled to open during the second quarter of 2014 and seven in planning. Pictures of the recently opened 120-bed MCHS-Sterling Heights located in the northern portion of the Detroit metro area that opened in 2013, and the 120-bed Heartland of Dublin that will open in 2014 north of Columbus, Ohio are attached as Exhibit F.

Each new HCR ManorCare post-acute care facility incorporates design features that reflect the local community and include the most recent HCR design innovations. MCHS-Lakewood's Post-Acute Facility design, which has been used by HCR ManorCare throughout the country with its recently constructed facilities, is consistent with post-acute facility industry standards for improved patient care and support services. The HCR-ManorCare prototype design is constantly updated to enhance patient comfort and to respond to trends in changing patient profiles and clinical treatment protocols. Specifically, the design of the MCHS-Lakewood facility will facilitate its ability to provide high acuity, post-acute intensive rehabilitation services, as well as nursing services to more medically complex patients with a wide variety of needs, and further supports the specialized Post-Acute clinical programs summarized in the prior sections.

The proposed facility's design and space allocation incorporates state-of-the-art features for post-acute care and will be consistent with all federal, state and local regulations relating to construction, staffing, sanitation, access, and environmental protection. The facility is designed to support the needs of post-acute patients and its exterior will complement the surrounding neighborhood.

The services to be offered will be enhanced by design features that support the physical, social, and psychological needs of the patients and promote independence. Emphasis will be placed on

creating a comfortable atmosphere to enhance quality of life. The physical environment of the facility will also support the staff in the delivery of post-acute and rehabilitation services, improving efficiency by clustering functionally related spaces. Separating support service functional space and patient care areas also provides a more residential environment.

Facility Design

MCHS-Lakewood will be a 65,798 Gross Square Footage (“GSF”), two-story structure and will contain 48 private rooms/beds and 36 semi-private rooms (72 beds). See Exhibit G, showing the architectural design. Fifty resident rooms will have an in-room shower. Each patient room will have through the wall heating/air conditioning units with temperature controls.

MCHS-Lakewood is designed to separate support services and patient care areas and includes: (1) a one-story administrative area containing support service functions; and (2) a two-story patient care area, attached to the administrative area by a corridor containing elevators and dining, therapy and recreational spaces. The patient care area is designed in the shape of a cross with a central nurses’ station and three corridors of patient rooms. All patient rooms will meet Americans with Disabilities Act requirements and will be accessible to handicapped patients.

The configuration of each floor is identified below.

First Floor (39,246 GSF):

- 24 private rooms/beds and 18 semi-private rooms (36 beds), including 2 bariatric private patient rooms, and including 22 private rooms with in-room showers
- Entrance and lobby/reception area
- Administrative offices
- Staff conference room
- Family conference room
- Staff lounge
- Kitchen
- Laundry
- Housekeeping
- Maintenance/ mechanical areas
- Main dining room and pantry
- Physical/occupational therapy suite with 3,600 GSF
- Speech therapy clinic
- Outdoor therapeutic walking path
- Outdoor patios with direct access from dining, therapy rooms and Internet Café
- Internet café
- Internet lounge

Second Floor (26,552 GSF):

- 24 private rooms/beds and 18 semi-private rooms (36 beds), including 24 private rooms with in-room showers
- Dining room and pantry/Internet café
- Recreational therapy/rehab dining room
- Beauty salon/barber shop
- Nurses’ station with support areas
- Eagle Room/staff conference
- Internet patient lounge/café
- Patient/family lounge
- Central bathing facilities
- Staff offices
- Storage and mechanical rooms
- 36 Proposed Medicaid beds

- 2 Patient lounges
- Nurses' station with support areas
- Central bathing facilities
- IT storage
- General storage
- Service/staff entrance
- 24 Proposed certified Medicaid beds

Facility Style and Design Features

HCR ManorCare strives to create a comfortable atmosphere that enhances the quality of care and supports the needs of the elderly and activities of daily living without obstructing the elderly's independence. See Exhibit G for architectural schematic. Design features included at MCHS-Lakewood are outlined below.

Patient Room Size and Configuration

- The private and semi-private patient rooms exceed the state's licensure minimum requirements, and therefore enhance patients' quality of life. The number of private rooms at MCHS-Lakewood is greater than the number of private rooms included in recently constructed HCR-ManorCare post-acute care facilities, and 46 patient rooms have an in-room shower.
- In response to an unmet need in existing long-term facilities for the unique, physical needs of bariatric patients, MCHS-Lakewood will have two bariatric rooms. These rooms will be located on the first floor and are specially designed to accommodate bariatric patient needs including a 5' 6" door opening with an extra panel that allows for an increased door opening (compared to 4' door opening in other patient rooms) and specialized bariatric beds and fixtures.
- All patient rooms will have outside visibility.

Color Scheme

- Color affects emotions and perceptions. Therefore, special consideration is given to color and lighting to promote patients' independence and safety. Colors used throughout the facility in furniture, wall coverings, and carpeting will be coordinated. In certain locations such as the activity areas and therapy, crisp and bright colors will be used to stimulate patients, while in other locations such as the patient rooms, common areas, lounge, and dining halls, cool pastel and warm colors will be used to create a soft calming effect to minimize agitation and encourage socialization.
- Wall covering, art work, and custom made furniture will be in colors that complement the color scheme of the specific space.
- Patient rooms will have draperies, bedspreads, wall coverings/borders, artwork, and cubicle curtains that complement other finishes.

Patient/Staff Communications-Nurse Call System

- ◆ A nurse call system is available in all patient rooms and bathrooms. When activated, the nurse call system turns on a light in the hallway above the patient's door and at the nursing station. Nursing staff, who all carry pagers, will be connected to the nurse call system at all times. The "call" signal can only be canceled at the point of origination. Key staff will carry wireless phones.
- ◆ The majority of staff communication will be through pagers and wireless phones, and an intercom system will be included to facilitate communication if necessary.
- ◆ Lounges will be located near the nursing stations to facilitate communication and interaction between patients and nursing staff.
- ◆ Each patient room will be wired for telephone service and cable television.
- ◆ Public telephones will be conveniently located for use by patients, visitors, and staff.
- ◆ A security system with an electromagnetic lock and key pad control will be used to secure all exits and stairwells. If the building alarm sounds, all exit doors unlock automatically.

Design for Privacy

- ◆ In the semi-private rooms, patients will each have separate furniture and storage areas for their clothes and belongings. There will also be privacy curtains installed to ensure privacy when desired.
- ◆ Solar screen shades with matching valances will be installed on windows to reduce glare and ensure privacy.
- ◆ Central bathing areas will have an isolated private changing area so patients can dress and undress in complete privacy.
- ◆ The Nursing, Admissions, and Social Services Directors will have a private office so that sensitive matters can be conducted in a confidential setting.
- ◆ Each patient room will have its own bathroom to ensure privacy, and 46 patient rooms will have an in-room shower.
- ◆ Vinyl wall coverings and draperies will be used to reduce noise.
- ◆ Flat panel wall-mounted TVs will be provided for each patient with independent pillow speaker controls for privacy and comfort.

Aspects of the Post-Acute Facility Fostering Patient Independence

- ◆ All patient rooms and toilet areas will meet ADA requirements and will be accessible to handicapped patients. Doorways will be wheelchair accessible. Non-skid floor surfaces will be used to assist handicapped patients. Corridor handrails and corner guards will be provided throughout the post-acute care facility.
- ◆ Each floor will have a centrally located dining area that is large enough for convenient access by all patients.
- ◆ Wall covering borders will be used to help patients in distinguishing between walls and ceiling. Contrasting base moldings will also be used to distinguish between walls and floors.

Therapy Space

- ◆ A state-of-the-art physical/occupational therapy suite with 3,600 GSF will be located on the main level to accommodate more patients requiring post-acute rehabilitation care. A separate speech therapy clinic will also be provided.
- ◆ An outdoor therapeutic walking path, adjoining the physical/occupational therapy room, can be used for mobility training. The walking path will incorporate various surfaces (e.g., gravel, sidewalk, grass and brick surfaces) to reflect the surfaces that residents will encounter in the community. This outside therapy area will also include an ADA compliant ramp with handrails and steps.
- ◆ The therapy suite will include a training kitchen with laundry area, a private training toilet room, and a treatment room. The therapy suite will also include a PT/OT storage room to store equipment not in use, and a charting area for the therapists to use. The therapy director's private office will be located within the therapy suite.

Recreational Space Including Outside Areas

- ◆ A recreational therapy room will be included on the upper level.
- ◆ Ample lounge space will be incorporated throughout the facility to provide areas where patients and families can socialize, participate in small group activities, and watch television.
- ◆ An "Internet Café" lounge will be located near the main entrance and an internet café/lounge will be located on the second floor. These cafés/lounges will include complimentary, self-service coffee/juice/snack service with café tables, two fully equipped computer/internet cubical stations, lounge chairs/sofa, flat panel TV, and reading materials.

Dining Area

- ◆ There will be three dining areas, including main dining rooms on the upper and main levels. The recreational therapy room can also be used for rehabilitation dining. Families can use a family

dining/conference room for a dinner or to celebrate a special occasion. Separate dining rooms also enable patients who have similar care requirements to eat together.

- ◆ Dining rooms will be centrally located and be available to all patients. They have been designed and will be furnished to encourage patients to eat together, which will contribute to quality of care, independence, and quality of life. As the largest common space in the post-acute care facility, the dining rooms will also be used for large group activities.
- ◆ Dining areas also incorporate service options, including “room-service” style menus and hospitality-style buffet services, to address the needs of rehabilitation patients.

Kitchen

- ◆ The fully-equipped kitchen, located adjacent to the dining room on the upper level, has been designed for easy maintenance and efficient food preparation, serving, and delivery. Food will be transported to the dining areas in covered, heated carts.
- ◆ The kitchen will include a walk-in refrigerator/freezer, food storage capacity, stainless steel cooking equipment for ease of cleaning, quarry tile floor, smooth walls for ease in cleaning, and an office for the dietician. It will be located in such a way that delivery of supplies will occur via the support services hallway in the rear of the building, away from the patient or visitor traffic.
- ◆ The dietician's office, conveniently accessible from a public corridor, will be used for patient nutrition conferences with families and physicians.

Nursing Stations

- ◆ Nursing stations will be located to minimize the distances to patient rooms. Quality of care is enhanced when nurses and patients are closer to one another.
- ◆ Nursing stations will be centrally located with direct visibility of patient rooms, patient activity areas, corridors, and the unit entrance.
- ◆ Each nursing station will contain all necessary support areas, including a nourishment center, soiled and clean utility, clean linen areas, nurses' toilet, medication room, and central bathing area. Storage areas for medical equipment and supplies will be located in close proximity to the nursing stations.
- ◆ Storage areas for medical equipment and supplies are located in close proximity to the nursing stations.

Physical Plant Design for Disabled Patients

- ◆ The proposed facility will meet all Americans with Disabilities Act requirements, including handicapped accessible walks, doors and doorways, staff areas, toilets, and patient rooms, and

will be accessible to physically handicapped individuals. The grounds around the proposed facility will be level to reduce grade barriers for handicapped individuals.

- ♦ The post-acute care facility is equipped with special features for use by the handicapped patients: grab bars in bathrooms and bathing areas, wide doorways for wheelchair accessibility and non-skid floor surfaces.
- ♦ Special whirlpool bath equipment for handicapped or non-ambulatory patients is available on each nursing unit.

Beauty Salon/Barber Shop

- ♦ A complete, two-chair salon/shop will be located on the upper level and be accessible to all patients for permanents, colorings, or cuts. The hairdresser will be able to work on patients in wheelchairs or at the patient's bed, as required.

Space for Community Interaction

- ♦ The post-acute care facility's dining rooms, recreational therapy room, lounges, and internet cafe are available for use by community groups for meetings and activities.
- ♦ The lounges located on each floor are available for visits by family and friends.
- ♦ The dining rooms and lounge areas will be used for special events sponsored by the post-acute care facility or outside groups.

❖ HCR MANORCARE'S ELECTRONIC MEDICAL RECORD PLATFORM THAT SUPPORTS CONTINUITY OF PATIENT CARE ACROSS HEALTH CARE SETTINGS:

HCR ManorCare supports the interoperability of patient data across care continuums, which is consistent with Federally-mandated initiatives, including Meaningful Use Stage II, HITECH, and the Health Information Exchanges. In supporting the interoperability of patient data, HCR ManorCare's has implemented an Electronic Medical Record (EMR) platform:

- ♦ Phase 1 (fully installed at all HCR ManorCare post-acute care facilities): Care planning and patient accounting.
- ♦ Phase 2 (fully installed): Point-of-care documentation by CNAs and therapy management staff.
- ♦ Phase 3 (fully installed): Electronic documentation by nurses and therapists; structured clinical assessments and evaluations.

- ◆ Phase 4 (implemented in 105 facilities, an additional 48 planned for CY 2014; to be implemented in remainder of facilities by CY 2016): electronic physician and pharmacy orders.
- ◆ Phase 5 (by 2014): Portal access to EMRs for physicians, discharge planners, and other key staff involved in patient care; integration of results reporting from lab tests.

MCHS-Lakewood would open with complete EMR functionality.

HCR ManorCare uses the Wescom Solutions' PointClickCare ("PCC") Electronic Medical Record ("EMR") application, which was specifically designed for post-acute facilities and is the industry standard. PCC is the foundation for HCR ManorCare for ADT (Admission/Discharge/Transfer), MDS (Minimum Data Set) and Care Planning. MCHS-Lakewood will have full EHR and PCC electronic capabilities from day one.

Computer kiosks, located outside of the resident rooms, allow CNAs to directly enter point of care data into the EMR. All nurses will have access to the kiosks, including direct input of ADLs and vitals, and will use this data to create care plans and to direct the CNA Task List.

The majority of HCR ManorCare's nursing facilities, which will include MCHS-Lakewood, are "live" with full wireless capabilities. Full wireless capabilities include Order Entry (pharmacy and physician orders), eMARS (electronic medical administration records) and eTARS (electronic treatment administration records), and have about 75% fully integrated electronic capabilities. These facilities use wireless laptops for RNs and LPNs for direct entry into the EMR, including ADT (admission/discharge/transfer) functionalities. In addition, many HCR facilities have automated access to Lab results in the lab system.

PCC, as described above, is the major component of HCR's EMR. The other component is therapy documentation through Rehab Optima (through Optima Healthcare Solutions), which will use wireless mobile devices for point of care therapy documentation, care planning and integration with the nursing clinical documentation system. Currently, all HCR ManorCare therapy gyms have desktop computers that are used to track the delivery of therapy services, and entering therapy related data into PCC. The use of wireless laptops will support direct EHR therapy documentation.

The PCC system supports physician order entry, but the majority of data entry is completed by the nurses. The PCC Physician Order functionality also includes electronic medication administration. Based on each medication's schedule, the system prompts the nurse to provide the correct medications in the correct dosages to the correct patient at the correct time during the medication pass. In addition, the system prompts for additional charting requirements including vitals and follow-up assessments.

HCR's EMR system is designed to be compatible with the systems used by hospitals, other ancillary providers and states. This type of integration will facilitate the transfer of information between HCR facilities, hospitals and physicians. MCHS—Lakewood will open with facility-wide wireless connectivity which supports access to PCC by outside caregivers as well as access

to external medical records systems maintained by hospitals, physicians and lab partners. Access to all systems is controlled to meet HIPAA requirements.

SUMMARY

In summary, MCHS-Lakewood's New Post-Acute Model of Care is differentiated from existing nursing facilities by the following factors:

- ♦ Developed by a proven leader in construction and delivery of a Post-Acute Model of Care.
- ♦ Successful track record in transitioning post-acute patients back home as quickly as possible.
- ♦ Demonstrated track record for improved patient outcomes, key indicators and decreased re-hospitalization rates, including at HCR ManorCare's two existing Colorado facilities.
- ♦ Directly responds to national and state initiatives to reduce hospital re-admissions and improve transitions of care between health care facilities and the patient's home.
- ♦ Architectural design and space allocations that incorporate innovative features to support the post-acute model of care, including enlarged therapy spaces, fully integrated electronic medical record and associated computer access, advanced and specialized therapy modalities, internet wireless access for staff, patients and families.

MCHS-Lakewood would be the only Medicaid-certified Post-Acute Model of Care in the service area, would respond to the need factors identified in detailed need analysis presented in Tab 15, 20, and 21 this application, and would fill a vital and needed service gap in the community. Additionally, as demonstrated by the letters of support, see Tab 22, the MCHS-Lakewood project has the community support.

A PROVEN LEADER

EXHIBIT A

HCR ManorCare 

348 Skilled Nursing and Assisted Living Facilities



EXHIBIT B

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HCR ManorCare 

ManorCare Boulder & ManorCare Denver
All Patient Outcomes
Key Indicators



* Comparisons to nationwide rehabilitation hospital averages from erehabdata.com (Apr, 2013)

	Manor Care Boulder All Patients 2nd Q. '12 through 1st Q. '13	Manor Care Denver All Patients 2nd Q. '12 through 1st Q. '13
<ul style="list-style-type: none"> ● Community Discharge Percentage <i>Nationwide IRF Average*</i> 	95.2 % 74.5 %	93.8 % 74.5 %
<ul style="list-style-type: none"> ● Functional Score Improvement: Self Care <i>Nationwide IRF Average*</i> 	1.31 1.61	1.92 1.61
<ul style="list-style-type: none"> ● Functional Score Improvement: Mobility <i>Nationwide IRF Average*</i> 	1.74 1.93	2.04 1.93
<ul style="list-style-type: none"> ● % of Patients Achieving Community Discharge Goals 	97.5 %	98.8 %
<ul style="list-style-type: none"> ● % of Patients Able to Manage Their Care 'Completely' or 'Quite a Lot' at Discharge 	91.5 %	86.4 %
<ul style="list-style-type: none"> ● % of Non-Ambulatory Patients Achieving Ambulation Goals 	83.9 %	87.7 %

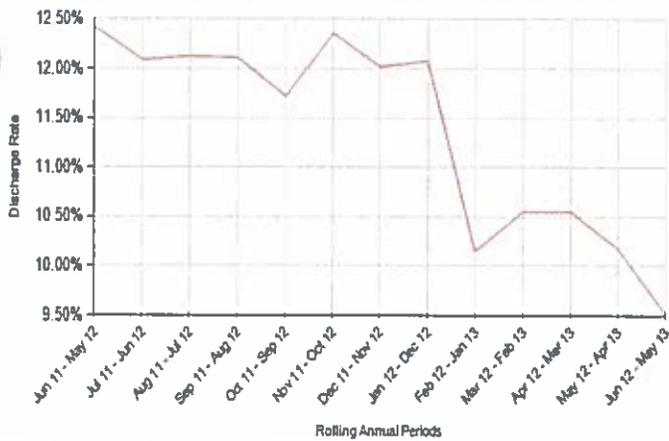
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EXHIBIT C

HCR ManorCare 

HCR ManorCare's New Post-Acute Model of Care Results in Low Re-hospitalization Rates

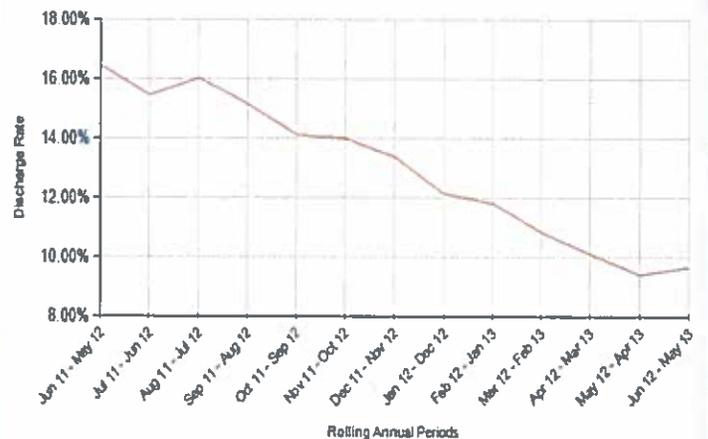
CMS* Acute Discharge Trend by Facility
WEST REGION 4
398 - MCHS-Boulder
*Calculations based on CMS Guidelines



Rolling Annual Periods

Rolling Annual Periods	Annual Index Admissions from Hospitals	Annual 30-Day Discharges to Hospitals	CMS Acute Discharge Rate
6/1/2012 thru 5/31/2013	588	56	9.52%

CMS* Acute Discharge Trend by Facility
WEST REGION 4
374 - MCHS-Denver
*Calculations based on CMS Guidelines



Rolling Annual Periods

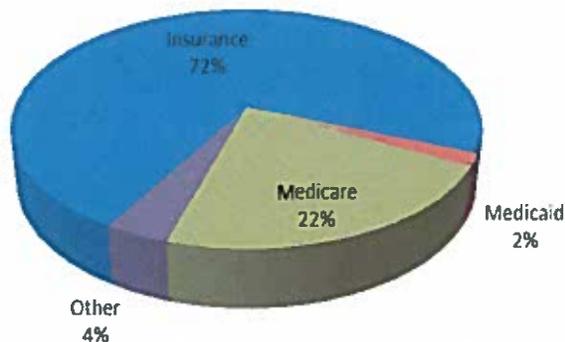
Rolling Annual Periods	Annual Index Admissions from Hospitals	Annual 30-Day Discharges to Hospitals	CMS Acute Discharge Rate
6/1/2012 thru 5/31/2013	870	84	9.66%

Payer Profile ManorCare – Boulder & Denver

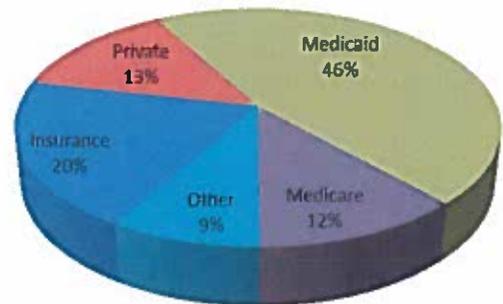
Medicare and Managed Care admissions made up 94% of all admissions to HCR ManorCare facilities in Colorado.

Medicare and Managed Care represents 32% average occupancy at HCR ManorCare facilities in Colorado due to long-term conversions.

Payer Distribution



Payer Distribution by Census



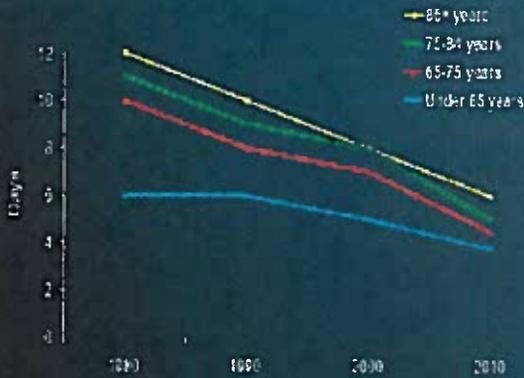
* SIMS inquiry and admission data between Jul 2012 and Jun 2013

EXHIBIT E

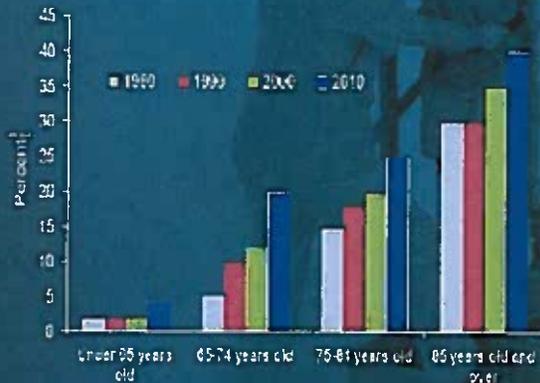
A PROVEN LEADER

HCR ManorCare 

Average length of hospital stay decreases with CMS events....
Causing increased admissions to SNFs.



Hospital Length of Stay

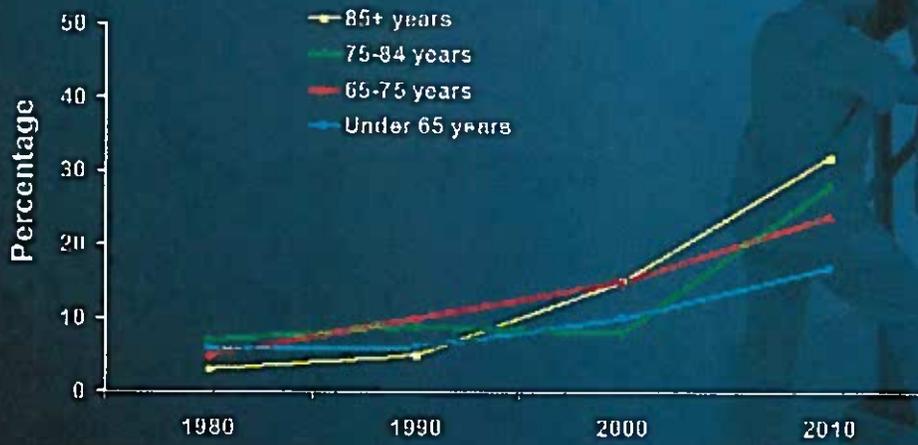


Admissions to SNFs

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HCR ManorCare 

... but also causes re-hospitalizations to increase.



% of patients returning to hospital

EXHIBIT F

**PHOTOS OF RECENTLY CONSTRUCTED
HCR MANORCARE POST-ACUTE FACILITIES**

MANORCARE HEALTH SERVICES – STERLING HEIGHTS (Michigan)– Opened 2013



External Photo



Recreation Therapy/Dining



Nurse Station/Lakeside Café (Internet Café)



Therapy Room



Dining Room



Internet Café



Lounge



Lobby



Lobby/Family Conference Room

HEARTLAND OF DUBLIN (OHIO) – Opened 2014

