

**MINUTES
STATE HEALTH FACILITIES COUNCIL
DECEMBER 2, 2009
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, 6TH FLOOR CAFETERIA
DES MOINES, IA**

I. 8:30 AM ROLL CALL

MEMBERS PRESENT: Karen Hope, Chairperson, Chuck Follett, Suki Cell, Marc Elcock and Cynthia Beaman

STAFF PRESENT: Barb Nervig; Heather Adams, Counsel for the State

II. PROJECT REVIEW

1. Ottumwa Regional Health Center, Ottumwa, Wapello County: Establish cardiac catheterization lab - \$966,366.

Staff report by Barb Nervig. The applicant was represented by Ed McIntosh of Dorsey & Whitney, Tom Siemers, Molly Wilson and Sadia Sait. The applicant made a presentation and answered questions posed by the Council. A motion by Beaman, seconded by Follett to accept a map and timeline (exhibits in support of the oral presentation) into the record carried 5-0.

No affected parties appeared at the hearing.

A motion by Cell, seconded by Beaman, to Grant a Certificate of Need carried 5-0.

2. Community Memorial Health Center, Hartley, O'Brien County: Add 5 nursing facility beds; 2 of which will be utilized for hospice care – \$40,800.

Council member Beaman stated she works for an organization that has a business relationship with the applicant; she does not have a personal fiduciary relationship with the applicant. No one in the room objected to Council member Beaman voting on this proposal.

Staff report by Barb Nervig. The applicant was represented by David Darrell of Baudino Law, Jeannine Bunge, Leslee "Susie" Stanley and Mark Schulz. The applicant made a presentation and answered questions posed by the Council. A motion by Beaman, seconded by Follett to accept a more detailed version of the floor plan (in support of the oral presentation) into the record carried 5-0. A motion by Follett to accept letters of support received after the submittal deadline into the record died for lack of a second.

Affected parties appearing at the hearing in opposition to the project were Larry Hinman of Signature Care Centers, Chris White of Sutherland Care Center and Wendy Nelson of Prairie View Campus.

A motion by Follett to Grant a Certificate of Need died for lack of a second.

A motion by Elcock, seconded by Cell to DENY a Certificate of Need carried 4-1. Follett voted no.

III. EXTENSIONS OF PREVIOUSLY APPROVED PROJECTS

1. Good Neighbor Home, Manchester, Delaware County: Add 20 nursing facility beds for CCDI unit -- \$2,400,000.

Staff reviewed the progress on this project. A motion by Cell, seconded by Elcock to Grant a one-year extension carried 5-0.

2. CCRC of Grimes, LLC, Grimes, Polk: Build 34-bed nursing facility -- \$4,079,000.

Staff reviewed the progress on this project. Council expressed concern about limited progress on this project and would like an update at their April meeting. A motion by Cell, seconded by Follett to Grant a six month extension carried 5-0.

3. Arbor Court Fairfield, Fairfield, Jefferson County: Establish 65-bed nursing facility -- \$2,300,000.

Staff reviewed the progress on this project. Council expressed concern about limited progress on this project and acknowledging the pending court appeal, would like an update at their April meeting. A motion by Beauman, seconded by Cell to Grant a six month extension carried 5-0.

4. Sunnybrook Living Care Center, L.C., Fairfield, Jefferson County: Add 50 nursing facility beds -- \$2,743,080.

Staff reviewed the progress on this project. Council expressed concern about limited progress on this project and acknowledging the pending court appeal, would like an update at their April meeting. A motion by Cell, seconded by Beauman to Grant a six month extension carried 5-0.

IV. REQUEST FOR DETERMINATION OF NON-REVIEWABILITY AND THE DEPARTMENT'S RESPONSE

Van Buren County Hospital, Keosauqua, Van Buren County: Modernization of existing hospital with no additional beds or new services.

Staff report by Barb Nervig. A motion by Beauman, seconded by Elcock to support the Department's determination carried 5-0.

V. APPROVE MINUTES OF PREVIOUS MEETINGS (OCTOBER 2008, JANUARY 2009, APRIL 2009, JUNE 2009 AND AUGUST 2009)

Staff distributed a revised second page of the October 2008 minutes. A motion by Elcock, seconded by Follett, to approve the minutes of the October 2008 (as amended), January 2009, April 2009, June 2009 and August 2009 meetings passed by voice vote.

The next two meetings of the Council will be April 7, 2010 and July 21, 2010.

3. The current standard of care for patients experiencing chest pain or undergoing an acute heart attack is to receive vessel intervention in a cath lab within 90 minutes from the onset of the heart attack.
4. The applicant's service area is comprised of Wapello, Jefferson, Davis, Appanoose and Monroe Counties in an area of southeast Iowa that has limited access to cardiac services. The closest cath (West Burlington) is one hour and 30 minutes by ambulance. The next closest labs are in Des Moines and Iowa City, at least 2 hour's drive. These distances are not within the standard of care timeframe of 90 minutes which is typically cited for intervention in cardiac conditions.
5. Timely intervention decrease morbidity and mortality.
6. In addition to treatment capabilities, the applicant states that cardiac catheterization remains the standard of care for diagnosing coronary artery disease and atherosclerosis.
7. In 2006, 2,137 patients from the applicant's 5-county service area received cardiac catheterizations. Almost half of those patients were from Wapello County.
8. The applicant is one of six rural referral centers in Iowa. The others are located in Clinton, Fort Dodge, Marshalltown, Mason City and West Burlington. All five of these locations provide cardiac catheterization services to the rural areas they serve.
9. The applicant states that the proposed expansion of existing cardiology services to include cardiac catheterization will ensure rural patients receive the same standard of care available in urban settings and at other Iowa rural referral centers.
10. The applicant investigated the purchase of a 64 slice CT for diagnostic cardiac care, but found there is not enough evidence to support the CT as a sole diagnostic test for cardiac disease. In addition a CT would not provide the timeliness of intervention within 90 minutes. The current treatment of patients in need of cardiac catheterization at ORHC is limited to stabilizing medication and transfer to an outlying facility's cath lab. The capability to treat patients locally will reduce heart muscle deterioration and the resulting complications.
11. The applicant projects 750 diagnostic procedures and 100 interventional procedures the first year of operation. These projections are based on the number of patients an Ottumwa-based medical cardiologist referred to other facilities for diagnostic care and patients transferred from the emergency department for interventional care.
12. The applicant will lease a cardiac catheterization lab at an annual cost of \$456,000, with a one-time set-up fee of \$5,000. The estimated purchase price of the imaging and cardiac equipment is \$355,366. The applicant states funds on hand will be used.
13. The ability to provide this service locally will reduce the cost to the patient of the ambulance transfer that is currently needed.

14. The proposed lab will require one interventional cardiologist and 3 non-physician staff for each procedure.
15. Dr. Mudassir Malik of the Iowa Heart Center has an office on-site at ORHC and will be the physician sponsor for the proposed cath lab. Dr. Malik is currently certified to perform diagnostic procedures and will become board certified to perform interventions in 2010.
16. In addition, the applicant states that interventional cardiologists employed by the Iowa Heart Center, Iowa Health Des Moines' Iowa Health Cardiology and the Iowa Clinic's Heart and Vascular Care plan to utilize the cath lab.
17. The applicant will pursue internal and external candidates to employ a total of 6 non-physician staff positions.
18. This proposal is supported by the Iowa Health System, Mercy Medical Center—Des Moines, physicians from Iowa Heart Center, Iowa Methodist affiliated physicians and physicians from the Iowa Clinic.

CONCLUSIONS OF LAW

In determining whether to issue a certificate of need, the Council considers the eighteen criteria listed in Iowa Code § 135.64(1)(a)-(r). In addition, the legislature has provided that the Council may grant a certificate of need only if it finds the following four factors exist:

- a. Less costly, more efficient or more appropriate alternatives to the proposed institutional health service are not available and the development of such alternatives is not practicable;
- b. Any existing facilities providing institutional health services similar to those proposed are being used in an appropriate and efficient manner;
- c. In the case of new construction, alternatives including but not limited to modernization or sharing arrangements have been considered and have been implemented to the maximum extent practicable;
- d. Patients will experience serious problems in obtaining care of the type which will be furnished by the proposed new institutional health service or changed institutional health service, in the absence of that proposed new service.

1. The Council concludes that less costly, more efficient or more appropriate alternatives to the proposed health service are not available and the development of such alternatives is not practicable. Cardiac catheterization services are currently not available in the applicant's service area. The Council concludes that the proposed project is more efficient and appropriate than the current alternative of traveling more than 90 minutes to access cardiac catheterization services. Iowa Code Sections 135.64(1) and 135.64(2)a.

2. The Council concludes that existing facilities providing health services similar to those proposed will continue to be used in an appropriate and efficient manner and will not be impacted by this project. The Council takes note that the proposal has the support of two major health systems in the state and more than one large cardiology group not only supports the project, but plans to utilize the equipment once installed. Iowa Code Sections 135.64(1) and 135.64(2)b.

3. The Council concludes that the proposed project involves minimal construction as the catheterization lab is a modular turn-key set up that will be placed next to the hospital's emergency department. Iowa Code Sections 135.64(1) and 135.4(2)c.

4. The Council concludes that patients will experience problems in obtaining care of the type which will be furnished by the proposed changed health service, in the absence of that proposed service. The Council concludes that residents of the applicant's service area are travelling over 90 minutes to receive cardiac catheterizations and with every additional 10 minutes beyond the 90-minute door to balloon time standard of care the benefit of the procedure decreases. Iowa Code Sections 135.64(1) and 135.64(2)d.

The facts, considered in light of the criteria contained in Iowa Code Section 135.64 (1 and 2) (2009), led the Council to find that a Certificate of Need should be awarded.

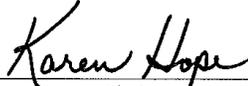
The decision of the Council may be appealed pursuant to Iowa Code Section 135.70 (2009).

It is required in accordance with Iowa Administrative Code 641- 202.12 that a progress report shall be submitted to the Iowa Department of Public Health six (6) months after approval. This report shall fully identify the project in descriptive terms. The report shall also reflect an amended project schedule if necessary.

The Certificate of Need is valid for a twelve (12) month period from the date of these findings. This is subject to the meeting of all requirements of the Iowa Department of Public Health. Requests for extension of a Certificate of Need must be filed in writing to the Iowa Department of Public Health from the applicant no later than forty-five (45) days prior to the expiration of the Certificate. These requests shall fully identify the project and indicate the current status of the project in descriptive terms.

No changes that vary from or alter the terms of the approved application including a change in the approved dollar cost shall be made unless requested in writing to the department and approved. Failure to notify and receive permission of the department to change the project as originally approved may result in the imposition of sanctions provided in Iowa Code section 135.73 (Iowa Administrative Code [641]202.14).

Dated this 10th day of March 2010



Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: State Health Facilities Council
Iowa Department of Inspections and Appeals:
Health Facilities Division

**IOWA DEPARTMENT OF PUBLIC HEALTH
STATE HEALTH FACILITIES COUNCIL**

IN THE MATTER OF THE APPLICATION OF)
)
COMMUNITY MEMORIAL HEALTH CENTER)
)
HARTLEY, IOWA)

DECISION

This matter came before the State Health Facilities Council for hearing on Wednesday December 2, 2009.

The application proposes the addition of five nursing facility beds at an estimated cost of \$40,800.

Community Memorial Health Center applied through the Iowa Department of Public Health for a Certificate of Need.

The record includes the application prepared by the project sponsor and written analysis prepared by Iowa Department of Public Health staff and all the testimony and exhibits presented at the hearing. Barb Nervig of the Iowa Department of Public Health summarized the project in relation to review criteria. David Darrell of Baudino Law, Jeannine Bunge, Leslee “Susie” Stanley and Mark Schulz were present representing the applicant. The applicant made a presentation and answered questions.

Larry Hinman of Signature Care Centers, Chris White of Sutherland Care Center and Wendy Nelson of Prairie View Campus appeared at the hearing as affected parties in opposition to the project.

The Council, after hearing the above-mentioned testimony and after reading the record, voted 4-1 to deny a Certificate of Need. As a basis for their decision the Council, considering all the criteria set forth pursuant to Iowa Code Section 135.64 (1 and 2) (2009) made the following findings of fact and conclusions of law:

FINDINGS OF FACT

1. Community Memorial Health Center currently operates 65 nursing facility beds, 14 of which are certified as a CCDI unit. The applicant also operates 16 assisted living apartments.
2. The applicant has begun construction on a modernization project that will add 12,000 square feet for 25 private rooms in addition to replacement of an original 1960 circa generator. This project is financed with a \$2.5 million bond package authorized by the City of Hartley and financed through United Community Bank-Hartley. This modernization was deemed not to require a CON in November 2008.

3. The applicant states that their 65 nursing facility beds have been 94.75% occupied for the past 6 months. The applicant has obtained permission to exceed bed capacity from the Department of Inspections and Appeals on 13 occasions between March 28, 2008 and August 28, 2009. The applicant further states they have 11 persons on a waiting list.
4. The applicant states that the lack of available hospice specific rooms in O'Brien, Clay and Osceola counties became evident over the past year. Sanford Hospital in Sheldon and Spencer Municipal Hospital each offer 1 hospice specific room. Both Hospice of Iowa and Sanford Home Health and Hospice approached the applicant during the initial phases of planning the addition to request consideration of a hospice suite. Both agencies have pledged dollars to the furnishing of hospice rooms that are private and address the end of life needs for the patient.
5. The need for private rooms was identified as the most important quality of life issue in a survey conducted by the applicant; however the right to choice was just as important to couples. Three of the proposed additional beds will be utilized by the applicant to offer two semi-private rooms for couples or siblings.
6. The calculated bed need formula indicates a current overbuild in six of the nine counties surrounding the facility. The nine-county region, as calculated by the bed need formula, is overbuilt by 66 beds. The overbuild for O'Brien County is 8 beds. See the following table for additional bed information.

**Nursing Facility Beds by County
Number Needed by CON Formula/Number Licensed/Difference**

County	Projected 2014 Population Age 65+	# of NF Beds needed per bed need formula	# of licensed NF Beds as of 11/05/09	Difference – Formula vs. Licensed & Approved*
O'Brien	10,930	205	213	+8
Buena Vista	17,329	212	318	+106
Cherokee	9,336	175	228	+53
Clay	13,506	214	209	-5
Dickinson	14,223	281	227	-54
Lyon	9,276	140	183	+43
Osceola	5,138	82	113	+31
Plymouth	21,043	299	348	+49
Sioux	28,649	362	197	-165
Totals	129,430	1970	2036	+66

*A positive (+) number means the county is overbuilt and a negative (-) indicates an underbuild

7. Over the span of the last two years the total number of beds in the nine-county area has decreased by 18 beds. Also, a facility closed in O'Brien County during this two year period. See the following table for additional detail.

**Nursing Facility Beds by County
Difference in Number Between November 2007 and November 2009**

County	# of NF Beds (facilities) as of 11/07	# of NF Beds (facilities) as of 11/09	Difference in # of NF Beds
O'Brien	250(5)	213(4)	-37
Buena Vista	318(5)	318(5)	0
Cherokee	231(5)	228(5)	-3
Clay	213(2)	209(2)	-4
Dickinson	227(3)	227(3)	0
Lyon	183(4)	183(4)	0
Osceola	113(2)	113(2)	0
Plymouth	355(6)	348(6)	-7
Sioux	164(3)	197(4)	+33*
Totals	2054	2036	-18

* The 33 bed increase in Sioux County was the conversion of 33 existing hospital based NF beds to freestanding NF beds. Therefore, the actual total decrease is more accurately 51 beds.

8. The bed numbers in the tables above represent the number of beds in free-standing nursing facilities. O'Brien County also has 70 NF beds that are hospital based located at Sanford Senior Care in Sheldon. Sioux County has 60 NF beds that are hospital based and 65 SNF/NF beds that are hospital based, all at Hegg Memorial Health Center in Rock Valley.
9. There are currently 2,036 licensed nursing facility beds in the nine counties, 94 beds (4.6% of all beds) in dedicated CCDI units.

Number of CCDI Beds by County

County	# of CCDI Beds (facilities)
O'Brien	30(2)
Buena Vista	0
Cherokee	0
Clay	10(1)
Dickinson	14(1)
Lyon	9(1)
Osceola	0
Plymouth	31(2)
Sioux	0
Totals	94(7)

Data Sources: Department of Inspections & Appeals –
Summary of Long Term Care Facilities

10. Of the 133 patients admitted to Community Memorial Health Center in the last three years 69% were from O'Brien County and 12.8% were from Clay County.
11. The applicant is incurring debt on a construction loan for the new addition currently under construction. At completion, the construction loan will be rolled over to a bond financed real estate loan with United Community Bank. The loan, in the amount of \$2.5M has an interest rate of 4% and will mature in 2038. The proposed addition of 5 beds will not cause the applicant to incur additional debt as cash on hand and cash flow will cover renovation costs. The applicant indicates the current room rate of \$143 will increase to \$150.

12. The applicant states that renovation will take place in an area currently licensed as 2 semi-private rooms to establish 2 hospice rooms at an estimated cost of \$20,400 per room. The proposed three additional NF beds will not require any renovation to existing square footage.
13. The applicant states that no additional personnel will be required to staff the proposed 5 additional beds.
14. The applicant has agreements with several healthcare facilities to provide/share services, including: Spencer Municipal Hospital for physical therapy, occupational therapy and speech therapy, labs, transfer agreements, hospice services, enterstomal services and HIV prophylaxis agreement; Sanford Hospital (Sheldon) for labs, physical therapy and transfer agreement; Sanford Home Health and Hospice (Sheldon) and Hospice of Iowa (Spirit Lake) for Hospice care; Mercy Baum-Harmon Hospital (Primghar) for labs and transfer agreement and Thomas Physical Therapy (Spencer) for physical therapy services.
15. The following table displays other levels of service available in the nine-county area.

County	RCF Beds (Facilities)	Home Health Agencies	Adult Day Services	Assisted Living Units (Facilities)	ALP/D	Hospice Services
O'Brien	42(2)	1	0	182(4)	0	1
Buena Vista	0	2	0	141(2)	0	1
Cherokee	0	2	1(12)	113(3)	0	1
Clay	15(1)	1	0	62(2)	114(1)	1
Dickinson	38(1)	2	0	97(2)	124(1)	2
Lyon	0	1	0	51(1)	0	0
Osceola	0	1	0	44(1)	0	0
Plymouth	110(3)	1	0	158(3)	0	0
Sioux	0	3	0	208(6)	0	2
TOTALS	205(7)	14	1(12)	1056(24)	238(2)	8

Data source: DIA web site

16. There are three other nursing facilities in O'Brien County. In addition, a 37-bed facility closed in December 2008.
17. The applicant submitted 22 letters of support (9 of these from staff at Iowa Hospice).
18. Five letters of opposition were received representing six area facilities. These letters stated that due to the growth of the independent living and assisted living facilities in the area, the nursing facilities are experiencing declining occupancies. One company closed one of their three nursing facilities in the area in an effort to improve occupancy at their remaining two facilities.
19. The following table displays annual occupancy percentage for facilities in the nine-county area that submitted the requested data for the record. The first six facilities in listed in the table are the facilities that submitted letters of opposition to the proposal.

Percent Occupancy of Nursing Facility Beds by Facility and Year

Facility	County	Beds	2009	2008	2007
Cherokee Villa Nursing & Rehab Center	Cherokee	62	69%	81%	79%
Lyon Manor Nursing & Rehab Center	Lyon	49	73%	70%	71%
Prairie View Home	O'Brien	73	NA	85%	89%
Primghar Rehab & Care Center	O'Brien	40	70%*	NA	NA
Sutherland Care Center	O'Brien	35	82%*	NA	NA
Sibley Nursing & Rehab Center	Osceola	51	NA	94%	92%
Careage Hills	Cherokee	44	96%	95%	98%
Longhouse-Northshire Ltd	Clay	110	77%	76%	78%
St. Luke Lutheran Nursing Home	Clay	99	94%	93%	93%
Fellowship Village	Lyon	40	90%	98%	94%
Rock Rapids Health Centre	Lyon	44	97%	92%	89%
Country View Manor	Osceola	62	92%	88%	89%
Plymouth Manor Care Center	Plymouth	65	80%	87%	88%
Heritage House	Sioux	50	90%	89%	91%
Hillcrest Health Care Services	Sioux	64	80%	74%	78%
Orange City Municipal Hospital LTC Unit	Sioux	33	97%	96%	97%
Hegg Memorial Health Center(hospital NF)	Sioux	60	99%	99%	91%

*current occupancy at time data was submitted

Source: Letters submitted and included in the record.

20. Several bed reduction requests from facilities around the state have been received by CON program staff in the past few months.

CONCLUSIONS OF LAW

In determining whether to issue a certificate of need, the Council considers the eighteen criteria listed in Iowa Code § 135.64(1)(a)-(r). In addition, the legislature has provided that the Council may grant a certificate of need only if it finds the following four factors exist:

- a. Less costly, more efficient or more appropriate alternatives to the proposed institutional health service are not available and the development of such alternatives is not practicable;
- b. Any existing facilities providing institutional health services similar to those proposed are being used in an appropriate and efficient manner;
- c. In the case of new construction, alternatives including but not limited to modernization or sharing arrangements have been considered and have been implemented to the maximum extent practicable;
- d. Patients will experience serious problems in obtaining care of the type which will be furnished by the proposed new institutional health service or changed institutional health service, in the absence of that proposed new service.

1. The Council concludes that less costly, more efficient or more appropriate alternatives to the proposed health service are available and the development of such alternatives is practicable.

The Council concludes that a more appropriate alternative is to utilize existing licensed beds for the hospice care rooms. Iowa Code Sections 135.64(1) and 135.64(2)a.

2. The Council concludes that existing facilities providing health services similar to those proposed are not being used in an appropriate and official manner and will be impacted by this project. The Council heard testimony that facilities in the surrounding area are experiencing declining occupancies; there were 18 empty beds in two facilities within 15 miles of the applicant on the day of the hearing. Occupancy data received from affected parties indicate utilization rates for these facilities are below 85%. O'Brien County is overbuilt by 8 beds according to the bed need formula and the nine-county region is overbuilt by 66 beds. Iowa Code Sections 135.64(1) and 135.64(2)b.

3. The Council concludes that although the applicant is in the midst of a \$3.5 million construction project to allow the facility to offer the majority of their existing 65 licensed nursing facility beds in private rooms; the proposed project involves renovation of existing space. Iowa Code Sections 135.64(1) and 135.4(2)c.

4. The Council concludes that patients will not experience serious problems in obtaining care of the type which will be furnished by the proposed changed health service, in the absence of that proposed service. The Council heard testimony that the population of O'Brien County is declining, the number of independent living and assisted living facilities is growing and the census at surrounding nursing facilities is low. The Council concludes that patients will be able to obtain the care they need. Iowa Code Sections 135.64(1) and 135.64(2)d.

The facts, considered in light of the criteria contained in Iowa Code Section 135.64 (1 and 2) (2009), led the Council to find that a Certificate of Need should be denied.

The decision of the Council may be appealed pursuant to Iowa Code Section 135.70 (2009).

Dated this _____ day of April 2010

Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: State Health Facilities Council
Iowa Department of Inspections and Appeals:
Health Facilities Division

**IOWA DEPARTMENT OF PUBLIC HEALTH
STATE HEALTH FACILITIES COUNCIL**

IN THE MATTER OF THE)
CERTIFICATE OF NEED EXTENSION FOR)

GOOD NEIGHBOR HOME)

MANCHESTER, IOWA)

DECISION

This matter came before the State Health Facilities Council for review on Wednesday, December 2, 2009.

The project, the addition of 20 nursing facility beds for a chronic confusion and dementing illness unit, was originally approved on October 14, 2008 at an estimated cost of \$2,400,000.

The Council, after reading the extension request and hearing comments by staff, voted 5-0 to Grant an Extension of Certificate of Need per Iowa Administrative Code 641—202.13. The decision is based upon the finding that adequate progress is being made.

The extension is valid for one year from the date of these findings.

Dated this ____ day of March 2010

Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: Health Facilities Council
Department of Inspections & Appeals, Health Facilities Division

**IOWA DEPARTMENT OF PUBLIC HEALTH
STATE HEALTH FACILITIES COUNCIL**

IN THE MATTER OF THE)
CERTIFICATE OF NEED EXTENSION FOR)
)
CCRC OF GRIMES)
)
GRIMES, IOWA)

DECISION

This matter came before the State Health Facilities Council for review on Wednesday, December 2, 2009.

The project, the construction of a 34-bed nursing facility, was originally approved on January 29, 2009 at an estimated cost of \$4,079,000.

The Council, after reading the extension request and hearing comments by staff, voted 5-0 to Grant an Extension of Certificate of Need per Iowa Administrative Code 641—202.13. The decision is based upon the finding that adequate progress is being made.

The extension is valid for six months from the date of these findings. The Council expects an update on this project at their next meeting, scheduled for April 7, 2010.

Dated this ____ day of March 2010

Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: Health Facilities Council
Department of Inspections & Appeals, Health Facilities Division

**IOWA DEPARTMENT OF PUBLIC HEALTH
STATE HEALTH FACILITIES COUNCIL**

IN THE MATTER OF THE)
CERTIFICATE OF NEED EXTENSION FOR)
ARBOR COURT FAIRFIELD)
FAIRFIELD, IOWA)

DECISION

This matter came before the State Health Facilities Council for review on Wednesday, December 2, 2009.

The project, the establishment of a 65-bed nursing facility, was originally approved on January 29, 2009 at an estimated cost of \$2,300,000.

The Council, after reading the extension request and hearing comments by staff, voted 5-0 to Grant an Extension of Certificate of Need per Iowa Administrative Code 641—202.13. The decision is based upon the finding that the project has been delayed due to litigation.

The extension is valid for six months from the date of these findings. The Council expects an update on this project at their next meeting, scheduled for April 7, 2010.

Dated this ____ day of March 2010

Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: Health Facilities Council
Department of Inspections & Appeals, Health Facilities Division

**IOWA DEPARTMENT OF PUBLIC HEALTH
STATE HEALTH FACILITIES COUNCIL**

IN THE MATTER OF THE)
CERTIFICATE OF NEED EXTENSION FOR)
)
SUNNYBROOK LIVING CARE CENTER, L.C.)
)
FAIRFIELD, IOWA)

DECISION

This matter came before the State Health Facilities Council for review on Wednesday, December 2, 2009.

The project, the addition of 50 nursing facility beds, was originally approved on January 29, 2009 at an estimated cost of \$2,743,000.

The Council, after reading the extension request and hearing comments by staff, voted 5-0 to Grant an Extension of Certificate of Need per Iowa Administrative Code 641—202.13. The decision is based upon the finding that the project has been delayed due to litigation.

The extension is valid for six months from the date of these findings. The Council expects an update on this project at their next meeting, scheduled for April 7, 2010.

Dated this ____ day of March 2010

Karen Hope, Chairperson
State Health Facilities Council
Iowa Department of Public Health

cc: Health Facilities Council
Department of Inspections & Appeals, Health Facilities Division