

COPY

Life Bridges Inc.

CN1605-017



Life Bridges, Inc.
P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492

May 4, 2016

Health Services and Development Agency
500 Deaderick Street
Suite 850
Nashville, TN 37243

To Whom It May Concern,

Life Bridges, Inc. is applying for a CON for the relocation of Cate House, an ICF/IID home located at 2601 Bower Lane, Cleveland, Tennessee, to Lockhart House at 3745 Adkisson Drive, Cleveland, Tennessee.

The completed CON application is attached, including a check for the application fee of \$3000.00.

If you have any questions, please call me at your convenience. My cell is 423-421-5993.

Thanks for all you do,

K. Allen Nope, LPC\MHSP
Director of Quality Assurance\Day Services
Life Bridges, Inc.



CARF Accredited Rehabilitation Center Since 1994

1. **Name of Facility, Agency, or Institution**

Life Bridges, Inc. _____
 Name
 764 Old Chattanooga Pike _____ Bradley
 Street or Route _____ County
 Cleveland _____ TN _____ 37311
 City _____ State _____ Zip Code

2. **Contact Person Available for Responses to Questions**

Diana Jackson _____ CEO
 Name _____ Title
 Life Bridges, Inc. _____ dljackson59@hotmail.com
 Company Name _____ Email address
 764 Old Chattanooga pike _____ Cleveland _____ TN _____ 37311
 Street or Route _____ City _____ State _____ Zip Code
 CEO _____ 423-421-6436 _____ 423-479-1492
 Association with Owner _____ Phone Number _____ Fax Number

3. **Owner of the Facility, Agency or Institution**

Life Bridges, Inc. _____ 423-472-5268
 Name _____ Phone Number
 764 Old Chattanooga Pike _____ Bradley
 Street or Route _____ County
 Cleveland _____ TN _____ 37311
 City _____ State _____ Zip Code

4. **Type of Ownership of Control (Check One)**

- | | |
|--|--|
| A. Sole Proprietorship _____ | F. Government (State of TN or Political Subdivision) _____ |
| B. Partnership _____ | G. Joint Venture _____ |
| C. Limited Partnership _____ | H. Limited Liability Company _____ |
| D. Corporation (For Profit) _____ | I. Other (Specify) _____ |
| E. Corporation (Not-for-Profit) <u> X </u> _____ | |

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. Name of Management/Operating Entity (If Applicable)

Not Applicable _____
 Name _____
 Not Applicable _____ Not Applicable _____
 Street or Route _____ County _____
 Not Applicable _____ Not Applicable _____
 City _____ State _____ Zip Code _____

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. Legal Interest in the Site of the Institution (Check One)

A. Ownership X D. Option to Lease _____
 B. Option to Purchase _____ E. Other (Specify) _____
 C. Lease of _____ Years _____

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. Type of Institution (Check as appropriate--more than one response may apply)

A. Hospital (Specify) _____	I. Nursing Home _____
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____	J. Outpatient Diagnostic Center _____
C. ASTC, Single Specialty _____	K. Recuperation Center _____
D. Home Health Agency _____	L. Rehabilitation Facility _____
E. Hospice _____	M. Residential Hospice _____
F. Mental Health Hospital _____	N. Non-Residential Methadone Facility _____
G. Mental Health Residential Treatment Facility _____	O. Birthing Center _____
H. Mental Retardation Institutional Habilitation Facility (ICF/MR) <input checked="" type="checkbox"/> X	P. Other Outpatient Facility (Specify) _____
	Q. Other (Specify) _____

8. Purpose of Review (Check) as appropriate--more than one response may apply)

A. New Institution _____	G. Change in Bed Complement [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] _____
B. Replacement/Existing Facility _____	
C. Modification/Existing Facility _____	
D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify) _____	H. Change of Location <input checked="" type="checkbox"/> X
E. Discontinuance of OB Services _____	I. Other (Specify) _____
F. Acquisition of Equipment _____	

9. Bed Complement Data

Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Beds Licensed</u>	<u>*CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
A. Medical	_____	_____	_____	_____	_____
B. Surgical	_____	_____	_____	_____	_____
C. Long-Term Care Hospital	_____	_____	_____	_____	_____
D. Obstetrical	_____	_____	_____	_____	_____
E. ICU/CCU	_____	_____	_____	_____	_____
F. Neonatal	_____	_____	_____	_____	_____
G. Pediatric	_____	_____	_____	_____	_____
H. Adult Psychiatric	_____	_____	_____	_____	_____
I. Geriatric Psychiatric	_____	_____	_____	_____	_____
J. Child/Adolescent Psychiatric	_____	_____	_____	_____	_____
K. Rehabilitation	_____	_____	_____	_____	_____
L. Nursing Facility (non-Medicaid Certified)	_____	_____	_____	_____	_____
M. Nursing Facility Level 1 (Medicaid only)	_____	_____	_____	_____	_____
N. Nursing Facility Level 2 (Medicare only)	_____	_____	_____	_____	_____
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)	_____	_____	_____	_____	_____
P. ICF/MR	6	0	6	0	6
Q. Adult Chemical Dependency	_____	_____	_____	_____	_____
R. Child and Adolescent Chemical Dependency	_____	_____	_____	_____	_____
S. Swing Beds	_____	_____	_____	_____	_____
T. Mental Health Residential Treatment	_____	_____	_____	_____	_____
U. Residential Hospice	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

*CON-Beds approved but not yet in service

10. Medicare Provider Number 3722363
 Certification Type Group Practice

11. Medicaid Provider Number 3722363
 Certification Type Group Practice

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? NA

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? YES If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

SECTION B: PROJECT DESCRIPTION:

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Brief Executive Summary of Project

Description of Proposed Services – Cate House is a four bedroom house (2400 square feet) which opened as a children's home. The house became home to six boys. Twenty-one years later, the house continues to be home to six individuals, five of whom entered as children; however, the individuals are now adult men, some of whom are over six feet tall with behavioral issues. Cate House is currently an institutional habilitation facility. The men desire to live together, however, they need more space than the current building can provide. At the same time, the agency manages Lockhart House, a ten bedroom group home (5,335 square feet), through which Life Bridges has provided residential habilitation services for many years. The provision of services through large group homes such as Lockhart House is being phased out which leaves the agency with a ten bedroom home to be re-purposed.

Lockhart House currently provides residential services for seven individuals. They are exploring opportunities in supported living and family based services through Life Bridges, Inc. It is estimated that they will make their decision of a new residence and relocate by the fall of 2016.

Lockhart House would be perfect to meet the needs of the six men served at Cate House. Therefore, the proposal is to re-purpose Lockhart House as an ICF/IID home providing institutional habilitation services to the six men currently served at Cate House.

Cate house will then be re-purposed into a setting to provide some type of services within the HCBS waiver.

Equipment – All specialized equipment will be transferred with the individuals served into the new location. There will be no appreciable equipment cost with this relocation. The residents will continue to receive complete support services, equipment, and appropriate transportation vehicles (e.g. wheelchair vans) as detailed in the comprehensive care plans developed by Qualified Intellectual Disability Professionals. All of their life care needs will continue to be met by an experienced team of practitioners and care givers. They will have immediate access to health care services through the Life Bridges Medical Services Department. Life Bridges has a long established, positive relationship with Tennova Medical Center, Bradley County's premier regional hospital. There will be no decrease in service or equipment with this relocation project.

Ownership Structure – Lockhart House is owned by Bradley Cleveland Property Management which is managed by Life Bridges, Inc. Bradley Cleveland Property Management will supervise the renovation of the home to meet licensure requirements, ICF/IID requirements, and the needs of the individuals to be served in the home. Life Bridges, Inc. is applying for the Certificate of Need and will manage the property. The cost of the project will be in the renovation process and the move from one location to the other. The value of the home is included in the project cost

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though it is already owned by Life Bridges, Inc. This move will not affect the per diem rates for the individuals served at Cate House.

Service Area – The intended service area of this home will be Bradley County and the surrounding counties in Tennessee, specifically Hamilton, McMinn, Meigs, Monroe, Polk, and Rhea.

Need – The six men who live at Cate House need the privacy provided by having their own bedroom. Their behavioral needs would be more effectively met in a home with space to retreat to when they feel anxious and/or agitated. Lockhart House will provide both communal living spaces and the privacy of a bedroom for those moments. Behavioral issues often stem from having to wait on the restroom as six men currently share two restrooms. Lockhart House has four restrooms. The nurses have limited space for medications and preparation at Cate House. Lockhart House provides ample space for medication storage, preparation, and administration. Lockhart House is located in a neighborhood on the edge of a Cleveland State Community College. The college campus is beautiful with abounding sidewalks that would be appropriate for enjoyable walking paths. The close proximity of the campus provides increased access to concerts and sporting events.

Existing Resources – Bradley Cleveland Property Management already owns Lockhart House thus limiting the cost of the move to renovation and moving expenses.

Project Cost - \$585,000.00

Funding – Life Bridges will fund the project from the cash operating account.

Financial Feasibility – The financial feasibility of this project is excellent.

Staffing – The staffing needs of the individuals who wish to relocate to Lockhart House are determined by the Interdisciplinary Team (IDT) and are outlined in both CMS guidelines and the comprehensive care plan developed by the Qualified Intellectual Disability Professionals. The relocation is not anticipated to change the staffing needs of the home. Thus there would be no additional staffing expense. Staffing will continue to meet CMS, CARF, and licensure expectations.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. §68-11-1601 ET SEQ.) Including square footage, major operational areas, room configuration, etc. applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot would provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

This project is intended to relocate six individuals served in an ICF/IID home (2,400 square feet) to a larger location (5,335 square feet) which will be better suited to their needs. Renovation of the new home (Lockhart House) will involve installing a fire sprinkler system throughout the facility meeting all State and local fire codes (estimated cost \$72,113.00). The existing fire panel will be upgraded to accommodate existing smoke detectors (estimated cost \$1,000.00), any supervisory alarms related to the sprinkler system and notification of local fire authorities. Electrical upgrades (estimated cost \$900.00) will be completed as necessary to accommodate the new fire systems and to the riser room for heat to protect from freezing. Earth disturbed for trenching the riser area will be reshaped and seeded. Miscellaneous costs are estimated at 10% or \$7,401.00. This leaves a total renovation cost of \$81,414.00 which is \$15.26 per square foot. The total project is valued at \$585,000 which includes the value of the home.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

This project will relocate six ICF/IID beds from a four bedroom home into a ten bedroom home. The number of ICF/IID beds allocated to Life Bridges, Inc. will remain unchanged. The change in location will impact the privacy and enhance the living environment for the six individuals. They will each have their own bedroom. This will be a positive change for four of the six individuals. They will have their own bedroom to decorate and enjoy. They will also have increased living space which is anticipated to reduce stress in times of increased anxiety/agitation. Increased home living space will also provide increased opportunities for building independence through active treatment. Thus the relocation will enhance the existing services on many levels.

See Attachment: B. 11. A. Square Footage and Cost per Square Footage Chart, Page 45

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

#11 – ICF/IID Services: The six individuals wishing to relocate to Lockhart House currently live together at Cate House and receive ICF/IID services and are appropriate to continue those services. While learning many skills to increase their independence in daily living, they face health and behavioral barriers requiring the vigilance and support of trained care givers.

D. Describe the need to change location or replace an existing facility.

Six adult men share a relatively small (2400 square foot) four bedroom home at Cate House. A larger home would greatly enhance their medical, social/emotional, and behavioral needs.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$2.0 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

- 1. For fixed-site major medical equipment (not replacing existing equipment):**
 - a. Describe the new equipment, including:**
 - i. Total cost; (As defined by Agency Rule).**
 - ii. Expected useful life;**
 - iii. List of clinical applications to be provided; and**
 - iv. Documentation of FDA approval.**
 - b. Provide current and proposed schedules of operations.**
- 2. For mobile major medical equipment:**
 - a. List all sites that will be served;**
 - b. Provide current and/or proposed schedule of operations;**
 - c. Provide the lease or contract cost.**
 - d. Provide the fair market value of the equipment; and**
 - e. List the owner for the equipment.**
- 3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) in the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.**

No major medical equipment will be purchased as part of this project.

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III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which must include:

- 1. Size of site (*in acres*);**
- 2. Location of structure on the site; and**
- 3. Location of the proposed construction.**
- 4. Names of streets, roads or highway that cross or border the site.**

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

See Attachment: B. III. A. Plot Plan, Page 46

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

CUAT is the public transportation in Bradley County. The route travels by Lockhart House. The routes are attached. The home is located 0.7 miles from the nearest exit on I-75. It is 0.2 miles from Paul Huff Parkway. Paul Huff Parkway is a five lane street which has a multitude of restaurants and shopping centers which include Target, Wal-Mart, and the Bradley Square Mall. While CUAT is an option at any time, Life Bridges provides transportation for the individuals as part of their ICF/IID services.

See Attachment: B. III. B. CUAT Public Transportation Routes, Page 47

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: *DO NOT SUBMIT BLUEPRINTS.* Simple line drawings should be submitted and need not be drawn to scale.

V. For a Home Health Agency or Hospice, identify:

- 1. Existing service area by County;**
- 2. Proposed service area by County;**
- 3. A parent or primary service provider;**
- 4. Existing branches; and**
- 5. Proposed branches.**

See Attachment: B. IV. Floor Plan, Page 48

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED In accordance with Tennessee Code Annotated § 68-11-1609(b), “no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care.” The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625. The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2” x 11” white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate “Not Applicable (NA).”

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee’s Health: Guidelines for Growth.

The State Plan component specifically designates the need criteria for ICF/IID facilities as .032 percent of the general population as candidates for this service. The area that this facility is located in has a population of 575,773 according to the 2010 U.S. Census. The demographic need would be for 1,842 individuals. Based on the Tennessee Department of Intellectual and Developmental Disabilities web site Quality Management grid, there are 168 ICF/IID beds in this six county area. The six individuals affected by this project were in ICF/IID beds prior to, during, and after the 2010 U.S. Census.

This project is a relocation of individuals within the same agency, city, and county. There will be no change in the number of ICF/IID beds in the agency, city, or county. This move will provide growth opportunities for the individuals served. It will enhance their emotional health and well-being. It will not otherwise impact the implementation of the State Health Plan and Guidelines for Growth.

a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

Not applicable.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

Not applicable

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

Lockhart House is currently a residential habilitation facility funded through the HCBS waiver. Referrals for these homes have been stopped. This property must be re-purposed or sold due to changes in the HCBS new settings rule. The proposal will parlay this change into a benefit for our current ICF/IID home. Cate House, an institutional habilitation facility, will then be available to use for a four person home in the HCBS waiver.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).

The service area includes Bradley, Hamilton, McMinn, Meigs, Monroe, Polk, and Rhea Counties. Cate House (current ICF/IID home) and Lockhart House (proposed ICF/IID home) are both located in Bradley County. There are currently only four ICF/IID homes in Bradley County. The proposed change will not affect the number of ICF/IID homes in the county. It is realistic to anticipate that future residents could come from the surrounding counties.

See Attachment: C. Need. 3. State Map Showing Service Area, Page 49

4. A. Describe the demographics of the population to be served by this proposal.

Six gentlemen are served by this proposal. They each receive ICF/IID services through Life Bridges. Four of the gentlemen are Caucasian; two are African American. They range in age from 24 to 63. Three of the men have lived together at Cate House for 21 years; two of the others joined them in 2000 making 16 years that five of the six have lived together. The sixth gentleman moved into the home five years ago. There have been no occupancy changes in this group for five years. The proposal is to maintain this group intact. Three of the gentlemen have a moderate intellectual disability, one has a severe intellectual disability, and two have a profound intellectual disability. Four are on the autism spectrum. Four have either or both impulse control and attention deficit/hyperactivity disorders. Two have obsessive-compulsive disorders. They each have a number of medical diagnoses.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

All of the individuals served by the proposal are current ICF/IID recipients. They continue to meet the criteria to received ICF/IID funding. All will require extraordinary supports to be able to manage daily living activities and community access.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

The utilization rate at Cate House for the past three years has been 100%. The last occupancy change occurred five years ago. The population of the home is stable with three of the men having lived there 21 years with two more joining those 16 years ago. The final individual joined the group five years ago.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

The utilization rate at Cate House for the past three years has been 100%. The last occupancy change occurred five years ago. The population of the home is stable with three of the men having lived there 21 years with two more joining them 16 years ago. The final individual joined the group five years ago. The occupancy rate is expected to remain at 100% as there are no indicators of individuals wanting to leave the program or nearing death. ICF/IID referrals will no longer come from the developmental centers as they have all closed. According to <http://medicaidwaiver.org/state/tennessee.html>, there are over 7,000 individuals on the Medicaid Waiver waiting list. Those who are appropriate for ICF/IID services would be available for referral should a future vacancy occur.

See Attachment: C. Need. 6. Page 50

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page.

Justify the cost of the project.

All projects should have a project cost of at least \$3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)

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The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.

See Attachment: C. Economic Feasibility. 1. Project Costs Chart, Page 51

2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. (*Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.*)

A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;

B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

D. Grants--Notification of intent form for grant application or notice of grant award; or

E. Cash Reserves--Appropriate documentation from Chief Financial Officer.

F. Other—Identify and document funding from all other sources.

See Attachment: C. Economic Feasibility. 2.a. Page 52

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

The proposed cost of this project is \$84,000. The majority of the cost being an upgrade to the existing fire suppression system and moving cost. The property and building are currently owned by Life Bridges eliminating the cost of purchasing property and new construction. A project comparable in cost in which property and building are not currently owned would increase the expense by \$500,000.

There are no recent similar projects to compare with this project.

4. Complete Historical and Projected Data Charts on the following two pages--Do not modify the Charts provided or submit Chart substitutions! Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the *Proposal Only* (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

See Attachment: C. Economic Feasibility. 4a. Historical Data Chart, Page 53

See Attachment: C. Economic Feasibility. 4b. Projected Data Chart, Page 54

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

See Projected Data Chart for gross and net operating revenue. This project will not effect the Per Diem rate. There will be no ongoing deduction from operating revenue. Therefore, there will be no average net charge.

See Attachment: C. Economic Feasibility. 4b. Projected Data Chart, Page 54

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

The current per diem rate for Cate house (6 person bed) is \$585.77 per client. The implementation of our proposal will have little to no impact on the current per diem rate. We will not be adding additional ICF clients. We are relocating our current clients in this home.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

-Life Bridges has 4 ICF homes. The other 3 homes per diem rates are as follows:

Wright (6 person bed) \$651.21

McIntire (4 person bed) \$819.34

Edgemon (4 person bed) \$825.25

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

Life Bridges will continue to run these homes efficiently, providing quality care while maintaining cost-effectiveness. The relocation of the clients will not lead to higher costs.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

Life Bridges will fund this project with cash reserves. We will continue to maintain financial viability; this project will not cause a negative financial impact.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

This program is currently 100% funded by TennCare and will continue to be after the relocation.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

See Attachment: C. Economic Feasibility. 10. Monthly Income Statement, Page 55

See Attachment: C. Economic Feasibility. 10. YTD Unaudited Income Statement, Page 56

See Attachment: C. Economic Feasibility. 10. Independent Audit, Page 57

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

- a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.
- b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

The purchase and/or lease of a larger existing home for the six gentlemen in question was considered, however, this would be much more costly than re-purposing a facility that is already owned by the agency. By the same token, buying land and building a new home was considered. Again, the cost would be astronomically higher than re-purposing the building currently owned by the agency. The current proposal is by far the most cost effective solution to the issue of needing more space for the individuals served by the proposal.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

Life Bridges healthcare group is on the provider list for each of the following:

Medicare
Medicaid
Humana
Blue Care
TN Care
Americhoice
TN Behavioral Health
TN Care Select
Health Spring
Blue Cross Blue Shield
United Health Care
Wellcare
CIGNA
Cariten
National Association of Letter Carriers
AETNA
United Healthcare Community Plan
Humana Gold
Magellan/TN Health
Health Scope

At present time Life Bridges, Inc. has no Out-of-Network relationships.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Access to health care will not change as a result of the proposal. The individuals served by the proposal will continue their current use of healthcare resources. Each individual receives nursing services 24/7 in their home. The proposal will assist mightily in the delivery of this service as the nurses currently function from a small med closet. The new location will have more space for medication storage, preparation, and administration.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

The current staffing pattern will be continued following the proposed relocation. First shift (8:00am – 4:00pm) is staffed with six direct support staff, a shift leader (covers two homes), and nurse(s). Second shift (4:00pm – 12:00am) has five direct support staff, shift leader (covers two homes), and nurse(s). Third shift (12:00am – 8:00am) has three direct support staff, shift leader (covers two homes), and nurse. Supervisory and administrative staff are assigned to multiple houses across shifts. Nurses serve two homes per shift. There is a second nurse for the two houses during peak medication administration times. Clinical salaries are commensurate with like positions in surrounding health care organizations.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

Life Bridges' Human Resources Department has established systems and procedures to recruit and train the necessary personnel for the existing homes and services. The proposal will not change the needs for professional staff. These professionals are currently in place with ongoing plans for the individuals effected by the proposal. The current plans and services will continue. The proposal simply changes the venue where services provided in the home are located.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education.*

Life Bridges is well versed in the proper credentialing of all medical and clinical staff and keeps detailed status reports on license renewal for all effected staff, whether part time or full time.

See Attachment: Contribution to the Orderly Development of Health Care. 5. Current Licenses of Medical/Clinical Staff, Page 58

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

Life Bridges partners with local universities such as Lee University, Cleveland State University, and Southern Adventist University to provide service learning and internship opportunities. These are primarily in the areas of nursing, social work, and counseling.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Department of Intellectual and Developmental Disabilities, and/or any applicable Medicare requirements.

Life Bridges is knowledgeable regarding all applicable licensure requirements. The agency is in compliance with these requirements as noted through current licenses and surveys. Both the requirements and levels of compliance are reviewed routinely through the agency's quality assurance functions.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure: Department of Intellectual and Developmental Disabilities, Tennessee Department of Health, Tennessee Department of Health and Substance Abuse, Tennessee Department of Mental Health and Developmental Disabilities

Accreditation: Council of Accreditation Rehabilitation Facilities (CARF)

See Attachment: Contribution to the Orderly Development of Health Care. 7.b. CARF Accreditation Report, Page 59

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

See Attachment: Contribution to the Orderly Development of Health Care. 7.c. Current Facility Licenses, Page 60

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

See Attachment: Contribution to the Orderly Development of Health Care. 7.d. Most Recent Survey Reports, Page 61

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

There have been no final orders or judgments entered in any state or country by a licensing agency or court against Life Bridges, Inc.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

There have been no civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

Life Bridges will provide any requested information to any authorized entity/authority.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

See Attachment: Proof of Publication, Page 62

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.

See Attachment: PROJECT COMPLETION FORECAST CHART, Page 63

Page 43

2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the “good cause” for such an extension.

Not applicable.

AFFIDAVIT

STATE OF Tennessee

COUNTY OF Bradley

Diana Jackson, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, et seq., and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Diana Jackson, CEO
SIGNATURE/TITLE

Sworn to and subscribed before me this 26 day of April, 2016 a Notary
(Month) (Year)

Public in and for the County/State of Bradley / Tenn.

Ginger M. Davis
NOTARY PUBLIC

My commission expires 10C, 2017
(Month/Day) (Year)



p.46

319,874

2,304,008

LENOX HILLS PHASE IV
PB. 8 - PG. 20

302.4'

107

33

"D"-033K

200'

286.9'

32

106

193.8'

CARE & GROWTH HOME III - GH3
Square Footages

Walkways - 935sq'
Patio - 384sq'
Driveway - 5887sq'
Parking - 781sq'

019.03-033

1.19 Acres

019.02-033

"D"-033L

559.15'

400'

167'

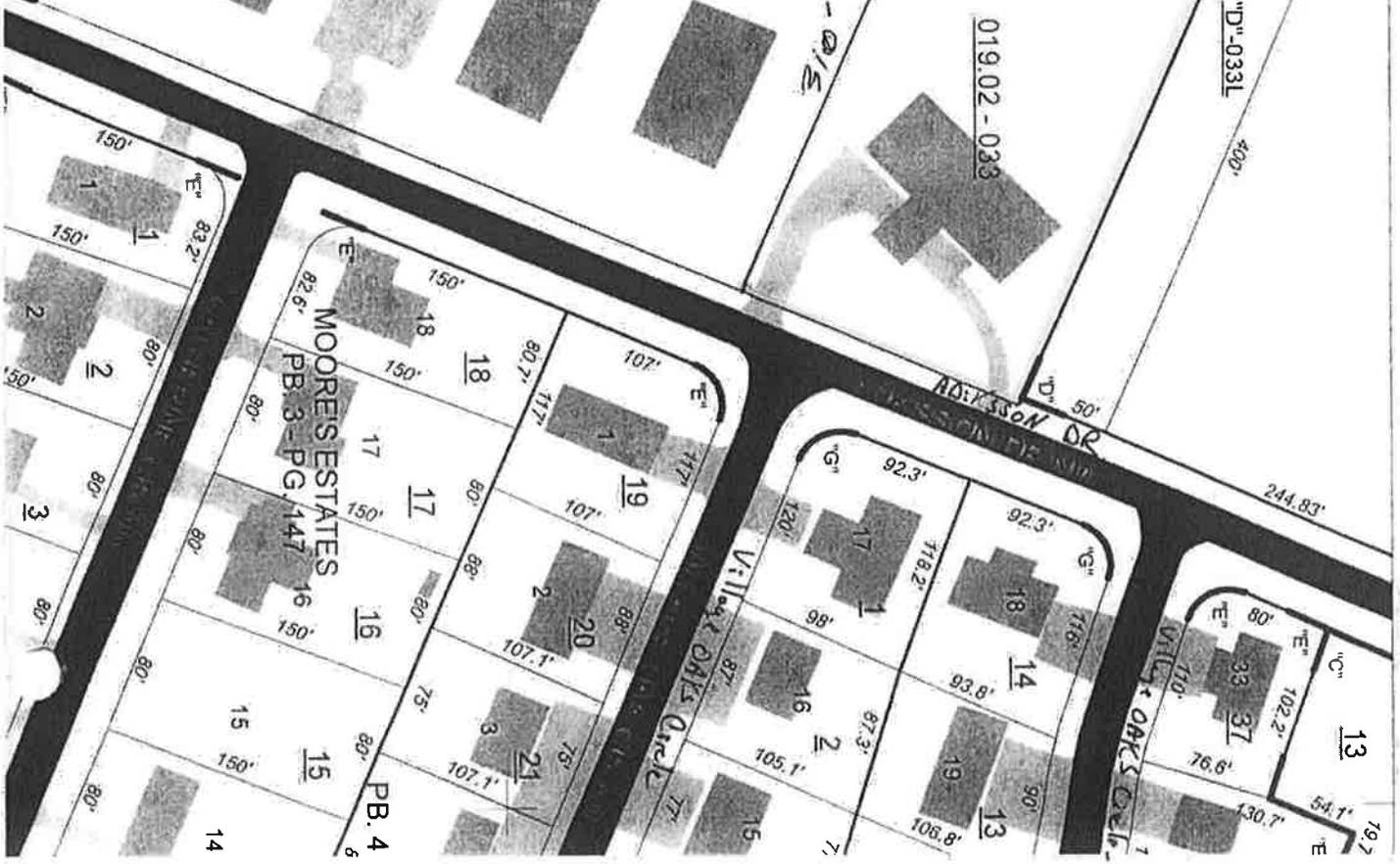
-015

"D" 50'

244.83'

2,304,508

2,305,008



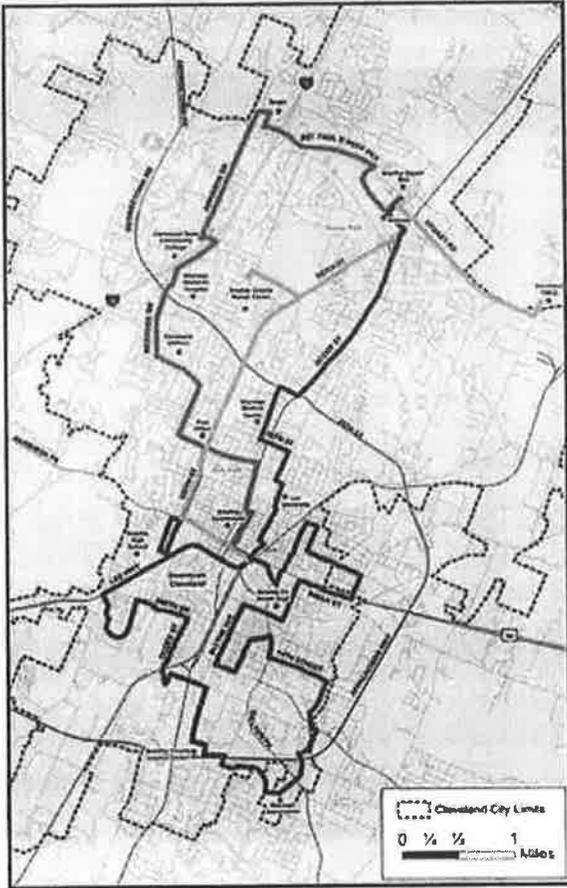
MOORE'S ESTATES
PB. 3 - PG. 147

PB. 4

VILLAGE OAKS DRIVE

ADKISSON DR

VILLAGE OAKS DRIVE



Timetable

The timetable shows estimated arrival times at different key locations along a route. To estimate what time the bus will arrive at your location, add one minute for each quarter-mile distance to the nearest bus stop. For additional assistance on route time schedules, please call CUATS at 423.478.1396.

Deviated Fixed-Route Service



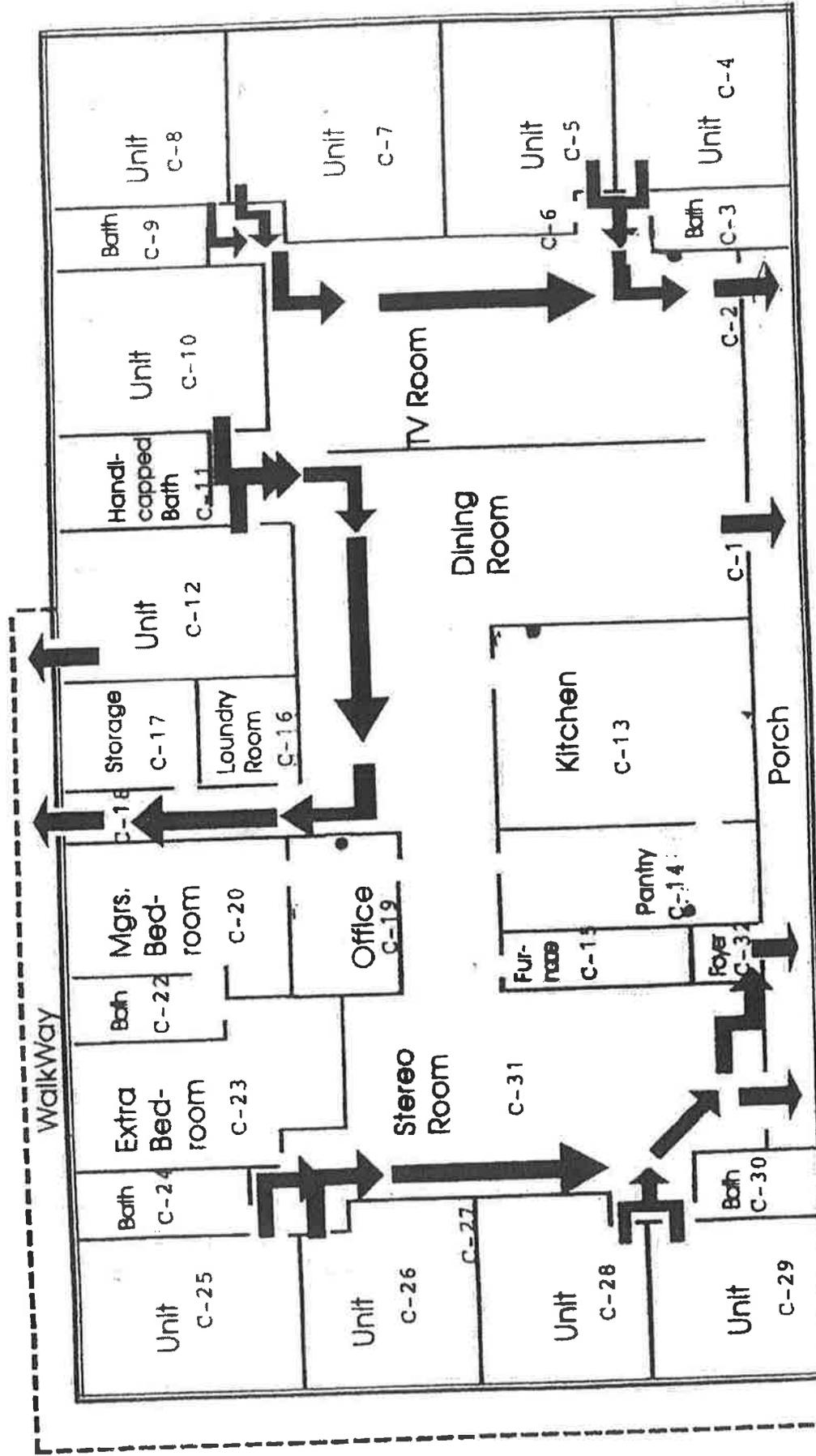
If you cannot get to a designated bus stop, due to a handicap, the bus may be able to come to you. Deviated service is offered within one-half mile of all regular routes. Here's how it works: call CUATS 48 hours in advance to make Deviated Fixed Route reservation. The bus will deviate off the regular route, pick you up (or drop you off), and return immediately to the next scheduled stop. (Only two Deviated Fixed Routes are allowed per route, so be sure to place

your reservation for pick-up and drop-off.

Download the Map and Schedule

[/images/CUATS brochure website.pdf](#)

Cleveland Urban Area Transit Agency | 165 Edwards Street | Cleveland, TN 37312
Tel: 423.478.1396 | © CUATS 2016 - All Rights Reserved - Powered by **Studio 31A**



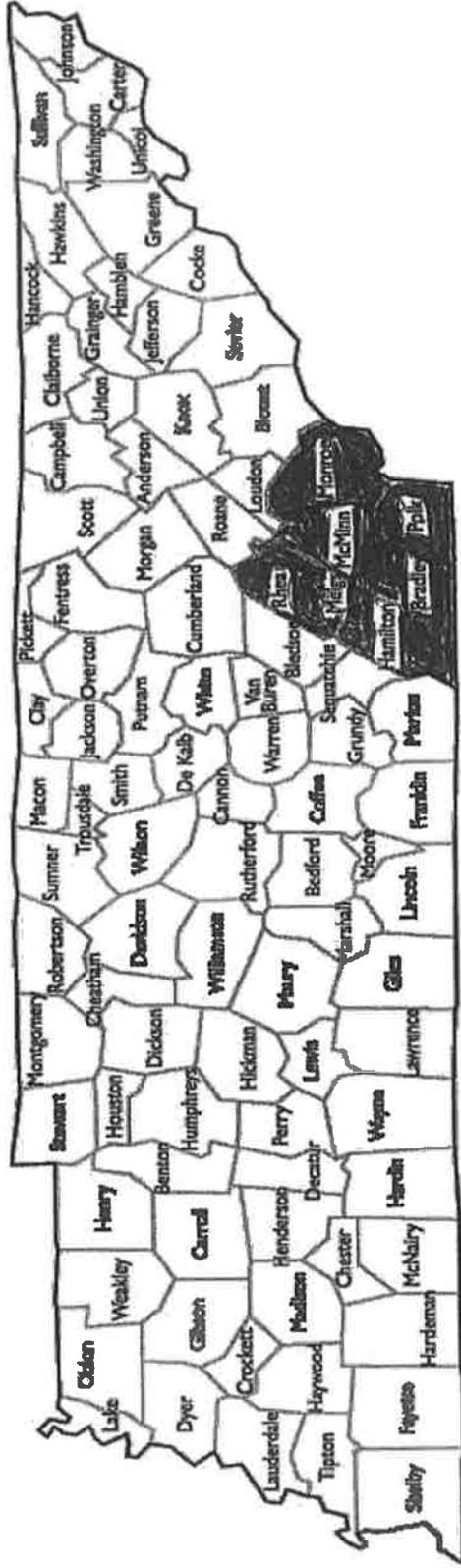
Wheel Chair Ramp ● FIRE EXTINGUISHER
 All Clients are to assemble at the end of the driveway
 Tornado Area

L.P.S. GH # 3
 3745 Addison Drive, NW
 479-5519

Units ± Person Serviced Bedroom

Service Area

TENNESSEE COUNTY MAP



Counties of Service:

- Bradley
- Rhea
- Hamilton
- Maigs
- McMinn
- Monroe
- Polk

How many people are currently receiving services? There are currently 7,177 persons with developmental disabilities receiving waiver services in Tennessee. There are also 3,385 persons aged and disabled receiving waiver services.

What assistance is available while you wait? Some services may be available for urgent needs.

Is there priority preference for people who are in crisis? Yes.

What Services Are Offered & What Are The Service Limitations?

What services does the Medicaid waiver program offer in Tennessee?

The Statewide Waiver (#0128.R04) serves Tennessee citizens with intellectual disabilities. The target population consists of children with developmental delays and adults and children with intellectual disability who meet ICF/IID level of care criteria. The following waiver services are available based on assessed participant need: Adult Dental Services; Behavioral Respite Services; Behavior Services; Day Services; Environmental Accessibility Modifications; Family Model Residential Support; Individual Transportation Services; Intensive Behavior Residential Services; Medical Residential Services; Nursing Services; Nutrition Services; Occupational Therapy Services; Orientation and Mobility Services for Impaired Vision; Personal Assistance; Personal Emergency Response Systems; Physical Therapy Services; Residential Habilitation; Respite; Specialized Medical Equipment & Supplies & Assistive Technology; Speech, Language, & Hearing Services; Supported Living; Support Coordination; and Transitional Case Management

The Arlington Waiver (#0357.R02) program serves Tennessee citizens with intellectual disabilities who have service needs that can be satisfactorily met with a cost-effective array of home and community services that complement other supports available to them in their homes and the community. These individuals qualify for and absent the provision of waiver services, would be placed in an ICF/IID. The target population for this waiver consists of persons with intellectual disabilities who meet ICF/IID level of care criteria and are class members certified in *United States vs. State of Tennessee, et al.* (Arlington Developmental Center). The Arlington Waiver includes the same services available in The Statewide Waiver.

The Self-Determination Waiver (0427.R01) serves Tennessee citizens with intellectual disabilities who have moderate service needs that can be met with a cost-effective array of home and community services that complement other supports available to them in their homes and the community. The Self-Determination Waiver Program affords participants the opportunity to lead the person-centered planning process and directly manage selected services, including the recruitment and management of service providers. Participants and families (as appropriate) electing self-determination are empowered and have the responsibility for managing a self-determination budget affording flexibility in service design and delivery. The following waiver services are available based on assessed participant need: Adult Dental Services; Personal Assistance; Personal Emergency Response Systems; Physical Therapy Services; Behavioral Respite Services; Behavior Services; Day Services; Respite; Environmental Accessibility Modifications; Specialized Medical Equipment & Supplies & Assistive Technology; Individual Transportation Services; Nutrition Services; Semi-Independent Living Services; Speech, Language, & Hearing Services; Occupational Therapy Services; Nursing Services; and Orientation and Mobility Services for Impaired Vision.

Does Tennessee offer community group homes? Yes, Tennessee offers Residential Habilitation services. **Residential Habilitation:** A group home where a provider owns or leases the home. Staff help teach skills for daily living. These are skills such as bathing, dressing, and making their bed.

Does Tennessee offer supported living? Supported living services are offered on the Arlington and Statewide waiver. Supported Living is not offered on the Self Determination Waiver. **Supported Living:** A home that is under the control and responsibility of the recipients living in the home. This home is owned, rented or leased by those living in the home. Staff helps with things that need to be done each day such as bathing, dressing, paying bills. They can also help the recipient go to places like the bank or

PROJECT COSTS CHART

A. Construction and equipment acquired by purchase:

- 1. Architectural and Engineering Fees _____
- 2. Legal, Administrative (Excluding CON Filing Fee),
Consultant Fees _____
- 3. Acquisition of Site _____
- 4. Preparation of Site _____
- 5. Construction Costs 81,414
- 6. Contingency Fund _____
- 7. Fixed Equipment (Not included in Construction Contract) _____
- 8. Moveable Equipment (List all equipment over \$50,000) _____
- 9. Other (Specify) _____

B. Acquisition by gift, donation, or lease:

- 1. Facility (inclusive of building and land) _____
- 2. Building only _____
- 3. Land only _____
- 4. Equipment (Specify) _____
- 5. Other (Specify) _____

C. Financing Costs and Fees:

- 1. Interim Financing _____
- 2. Underwriting Costs _____
- 3. Reserve for One Year's Debt Service _____
- 4. Other (Specify) _____

D. Estimated Project Cost
(A+B+C)

81,414
3,000

E. CON Filing Fee

F. Total Estimated Project Cost
(D+E)

TOTAL 84,414



Life Bridges, Inc.

*P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492*

April 11, 2016

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Economic Feasibility – Type of Funding

To whom it may concern:

Life Bridges, Inc. will be financing the project costs from our cash operating account to convert a group home to an ICF home. The estimated project costs are approximately \$84,000.

Sincerely,

*Ginger Davis
CFO
Life Bridges, Inc.*



CARF Accredited Rehabilitation Center Since 1994

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	FY Year <u>2013</u>	FY Year <u>2014</u>	FY Year <u>2015</u>
A. Utilization Data (Specify unit of measure)	<u>Thousands</u>	<u>"</u>	<u>"</u>
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,110</u>	<u>1,134</u>	<u>1,206</u>
Gross Operating Revenue	\$ <u>1,110</u>	\$ <u>1,134</u>	\$ <u>1,206</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments <u>Bed Tax</u>	\$ <u>58</u>	\$ <u>61</u>	\$ <u>64</u>
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
Total Deductions	\$ <u>58</u>	\$ <u>61</u>	\$ <u>64</u>
NET OPERATING REVENUE	\$ <u>1,052</u>	\$ <u>1,073</u>	\$ <u>1,142</u>
D. Operating Expenses			
1. Salaries and Wages / Benefits	\$ <u>755</u>	\$ <u>785</u>	\$ <u>854</u>
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	<u>29</u>	<u>33</u>	<u>37</u>
4. Taxes	_____	_____	_____
5. Depreciation	<u>33</u>	<u>36</u>	<u>30</u>
6. Rent	_____	_____	_____
7. Interest, other than Capital	_____	_____	_____
8. Other Expenses (Specify) <u>Maint./Communications/</u> <u>Travel/Work. Comp./Utilities/Food/Insurance/</u> <u>Professional Exp.</u>	<u>134</u>	<u>130</u>	<u>116</u>
Total Operating Expenses	\$ <u>946</u>	\$ <u>984</u>	\$ <u>1,037</u>
E. Other Revenue (Expenses) - Net (Specify)	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ <u>106</u>	\$ <u>89</u>	\$ <u>105</u>
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest	<u>9</u>	<u>9</u>	<u>0</u>
Total Capital Expenditures	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$ <u>97</u>	\$ <u>80</u>	\$ <u>105</u>



PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	FY Year <u>2017</u> <u>Thousands</u>	FY Year <u>2018</u> "
A. Utilization Data (Specify unit of measure)		
B. Revenue from Services to Patients		
1. Inpatient Services	\$ _____	\$ _____
2. Outpatient Services	_____	_____
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,226</u>	<u>1,233</u>
Gross Operating Revenue	\$ <u>1,226</u>	\$ <u>1,233</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments <u>Bed Tax</u>	\$ <u>67</u>	\$ <u>68</u>
2. Provision for Charity Care	_____	_____
3. Provisions for Bad Debt	_____	_____
Total Deductions	\$ <u>67</u>	\$ <u>68</u>
NET OPERATING REVENUE	\$ <u>1,159</u>	\$ <u>1,165</u>
D. Operating Expenses		
1. Salaries and Wages / <u>Benefits</u>	\$ <u>896</u>	\$ <u>901</u>
2. Physician's Salaries and Wages	_____	_____
3. Supplies	<u>30</u>	<u>34</u>
4. Taxes	_____	_____
5. Depreciation	<u>28</u>	<u>30</u>
6. Rent	_____	_____
7. Interest, other than Capital	_____	_____
8. Other Expenses (Specify) <u>Mail / Communications / Travel / Work Comp / Utilities / Food / Insurance / Prof. Exp. / Etc.</u>	<u>120</u>	<u>123</u>
Total Operating Expenses	\$ <u>1,074</u>	\$ <u>1,088</u>
E. Other Revenue (Expenses) -- Net (Specify)	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ <u>1,074</u>	\$ <u>1,088</u>
F. Capital Expenditures		
1. Retirement of Principal	\$ _____	\$ _____
2. Interest	_____	_____
Total Capital Expenditures	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$ <u>85</u>	\$ <u>77</u>



Life Bridges Inc.
Income Statement by Month
Period: 9 Year: 2016

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Ytd Tot
ICF/MR Medical-Based Programs										
031 Cats House										
Income	105,112	105,112	101,696	105,112	108,535	111,791	108,724	101,862	108,724	956,469
ICF Cate & Wright	105,112	105,112	101,696	105,112	108,535	111,791	108,724	101,862	108,724	956,469
Total Income										
Expense	(49,592)	(62,834)	(51,809)	(57,877)	(54,081)	(57,209)	(53,873)	(53,368)	(54,000)	(494,644)
Salaries / Wages	(11,216)	(14,398)	(12,062)	(13,349)	(17,922)	(14,781)	(14,536)	(11,167)	(15,482)	(124,913)
Fringe Benefits	(990)	(3,206)	(2,122)	(2,098)	(1,104)	(541)	(1,253)	(1,273)	(888)	(13,475)
Professional Services	(74)	(111)	(96)	(66)	(62)	(95)	(55)	(62)	(121)	(742)
Travel	(708)	(636)	(689)	(844)	(671)	(754)	(664)	(693)	(696)	(6,355)
Communications	(968)	(1,035)	(837)	(920)	(761)	(720)	(828)	(801)	(729)	(7,599)
Utilities	0	0	(737)	0	(3)	0	0	0	0	(739)
Memberships	(455)	(665)	(403)	(199)	(376)	(668)	(585)	(493)	(410)	(4,254)
Maintenance and Repair	(3,231)	(1,500)	(2,440)	(2,255)	(1,647)	(3,682)	(2,621)	(1,459)	(2,249)	(21,083)
Supplies	(2,473)	(1,485)	(1,524)	(1,861)	(1,534)	(2,762)	(1,548)	(1,425)	(1,785)	(16,398)
Food	(557)	(1,218)	(1,218)	(1,149)	(1,139)	(1,139)	(1,164)	(1,157)	(1,157)	(9,898)
Insurance	(505)	(710)	(984)	(564)	(783)	(425)	(648)	(2,564)	(536)	(7,619)
Transportation Expense	(1,761)	(1,356)	(1,356)	(1,356)	(1,798)	(1,798)	(1,798)	(1,798)	(1,798)	(14,818)
Workers Comp	(26)	(43)	(26)	(26)	(32)	(27)	(32)	(34)	(27)	(272)
Advertising	(2,495)	(2,495)	(1,304)	(2,098)	(2,098)	(2,098)	(2,098)	(2,098)	(2,098)	(18,882)
Non Operating Expense / (Depreciation)	(5,504)	(5,692)	(5,692)	(5,504)	(5,692)	(5,836)	(5,861)	(5,861)	(5,474)	(51,114)
Rental Expense	(207)	(159)	(355)	(262)	(272)	(265)	(241)	(289)	(276)	(2,325)
ICF / MR Tax	(140)	(139)	(138)	(145)	(161)	(60)	(228)	(263)	(226)	(1,500)
Training	(5,241)	(5,943)	(4,716)	(5,486)	(5,121)	(5,737)	(5,053)	(5,786)	(4,786)	(47,868)
Stipens	(86,142)	(103,623)	(88,405)	(95,859)	(95,257)	(98,597)	(93,086)	(90,591)	(92,737)	(844,497)
Total Expense	18,970	1,489	13,291	9,053	13,278	13,194	15,638	11,071	15,987	111,972
Departmental Net Profit / Loss										

Life Bridges Inc
 YTD Summary Unaudited Income Statement
 Fiscal Year: 2016 Period: 9

	MARCH 2016	YTD FY2016
Income		
Income from Waiver Funding	\$ 1,249,512	\$ 8,310,553
ICF Edgemon & McIntire	\$ 203,929	\$ 1,781,748
ICF Cate & Wright	\$ 230,623	\$ 1,992,772
TN Care/ Medical	\$ 5,519	\$ 55,650
Choices	\$ 1,600	\$ 5,334
Medicare / Medical	\$ 18,640	\$ 146,929
Private / Medical	\$ 3,008	\$ 35,160
TN Care / Transportation	\$ 3,108	\$ 27,834
Rental Income	\$ 24,030	\$ 220,110
Contract Income	\$ 2,088	\$ 51,754
Miscellaneous Income	\$ 6,978	\$ 30,446
Total Income	<u>\$ 1,749,035</u>	<u>\$ 12,658,291</u>
Non Operating Income		
Grants & Donations	\$ 6,474	\$ 33,527
Interest Income	\$ 1,914	\$ 3,497
Gain (Loss) on Sale of Assets	\$ 20,816	\$ 27,200
Charitable Contributions	\$ 5,250	\$ 18,490
Total Non Operating Income	<u>\$ 34,455</u>	<u>\$ 82,714</u>
Net Income	<u>\$ 1,783,490</u>	<u>\$ 12,741,005</u>
Expenses		
Salaries / Wages	(\$ 911,933)	(\$ 7,475,391)
Fringe Benefits	(\$ 218,378)	(\$ 1,892,599)
Client Wages	(\$ 9,520)	(\$ 54,126)
Professional Services	(\$ 32,078)	(\$ 335,891)
Workers Comp	(\$ 23,350)	(\$ 186,699)
Travel	(\$ 4,625)	(\$ 34,395)
Communications	(\$ 8,854)	(\$ 76,102)
Utilities	(\$ 10,458)	(\$ 110,394)
Memberships	(\$ 515)	(\$ 18,022)
Maintenance and Repair	(\$ 10,589)	(\$ 92,904)
Supplies	(\$ 26,385)	(\$ 226,209)
Food	(\$ 13,716)	(\$ 128,177)
Mortgage Interest	(\$ 6,013)	(\$ 54,423)
Rent	(\$ 1,881)	(\$ 15,830)
Insurance	(\$ 15,804)	(\$ 135,218)
Transportation Expense	(\$ 15,840)	(\$ 168,426)
Advertising	(\$ 337)	(\$ 4,687)
ICF / MR Tax	(\$ 21,718)	(\$ 198,156)
Miscellaneous Expense	(\$ 5,577)	(\$ 45,418)
Training	(\$ 8,545)	(\$ 44,020)
Stipens	(\$ 32,551)	(\$ 286,904)
Rental Expense	(\$ 2,341)	(\$ 20,084)
Total Expense	<u>(\$ 1,381,006)</u>	<u>(\$ 11,604,078)</u>
Non Operating Expense - (Depreciation)		
Consumer Benevolence	\$ 701	\$ 4,893
Non Operating Expense / (Depreciation)	<u>(\$ 27,885)</u>	<u>(\$ 250,961)</u>
Total Non Operating Expense - (Depreciation)	<u>(\$ 27,184)</u>	<u>(\$ 246,068)</u>
Net Expenses	<u>(\$ 1,408,190)</u>	<u>(\$ 11,850,146)</u>
Program Total	<u>\$375,300</u>	<u>\$898,860</u>

**LIFE BRIDGES, INC.
AND RELATED ENTITY**

FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2015

**Harting, Bishop & Arrendale, PLLC
Certified Public Accountants
Cleveland, Tennessee 37312**

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LIFE BRIDGES, INC.
AND RELATED ENTITY

C O N T E N T S

June 30, 2015

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HARTING, BISHOP & ARRENDALE, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

KELVIN W. BISHOP, CPA
THOMAS H. ARRENDALE, CPA, MBA
JANICE L. HAYES, CPA

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
TENNESSEE SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Life Bridges, Inc.

We have audited the accompanying consolidated financial statements of Life Bridges, Inc. and related entity (a nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Life Bridges, Inc. and related entity as of June 30, 2015, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidated data on pages 12-13 is presented for purposes of additional analysis of the individual companies. The accompanying schedule of expenditures of federal and state awards, as required the State of Tennessee, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 28, 2015, on our consideration of Life Bridges, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Life Bridges, Inc.'s internal control over financial reporting and compliance.

Martiny Bishop + Arendale, PLLC

Cleveland, Tennessee

September 28, 2015

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LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
June 30, 2015

ASSETS

Current Assets

Cash in bank	\$ 4,918,490
Investments, at cost	8,794
Accounts receivable	
State of TN - DIDD	919,884
State of TN - ICF/ID	386,151
Other	112,143
Prepaid Expenses	17,068
	<u>6,362,530</u>

Funded Reserve

Debt service reserve	36,552
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Fixed Assets

Property and equipment, net	3,919,171
-----------------------------	-----------

Other Assets

Security deposits	<u>6,620</u>
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Total Assets	<u>\$ 10,324,873</u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accounts payable	\$ 185,155
Accrued expenses	533,847
Current maturity of long-term debt	29,712
	<u>748,714</u>

Long-Term Liabilities

Loans payable, long-term	1,915,184
	<u>1,915,184</u>

Other Liabilities

Security deposits	6,620
Total Liabilities	<u>2,670,518</u>

Net Assets

Unrestricted net assets	7,600,402
Temporarily restricted net assets	53,953
Total Net Assets	<u>7,654,355</u>

Total Liabilities and Net Assets	<u>\$ 10,324,873</u>
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See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2015

UNRESTRICTED NET ASSETS	
PUBLIC SUPPORT AND REVENUE	
State of TN - DIDD	\$ 10,781,272
U.S. Dept. of Housing and Urban Development	77,982
State of Tennessee - ICF/ID	4,610,126
Transportation Grant	59,353
Housing Trust Fund Grant	290,634
Medical services income	512,794
City and County government	6,200
Client rent	336,380
Workshop contract income	99,171
Interest income	700
Gain on sale of assets	9,214
Miscellaneous	<u>16,355</u>
TOTAL REVENUES	16,800,181
Net assets released from restrictions:	
Restrictions satisfied by payment	4,780
Net assets restricted:	
Funding of debt service reserve	<u>(8,920)</u>
TOTAL UNRESTRICTED SUPPORT AND REVENUE	<u>16,796,041</u>
EXPENSES	
Program services:	
HUD - residential	74,867
Medicaid waiver adult day services	1,767,728
Medicaid waiver residential services	6,376,294
Medicaid waiver - JOB/OP	80,835
ICF/ID services	4,381,217
Medical services	<u>378,408</u>
Total Program Services	13,059,349
Administrative costs	<u>1,992,292</u>
TOTAL EXPENSES	<u>15,051,641</u>
INCREASE IN UNRESTRICTED NET ASSETS	<u>1,744,400</u>
TEMPORARILY RESTRICTED NET ASSETS	
Contributions	6,093
Net assets released from restrictions:	
Restrictions satisfied by payment	(4,780)
Net assets restricted:	
Funding of debt service reserve	<u>8,920</u>
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	<u>10,233</u>
INCREASE IN NET ASSETS	1,754,633
NET ASSETS, BEGINNING OF YEAR	<u>5,899,722</u>
NET ASSETS, END OF YEAR	<u>\$ 7,654,355</u>

See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2015

	HUD Residential Services	Medicaid Waiver Adult Day Services	Medicaid Waiver Residential Services	Medicaid Waiver Job/OP	ICF/ID Services	Medical Services	Administration	Total
Salaries	\$ -	\$ 1,082,831	\$ 4,728,886	\$ 52,269	\$ 2,773,280	\$ 214,332	\$ 1,348,881	\$ 10,200,479
Fringe benefits	-	231,303	744,356	14,821	539,210	37,630	343,970	1,911,290
Total salaries and benefits	-	1,314,134	5,473,242	67,090	3,312,490	251,962	1,692,851	12,111,769
Client wages	-	83,545	-	-	-	-	-	83,545
Travel	-	4,800	8,606	95	5,264	629	29,659	49,053
Communications	-	9,996	37,702	575	30,306	2,839	20,599	102,017
Printing	-	-	-	-	-	-	5,030	5,030
Utilities	30,260	24,122	42,119	-	38,030	5,791	19,455	159,777
Professional services	4,851	25,381	233,791	677	73,808	60,523	12,813	411,844
Memberships	-	280	2,969	-	2,962	744	13,671	20,626
Supplies	12,793	34,713	54,832	612	115,369	26,516	26,515	271,350
Food	-	14,672	93,082	55	83,861	310	5,188	197,168
Maintenance and repair	9,544	15,119	30,781	68	29,775	9,302	14,704	109,293
Rent	-	2,983	28,532	105	12,952	1,790	10,074	56,436
Insurance	12,227	56,540	182,367	5,504	131,786	13,497	37,760	439,681
Transportation expense	-	81,134	61,327	5,693	49,074	118	25,632	222,978
Training	-	5,488	15,765	197	5,157	-	4,971	31,578
Miscellaneous expense	-	470	12,194	-	9,851	-	26,619	49,134
Medicaid tax	-	-	-	-	251,951	-	-	251,951
Interest expense	-	-	16,546	-	56,975	-	-	73,521
Total Expense Before Depreciation and Amortization	69,675	1,673,377	6,293,855	80,671	4,209,611	374,021	1,945,541	14,646,751
Depreciation and Amortization	5,192	94,351	82,439	164	171,606	4,387	46,751	404,890
Total Expenses	\$ 74,867	\$ 1,767,728	\$ 6,376,294	\$ 80,835	\$ 4,381,217	\$ 378,408	\$ 1,992,292	\$ 15,051,641

See notes to consolidated financial statements.

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LIFE BRIDGES, INC.
AND RELATED ENTITY
CONSOLIDATED STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2015

OPERATING ACTIVITIES

Increase in net assets	\$ 1,754,633
Adjustment to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	404,890
Gain on sale of assets	(9,214)
Changes in other assets and liabilities:	
Accounts receivable	(205,775)
Prepaid expenses	4,478
Accounts payable	24,619
Accrued expenses	98,549
Net cash provided by operating activities	<u>2,072,180</u>

INVESTING ACTIVITIES

Purchase of fixed assets	(466,239)
Proceeds from sale of assets	<u>9,214</u>
Net cash used by investing activities	<u>(457,025)</u>

FINANCING ACTIVITIES

Funding of debt service reserve	(8,920)
Principal payments on lease payable	(3,424)
Principal payments on mortgage payable	<u>(28,575)</u>
Net cash used by financing activities	<u>(40,919)</u>

Increase in cash	1,574,236
Cash at beginning of year	<u>3,344,254</u>

Cash at end of year	<u>\$ 4,918,490</u>
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SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION

Interest paid on debt	<u>\$ 73,521</u>
Income taxes	<u>\$ -</u>

See notes to consolidated financial statements.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2015

1. Summary of Significant Accounting Policies

Nature of Activities

Life Bridges, Inc. and related entity provide program services to eligible mentally handicapped individuals in Cleveland, Tennessee and Bradley County. Program services consist of day care programs, residential services, and medicaid services. Funds are primarily provided through the fee for service contracts with the Tennessee Department of Intellectual Disabilities Services and State of Tennessee – ICF/MR; housing assistance payments from the U.S. Department of Housing and Urban Development; revenue from rent paid by tenants; and grants.

Basis of Accounting

The financial statements of Life Bridges, Inc. and related entity have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Basis of Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets that are based on existence or absence of restrictions on use that are placed by its donors: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted – Net assets not subject to donor-imposed restrictions. Such net assets are available for any purpose consistent with the Organizations missions.

Temporarily Restricted – Net assets subject to specific, donor-imposed restrictions that must be met by actions of the Organizations and/or passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as releases from restriction. Restricted contributions received in the same year in which the restrictions are met are recorded as an increase in unrestricted support.

Permanently Restricted – Net assets subject to donor-imposed restrictions requiring they be maintained permanently by the Organizations. Such net assets are normally restricted to long-term investment, with income earned and appreciation available for specific or general Organization purposes. The Organizations do not have any permanently restricted net assets as of June 30, 2015.

Cash and Cash Equivalents

For the purpose of the statement of cash flows the Organizations consider all unrestricted highly liquid investments with an initial maturity of three months or less and certificates of deposit to be cash equivalents.

Investments

Investments are carried at cost and consist of stocks of \$8,794. The cost approximates the market values of the stock at year end.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2015

1. Summary of Significant Accounting Policies - (continued)

Donated Services

No amounts have been reflected in the financial statements for donated services. The Organizations pay for most services requiring specific expertise.

Property and Equipment

Disbursements for property and equipment are capitalized and reflected on the statement of financial position at cost. Expenditures for additions and major improvements are capitalized while those for maintenance and repairs are charged to expenses as incurred. Depreciation is computed on the straight-line method. All equipment, furnishings and vehicles purchased with grant funds are subject to a reversionary ownership interest on the part of the grantor agency.

Expense Allocation

The costs of providing various programs and supporting services have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. On an ongoing basis, management evaluates the estimates and assumptions based on new information. Management believes that the estimates and assumptions are reasonable in the circumstances; however, actual results could differ from those estimates.

Restricted and Unrestricted Revenue

Contributions received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

Consolidated Financial Statements

The financial statements of Life Bridges, Inc. and related entity include the operations of the following entities for which control and economic interest exist:

Bradley/Cleveland Property Development and Management, Inc., a 501(c)(3) tax exempt organization, which provides Dept. of Housing and Urban Development residential housing for clients of Bradley/Cleveland Services, Inc.

All significant intercompany transactions and accounts are eliminated.

LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2015

1. Summary of Significant Accounting Policies - (continued)

Income Tax Status

The Organizations are exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code. They are not classified as a private foundation.

2. Concentration of Credit Risk Arising from Cash Deposits in Excess of Insured Limits

The Organizations maintain cash balances at local financial institutions. The accounts are insured by the FDIC up to \$250,000. At June 30, 2015, the Organizations uninsured cash balances were \$4,445,257.

3. Concentration of Grant Revenue

The Organizations receive a substantial amount of support from the Tennessee Department of Intellectual and Developmental Disabilities and State of Tennessee – ICF/MR for operations. A major reduction of funds by these grantors, should this occur, may have a significant effect on future operations.

4. Property and Equipment

Property and equipment consist of the following:

Land	\$ 484,964
Land improvements	16,666
Buildings	5,803,827
Equipment, furniture & vehicles	1,614,467
Accumulated depreciation, land improvements	(16,111)
Accumulated depreciation, buildings	(2,711,615)
Accumulated depreciation equipment, furniture & vehicles	(1,273,027)
	<u>\$ 3,919,171</u>
 Depreciation expense at June 30, 2015	 <u>\$ 404,421</u>

5. Debt Service Reserve

The debt service reserve is required by the terms of mortgagors. In case of default on the mortgage payable this reserve will make the payments for one year. If no default occurs the debt service reserve will make the final year's payment on the note.

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LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2015

6. Mortgage Payable

The Organization's obligations under mortgages payable as of June 30, 2015 are as follows:

Mortgage with USDA, monthly installments of \$6,592 with an interest rate of 3.75% until maturity in December, 2048, secured by two intermediate care facilities. \$1,507,275

Line-of-credit arrangement with a local bank, with interest at 1.350 percentage points over the Index, subject to a floor of 4.75% (4.75% at June 30, 2015), matures November 2015, secured by real estate. The line-of-credit limit is \$400,000.

Mortgage with USDA, monthly installments of \$1,916 with an interest rate of 3.75% until maturity in November, 2048, secured by two facilities. 437,621

Less current maturities 1,944,896
29,712
\$1,915,184

The aggregate maturities of mortgage payable are as follows:

6/30/16	\$ 29,712
6/30/17	30,845
6/30/18	32,022
6/30/19	33,243
6/30/20	34,512
Thereafter	<u>1,784,562</u>
	<u>\$1,944,896</u>

7. Compensated Absences

The Organizations' liability for unused annual leave at June 30, 2015 was \$156,689.

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LIFE BRIDGES, INC.
AND RELATED ENTITY
NOTES TO FINANCIAL STATEMENTS
June 30, 2015

8. Retirement Plan

Life Bridges, Inc. maintains a defined contribution retirement plan for its employees. The plan is approved under Internal Revenue Code Section 403(b). The plan is funded under a group annuity contract (tax deferred) through Mutual of America Life Insurance and Annuity Company.

Employees are allowed to participate when they have reached the age of 20 and completed two years of service. The organization did not contribute to eligible employee accounts during the year ended June 30, 2015. Participants are 100% vested upon becoming an eligible participant in the plan.

9. Restrictions on Net Assets

Temporarily restricted net assets at June 30, 2015 consist of \$36,552 in the debt service reserve, \$3,229 restricted for a group home trip, \$1,200 restricted for historical book, and \$12,972 restricted for client benevolence.

Debt service reserve - As explained in Note 5 the debt service reserve is restricted to payments on the mortgage payable. This restriction will expire when the debt service reserve is used to make any payments on the mortgage payable.

10. Debt Issue Costs

Debt issue costs represent loan processing fees for the Tennessee Bond Pool loans. This amount will be amortized over the life of the loan. The breakdown of debt issue costs is as follows:

Debt issue costs	\$ 28,528
Less: accumulated amortization	(28,528)
Debt issue costs, net	\$ <u> </u>
Amortization expense for the year ended June 30, 2015	\$ <u> 469</u>

11. Subsequent Events

Subsequent events were evaluated through September 28, 2015, which is the date the financial statements were available to be issued.

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SUPPLEMENTARY DATA

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	<u>Life Bridges, Inc.</u>	<u>Bradley/Cleveland Property Development and Management, Inc.</u>	<u>Eliminations</u>	<u>Total</u>
LIABILITIES AND NET ASSETS				
<u>Current Liabilities</u>				
Accounts payable	\$ 185,095	\$ 67,908	\$ (67,848)	\$ 185,155
Accrued expenses	533,847	-	-	533,847
Current maturity of long-term debt	29,712	-	-	29,712
	<u>748,654</u>	<u>67,908</u>	<u>(67,848)</u>	<u>748,714</u>
<u>Long-Term Liabilities</u>				
Loans payable, long-term	1,915,184	-	-	1,915,184
<u>Other Liabilities</u>				
Security deposits	450	6,170	-	6,620
Total Liabilities	<u>2,664,288</u>	<u>74,078</u>	<u>(67,848)</u>	<u>2,670,518</u>
<u>Net Assets</u>				
Unrestricted net assets	7,401,344	199,058	-	7,600,402
Temporarily restricted net assets	53,953	-	-	53,953
Total Net Assets	<u>7,455,297</u>	<u>199,058</u>	<u>-</u>	<u>7,654,355</u>
Total Liabilities and Net Assets	<u>\$ 10,119,585</u>	<u>\$ 273,136</u>	<u>\$ (67,848)</u>	<u>\$ 10,324,873</u>

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LIFE BRIDGES, INC. AND RELATED ENTITY
 CONSOLIDATING STATEMENT OF ACTIVITIES
 For the Year Ended June 30, 2015

	Life Bridges, Inc.	Bradley/Cleveland Property Development and Management, Inc.	Eliminations	Total
UNRESTRICTED NET ASSETS				
PUBLIC SUPPORT AND REVENUE				
TN Dept. of Intellectual Disabilities Services	\$ 10,781,272	\$ -	\$ -	\$ 10,781,272
U.S. Department of Housing and Urban Development	-	77,982	-	77,982
State of TN ICF/ID	4,610,126	-	-	4,610,126
Transportation Grant	59,353	-	-	59,353
Housing Trust Fund Grant	290,634	-	-	290,634
Medical services	512,794	-	-	512,794
City and County government	6,200	-	-	6,200
Client rent	243,002	93,378	-	336,380
Workshop contract income	99,171	-	-	99,171
Interest income	700	-	-	700
Management fee income	100,000	-	(100,000)	-
Gain on sale of assets	9,214	-	-	9,214
Miscellaneous	16,355	-	-	16,355
TOTAL REVENUES	16,728,821	171,360	(100,000)	16,800,181
Net assets released from restrictions:				
Restrictions satisfied by payment	4,780	-	-	4,780
Net assets restricted:				
Funding of debt service reserve	(8,920)	-	-	(8,920)
TOTAL UNRESTRICTED SUPPORT AND REVENUE	16,724,681	171,360	(100,000)	16,796,041
EXPENSES				
Program services:				
HUD - residential	-	174,867	(100,000)	74,867
Medicaid waiver adult day services	1,767,728	-	-	1,767,728
Medicaid waiver residential services	6,376,294	-	-	6,376,294
Medicaid waiver - Job/OP	80,835	-	-	80,835
ICF/ID services	4,381,217	-	-	4,381,217
Medical services	378,408	-	-	378,408
Total Program Services	12,984,482	174,867	(100,000)	13,059,349
Administrative costs	1,992,292	-	-	1,992,292
TOTAL EXPENSES	14,976,774	174,867	(100,000)	15,051,641
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	1,747,907	(3,507)	-	1,744,400
TEMPORARILY RESTRICTED NET ASSETS				
Contributions	6,093	-	-	6,093
Net assets released from restrictions:				
Restrictions satisfied by payment	(4,780)	-	-	(4,780)
Net assets restricted:				
Funding of debt service reserve	8,920	-	-	8,920
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	10,233	-	-	10,233
INCREASE (DECREASE) IN NET ASSETS	1,758,140	(3,507)	-	1,754,633
NET ASSETS, BEGINNING OF YEAR	5,697,157	202,565	-	5,899,722
NET ASSETS, END OF YEAR	\$ 7,455,297	\$ 199,058	\$ -	\$ 7,654,355

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LIFE BRIDGES, INC. AND RELATED ENTITY
 SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS
 For the Year Ended June 30, 2015

Federal Grantor/ Pass-Through Grantor/ Program Title	Grant ID	CFDA Number	Beginning (Accrued) Deferred	Cash Receipts	Cash Disbursements	Ending (Accrued) Deferred
<u>FEDERAL AWARDS</u>						
U.S. Department of HUD						
Pass-through TN Housing Development Agency: Received by Bradley/Cleveland Property Development and Management, Inc.						
Section 8 Housing Vouchers	TN37-H112-064	14.177	\$ -	\$ 29,433	\$ 29,433	\$ -
Section 8 Housing Vouchers	TN37-H112-080	14.177	-	22,329	22,329	-
Section 8 Housing Vouchers	TN37-H112-081	14.177	-	26,220	26,220	-
			<u>-</u>	<u>77,982</u>	<u>77,982</u>	<u>-</u>
Pass-through TN Housing Development Agency: HOME Investment Partnership Program						
	HM-12-29	14.239	<u>-</u>	<u>119,606</u>	<u>119,606</u>	<u>-</u>
U.S. Department of Transportation						
Pass-through TN Dept. of Transportation Received by Life Bridges, Inc. Capital Assistance -Elderly Persons and Persons with Disabilities						
	Z-15-EPD020-00	20.513	<u>-</u>	<u>52,758</u>	<u>52,758</u>	<u>-</u>
Total Federal Awards			<u>-</u>	<u>250,346</u>	<u>250,346</u>	<u>-</u>
<u>STATE AWARDS</u>						
TN Housing Development Agency Received by Life Bridges, Inc. Housing Trust Fund Program						
	HTF-14-06	14.239	<u>-</u>	<u>28,420</u>	<u>28,420</u>	<u>-</u>
Housing Trust Fund Program	HTF-15-F-07		<u>-</u>	<u>142,608</u>	<u>142,608</u>	<u>-</u>
			<u>-</u>	<u>171,028</u>	<u>171,028</u>	<u>-</u>
U.S. Department of Transportation						
Pass-through TN Dept. of Transportation Received by Life Bridges, Inc. Capital Assistance -Elderly Persons and Persons with Disabilities						
	Z-15-EPD020-00	20.513	<u>-</u>	<u>6,595</u>	<u>6,595</u>	<u>-</u>
Total State Awards			<u>-</u>	<u>177,623</u>	<u>177,623</u>	<u>-</u>
Total Federal and State Awards			<u>\$ -</u>	<u>\$ 427,969</u>	<u>\$ 427,969</u>	<u>\$ -</u>

NOTES TO SCHEDULE OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE

NOTE A - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal and state awards (the Schedule) includes the federal and state grant activity of Life Bridges, Inc. under programs of the federal government for the year ended June 30, 2015. Because the Schedule presents only a selected portion of the operations of Life Bridges, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Life Bridges, Inc.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting.
- (2) Pass-through entity identifying numbers are presented where available.

p57.17

INTERNAL CONTROL AND COMPLIANCE

HARTING, BISHOP & ARRENDALE, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

KELVIN W. BISHOP, CPA
THOMAS H. ARRENDALE, CPA, MBA
JANICE L. HAYES, CPA

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
TENNESSEE SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON
AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Life Bridges, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Life Bridges, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2015, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 28, 2015.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Life Bridges, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Life Bridges, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Life Bridges, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Life Bridges, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Martiny Bishop + Awendale, PLLC

Cleveland, Tennessee

September 28, 2015



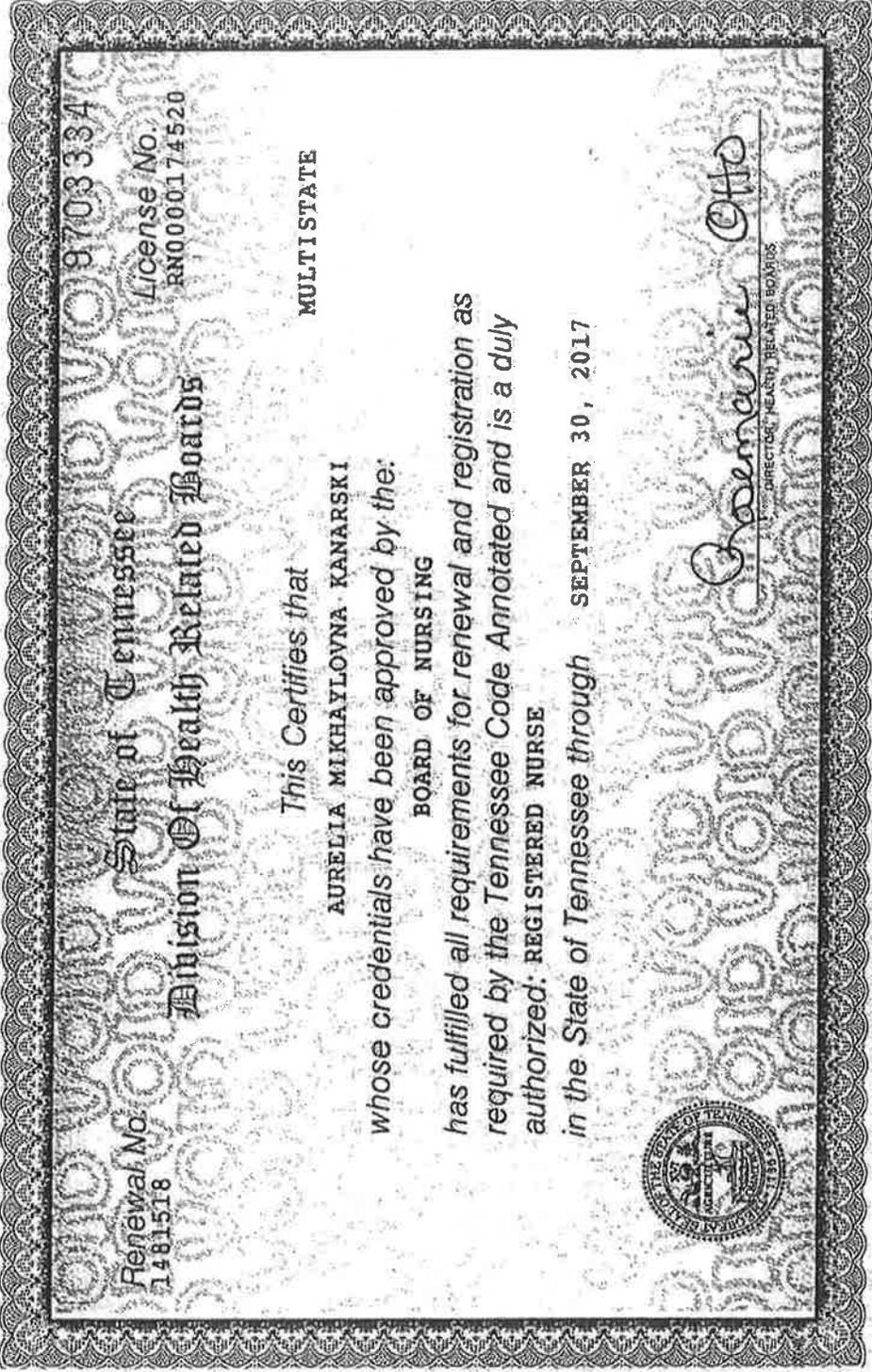
STATE OF TENNESSEE
DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE	LICENSE NO.	RENEWAL NO.
12/31/2016	MD0000018050	704015

THIS IS TO CERTIFY THAT
JOE M MAZZOLINI MD
 IS A DULY LICENSED
MEDICAL DOCTOR
 IN THE STATE OF TENNESSEE AS REQUIRED BY THE
 TENNESSEE CODE, ANNOTATED.

Josephine OHO
 DIRECTOR, HEALTH RELATED BOARDS

Joe M. Mazzolini MD
 SIGNATURE



9703334

Renewal No.
1481518

State of Tennessee
Division Of Health Related Boards

License No.
RN000174520

MULTI STATE

This Certifies that
AURELIA MIKHAYLOVNA KANARSKI
whose credentials have been approved by the:
BOARD OF NURSING

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: REGISTERED NURSE

in the State of Tennessee through SEPTEMBER 30, 2017



America *OHO*

DIRECTOR, HEALTH RELATED BOARDS

p.58.2

STATE OF TENNESSEE DIVISION OF HEALTH RELATED BOARDS		
EXPIRATION DATE	LICENSE NO.	RENEWAL NO.
02/28/2017	RN0000155548	1451009

THIS IS TO CERTIFY THAT
PENNY L WEATHERS
IS A DULY LICENSED
REGISTERED NURSE.
IN THE STATE OF TENNESSEE AS REQUIRED BY THE
TENNESSEE CODE ANNOTATED.

Paemarie Otto
DIRECTOR, HEALTH RELATED BOARDS

SIGNATURE



Renewal No.
399250

State of Tennessee
Division Of Health Related Boards

License No.
LPN0000081965

This Certifies that
MISTY D FORGEY
MULTI STATE

whose credentials have been approved by the:

BOARD OF NURSING

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: LICENSED PRACTICAL NURSE

in the State of Tennessee through NOVEMBER 30, 2016



Caemerie Otto
DIRECTOR, HEALTH RELATED BOARDS

p. 58.4

DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE	LICENSE NO.	RENEWAL NO.
07/31/2016	LPN0000066506	391919

MULTISTATE

THIS IS TO CERTIFY THAT
MARY A COFFMAN
 IS A DULY LICENSED
LICENSED PRACTICAL NURSE
 IN THE STATE OF TENNESSEE AS REQUIRED BY THE
 TENNESSEE CODE ANNOTATED.

Q. Penmaris OHO
 DIRECTOR, HEALTH RELATED BOARDS

SIGNATURE

MARY A COFFMAN
278 CO ROAD 778
ATHENS TN 37303

9181534

Renewal No. 391919	State of Tennessee Division Of Health Related Boards	License No. LPN0000066506
-----------------------	---	------------------------------

This Certifies that MULTISTATE
MARY A COFFMAN
 whose credentials have been approved by the:
BOARD OF NURSING
 has fulfilled all requirements for renewal and registration as
 required by the Tennessee Code Annotated and is a duly
 authorized: **LICENSED PRACTICAL NURSE**
 in the State of Tennessee through **JULY 31, 2016.**

Q. Penmaris OHO
 DIRECTOR, HEALTH RELATED BOARDS



p58.5

STATE OF TENNESSEE
DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE	LICENSE NO.	RENEWAL NO.
07/31/2017	RN0000171701	1473884

THIS IS TO CERTIFY THAT
SHANNON K PAYNE
IS A FULLY LICENSED
REGISTERED NURSE
IN THE STATE OF TENNESSEE AS REQUIRED BY THE
TENNESSEE CODE ANNOTATED.

Quemaria OHO
DIRECTOR, HEALTH RELATED BOARDS

Shannon K Payne
SIGNATURE



p58.6

Renewal No
404962

State of Tennessee
Division Of Health Related Boards

9535575
License No.
LPN0000072457

This Certifies that

MULTISTATE

RENE' MICHELLE WALKER

whose credentials have been approved by the:

BOARD OF NURSING

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: LICENSED PRACTICAL NURSE

in the State of Tennessee through MARCH 31, 2017



Paemarie OHO
DIRECTOR, HEALTH RELATED BOARDS

Renewal No:
636916

State of Tennessee
Division Of Health-Related Boards

09932687
License No.
LPN0000075376

This Certifies that
DEIDRE R GOODMAN

MULTISTATE

whose credentials have been approved by the:

BOARD OF NURSING

has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: LICENSED PRACTICAL NURSE

in the State of Tennessee through DECEMBER 31, 2017

TENNESSEE DEPARTMENT OF HEALTH



C. Demaris CHD
DIRECTOR, HEALTH RELATED BOARDS

[Signature]
COMMISSIONER

158.8

9798313

Renewal No.
447028

State of Tennessee
Division Of Health Related Boards

License No.
PT0000003715

This Certifies that
RONI ARLEEN RAWLS
whose credentials have been approved by the:
BOARD OF PHYSICAL THERAPY
has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: **PHYSICAL THERAPIST**
in the State of Tennessee through **OCTOBER 31, 2017**



Paemarie OHO

DIRECTOR, HEALTH RELATED BOARDS

p58.9



Alisha Y Gaines

Affiliation Status: Member
Certification Status: CCC-SLP

SIGs:

12083609
 Account Number

12/31/2016
 Valid Through

Alice L. P. [Signature]
 Chief Executive Officer

P58.10

Renewal No.
419636

State of Tennessee
Division Of Health Related Boards

Certificate No.
OT00000002755

This Certifies that

DAVID SCOTT COBB
whose credentials have been approved by the:

BOARD OF OCCUPATIONAL THERAPY
has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized: OCCUPATIONAL THERAPIST
in the State of Tennessee through SEPTEMBER 30, 2016

ELECTRICAL STIMULATION CERTIFICATION
THERMAL AGENTS CERTIFICATION



Benjamin O'H
DIRECTOR, HEALTH RELATED BOARDS

1424
DCR026

Behavior Analyst Certification Board, Inc.®



This Certificate Verifies That

Tammy Davis

Certificant 0-14-6062
BACB® Certification Number

In accordance with generally recognized credentialing standards, has met the educational, experiential, and examination requirements of the Behavior Analyst Certification Board, Inc.® for certification as a

Board Certified Assistant Behavior Analyst® BCaBA®

Date First BACB Certified:
5/31/2014

John Schmitt
President, Board of Directors

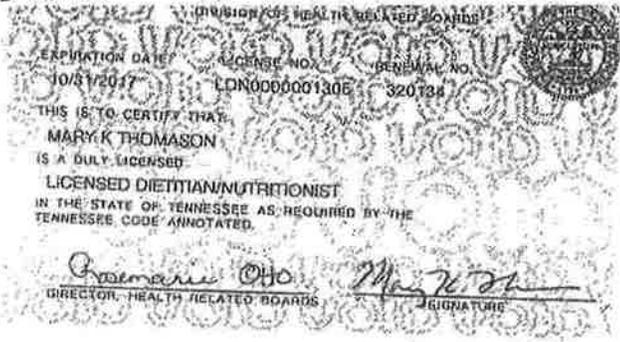
Date of Issue:
5/31/2014

James C. [Signature]
Chief Executive Officer

Recertification Date:
5/31/2017*

*This Certificate must be renewed on an annual basis prior to the anniversary of the Date of Issue. BCaBA's are required be supervised by a BCBA and to document their supervision annually. ©2013 Behavior Analyst Certification Board, Inc.® (BACB®), All Rights Reserved. This Certificate and the marks "BCBA®", "BCBA®-D", "Board Certified Behavior Analyst®", "Board Certified Assistant Behavior Analyst®", and "Board Certified Behavior Analyst® - Doctoral" may only be used in accordance with the rules and standards of the BACB. This Certificate is a limited license to use the BACB certification mark listed above, subject to continued compliance with BACB standards. This Certificate may be revoked or limited in accordance with BACB rules. This Certificate must be returned immediately upon request by the BACB. To verify current certification status, contact the BACB Office.

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Copy of licensing information for speech therapist

eat right. Academy of Nutrition and Dietetics

MEMBERSHIP CARD FOR:

Mary K Thomason

Membership Year: **June 1, 2015–May 31, 2016**

Category: **Active** Member # **00898385**

Your Signature: *Mary Thomason RDN*

Kay N. Wolf, PhD, RDN, LD, FAND | Treasurer



CDR certifies that **Mary K Thomason** has successfully completed requirements for dietetic registration.

Mary K Thomason
Signature

Registration I.D. Number: **898385**
Registration Payment Period: **09/01/2015 - 08/31/2016**



Commission on Dietetic Registration
the credentialing agency for the **eat right.** Academy of Nutrition and Dietetics

Registered Dietitian Nutritionist™ (RDN™)
Registered Dietitian™ (RD™)

Karen Dun PhD, RDN, LD
Chair, Commission on Dietetic Registration

February 4, 2016

Diana L. Jackson, M.Ed., LCSW, M.S.S.W.
 Life Bridges/Bradley/Cleveland Property Management and Development, Inc.
 764 Old Chattanooga Pike SW
 Cleveland, TN 37311

Dear Mrs. Jackson:

It is my pleasure to inform you that Life Bridges/Bradley/Cleveland Property Management and Development, Inc. has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following service(s):

- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Housing
- Community Integration
- Host Family/Shared Living Services
- Organizational Employment Services
- Services Coordination
- Supported Living
- Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
- Community Housing: Psychosocial Rehabilitation (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)

This accreditation will extend through January 31, 2019. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's service(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect (customerconnect.carf.org), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from John Hannon by email at jhannon@carf.org or telephone at (888) 281-6531, extension 7198.

p. 59.1

Mrs. Jackson

2

February 4, 2016

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,



Brian J. Boon, Ph.D.
President/CEO

Enclosures

Organization

Life Bridges/Bradley/Cleveland Property Management and Development, Inc. (LBI)
764 Old Chattanooga Pike SW
Cleveland, TN 37311

Organizational Leadership

Diana L. Jackson, M.Ed., LCSW, M.S.S.W.
CEO

Kenneth A. Nope, LPC-MHSP
Day Services/Quality Assurance, Director

Survey Dates

December 9-11, 2015

Survey Team

William M. Ferney, M.Ed., CADAC, LADC I, Administrative Surveyor

Julia Dotson, LAC, Program Surveyor

Stuart Munger, Program Surveyor

Deborah Jones, M.Ed., Program Surveyor

Programs/Services Surveyed

- Community Employment Services: Employment Supports
- Community Employment Services: Job Development
- Community Housing
- Community Integration
- Host Family/Shared Living Services
- Organizational Employment Services
- Services Coordination
- Supported Living
- Case Management/Services Coordination: Psychosocial Rehabilitation (Adults)
- Community Housing: Psychosocial Rehabilitation (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)

Previous Survey

December 12-14, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: January 31, 2019



Three-Year Accreditation

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Cate House

(Name of Facility or Service as Known to the Public)

2601 Bower Lane S.E., Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
Mental Retardation Institutional Habilitation	Y	Y	Y	6	Health Care

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013599

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13599

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Lockhart House

(Name of Facility or Service as Known to the Public)

3745 Adkinson Drive N.W., Cleveland, TN 37364

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
Mental Retardation Residential Habilitation	Y	N	N	12	Small Residential Board & Care, Slow Evacuation Capability	

January 01, 2016
Date License Granted

December 31, 2016
Date License Expires

L00000013601
License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13601

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Wright House

(Name of Facility or Service as Known to the Public)

2611 Bower Lane S.E., Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
Mental Retardation Institutional Habilitation	Y	Y	Y	6	Health Care	

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L00000013606

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13606

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

McIntire House

(Name of Facility or Service as Known to the Public)

207 Kile Lake Road, Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
Mental Retardation Institutional Habilitation	Y	Y	Y	4	Residential Board and Care	

January 01, 2016
Date License Granted

December 31, 2016
Date License Expires

L000000013602
License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13602

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Edgemon House

(Name of Facility or Service as Known to the Public)

209 Kile Lake Road, Cleveland, TN 37323

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
Mental Retardation Institutional Habilitation	Y	Y	Y	4	Residential Board and Care	

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013600

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13600

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Life Bridges, Inc.

(Name of Facility or Service as Known to the Public)

764 Old Chattanooga Pike S.W., Cleveland, TN 37364-0029

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory Individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
Mental Retardation Adult Habilitation Day	Y	Y	Y	n/a	Health Care
Mental Retardation Placement Services	Y	n/a	n/a	n/a	Business
Mental Retardation Respite Care Services	Y	n/a	n/a	n/a	Business
Mental Retardation Semi-Independent Living	Y	n/a	n/a	n/a	Business
Mental Retardation Supported Living	Y	n/a	n/a	n/a	Business
Personal Support Services	n/a	n/a	n/a	n/a	n/a

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013598

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.

POST THIS LICENSE IN A CONSPICUOUS PLACE.

13598
L000000013598

p60.6

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Wilson House

(Name of Facility or Service as Known to the Public)

1100 Blythe Ferry Road, Cleveland, TN 37364

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment			
Mental Retardation Residential Habilitation:	Y	Y	Y	12	Small Residential Board & Care, Slow Evacuation Capability	

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013605

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13605

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Summers House

(Name of Facility or Service as Known to the Public)

4755 Frontage Road, Cleveland, TN 37364

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory Individuals	Approved for persons with:		Capacity	Occupancy Classification
		Hearing Loss	Vision Impairment		
Mental Retardation Residential Habilitation	Y	N	N	12	Small Residential Board & Care, Slow Evacuation Capability

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013604

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13604

STATE OF TENNESSEE
DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES



LICENSE

THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES GRANTS THIS FULL LICENSE IN ACCORDANCE WITH TENNESSEE CODE ANNOTATED TITLE 33, CHAPTER 2, PART 4 TO:

LIFE BRIDGES, INC.

(Name of Licensee)

TO OPERATE A FACILITY OR SERVICE IDENTIFIED AND LOCATED AS FOLLOWS FOR THE PROVISION OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES OR PERSONAL SUPPORT SERVICES:

Pettit House

(Name of Facility or Service as Known to the Public)

3004 Pleasant Grove Road, Cleveland, TN 37311

(Street Address or Location, City or Town)

THE LICENSEE HAS DEMONSTRATED COMPLIANCE WITH T.C.A. TITLE 33, CHAPTER 2, PART 4 AND WITH RULES OF THE DEPARTMENT OF INTELLECTUAL & DEVELOPMENTAL DISABILITIES.

THIS LICENSE AUTHORIZES LIFE SAFETY OCCUPANCY CLASSIFICATIONS AND THE FOLLOWING DISTINCT CATEGORY OF FACILITY OR SERVICES TO BE PROVIDED:

Distinct Category	Accessible to mobile, non-ambulatory individuals	Approved for persons with:			Occupancy Classification
		Hearing Loss	Vision Impairment	Capacity	
Mental Retardation Residential Habilitation	N	N	N	8	Small Residential Board & Care, Slow Evacuation Capability

January 01, 2016

Date License Granted

December 31, 2016

Date License Expires

L000000013603

License Number

Commissioner of Department Of Intellectual & Developmental Disabilities

THIS LICENSE IS NON-TRANSFERABLE AND NON-ASSIGNABLE.
POST THIS LICENSE IN A CONSPICUOUS PLACE.

13603

License No: III/0019A

**State of Tennessee
Annual License**



This is to certify that the Tennessee Department of Human Services hereby grants this license to LIFE BRIDGES, INC. to operate an Adult Day Care Center located at 764 Old Chattanooga Pike, in Cleveland, County of Bradley, Tennessee, for a maximum of ten (10) participants.

This license shall expire December 31, 2016, and is subject to the provisions of TCA §§ 71-2-401 et seq.

This license shall not be assignable or transferable and shall be subject to revocation at any time, by the State Department of Human Services for failure to comply with the law of the State of Tennessee or the Standards of the State Department of Human Services issued thereunder.

In witness thereof, we have hereunto set our hand this 16th day of December, 2015.

Notations:

Authorized to provide field trips only

Owner: Life Bridges, Inc.

Director: Allen Nope

Chairman: Dr. Raymond Brown

Raquid H. Tate
Commissioner

Raymond Brown
Issuing Officer

p. 60. 9

Board for Licensing Health Care Facilities

p. 60.10

License No. PSS000000000007



State of Tennessee

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

to conduct and maintain a

Professional Support Services Facility LIFE BRIDGES, INC.

Located at 764 OLD CHATTANOOGA PIKE, CLEVELAND

County of BRADLEY, Tennessee.

This license shall expire APRIL 30, 2017, *and is subject*

to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.

In Witness Whereof, we have hereunto set our hand and seal of the State this 9TH *day of* FEBRUARY, 2016.

In the Distinct Category(ies) of:
SKILLED NURSING
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY



By James J. Davis, MPH
DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [Signature]
COMMISSIONER

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: JCMZ
Facility ID: TNP5387

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 44G090
3. NAME AND ADDRESS OF FACILITY (L3) LIFE BRIDGES CATE HOUSE
4. TYPE OF ACTION: 2 (L8)
1. Initial 2. Recertification
3. Termination 4. CHOW
5. Validation 6. Complaint
7. On-Site Visit 9. Other
8. Full Survey After Complaint
6. DATE OF SURVEY 07/08/2015 (L34) (L10)
7. PROVIDER/SUPPLIER CATEGORY 11 (L7)
01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA
02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF
03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC
8. ACCREDITATION STATUS:
0 Unaccredited 1 TJC
2 AOA 3 Other
11. LTC PERIOD OF CERTIFICATION
From (a): 07/01/2015
To (b): 09/30/2016
10. THE FACILITY IS CERTIFIED AS:
A. In Compliance With
Program Requirements
Compliance Based On:
1. Acceptable POC
And/Or Approved Waivers Of The Following Requirements:
2. Technical Personnel
3. 24 Hour RN
4. 7-Day RN (Rural SNF)
5. Life Safety Code
6. Scope of Services Limit
7. Medical Director
8. Patient Room Size
9. Beds/Room
12. Total Facility Beds 6 (L18)
13. Total Certified Beds 6 (L17)
14. LTC CERTIFIED BED BREAKDOWN
18 SNF 18/19 SNF 19 SNF ICF IID
(L37) (L38) (L39) (L42) (L43)
15. FACILITY MEETS
1861 (e) (1) or 1861 (j) (1): (L15)
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE Georgia Brownfield Date: 09/11/2015
18. STATE SURVEY AGENCY APPROVAL Bobbi Halgrim Date: 09/11/2015
(L19) (L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
X 1. Facility is Eligible to Participate
2. Facility is not Eligible (L21)
20. COMPLIANCE WITH CIVIL RIGHTS ACT:
21. 1. Statement of Financial Solvency (HCFA-2572)
2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)
3. Both of the Above :
22. ORIGINAL DATE OF PARTICIPATION 10/10/1995 (L24)
23. LTC AGREEMENT BEGINNING DATE 07/01/2015 (L41)
24. LTC AGREEMENT ENDING DATE 09/30/2016 (L25)
26. TERMINATION ACTION: (L30)
VOLUNTARY 00
INVOLUNTARY
01-Merger, Closure
02-Dissatisfaction W/ Reimbursement
03-Risk of Involuntary Termination
04-Other Reason for Withdrawal
05-Fail to Meet Health/Safety
06-Fail to Meet Agreement
OTHER
07-Provider Status Change
00-Active
25. LTC EXTENSION DATE: (L27)
27. ALTERNATIVE SANCTIONS
A. Suspension of Admissions: (L44)
B. Rescind Suspension Date: (L45)
28. TERMINATION DATE: (L28)
29. INTERMEDIARY/CARRIER NO. (L31)
30. REMARKS
31. RO RECEIPT OF CMS-1539 (L32)
32. DETERMINATION OF APPROVAL DATE 09/29/2015 (L33)
DETERMINATION APPROVAL

pl.1

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: JNBN
Facility ID: TNP538136

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 44G140
3. NAME AND ADDRESS OF FACILITY (L3) LIFE BRIDGES EDGEMON HOUSE
4. TYPE OF ACTION: 2 (L8)
2. STATE VENDOR OR MEDICAID NO. (L2)
(L4) 209 KILE LAKE ROAD
(L5) CLEVELAND, TN (L6) 37323
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)
7. PROVIDER/SUPPLIER CATEGORY 11 (L7)
6. DATE OF SURVEY 01/21/2016 (L34)
8. ACCREDITATION STATUS:
11. LTC PERIOD OF CERTIFICATION
12. Total Facility Beds 4 (L18)
13. Total Certified Beds 4 (L17)
14. LTC CERTIFIED BED BREAKDOWN
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE Date
18. STATE SURVEY AGENCY APPROVAL Date:
George Brownfield 02/11/2016
Bobbi Hays 02/11/2016

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
20. COMPLIANCE WITH CIVIL RIGHTS ACT:
21. 1. Statement of Financial Solvency (HCFA-2572)
22. ORIGINAL DATE OF PARTICIPATION
23. LTC AGREEMENT BEGINNING DATE
24. LTC AGREEMENT ENDING DATE
25. LTC EXTENSION DATE:
27. ALTERNATIVE SANCTIONS
28. TERMINATION DATE:
29. INTERMEDIARY/CARRIER NO
30. REMARKS
31. RO RECEIPT OF CMS-1539
32. DETERMINATION OF APPROVAL DATE
DETERMINATION APPROVAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: MKIX
 Facility ID: TNP538137

1. MEDICARE/MEDICAID PROVIDER NO. (L1) **44G141**

2. STATE VENDOR OR MEDICAID NO. (L2)

3. NAME AND ADDRESS OF FACILITY (L3) **LIFE BRIDGES MCINTIRE HOUSE**
 (L4) **207 KILE LAKE ROAD**
 (L5) **CLEVELAND, TN** (L6) **37323**

4. TYPE OF ACTION: **2 (L8)**
 1. Initial 2. Recertification
 3. Termination 4. CHOW
 5. Validation 6. Complaint
 7. On-Site Visit 9. Other
 8. Full Survey After Complaint

5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)

6. DATE OF SURVEY **01/21/2016** (L34) (L10)
 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA
 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF
 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC
 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE

7. PROVIDER/SUPPLIER CATEGORY 11 (L7)

8. ACCREDITATION STATUS:
 0 Unaccredited 1 TJC
 2 AOA 3 Other

10. THE FACILITY IS CERTIFIED AS:
X
 A. In Compliance With And/Or Approved Waivers Of The Following Requirements:
 Program Requirements Compliance Based On:
 1. Acceptable POC 2. Technical Personnel 6. Scope of Services Limit
 3. 24 Hour RN 7. Medical Director
 4. 7-Day RN (Rural SNF) 8. Patient Room Size
 5. Life Safety Code 9. Beds/Room
 * Code: **A*** (L12)

11. LTC PERIOD OF CERTIFICATION
 From (a) **01/01/2016**
 To (b) **03/31/2017**

12. Total Facility Beds **4** (L18)
 13. Total Certified Beds **4** (L17)
 14. LTC CERTIFIED BED BREAKDOWN
 18 SNF 18/19 SNF 19 SNF ICF IID
(L37) (L38) (L39) (L42) (L43)
 4

15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE *Christine Kue/BH* Date **02/11/2016** (L19)

18. STATE SURVEY AGENCY APPROVAL *Baker Hays* Date **02/11/2016** (L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
X 1. Facility is Eligible to Participate
 2. Facility is not Eligible (L21)

20. COMPLIANCE WITH CIVIL RIGHTS ACT:

21. 1. Statement of Financial Solvency (HCFA-2572)
 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)
 3. Both of the Above:

22. ORIGINAL DATE OF PARTICIPATION **02/23/2011** (L24)
 23. LTC AGREEMENT BEGINNING DATE **01/01/2016** (L41)
 24. LTC AGREEMENT ENDING DATE **03/31/2017** (L25)
 25. LTC EXTENSION DATE: (L27)
 27. ALTERNATIVE SANCTIONS
 A. Suspension of Admissions: (L44)
 B. Rescind Suspension Date: (L45)

26. TERMINATION ACTION: (L30)
VOLUNTARY 00
 INVOLUNTARY
 01-Merger, Closure 05-Fail to Meet Health/Safety
 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement
 03-Risk of Involuntary Termination
 04-Other Reason for Withdrawal
 OTHER
 07-Provider Status Change
 00-Active

28. TERMINATION DATE: (L28)
 29. INTERMEDIARY/CARRIER NO. (L31)
 30. REMARKS

31. RO RECEIPT OF CMS-1539 (L32)
 32. DETERMINATION OF APPROVAL DATE **02/23/2016** (L33)
DETERMINATION APPROVAL

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: QCSJ
Facility ID: TNP5388

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 44G091

2. STATE VENDOR OR MEDICAID NO. (L2)

3. NAME AND ADDRESS OF FACILITY (L3) LIFE BRIDGES WRIGHT HOUSE (L4) 2611 BOWER LANE S E (L5) CLEVELAND, TN (L6) 37323

4. TYPE OF ACTION: 2 (L8)
1. Initial 2. Recertification
3. Termination 4. CHOW
5. Validation 6. Complaint
7. On-Site Visit 9. Other
8. Full Survey After Complaint

5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)

6. DATE OF SURVEY 07/08/2015 (L34) (L10)

7. PROVIDER/SUPPLIER CATEGORY 11 (L7)
01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA
02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF
03 SNF/NF/Distinct 07 X-Ray 11 ICF/HID 15 ASC
04 SNF 08 OPT/SP 12 RHC 16 HOSPICE

8. ACCREDITATION STATUS:
0 Unaccredited 1 TJC
2 AOA 3 Other

9. FISCAL YEAR ENDING DATE: (L35) 06/30

11. LTC PERIOD OF CERTIFICATION
From (a) 07/01/2015
To (b) 09/30/2016

10. THE FACILITY IS CERTIFIED AS:
X A. In Compliance With
Program Requirements
Compliance Based On:
1. Acceptable POC
And/Or Approved Waivers Of The Following Requirements:
2. Technical Personnel 6. Scope of Services Limit
3. 24 Hour RN 7. Medical Director
4. 7-Day RN (Rural SNF) 8. Patient Room Size
5. Life Safety Code 9. Beds/Room

12. Total Facility Beds 6 (L18)

13. Total Certified Beds 6 (L17)

14. LTC CERTIFIED BED BREAKDOWN
18 SNF 18/19 SNF 19 SNF ICF IID
(L37) (L38) (L39) (L42) (L43)
6

15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE Date: 09/11/2015
Andrea Showalter

18. STATE SURVEY AGENCY APPROVAL Date: 09/11/2015
Bobbie Halgrim (L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
X 1. Facility is Eligible to Participate
2. Facility is not Eligible (L21)

20. COMPLIANCE WITH CIVIL RIGHTS ACT:

21. 1. Statement of Financial Solvency (HCFA-2572)
2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)
3. Both of the Above :

22. ORIGINAL DATE OF PARTICIPATION 10/10/1995 (L24)

23. LTC AGREEMENT BEGINNING DATE 07/01/2015 (L41)

24. LTC AGREEMENT ENDING DATE 09/30/2016 (L25)

25. LTC EXTENSION DATE: (L27)

26. TERMINATION ACTION: (L30)
VOLUNTARY 00 INVOLUNTARY
01-Merger, Closure 05-Fail to Meet Health/Safety
02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement
03-Risk of Involuntary Termination
04-Other Reason for Withdrawal
OTHER
07-Provider Status Change
00-Active

27. ALTERNATIVE SANCTIONS
A. Suspension of Admissions: (L44)
B. Rescind Suspension Date: (L45)

28. TERMINATION DATE: (L28)

29. INTERMEDIARY/CARRIER NO. (L31)

30. REMARKS

31. RO RECEIPT OF CMS-1539 (L32)

32. DETERMINATION OF APPROVAL DATE 09/29/2015 (L33) DETERMINATION APPROVAL

**LEGAL PUBLICATION
LEGAL PUBLICATION -
NOTICE OF PROPERTY SALE**

Bradley County has received an offer to purchase property located on 139 Dempsey Cir SW in Cleveland, Tennessee. The property is on Map 065B, Group E, Parcel 0029.01; lot dimensions front 40' back 70' X left 150' right 158'. Offer to purchase from Mike Gates for a purchase price of \$800.00, plus deed preparation and filing fees and upon the following terms and conditions: Cash at time of closing.

Bradley County has received an offer to purchase property located on Westland Dr SW (off) in Cleveland, Tennessee. The property is on Map 057 Parcel



WE'RE

card/Discover/American Express are accepted. Cleveland Daily Banner..... 472-5041

**LEGAL PUBLICATION
Notice**



State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hda Phone: 615-741-2384 Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1001 et seq., and the Rules of the Health Services and Development Agency, that:

owned by Lila Bridges, Inc. with an ownership type of Private Non-Profit

and to be managed by Lila Bridges, Inc. intends to file an application for a Certificate of Need for PROJECT DESCRIPTION BEGINS HERE!

This proposal requests the introduction of a 6 licensed bed HOME from 2601 Ewer Lane, Cleveland, TN to 3745 Ashland Drive, Cleveland, TN. The estimated cost of the project is \$25,000.

The anticipated date of filing the application is May 2, 20 16

The contact person for this project is Allen Nepe Director of Day Services

who may be reached at: Lila Bridges, Inc. P.O. Box 79
Cleveland, TN 37324 (423) 421-9323
Fax: (423) 421-9323 (Use Only Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Notice of Intent must contain the following statement pursuant to T.C.A. § 68-11-1007(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

By State of Tennessee

2. Special Notices

**CLASSIFIED
ADVERTISEMENTS
at Your Convenience!**

24 Hours A Day!
Email your AD to us!
classifieds@clevelandbanner.com

or fax to 423-476-1046
include the following information:
- Name with address
- phone number
- Person to contact if a business
- Requested start date
- classification
- We will contact you for prepay.
(Cashless Loans), left on freeway, one block right into Lakewood Subdivision.

18. Articles For Sale



HENREDON CONTEMPORARY dining room glass-top, faux marble finish base, 8 chairs- gold velvet upholstery. \$495 or best offer. 423-479-9891.

SAVE YOUR OLD NEWSPAPERS FOR RECYCLING

Cleveland Daily Banner

**LEGAL PUBLICATION
SUBSTITUTE TRUSTEE'S SA**

Sale at public auction will be on May 2 about 12:00PM local time, at the Bi Courthouse, Cleveland, Tennessee, the Substitute Trustee as identified herein below, pursuant to Deed of T by JANIE COPELAND, to ATTY. ARNOI Trustee, on October 27, 2006, at 1693, Page 674 as Instrument No. 06C real property records of Bradley Cou Office, Tennessee.

Owner of Debt: Deutsche Bank Tru Americas, as Trustee for Resdem Loans, Inc., Mortgage Asset-Backed Certificate Series 2006-0318. All right of equity of redemption, statu erwise, and homestead are expressly v Deed of Trust, and the title is believe but the undersigned will sell and co Substitute Trustee.

If the U.S. Department of Treasury/I of Tennessee Department of Revenue, of Tennessee Department of Labor or velopment are listed as interested Part vertisement, then the Notice of this being given to them and the Sale will the applicable governmental entities' deem the property as required by 26 and T.C.A. §67-1-1433.

This property is being sold with the vation that the sale is subject to co the lender or trustee. This sale may b any time. If the sale is set aside for at Purchaser at the sale shall be entitled turn of the deposit paid. The Purchas no further recourse against the M Mortgagee or the Mortgagee's attorney. MWZM File No. 16-000043-670
JASON S. MANGRUM, JOHN R. ROAN, BRIDENBAUGH, Substitute Trustee(s) PREMIER BUILDING, SUITE 404 5217 MARYLAND WAY BRENTWOOD, TENNESSEE 37027 PHONE: (615) 238-3630 EMAIL: TNSALES@MWZMLAW.COM May 1, 8, 15, 2016

Auction
Thursday, May 19th @ 6:00 pm

Savannah Creek Waterfront Home
Luxurious Lakefront Living at its Finest!
7923 Wolfeyer Dr, Ooltewah (Chattanooga), TN

- Large Gated Estate Lot on 1.93± Acres • 5 Bedroom / 5.5 Bath
- Private Boat Ramp Allowing for Easy Water Access
- Completely Renovated Home and Guest House
- Custom Chef Kitchen, with Gourmet Appliances, Rich Cabinetry, and Specialty Granite
- Magnificent Great Room Overlooking the Lake.
- Ample Garage Space, allowing for 6 cars
- Sun Room - Fully Finished Basement Complete with a Wine Cellar and Full Home Generator
- Large Covered Boat Dock with Boat Lift with a 10,000 lb Capacity



800-476-8888
www.targ.com

Prop. Action and Time
Savannah Creek

Open House: May 7, 14, 15 and auction day from 11:00am - 4:00pm (ET) or by appl.

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PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): 6/1/16

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. <u>Architectural and engineering contract signed</u>	_____	_____
2. <u>Construction documents approved by the Tennessee Department of Health</u>	<u>60</u>	<u>8/2016</u>
3. <u>Construction contract signed</u>	_____	_____
4. <u>Building permit secured</u>	_____	_____
5. <u>Site preparation completed</u>	_____	_____
6. <u>Building construction commenced</u>	<u>60</u>	<u>8/2016</u>
7. <u>Construction 40% complete</u>	<u>90</u>	<u>9/2016</u>
8. <u>Construction 80% complete</u>	<u>120</u>	<u>10/2016</u>
9. <u>Construction 100% complete (approved for occupancy)</u>	<u>180</u>	<u>12/2016</u>
10. <u>*Issuance of license</u>	180 <u>210</u>	<u>1/2017</u>
11. <u>*Initiation of service</u>	<u>210</u>	<u>1/2017</u>
12. <u>Final Architectural Certification of Payment</u>	<u>180</u>	<u>12/2016</u>
13. <u>Final Project Report Form (HF0055)</u>	_____	_____

* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.



State of Tennessee
Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

June 1, 2016

Allen Nope
Director of Day Services
Life Bridges, Inc.
PO Box 29
Cleveland, TN 37364

RE: Certificate of Need Application -- Life Bridges, Inc. - CN1605-017
The relocation of a 6 licensed bed ICF/IID home from 2601 Bower Lane, Cleveland (Bradley County), TN to 3745 Adkisson Drive, Cleveland (Bradley County), TN. The estimated project cost is \$622,065.

Dear Mr. Nope:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need. Please be advised that your application is now considered to be complete by this office.

Your application is being forwarded to Theresa C. Sloan at the Tennessee Department of Intellectual and Developmental Disabilities for Certificate of Need review by the Office of General Counsel. You may be contacted by someone from Ms. Sloan's office for additional clarification while the application is under review by the Department. Ms. Sloan's contact information is Theresa.C.Sloan@tn.gov or 615-253-8731.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on June 1, 2016. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on August 24, 2016.

Mr. Nope
June 1, 2016
Page 2

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Melanie M. Hill / MF".

Melanie M. Hill
Executive Director

cc: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities



State of Tennessee
Health Services and Development Agency

Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Theresa Sloan, Assistant Commissioner and General Counsel
Intellectual and Developmental Disabilities
Citizens Plaza State Office Building 10th Floor
400 Deaderick Street
Nashville, TN 37243-1403

FROM: Melanie M. Hill *MMH/MF*
Executive Director

DATE: June 1, 2016

RE: Certificate of Need Application
Life Bridges, Inc. - CN1605-017

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on June 1, 2016 and end on August 1, 2016.

Should there be any questions regarding this application or the review cycle, please contact this office.

Enclosure

cc: Allen Nope, Director of Day Services, Life Bridges, Inc.



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Life Bridges, Inc. Private Non-Profit
(Name of Applicant) (Facility Type-Existing)

owned by: Life Bridges, Inc. with an ownership type of Private Non-Profit

and to be managed by: Life Bridges, Inc. intends to file an application for a Certificate of Need for [PROJECT DESCRIPTION BEGINS HERE]: _____

This proposal requests the relocation of a 6 licensed bed ICF/IID home from 2601 Bower Lane, Cleveland, TN to 3745 Adkisson Drive, Cleveland, TN. The estimated cost of the project is \$585,000.

The anticipated date of filing the application is: May 2, 20 16

The contact person for this project is Allen Nope Director of Day Services
(Contact Name) (Title)

who may be reached at: Life Bridges, Inc. P.O. Box 29
(Company Name) (Address)
Cleveland TN 37364 (423) / 421-5993
(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Supplemental #1 -Original-

Life Bridges, Inc.

CN1605-017

May 27, 2016

10:30 am

Life Bridges, Inc.

P.O. Box 29, 764 Old Chattanooga Pike, SW, Cleveland, TN 37311

Diana Jackson, MSSW, LCSW

Email: DJACKSON59@hotmail.com

Office: (423) 421-6436

Nationally Accredited Rehabilitation Center Since 1995



May 25, 2016

Melanie Hill, Executive Director
Health Services and Development Agency
502 Deadrick Street, 9th Floor
Nashville, TN 37243

Dear Ms. Hill:

Life Bridges has submitted an application to relocate Cate House, an existing ICF-IID home operated by our agency since 1995. The relocation is to move 6 men supported in the Cate house which has 4 bedrooms to another facility owned by the agency which has 10 bedrooms. This will give the residents much needed living space and more privacy. The project is economically feasible, and it will contribute to the orderly development and provision of health care for the residents.

The relocation does not change the licensed bed count, scope of services, home county, service area, accessibility, ownership, or management. For these reasons, we respectfully request that it be scheduled for consent calendar review.

Thank you very much for your consideration.

Sincerely,

Diana Jackson
CEO/Life Bridges

May 27, 2016

10:30 am

1. Section A, applicant Profile, Item 1

It appears the applicant placed the address of Life Bridges, Inc. for the proposed facility location. The address of the proposed facility should reflect the actual address of the proposed location. Please correct and resubmit the first page of the application.

Response: Lockhart House street address replaced address under Name of Facility. The amended Page 1 is attached, Item 1.

2. Section A, Applicant Profile, Item 3

Please provide a copy of the applicant facility's corporate charter and/or submit documentation from the Tennessee Secretary of State that acknowledges and verifies the type of ownership as identified by the applicant.

Response: Certificate of Existence/authorization from Secretary of State and Articles of amendment to the Charter of Bradley Cleveland Services, Inc are attached.

3. Section A. (Applicant Profile) Item 6

It is noted Lockhart house is owned by Bradley Cleveland Property Management which is managed by Life Bridges, Inc. However, please provide a fully executed option to lease or lease agreement, or other contractual agreement that demonstrates Life Bridges, Inc. has a legal interest in the Lockhart site.

It is noted the Lockhart House will be managed by Life Bridges, Inc. Please explain what type of services are involved in the management of the Lockhart house. Is there an existing contract in providing management services? If so, please provide.

Response: Bradley Cleveland Property Management is an entity of Life Bridges, Inc. (formerly Bradley/Cleveland Services, Inc.). Bradley Cleveland Property Management and Life Bridges, Inc. each have a federal tax id number. Please find attached the Department of State Articles of Amendment to the Charter (Nonprofit) documenting the name change from Care and Growth Home, Inc. to Bradley/Cleveland Property Development and Management, Inc., Bradley/Cleveland Services, Inc./Care and Growth Home, Inc. Board Resolution/Amendment to the Articles of Incorporation demonstrating the relationship between Bradley/Cleveland Services, Inc. (currently Life Bridges, Inc.) and Bradley/Cleveland Property Development and Management, Inc., and the deed to Lockhart House.

Life Bridges' Maintenance Department provides oversight of all property maintenance and repair.

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4. Section A. (Applicant Profile) Item 4 and Item 6 (Legal Interest in the site of the Institution)

Your response is noted. For the benefit of the Agency members and reviewers, please provide a brief description of the applicant, Life Bridges, Inc. Please include in your description the mission of the not-for-profit corporation, the types of services it provides, and the locations of its operating facilities.

Response: Life Bridges provides a comprehensive range of habilitation services for adults with intellectual disabilities. Life Bridges is committed to providing exceptional services to the individuals served, their families, and community to promote independence, respect, and trust while meeting its social and financial responsibilities. Life Bridges believes all people have the right to live, work, and socialize in their community. Abilities are a primary focus rather than disabilities. Life Bridges believes persons served should have the freedom to function in an open, non-restrictive environment consistent with the rights of other people their age. These beliefs are the impetus for promoting opportunities for all people to choose where they live, work and with whom they develop relationships.

Life Bridges believes the provision of quality services is strengthened by a commitment to integrity. Services are based upon a strong commitment to ethical behavior, quality services and supports, innovation, teamwork, and compassion. These core values provide the impetus that results in changed lives and quality of life for each individual served by Life Bridges.

Life Bridges' services include residential services, personal assistance services, day services, supported employment services, medical services, therapies, social services, respite services, and Intermediate Care Facility Services (ICF/IID). Residential and respite services are provided through homes throughout Bradley County. Day Services, pre-vocational services, and supported employment services are provided through the main center. Therapy services include physical therapy, speech therapy, occupational therapy, behavioral therapy, and nutritional therapy. The medical clinic hosts two physicians, a physician's assistant, and a nurse practitioner along with a staff of nurses and provides primary care physician services for individuals who choose that service. The ICF/IID serves twenty individuals in four homes located throughout the county.

The following is a list of the facilities operated by Life Bridges, Inc.

Main Office 764 Old Chattanooga Pike, Cleveland TN 37311
Hunt Opportunity Ctr. 764 Old Chattanooga Pike, Cleveland TN 37311
Residential-Annex Building 764 Old Chattanooga Pike, Cleveland TN 37311
4755 Frontage Road, Cleveland TN 37312
1100 Blythe Ferry Road, Cleveland TN 37312

May 27, 2016

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3745 Adkisson Drive, Cleveland TN 37312
3004 Pleasant Grove Road, Cleveland TN 37311
2420 Hensley Road, Cleveland TN 37312
2601 Bower Lane, Cleveland TN 37311
2611 Bower Lane, Cleveland TN 37311
110 Country Club Drive, Cleveland TN 37311
131 Crossing Place, Cleveland TN 37323
2021 Glenwood Drive, Cleveland TN 37311
207 Kile Lake Road, Cleveland TN 37323
209 Kile Lake Road, Cleveland TN 37323
415 Mohawk Drive NW, Cleveland TN 37312
713 Old Chattanooga Pike, Cleveland TN 37311
729 Old Chattanooga Pike, Cleveland TN 37311
737 Old Chattanooga Pike, Cleveland TN 37311
3510 Pinecrest Avneue, Cleveland TN 37311
168 Savannah Ridge Trail, Cleveland TN 37323
2311 Wolfe Drive, Cleveland TN 37311
5101 Bradley Street, Cleveland TN 37312
4001 Dalton Pike, Apt. A, Cleveland TN 37311
4011 Dalton Pike, Apt. D, Cleveland TN 37323
4015 Dalton Pike, Apt. F, Cleveland TN 37323
2630 Lynda Circle, Cleveland TN 37323
3924 Morningside Drive, Cleveland TN 37312
3934 Morningside Drive, Cleveland TN 37312
3944 Morningside Drive, Cleveland TN 37312
3954 Morningside Drive, Cleveland TN 37312
3964 Morningside Drive, Cleveland TN 37312
3984 Morningside Drive, Cleveland TN 37312
690 Old Chattanooga Pike, Cleveland TN 37311
3915 Pryor Road, Cleveland TN 37312
3935 Pryor Road, Cleveland TN 37312
3955 Pryor Road, Cleveland TN 37312
3965 Pryor Road, Cleveland TN 37312
3975 Pryor Road, Cleveland TN 37312
3985 Pryor Road, Cleveland TN 37312
2800 Rogers Drive, Cleveland TN 37323
2206 Southfork Road, Cleveland TN 37323
3370 Waterlevel Hwy, Cleveland TN 37323

May 27, 2016**10:30 am****5. Section B, Project description, Item 1****Please explain HCBS: Home and Community Base Services (HCBS)*****Response:*****Federal HCBS Waivers**

The 1915(c) waivers are one of many options available to states to allow the provision of long term care services in home and community based settings under the Medicaid Program. States can offer a variety of services under an HCBS Waiver program. Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to: case management (i.e. supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose "other" types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.

Tennessee's Administration of the HCBS waiver

The Statewide Waiver (0128.R05) serves adults with intellectual disabilities and children under age six with developmental delays who qualify for and, absent the provision of services provided under the Statewide Waiver, would require placement in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

The Statewide Waiver offers a continuum of services that are selected by each person supported pursuant to a person-centered planning process and support each person's independence and full integration into the community, including opportunities to seek employment and work in competitive integrated settings and engage in community life. Services are delivered in a manner which ensures each individual's rights of privacy, dignity, respect and freedom from coercion and restraint; optimizes individual initiative, autonomy, and independence in making life choices; and are delivered in a manner that comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including those requirements applicable to provider-owned or controlled homes, except as supported by the individual's specific assessed need and set forth in the person-centered Individual Support Plan.

May 27, 2016

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The Department of Intellectual and Developmental Disabilities (DIDD) serves as the Operational Administrative Agency for this waiver, which is administered under the oversight of the Bureau of TennCare.

Services offered by the Tennessee HCBS Statewide Waiver

- Adult Dental Services
- Behavioral Respite Services
- Behavior Services
- Employment and Day Services
- Environmental Accessibility Modifications
- Family Model Residential Support
- Individual Transportation Services
- Intensive Behavior Residential Services
- Medical Residential Services
- Nursing Services
- Nutrition Services
- Occupational Therapy Services
- Orientation and Mobility Services for Impaired Vision
- Personal Assistance
- Personal Emergency Response Systems
- Physical Therapy Services
- Residential Habilitation
- Respite
- Semi Independent Living
- Specialized Medical Equipment & Supplies & Assistive Technology
- Speech, Language, & Hearing Services
- Supported Living
- Support Coordination
- Transitional Case Management

Please clarify if applicant will request Consent Calendar for the proposed project. If so, please specify the reasons for requesting Consent Calendar by addressing each of the three criteria: 1) Need, 2)Economic feasibility, and 3)Contribution to the Orderly development of Health Care.

Response: The letter requesting the consent calendar is attached.

May 27, 2016

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What is the current square footage of each bedroom in the existing home and the square footage of each bedroom in the proposed ICFIID home?

Response:

Cate House (existing home)

Bedroom 1: 166 square feet (1 person)
Bedroom 2: 178 square feet (2 persons)
Bedroom 3: 166 square feet (2 persons)
Bedroom 4: 190 square feet (1 person)

Lockhart House (proposed home)

Bedroom 1: 122 square feet (1 person)
Bedroom 2: 110 square feet (1 person)
Bedroom 3: 122 square feet (1 person)
Bedroom 4: 140 square feet (1 person)
Bedroom 5: 122 square feet (1 person)
Bedroom 6: 122 square feet (1 person)

What is the age of the Cate home?

Response: Cate House is 21 years old.

What is the age of the Lockhart House home?

Response: Lockhart house is 32 years old.

What is the driving distance between the current home and the proposed home?

Response: The driving distance between the two homes is 8.0 miles (see attachment)

Cate House is located at 2601 Bower Lane, Cleveland TN 37311 and Lockhart House is located at 3745 Adkisson Drive Cleveland TN 37311.

6. Section B. (Plot Plan)

Your response is noted. However, please indicate the location of the structure on the site and resubmit.

Response: See attachment Plot Plan with identified structure Lockhart House

Tennessee Code Annotated 33-2-418 indicates that the DMHDD “shall not license more than two (2) such residential facilities with five hundred (500) yards in direction from other such facilities housing service recipients. Please verify the proposed ICF/IDD facility is not located at least 500 yards from other similar facilities.

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Response: Lockhart House is located 0.8 miles from the next closest similar facility. See attached map.

7. Section B (Floor Plan)

The floor plan is noted. However, if approved, please clarify the plans for the extra 4 bedrooms in the proposed home.

Response: Plans for the extra bedrooms are office space, sensory/quiet activity space, and therapy space.

8. Section C, Need Item 1

State Health Plan

Please discuss how the proposed project will relate to the 5 Principles for achieving Better Health found in the State Health Plan.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

Response: Each person's health is the result of the interaction of individual behaviors, social factors, the environment, health care, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of state agencies and stakeholders to improve health with respect to these factors, focusing particularly on **behaviors, social factors, and the environment.**

Environmental: The proposed project will enlarge the living space of the individuals affected by the proposal. Lockhart House has ten bedrooms; six will be used for bedrooms providing each individual their own personal space. The remaining bedrooms will be repurposed for therapy uses, sensory/activity rooms, and sitting areas. Lockhart House offers space to retreat to a quieter environment to destress while, at the same time, providing roomy areas for socialization. A private bedroom offers the individual served the opportunity of choice of social or private time. Having two living areas in the home offers the choice of socialization within small groups or a larger group.

Behavioral: Each person served will have a private room to retreat to when they are feeling anxious or when another house mate is feeling anxious and having extreme behaviors. A place to avoid undesired stimulus will decrease anxiety in the persons served which improves the overall health of the individual. With this move we should see a decrease in anxiety, behaviors, and self-injurious behaviors (SIB's). A reduction in these behavioral issues could result in the reduction of medications prescribed for these challenges.

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Social factors: The outcomes impacted will be behaviors and socialization of the person served. A reduction in behaviors due to anxiety will be looked as success. A decrease in anxiety in the persons will increase opportunities for socialization with persons served.

ICF/IID event management is conducted weekly. Behavioral trends are monitored through event documentation and will indicate the success/challenges of the move. All six individuals affected by this project receive ongoing behavioral therapy and are followed by their Primary Care Physician and Psychiatrist for mental health issues. These professionals will also be tracking the success/challenges of the move through the event documentation and observation/interview with the individuals.

2. Every citizen should have reasonable access to health care.

Response: Geographical: There will not be an appreciable change in access as Lockhart House is located on 2 miles closer to the nearest local emergency room and hospital than Cate House.

Insurance: There will be no changes in insurance coverage.

Technology: The larger space allows for more advanced equipment and needed equipment to be located onsite.

Disparity in types of services: At present time there is a need for Medical Residential and Supportive Living homes in the HCBS waiver. This proposal will open up a home that may be used as a Medical Residential home. This will provide more opportunities for individuals to receive needed medical services in the home.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system?

Response: The private rooms and larger space will decrease self-injurious behaviors, anxiety and stress. This decrease will create less medical interventions needed, therefore decreasing medical expenses. It may also result in the decreased need for medications which will reduce health care cost.

This proposal will make available a home that may be used as Medical Residential home. This opportunity encourages economic efficiency by creating a more cost efficient way to provide accessible services to a greater number of people. Many of our people served in the medical residential model qualify for an ICF\DD or nursing home but are able to be served at a lower more efficient cost in a community setting.

The state and national move toward greater choice of health care services provides more accessibility to health care providers and opportunity for competition in health care

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services. Advertisement and description of services in brochures, website, and annual Quality Assurance Analysis that Life Bridges will present to the general public will allow us to compete in the in the health care market.

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

Response: The final project is regulated by multiple entities that require quality health care providers. As in the past, Life Bridges will continue to meet the standards put forth by CMS, CARF, Licensure, and individual health boards for all clinicians such as Nurses, Physician Assistants, Medical Doctors, Physical Therapist, Behavior Analyst, Speech and Language Therapist and all other licensed clinicians.

The final project is regulated by multiple entities that require health care providers to obtain training and official continuing education credits and hours. As in the past, Life Bridges will continue to meet the standards put forth by CMS, CARF, Licensure, and individual health boards for all clinicians such as Nurses, Physician Assistants, Medical Doctors, Physical Therapist, Behavior Analyst, Speech and Language Therapist and all other licensed clinicians.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.

Response: This project will move staff from Cate House to Lockhart House but will not alter the number of employees.

It will provide an improved environment for the existing workforce in both ICF/IID and Medical Residential services.

9. Section C. (Need) Item 1 (General Criteria-Relocation)

Please complete a. and b. below.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

For relocation or replacement of an existing licensed health care institution:

- a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.**

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Response:

Plan for Renovation of Cate House

Cost:

\$87,032.00 - Add-on two bedrooms with closets (178sq' each) with access corridor, exit doors and sprinkler expansion. (150sq'). 506sq'x \$172.00/sq'.

\$8,550.00 - Relocate two closets and create corridor in existing structure to access one existing bedroom and two new bedrooms. 95sq'x \$90.00/sq'.

\$7,500.00 - Upgrade and expand existing HVAC system to handle additional square footage.

\$2,500.00 - Relocate House Generator

\$60,000.00 - Site Preparation – Back fill dirt approx. 450cu yards, compact and excavate.

\$165,582.00 - Estimated total cost – 601sq'x \$275.00/sq'

*Cost/square foot input used from CON approved applications 2013 – 2015 for Nursing Home Construction per Square Foot (Median Range)

Weaknesses:

- The home is landlocked on the front and two sides and would not be conducive to an addition according to the existing house plan. The backside of the house where the house plan would be conducive to an addition would require excessive backfilling since the grade elevation drops 15' at a steep decline 6' beyond the back wall.
- The home is greatly needed AS IS with no renovation required to use as a Med Res 4 person home ASAP.
- Proposed Lockhart home, funding for which is being phased out by the State, will require costly renovation to convert to a duplex supported living home or be sold.
- The clients living in the current home will be affected adversely by the new construction and alteration of the home.
- The cost of transitional housing for the individuals during the renovation would have to be considered.
- The living room space (360 square feet) is inadequate for a 6 person home with staff.
- Renovation cost is estimated at \$165,582.00. The proposed project cost is estimated to be \$114,064.00.

Strengths:

- There are no real strengths to a plan involving renovating Cate House rather than relocating to Lockhart House.

Plan for Relocating to Lockhart House

Cost:

See Project Costs Chart (p 51 in CON application submitted 5/6/16)

Total estimated project cost: \$114,064.

Weaknesses:

- There are no appreciable weaknesses.

Strengths

- There are minimal renovation needs to prepare the home.
- There is a generous living and dining area which will help with behavior challenges.
- Cate House will be available to meet a need for a medical residential home.
- The individuals served will have a private bedroom and double the number of bathrooms available for their use.
- Transitional living issues during renovation will be avoided by not renovating Cate House.
- This plan is more cost effective.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

Response: There has been only 1 bed change in ICF/IID services in Bradley County in the last five years. That bed was filled within two months. This low turnover rate has existed throughout the history of ICF/IID services in Bradley County. Using that trend to project into the future, there should be no concern about being able to maintain the occupancy rate at Lockhart House. The change is an upgrade in services for the individuals at Cate House. Future ICF/IID service recipients will be grateful for a private bedroom, plenty of bathrooms and ample common areas in their home.

10. Section C. (Need) Item 1 (Service Specific Criteria-ICF/IID Facilities)

B. Service Area 1.

Please complete the following table of driving distances and driving time for basic services from the proposed ICF/IID location:

May 27, 2016**10:30 am****Driving Distance table**

Service	Closest Location	Driving Distance	Driving Time
Nearest Incorporated City	Cleveland	0.0 located in Cleveland City limits	0.0 located in Cleveland City limits
Hospital	Tennova	2.8 miles	6 minutes
Physician Offices	Varies		
EMS Fire Station	Cleveland Fire Dept. Guthrie St	1.7 miles	4 minutes
Day Treatment (if applicable)	Life Bridges Inc.	7.1 miles	13 minutes

May 27, 2016**10:30 am****11. Section C (Need), Item 3**

The response regarding the proposed service area is noted. Please note if this facility will be located near families and relatives of the identified residents who will be placed in this facility.

The houses are only 8 miles apart so the proximity to family and relatives of the residents remains functionally unchanged. Some of the men do have family in Cleveland. Others have family within a 1-3 hour drive. The move will alter the distance away from or toward family members by a maximum of 15 minutes.

12. Section C, Economic Feasibility, Item 5

Your response is noted. Please complete the following table identifying the project's gross charge, average deduction from operating revenue, and average net charge per patient day. The applicant should divide the total patient days in Year One of the Projected Data Chart into the total gross charges, deductions from operating revenue total, and total net charges to calculate the charges.

	Year One	Year Two
Average Gross Charge (Gross charges/total days)	1,225,994/2,190 =559.81	1,232,993/2,190=563.01
Average Deduction (Total Deductions/total days)	0	0
Average Net Charge (Total Net Operating Revenue/total days)	84,553/2,190=38.61	77,124/2,190=35.22

In addition, please indicate the percentage of resident SSI (supplemental security income) funds that are dedicated for care expenses. Please indicate if SSI is used for rent or for personal care services. In addition, please indicate if client food stamps are used for food expenses.

Response: Percentage of SSI funds dedicated for care expense = ZERO

SSI is NOT used for rent or personal care services, no ICF/IID client's receive food stamps.

May 27, 2016**10:30 am****13. Section C. (Need) Item 4 (Population Demographics)**

Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

Populations Table

Variable	Bradley County	Polk County	McMin n County	Meigs County	Monroe County	Tennessee
Current year (CY), Age 65+	13,999	2,872	1,885	8,813	7,318	753,462
Projected Year (PY), Age 65+	17,879	3,680	11,089	2,677	10,398	1,091,516
Age 65+, % Change	14%	12.3%	18.7%	17.7%	19.1%	16%
Age 65+, % Total (PY)	16.9%	21.1%	20.4%	21.9%	21.7%	16.0%
CY, Total Population	98,963	16,825	52,266	11,753	44,519	6,346,105
PY Total Population	105,549	17,442	54,449	12,221	47,980	6,812,005
Total Pop. % Change	3.9%	2.1%	2.3%	2.0%	4.3%	4.3%
TennCare Enrollees	23,201	4,434	12,979	3,373	12,297	1,534,367
TennCare Enrollees as % of Total Population	23%	26%	25%	29%	28%	24%
Median Age	38 years	43 years	42 years	43 years	42 years	38 years
Median Household Income	\$41,583	\$39,434	\$39,644	\$33,061	\$37,202	\$44,361
Population % below Poverty Level	18%	18%	18%	21%	19%	18%

Sources: <http://censusreporter.org/profiles/04000US47-tennessee/counties>

<http://www.census.gov/quickfacts>

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14. Section C. (Need) Item 6 – No projected utilization with documented methodology

Please provide the projected number of annual bed resident days and the details regarding the methodology used to project “resident bed” days during the first year of operation and resident bed days during the second year of operation.

Response: Resident bed days are 365 days per year times the number of persons in the home (6) for a total of 2,190 resident days per year. No changes in occupancy are expected in year one or year two, therefore, the resident bed days for each year are 2,190.

Using the chart below, please provide the occupancy and utilization for the past three years for the ICF/IIDs currently located in Bradley County.

County	Facility/Address	2013	2013	2013	2014	2014	2014	2015	2015	2015
		Lic. Beds	ADC	% Occup.	Lic. Beds	ADC	% Occup.	Lic. Beds	ADC	% Occup.
Bradley	LBI/Cate/2601 Bower Ln SE, Cleveland, TN 37323	6	6	100	6	6	100	6	6	100
Bradley	LBI/Edgemon/209 Kile Lake Rd SE, Cleveland, TN 37323	4	4	96	4	4	100	4	4	100
Bradley	LBI/McIntire/207 Kile Lake Rd SE, Cleveland, TN 37323	4	4	100	4	4	100	4	4	100
Bradley	LBI/Wright/2611 Bower Ln SE, Cleveland, TN 37323	6	6	100	6	6	100	6	4	100

15. Section C. (Economic Feasibility) Item 1. (Project cost chart)

The applicant Letter of Intent notes a Project cost of \$585,000 while the provided Project costs chart lists \$114,064. Please clarify.

The following definition regarding items acquired by lease in Tennessee Health Services and Development Agency Rule 0720-2-01 (12)(d) states “If the acquisition is by lease, the cost is either the fair market value of the property, or the total amount of the lease payments, whichever is greater.”

Please provide documentation of the fair market values of both the land and the building and the calculation of the total amount of any applicable lease payments

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over the term of the lease. Please insert the greater amount in line B.1 of the project costs cost and resubmit a revised chart.

Please provide documentation from licensed construction industry professional (i.e. architect, builder, engineer) describing the project's facility required modifications and his/her estimate of the cost to complete the modifications to provide a physical environment, according to applicable federal state and local construction codes, standards, specifications, and requirements, including the latest AIA Guidelines for Design and construction of Health Care Facilities and the Americans with Disabilities Act.

Response: It was discovered in the process of gathering information for the supplemental package that only the fire safety construction costs had been added to the Projected Costs Chart. The construction costs were added as documented in the architect's estimate. The construction cost estimate should be \$117,064 with \$3,000 CON filing fee and the value of the property is \$505,000 for a total estimated project cost of \$622,064. See attached Project Costs Chart and other replacement pages.

16. Section C. (Economic Feasibility) Item 3 (Comparison of the cost per square foot to other ICF/IID projects).

Your response is noted. Please compare the renovation cost per square foot of construction to similar ICF/IID projects recently approved by the Health Services and Development Agency.

Response:

1. Michael Dunn Center, CN1602-006

A 10 bedroom home was renovated to become a four bedroom ICF/IID home. The projected renovation cost per square foot for this approved project was \$54.60.

2. Michael Dunn Center, CN1509-038

A 10 bedroom home was renovated to become a four bedroom ICF/IID home. The projected renovation cost per square foot for this approved project was \$37.50.

Summary: The projected renovation cost per square foot for the renovation of Lockhart House is \$21.38 thus making it less than either of the comparable projects.

17. Section C. (Economic Feasibility) Item 4 (Historical Data Chart)

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Historical Data chart

Please specify the unit of measure for A. Utilization Data, (i.e. days)

Please indicate the actual number of patient days provided in Years 2013, 2014, and 2015 on line A. Utilization Data in the Historical Data Chart. Please review and resubmit.

It is noted the applicant used “thousands” for the amounts included in the historical data chart. Please apply the actual dollar amounts and include the revisions in the Historical Data chart.

Please briefly discuss the bed taxes for 2013-2015.

It is noted the applicant applied a bed tax as a contractual adjustment for 2013, 2014, and 2015. However, please designate the bed taxes in D. 8 “other expenses.”

Why is there \$9,000 designated as interest under Capital Expenditures for 2013 and 2014?

The Historical Data Chart shows no Provision for charity Care and/or Bad Debt. Please explain.

Please provide a total for the capital expenditures line.

Please complete the following for line “D.8. Other Expenses (Specify) in the Historical Data Chart.

Response:

The unit of measure for utilization data = $365 \times 6 \text{ beds} = 2190 \text{ days}$.

Historical Data Chart revised and included.

Bed Tax = tax levy from the State of Tennessee based on payments received from TennCare.

The Bed Tax was moved to “other expenses” as requested.

The \$9,000 that was designated as interest under Capital Expenditures has been moved to interest under Operating Expenses (it’s the mortgage interest paid).

There is no provision for bad debt because there is no bad debt.

Life Bridges has no anticipated Capital Expenditures budgeted.

May 27, 2016

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See attached Historical Data Chart – Other Expenses (spreadsheet)

Projected Data Chart

Please specify the unit of measure for A. Utilization Data, (i.e. days)

It is noted the applicant used “thousands” for the amounts included in the historical data chart. Please apply the actual dollar amounts and include the revisions in the Projected Data Chart.

Please indicate the number of resident days projected in Year One and Year Two on line A. Utilization Data in the Projected Data Chart. In addition, it appears there are calculation errors in Net Operating income (loss) lines for 2017 and 2018. Please revise and resubmit.

Please complete the following for Line D.8. Other Expenses (Specify).

Response:

Unit of Measure for utilization data = 2,190 days

Projected Data chart revised and attached.

See attached Projected Data Chart – Other Expenses (spreadsheet)

18. Section C. (Economic Feasibility) 6.a and 6.b

The Current per diem rate of \$585.77 is noted. However, please provide the proposed per diem rate as reflected in the Projected Data Chart.

The three homes of Wright, McIntire, and Edgemon are noted. Please indicate the location of the three homes.

It appears the applicant’s per diem is lower than the three ICF/IID facilities listed. Please discuss why this is so.

Please clarify what clinical services are included in the per diem charges.

Response:

Proposed (estimated) per diem rate for FY 2017 = \$571.07

Proposed (estimated) per diem rate for FY 2018 = \$592.89 *addition of full-time staff, health insurance costs

Wright House location is 2611 Bower Lane, Cleveland TN 37323

McIntire House location is 207 Kile Lake Road SE, Cleveland, TN 37323

Edgemon House location is 209 Kile Lake Road SE, Cleveland, TN 37323

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Per diem rates are calculated based on that home's expenses for the previous year. Each home has residents with varying levels of need, medical needs and activities thus expenses for each home vary.

Clinical services include physical therapy, occupational therapy, speech therapy, behavioral therapy, nutritional therapy, nursing services, and medical costs not covered by insurance.

19. Section C (contribution to Orderly Development) Item 3. (Current & anticipated Staffing)

A) Provide a staffing chart for this proposed home only which includes the following:

Staffing	Proposed (FTE)	LBI/TN Dept. Workforce Development prevailing wages
Resident Manager	.50 FTE	\$13.13
Qualified ID Professional	.25 FTE	\$14.42/\$14.80
RN	.25 FTE	\$20.58/27.10
LPN	2.0 FTE	\$16.20
Direct Support Workers	18.0 FTE	\$9.50
Nutrition Therapist	.10 FTE	\$38.85/29.26
Behavior Analyst	.15 FTE	\$31.22/30.83*closest match was clinical psychologist.
Physical Therapist	.15 FTE	\$40.95/44.61
Occupational Therapist	.10 FTE	\$50.40/43.58
Speech Therapist	.15 FTE	\$36.00/37.83
Housekeeping Maintenance and Grounds	1.0 FTE	\$13.23
Other Central Office Support Personnel	1.0 FTE	\$20.00
Total	23.65 FTE	\$304.48

See attached Employment Wage Statistics for documentation of comparison source.

It is noted the staff of the proposed home will be shared with another home. Please clarify where this home is located and the distance from the proposed home.

Response: From the date of the transition to Lockhart House until the same process can be completed for the second home, the distance between the two homes is 6.7 miles. We anticipate submitting a request to relocate the other ICF/IID home to a renovated 10 bedroom home by February 2017. If that request is successful, the homes will be .8 miles apart. We are currently looking at strategies to provide the highest quality of care to the residents impacted by the sharing of staff during the transition period.

May 27, 2016

10:30 am

It is noted Alisha Y. Gaines certification status is CCC-SLP. Please clarify the licensure level of the certification and what CCC-SLP represents.

Response: CCC-SLP = Certificate of Clinical Competence-Speech Language Pathology.

Ms. Gaines holds a Master of Arts in Communication Disorders.

20. Section C (contribution to Orderly Development) Item 7

Please provide the latest State of Tennessee Department of Intellectual and Developmental Disabilities licensure inspection.

See attached survey.

21. Project Completion Forecast Chart

The applicant entered June 1, 2016 as the Agency projected Initial Decision Date. Please enter the agency initial decision date on the top of the Project completion Forecast Chart and resubmit a replacement page. If the applicant is requesting consent Calendar the earliest Initial Decision Date is July 27, 2016.

See attached Project Completion Forecast Chart

22. Proof of Publication

Response: It was confirmed via phone conversation that a full page of the newspaper was supplied with the original copy of the application.

1. **Name of Facility, Agency, or Institution**

Life Bridges, Inc.

Name

3745 Adkisson Drive

Street or Route

Cleveland

City

TN

State

Bradley

County

37311

Zip Code

2. **Contact Person Available for Responses to Questions**

Diana Jackson

Name

Life Bridges, Inc.

Company Name

764 Old Chattanooga pike

Street or Route

CEO

Association with Owner

Cleveland

City

423-421-6436

Phone Number

CEO

Title

djackson59@hotmail.com

Email address

TN

State

37311

Zip Code

423-479-1492

Fax Number

3. **Owner of the Facility, Agency or Institution**

Life Bridges, Inc.

Name

764 Old Chattanooga Pike

Street or Route

Cleveland

City

TN

State

423-472-5268

Phone Number

Bradley

County

37311

Zip Code

4. **Type of Ownership of Control (Check One)**

A. Sole Proprietorship _____

B. Partnership _____

C. Limited Partnership _____

D. Corporation (For Profit) _____

E. Corporation (Not-for-Profit) x

F. Government (State of TN or _____

Political Subdivision) _____

G. Joint Venture _____

H. Limited Liability Company _____

I. Other (Specify) _____

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

May 27, 2016

10:30 am

STATE OF TENNESSEE

Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102



GINGER DAVIS
PO BOX 29
CLEVELAND, TN 37364

July 20, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0169637

Issuance Date: 07/20/2015
Copies Requested: 1

Document Receipt

Receipt #: 002154992 Filing Fee: \$22.25
Payment-Credit Card - State Payment Center - CC #: 163743623 \$22.25

Regarding: Life Bridges, Inc.
Filing Type: Nonprofit Corporation - Domestic Control #: 75281
Formation/Qualification Date: 08/01/1973 Date Formed: 08/01/1973
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: BRADLEY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Life Bridges, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: 012858730

Processed By: Cert Web User

May 27, 2016

10:30 am

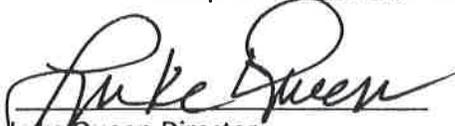
Articles of Amendment to the Charter of Bradley Cleveland Services, Inc.

Corporate Control Number 000075281

Pursuant to the provisions of section 48-60-105 of The Tennessee Nonprofit Corporation Act, the undersigned corporation adopts the following articles of amendment to its charter:

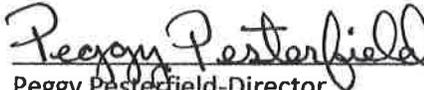
The name of the corporation as it appears of record is **Bradley Cleveland Service, Inc.**
The new name is **Life Bridges, Inc.**

1. Amendment is to be effective 12-20-2010.
2. There are no changes to the Principal address, Registered agent, or Registered address.
3. The corporation is a nonprofit corporation.
4. The amendment is a name change only.
5. The amendment was duly adopted on December 20, 2010 by the board of directors. The corporation has no members. Therefore no approval by members is required. All required notice per T.C.A 48-60-102(b) was given.
6. Additional approval for the amendment (as permitted by T.C.A. 48-60-301 of the Tennessee non profit corporation act) was not required.

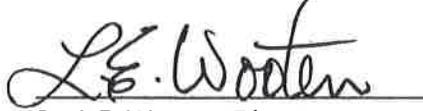

Luke Queen-Director


Dr. Raymond Brown-Director

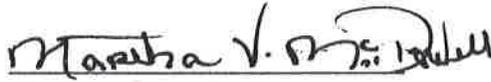

Eddie Cartwright-Director


Peggy Pesterfield-Director


Ralph Summers-Director

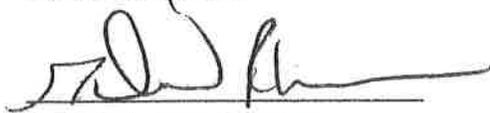

Dr. L.E. Wooten-Director

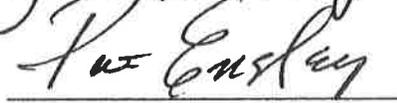

Robert McIntire-Director


Martha McDowell-Director

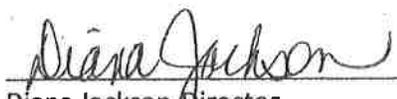

David Fair-Director


James H. Edgemon-Director


Drew Robinson-Director


Pat Ensley-Director


Ken Webb-Director


Diana Jackson-Director

May 27, 2016

10:30 am

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

**ARTICLES OF AMENDMENT
TO THE CHARTER
(Nonprofit)**

For Office Use Only

CORPORATE CONTROL NUMBER (IF KNOWN) 0091127
PURSUANT TO THE PROVISIONS OF SECTION 48-60-105 OF THE TENNESSEE NONPROFIT CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:

Care and Growth Home, Inc.

IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:

Bradley/Cleveland Property Development and Management, Inc.

2. PLEASE MARK THE BLOCK THAT APPLIES:

AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.

AMENDMENT IS TO BE EFFECTIVE, 7/1/02 (MONTH, DAY, YEAR)

(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING

3. PLEASE INSERT ANY CHANGES THAT APPLY:

A. PRINCIPAL ADDRESS: 764 Old Chattanooga Pike, SW STREET ADDRESS
Cleveland TN / Bradley 37311
CITY STATE/COUNTY ZIP CODE

B. REGISTERED AGENT: Walter C. Hunt

C. REGISTERED ADDRESS: 764 Old Chattanooga Pike, SW STREET ADDRESS
Cleveland, TN 37311 Bradley
CITY STATE ZIP CODE COUNTY

D. OTHER CHANGES: None

4. THE CORPORATION IS A NONPROFIT CORPORATION.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF MEMBERSHIPS IS AS FOLLOWS:
No memberships

6. THE AMENDMENT WAS DULY ADOPTED ON 04/16/02 (MONTH, DAY, YEAR)
BY (Please mark the block that applies):

THE INCORPORATORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

THE BOARD OF DIRECTORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.

THE MEMBERS

7. INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLIES BY MARKING THE APPLICABLE BLOCK:

ADDITIONAL APPROVAL FOR THE AMENDMENT (AS PERMITTED BY §48-60-301 OF THE TENNESSEE NONPROFIT CORPORATION ACT) WAS NOT REQUIRED.

ADDITIONAL APPROVAL FOR THE AMENDMENT WAS REQUIRED BY THE CHARTER AND WAS OBTAINED.

Chairman

SIGNER'S CAPACITY

05/23/02

DATE

Eddie G. Cartwright

SIGNATURE

Eddie G. Cartwright

NAME OF SIGNER (TYPED OR PRINTED)

May 27, 2016

10:30 am

**Bradley/Cleveland Services, Inc./
Care and Growth Home, Inc.
Board Resolution/Amendment to the Articles
of Incorporation**

During the regular scheduled meeting of the Board of Directors' of
Bradley/Cleveland Services, Inc. and Care and Growth Homes, Inc. on:

January 28, 2002. A quorum was present.

During a the regular scheduled meeting of the Board of Directors' of
Bradley/Cleveland Services, Inc. and Care and Growth Home, Inc. which serves
as one in the same. The Board of Directors' approved to change the name of
Care and Growth Home, Inc. to Bradley/Cleveland Property Development and
Management, Inc. The name change will allow the function and purpose of the
corporation to be clearly defined in the community.

This new corporation will be called: **Bradley/Cleveland Property
Development and Management, Inc.**

After the proposed name change was presented and a motion was made for its'
approval and seconded, the following was approved by unanimous consent:

Walter C. Hunt, Executive Director, is hereby authorized to execute any and all
documents necessary for the change the name of Care and Growth Home, Inc.
to change the name of Care and Growth Home, Inc. to:

Bradley/Cleveland Property Development and Management, Inc.

Approved this 28th day of January, 2002

**Bradley/Cleveland Services, Inc.
Care and Growth Home, Inc.**

By: Brenda Hughes
Secretary

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

May 27, 2016

10:30 am

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

Form 990 header section including B (Check if applicable), C (Name of organization: LIFE BRIDGES INC), D (Employer identification number: 23-7374336), E (Telephone number: 423-472-5268), F (Name and address of principal officer: DIANA JACKSON), G (Gross receipts: 16,734,914), I (Tax-exempt status), J (Website: WWW.LIFEBRIDGESONLINE.COM), K (Form of organization: Corporation), L (Year of formation: 1975), M (State of legal domicile: TN)

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (CARE OF DEVELOPMENTALLY DISABLED PERSONS), governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and preparer information section. Includes signature of officer DIANA JACKSON, Chief Executive Officer, and preparer JANICE L. HAYES from HARTING, BISHOP & ARRENDALE, PLLC.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LIFE BRIDGES INC

Employer identification number 23-7374336

page 27

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-5 are empty.

3. Section A Applicant Profile, Item 6

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? Rows 1-5 contain data for BRAD/CLEV PROPERTY DEV & MGMT.

SUPPLEMENTAL #1

May 27, 2016 10:30 am

3. Section A Applicant Profile, Hemle
Return of Organization Exempt From Income Tax

SUPPLEMENTAL #1
OMB No. 1545-0047

Form 990 page 28

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

May 27, 2016

2014

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

10:30 am

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BRADLEY CLEVELAND PROPERTY DEVELOPMENT AND MANAGEMENT, INC.	D Employer identification number 58-1413035
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 29	Room/suite E Telephone number 423-472-5268
	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND TN 37364-0029	G Gross receipts \$ 171,360
	F Name and address of principal officer: DIANA JACKSON PO BOX 29 CLEVELAND TN 37364-0029	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: N/A	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation:	M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RESIDENTIAL SERVICES TO MENTALLY HANDICAPPED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,795	77,982
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,298	93,378
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,093	171,360
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,535	174,867
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,535	174,867
19 Revenue less expenses. Subtract line 18 from line 12	11,558	-3,507	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	362,720	273,136
	22 Net assets or fund balances. Subtract line 21 from line 20	160,155	74,078

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DIANA JACKSON	Date EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JANICE L. HAYES	Preparer's signature <i>Janice L Hayes CPA</i>	Date 10/06/15	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name HARTING, BISHOP & ARRENDALE, PLLC	Firm's EIN			
	Firm's address 1040 WILLIAM WAY CLEVELAND, TN 37312-4363	Phone no. 423-472-6543			

Federal Statements

58-1413035

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
LIFE BRIDGES FEES	\$ 100,000	\$ 100,000	\$	\$
TOTAL	\$ 100,000	\$ 100,000	\$ 0	\$ 0

May 27, 2016

10:30 am

TAX ID D-3, M-33, P-19- Prepared by Robert W. Varnell, Jr.,
Attorney, Cleveland, TN b

FOR FIVE DOLLARS (\$5.00) and other valuable considerations to it paid, RIDGESIDE ENTERPRISES, a Partnership composed of Joe G. Rodgers, Jr., Loye Hamilton, A. T. Hamilton and James B. Eldredge, have this day bargained and sold, and do hereby sell, transfer and convey unto CARE & GROWTH HOME, INC. whose address for tax purposes is 547 Spruce St. N.W. Cleveland, TN 37311, its successors and assigns, forever in fee simple, the following described real estate in the Third Civil District of Bradley County, Tennessee, to-wit:

BEGINNING on an iron pin set in the Northwesternmost line of Adkisson Drive, said point of beginning being the Southeasternmost corner of lands of Reuben Moore; and run thence with the Southwesternmost line of Moore, North 65° 58' West, 330.0 feet, to an iron pin corner; thence South 23° 25' West, 175.0 feet, to a corner; thence South 65° 58' East, 330.0 feet, to an iron pin set in the Northwesternmost line of Adkisson Drive; and run thence with said line of said Drive, North 23° 25' East, 175.0 feet, to the **BEGINNING**, all as shown by survey of Cleveland Surveying Company.

BEING part of the real estate conveyed to Ridgeside Enterprises, a Partnership, by Deed of Reuben Moore and wife, Eva W. Moore, dated 28 September 1979 recorded in ROECT in Deed Book 249, page 443.

The 1984 taxes are to be prorated between the parties.

TO HAVE AND TO HOLD said real estate unto the said CARE & GROWTH HOME, INC., its successors and assigns, forever in fee simple.

We covenant that we are lawfully seized and possessed of said real estate; that we have a good and lawful right to sell and convey the same; that the title thereto is clear, free and unencumbered, and we will forever **WARRANT AND DEFEND** the title thereto against all lawful claims.

May 27, 2016
10:30 am

And We, AMY RODGERS, JACKIE HAMILTON, YVONNE P. HAMILTON and
JEAN ELDREDGE, join in this instrument to convey any right
or interest in the property which we may possess by law or otherwise.

WITNESS our signatures this 1 February 1984.

RIDGESIDE ENTERPRISES,
a Partnership
By Joe G. Rodgers Jr.
Joe G. Rodgers Jr.
By Loye Hamilton
Loye Hamilton
By A. T. Hamilton
A. T. Hamilton
By James B. Eldredge
James B. Eldredge

Amy Rodgers
Amy Rodgers
Jackie Hamilton
Jackie Hamilton
Yvonne P. Hamilton
Yvonne P. Hamilton
Jean Eldredge
Jean Eldredge

STATE OF TENNESSEE
COUNTY OF BRADLEY

Before me, Walter C. Hunt, of the State and County
aforesaid, personally appeared JOE G. RODGERS, JR., LOYE HAMILTON,
A. T. HAMILTON and JAMES B. ELDREDGE, with whom I am personally
acquainted, and who, upon oath, acknowledged themselves to be
partners of RIDGESIDE ENTERPRISES, the within named bargainors,
a partnership, and that they as such partners, being authorized so
to do, executed the foregoing instrument for the purpose therein
contained by signing the name of the partnership by themselves
as partners.

My Commission Expires 3/3/86
WITNESS my hand and Seal this 17th day of February, 1984.

Walter C. Hunt
NOTARY PUBLIC

STATE OF TENNESSEE
COUNTY OF BRADLEY

On this 17th day of February 1984, before me personally
appeared AMY RODGERS, JACKIE HAMILTON, YVONNE P. HAMILTON, and
JEAN ELDREDGE, to me known to be the persons described in and who
executed the foregoing instrument, and acknowledged that they
executed the same as their free act and deed.

My Commission Expires 3/3/86
WITNESS my hand and Seal the day and year above written.

Walter C. Hunt
NOTARY PUBLIC



2

May 27, 2016

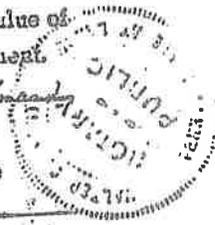
10:30 am

The undersigned Yolanda S. Windman hereby makes oath that
\$ 21,500.00 is the greater of the actual consideration or value of
the property hereinabove described as of the date of this instrument.
Sworn to this 7th day of

Feb. 11, 19 54
[Signature]
Notary Public or Register

Yolanda S. Windman
Affiant

My Commission Expires _____
Recording _____
State Tax _____
Clerk Fee \$ _____



Fees collected
by Register:

STATE OF TENNESSEE, BRADLEY COUNTY
THE FOREGOING INSTRUMENT AND CERTIFICATE WERE NOTED
IN NOTE BOOK 100 AT 8:30 O'CLOCK AM
19 54 AND RECORDED IN 28 BOOK 280
PAGE 100 STATE TAX PAID \$590.50
RECORDING FEE 100 TOTAL \$540 WITNESS MY HAND.
RECEIPT NO 38323

James F. Lopez

Raw

YOUR TRIP TO:



3745 Adkisson Dr NW

14 MIN | 8.0 MI

Trip time based on traffic conditions as of 9:17 PM on May 19, 2016. Current Traffic: Moderate



1. Start out going **east** on Bower Ln SE toward Blackburn Rd SE.

Then 0.18 miles 0.18 total mile:



2. Turn **right** onto Blackburn Rd SE.

Then 0.04 miles 0.21 total mile:



3. Turn **left** onto APD 40/US-74 E/US-64 Byp E/TN-40 Byp. Continue to follow APD 40/US-64 Byp E/TN-40 Byp.

If you reach Fritz St SE you've gone a little too far.

Then 2.43 miles 2.65 total mile:



4. Stay **straight** to go onto TN-60.

Then 3.97 miles 6.62 total mile:



5. Turn **right** onto Westside Dr NW.

Then 0.68 miles 7.29 total mile:



6. Turn **left** onto Norman Chapel Rd NW.

Then 0.09 miles 7.39 total mile:



7. Turn **right** onto Adkisson Dr NW.

Then 0.61 miles 8.00 total mile:



8. 3745 Adkisson Dr NW, Cleveland, TN 37312-2817, 3745 ADKISSON DR NW

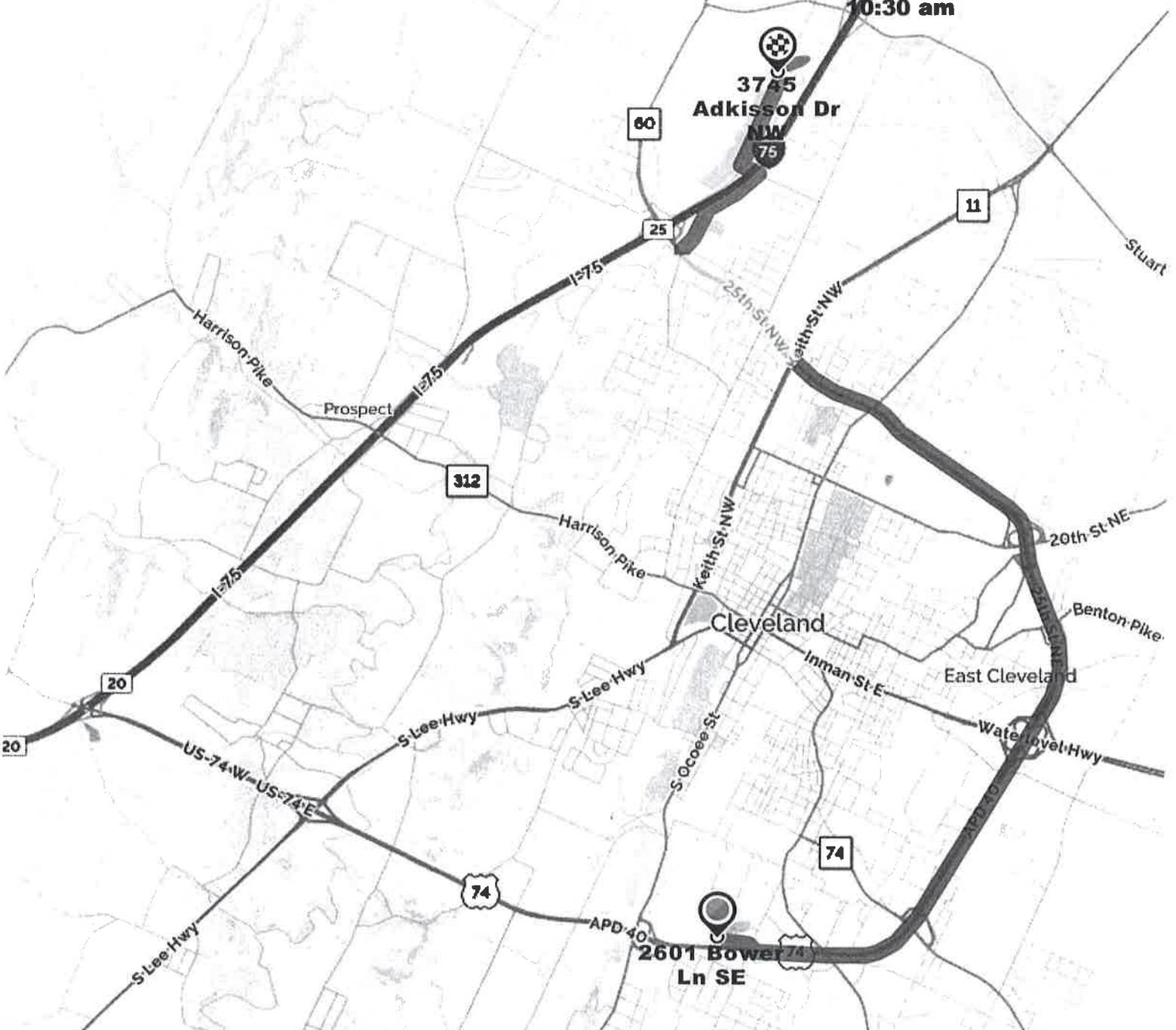
is on the **left**.

Your destination is just past Village Oak Cir NW.

If you reach James Asbury Dr NW you've gone about 0.2 miles too far.

May 27, 2016

10:30 am



p. 416 (initial application)

6. Section B. (Plot Plan)

SUPPLEMENTAL #1

May 27, 2016

10:30 am

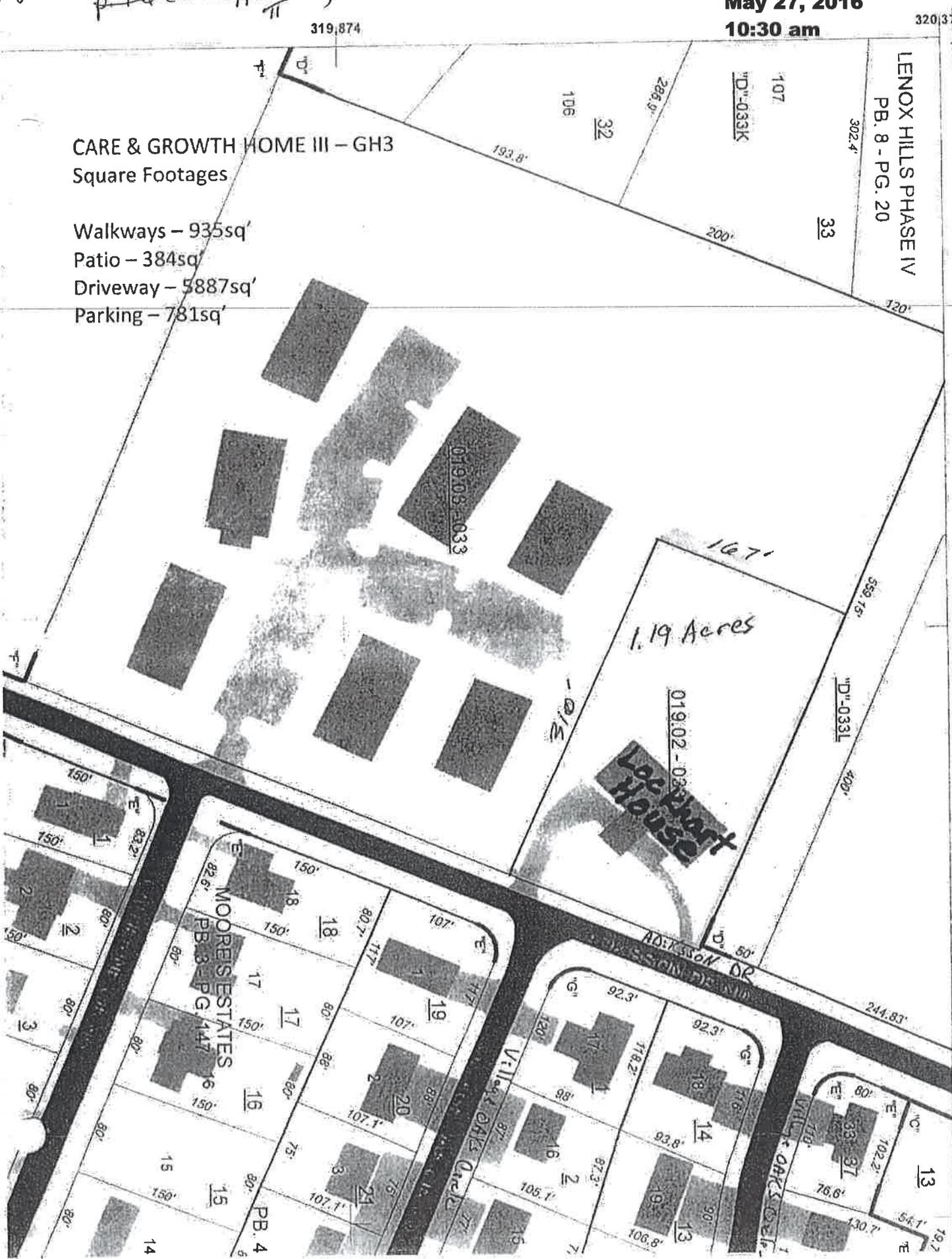
2,304,008

2,304,508

2,305,008

CARE & GROWTH HOME III - GH3
Square Footages

- Walkways - 935sq'
- Patio - 384sq'
- Driveway - 5887sq'
- Parking - 781sq'



page 36

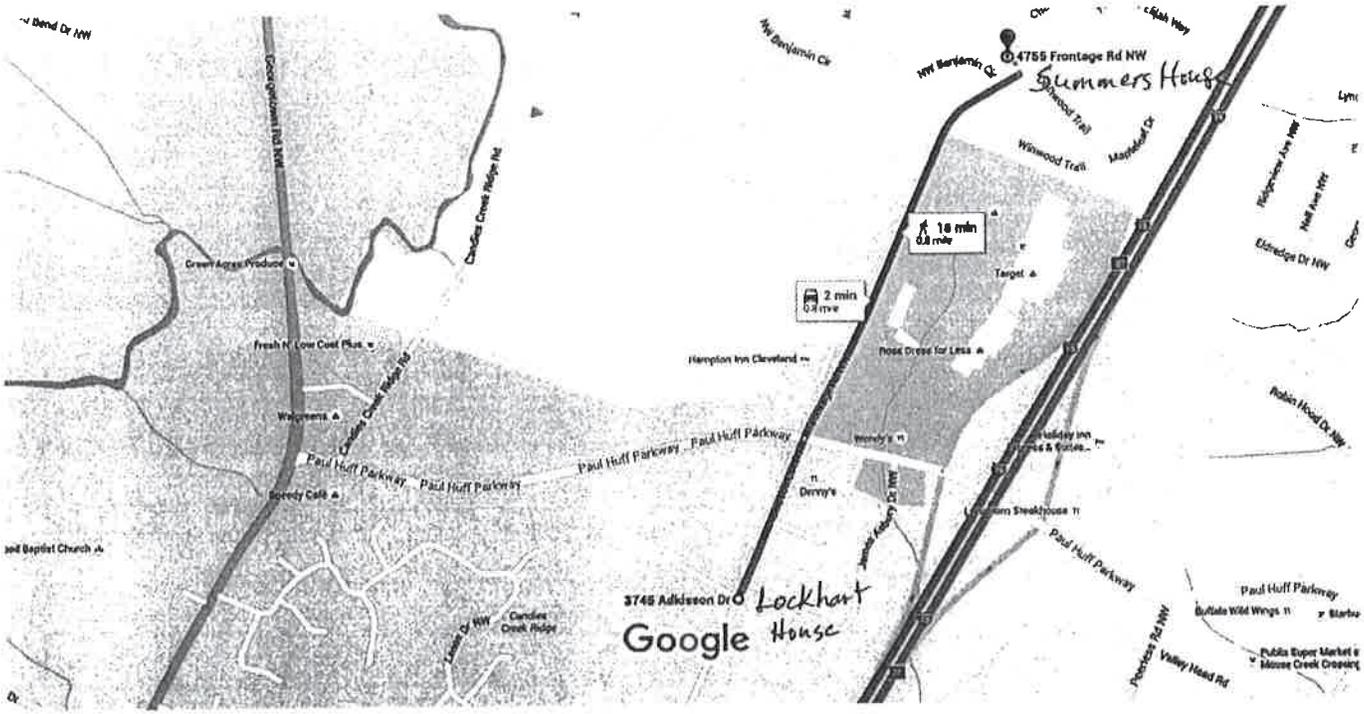
6. Section B. (Plot Plan)

May 27, 2016
10:30 am

Google Maps

3745 Adkisson Dr, Cleveland, TN 37312 to
4755 Frontage Rd NW

Drive 0.8 mile, 2 min



Map data ©2016 Google 500 ft

via Adkisson Dr and Frontage Rd NW
2 min without traffic

2 min
0.8 mile

via Adkisson Dr and Frontage Rd NW

16 min
0.8 mile

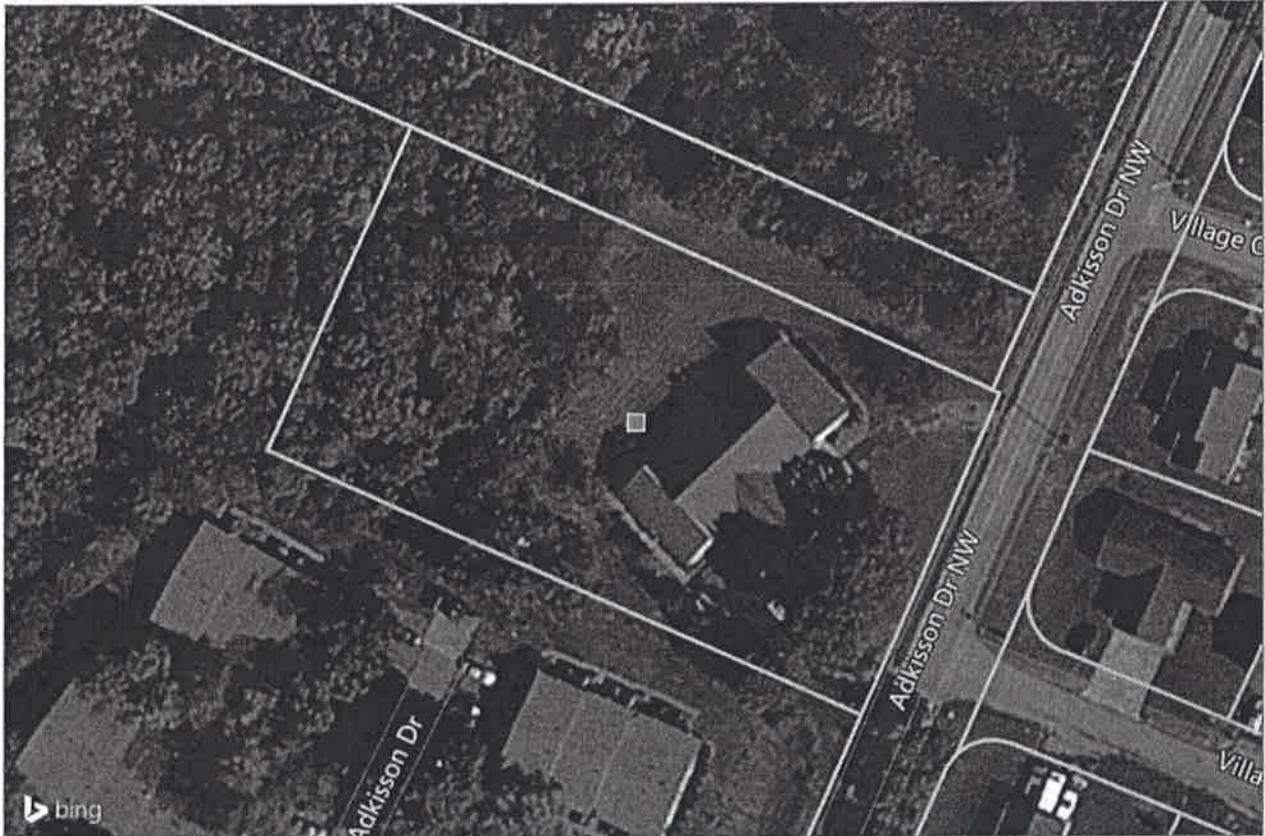
Google Maps

May 27, 2016

10:30 am

COMMERCIAL PROPERTY REPORT

3745 Adkisson Dr NW, Cleveland, TN 37312



Presented by

Lee Tate

Tennessee Real Estate License: 00276838



Mobile: (423) 364-2085 | Fax: (423) 478-2331

leetate2790@yahoo.com
http://www.leetate.com

Century 21 1st Choice REALTORS
2075 N. Ocoee Street
Cleveland, TN 37311

Property Report

May 27, 2016
3745 Adkisson Dr NW, Cleveland, TN 37312
10:30 am

3745 Adkisson Dr NW, Cleveland, TN 37312

OFF MARKET
Public Record

Property Facts	Public Facts	Listing Facts	Refinements
Property Type	Special Purpose	-	-
Property Subtype	Exempt(Full or Partial)	-	-
Building Area (sq ft)	-	-	5,500
Lot Size	1.3 acres	-	-
Lot Dimensions	1.30 AC	-	-
Year Built	-	-	1989

Extended Property Facts

Exterior Details

Topography	ROLLING
Lot Size - Square Feet	56628 sq ft
Lot Size - Frontage Feet	0.0 sq ft
Lot Size - Depth Feet	0.0 sq ft
Lot Size - Acres	1.300 ac
Neighborhood Code	F01

This report contains data and information that is publicly available and/or licensed from third parties and is provided to you on an "as is" and "as available" basis. The information is not verified or guaranteed. Neither this report nor the estimated value of a property is an appraisal of the property. Any valuation shown in this report has been generated by use of proprietary computer software that assembles publicly available property records and certain proprietary data to arrive at an approximate estimate of a property's value. RPR and its information providers shall not be liable for any claim or loss resulting from the content of, or errors or omissions in, information contained in this report.

Public Facts

Owner Information

Owner Name	Care
Mailing Address	547 Spring St Nw Cleveland TN 37311-5057
Mail Care-Of Name	Growth Home Inc

Legal Description

Parcel Number: 033 019.02 000	Zoning: R3	Census Tract: 470110112.024018	Abbreviated Description: DIST:4 CITY/MUNI/TWP:CLEVELAND DISTRICT: 4	City/Municipality/Township: Cleveland, TN 37312
----------------------------------	---------------	-----------------------------------	--	--

Assessed Values

Date	Improvements	Land	Total	Tax
2015	-	-	-	-
2014	-	-	-	-

Maps



Legend: ■ Subject Property



Legend: ■ Subject Property



Legend: ■ Subject Property

May 27, 2016
 10:30 am
 Powered by 



Lee Tate
 Affiliate Broker
 423-478-2332
 leetate2709@yahoo.com

Owner Name	Subdivision	Lot	Acres	Building Sq. Feet	Last Sale Date	Last Sale Price	Year Built
107 Bentley Park Dr NW Cleveland, TN 37312-8233							
Webb Tony	Bentley Park	52		3,096	06/13/2014	\$400,000	1999
313 Bridgewater Dr Mc Donald, TN 37353-5481							
Weathersby Michael G Dann	Bridgewater	30		5,772	07/30/2014	\$561,000	1999
3258 Cumberland Hills Cir NW Cleveland, TN 37312-2449							
Munck Markietta	Cumberland Hills	31		3,934	03/08/2016	\$525,000	2005
3345 Cumberland Hills Cir NW Cleveland, TN 37312-2460							
Windham Lacy Marie Etvir Lee E	Cumberland Hills	40		4,000	07/17/2014	\$494,000	2000
Keystone Dr NE TN							
Mullett Sean Mullett Kristen	Keystone Ridge	33	5.24	4,136	11/16/2015	\$532,000	1991
3244 Ridge Top Dr NW Cleveland, TN 37312-1787							
Ragland Paul D Penelope W	Cumberland Hills	18	2.69	3,200	01/12/2015	\$499,000	2002
3630 Willow Oak Cir NW Cleveland, TN 37312-1748							
Hoveland Richard N Pamela	Summerfield	14		3,091	04/22/2015	\$407,500	1995
381 Windcrest Pl NW Cleveland, TN 37312-3141							
Coleman John E Jessica F Col Trustees Of The John E Coleman Trust & Jessica F Coleman Trust	Windcrest	41		3,359	09/17/2014	\$425,000	1999

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15. Section of Economic

feasibility) Item (Project Cost Chart)
SUPPLEMENTAL #1
Commercial, Special Purpose & Multi-Family
May 27, 2016



Lee Tate
 Affiliate Broker
 423-478-2332
 leetate2709@yahoo.com

10:30 am
 Powered by CRS Data

Owner Name	Subdivision	Lot	Acres	Building Sq. Feet	Last Sale Date	Last Sale Price	Year Built
625 41st St NE Cleveland, TN 37312-4937							
Williamson Michael	Reid Development	8	0.31	2,688	10/05/2015	\$517,500	1993
1100 Benton Dr NW Cleveland, TN 37312-3362							
Burris Robert Dee Taylor Thomas Clarke				6,598	09/14/2015	\$525,000	1991
1850 Executive Park Dr NW TN							
Tsa Rentals LLC			0.8	5,824	12/29/2014	\$490,000	1985
3715 Keri Ln NE Cleveland, TN 37312-5716							
Peerless Property Grp	Saratoga Townhomes T	1	0.12	1,164	03/08/2016	\$425,000	2007
4983 N Lee Hwy Cleveland, TN 37312-4158							
Sanders Anthony B Alice K Sa Southern Water Service LLC	Cawood Property		0.8	2,400	10/30/2014	\$431,000	2002
260 Parker St NE Cleveland, TN 37311-5341							
Highland Properties	City Of Cleveland	P128		9,680	02/02/2015	\$475,000	1960
1186 Perimeter Dr SE Cleveland, TN 37323-6007							
Hometown Folks LLC	Southfork Add Rev	2		4,800	01/05/2016	\$460,000	2002
902 Sahara Dr NW Cleveland, TN 37312-3726							
Life Care Centers Of America Inc	Sahara Add	14		6,077	12/29/2015	\$575,000	1968
2425 S Lee Hwy SW TN							
Tds Investment Grp LLC			3.4	1,824	04/11/2016	\$530,000	1983
4235 TI Rogers St NE Cleveland, TN 37312-4991							
Ct Properties	Charles Mullinax	3	0.63	2,500	12/30/2015	\$450,000	2004
3405 Westside Dr NW Cleveland, TN 37312-3472							
Ownbey Randy Ownbey Susan			0.65	7,488	12/10/2015	\$420,000	1979

SUPPLEMENTAL #1

page 42 15 Section C (Economic Feasibility) Item 1 (Project) ~~May 27, 2016~~

10:30 am

**1020 William Way NW
Cleveland, TN 37312-4369**

William Way Property LLC

Dogwood Park

P13 0.44 1,880

01/30/2015

\$560,000

2001

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Information Deemed Reliable But Not Guaranteed.

CMA Summary Report

COMMERCIAL-INDUSTRIAL Summary Statistics

High	Average	Median
LP: \$799,000	\$505,271	\$449,000
SP: \$560,000	\$420,000	\$425,000

COMMERCIAL-INDUSTRIAL - Active

Number of Properties: 2

Num	Address	EstYrBuilt	Type	EstSq.Ft.	DOM	LP	\$/EstSq.Ft.
1	2150 Ocoee Street N	1992	Office/Professional	3,348	212	\$350,000	\$104.54
2	1860 Executive Park	1984	Office/Professional	7,168	441	\$499,000	\$69.61
Avg				5258	326	\$424,500	\$87.08

COMMERCIAL-INDUSTRIAL - SOLD

Number of Properties: 4

Num	Address	EstYrBuilt	Type	EstSq.Ft.	DOM	LP	\$/EstSq.Ft.	SP	\$/EstSq.Ft.
1	1723 MOUNT VERNON DRIVE, NW	1986	Office/Professional	4,000	109	\$325,000	\$81.25	\$270,000	\$67.50
2	3045 Overlook Drive	2003	Office/Professional	4,340	1039	\$439,900	\$101.36	\$415,000	\$95.62
3	3405 Westside Drive NW	1979	Multi-Tenant	7,488	87	\$449,000	\$59.96	\$435,000	\$58.09
4	1020 William Way	2001	Office/Professional	5,640	421	\$799,000	\$141.67	\$560,000	\$99.29
Avg				5367	414	\$503,225	\$96.06	\$420,000	\$80.13
Min				4000	87	\$325,000	\$59.96	\$270,000	\$58.09
Max				7488	1039	\$799,000	\$141.67	\$560,000	\$99.29
Med				4990	265	\$444,450	\$91.31	\$425,000	\$81.56

COMMERCIAL-INDUSTRIAL - PENDING

Number of Properties: 1

Num	Address	EstYrBuilt	Type	EstSq.Ft.	DOM	LP	\$/EstSq.Ft.
1	3000 Westside Drive	2001	Office/Professional	8,244	284	\$675,000	\$81.89

\$ 80-90 \$/sq ft.

May 17, 2016

p44

May 27, 2016

10:30 am

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	_____
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Construction Costs	<u>\$114,065</u>
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000)	_____
9.	Other (Specify) _____	_____
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	<u>\$505,000</u>
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C.	Financing Costs and Fees:	
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	<u>\$619,065</u>
E.	CON Filing Fee	<u>3,000</u>
F.	Total Estimated Project Cost (D+E)	
	TOTAL	<u>\$622,065</u>

BUILDING CODE ON-SITE-REVIEW CHECKLIST

May 27, 2016

Date: 24 MAY 2016 Name of Project: LOCKHART HOUSE

Name of Owner: BRADLEY/CLEVELAND PROPERTY DEVELOPMENT

Property Address: 3745 ADKISSON DR
CLEVELAND, TN.

Occupancy Classification: INSTITUTIONAL Occupant Load Calculation: 20

Construction Type (Circle One):

I-A I-B II-A II-B III-A III-B IV V-A V-B

Square Footage: 4,916 Largest Floor Square Footage: 4,916 Total # Floors: 1

Sprinkler System YES YES NO Alarm System: YES YES NO

EXTERIOR:

- 1. Fire Department access 20 ft. wide with 13'-6" vertical clearance.
- 2. A fire department access road shall be provided so as to extend to within 50 feet of a single exterior door providing access to the interior of the building.
- 3. Fire hydrants must be provided so that any portion of the building's exterior is within 500 feet hose lay of a hydrant measured along vehicle access route.
- No 4. Fire hydrant locations for average conditions must be installed at least 40 feet from the building to be protected.
- N/A 5. Proper distance required between buildings and provide protection of facing walls and openings.
- 6. At least one accessible route, minimum 48" wide.
- 7. The slope of a walk may not exceed 8.33% (ramp) and must have a continuous common surface not interrupted by steps or abrupt changes in grade level greater than 1/2". Handrails required on both sides, unless slope is 1 in 20 (5%) or less.
- 8. Ramps & stairs serving as means of egress shall have one open side.
- 9. Walks or floors 30" or more above a floor or grade require a guardrail on open sides.
- 10. Walks terminating at doors must have a 5'-0" x 5'-0" level platform that extends a minimum of 18" to the latch side.
- No 11. Provide handicap parking spaces at the rate of 1 to 25 spaces.
- No 12. Handicapped parking space shall have a ground sign of proper design.
- No 13. Handicap parking spaces must be within 200 feet of accessible entrance.
- 14. Building shall have address numbers plainly & legibly displayed on street side.
- No 15. Roof, canopy or mechanical condensate water shall not flow over a public walking surface.

Thomas L. Rice

ESTIMATED RENOVATION COST w/o 1
SPRINKLER SYSTEM COST = \$32,650

BUILDING CODE ON-SITE-REVIEW CHECKLIST

May 27, 2016

10:30 am

INTERIOR

- NO 1. Building exceeds allowable area / number of stories / height for this type of occupancy and construction.
- N/A 2. Firewall must be four-hour rated and must be constructed in such a way that the wall will remain standing after the collapse of the structure on either side. Wall must extend minimum three feet above combustible roof. The firewall must extend not less than 18 inches past any combustible projection or extension.
- N/A 3. Columns, floors, roofs, exterior and interior walls and girders must be protected.
- N/A 4. Provide a one hour fire resistant floor over any crawl space or basement in Type V unprotected construction.
- N/A 5. Openings within 15 feet of a property line must be equipped with opening protection devices.
- NO 6. Provide attic access openings (minimum 22 inches by 36 inches) and attic ventilation within each draft-stop area.
- N/A 7. Provide ___ hour fire rated separation between _____ & _____
- N/A 8. One-hour fire rated tenant separation is required horizontally and vertically. Such separation must extend through usable crawl space to the ground below.
- NA 9. Fire rated walls must extend tight against the underside of a roof or floor deck or to the underside of a rated smoke tight ceiling which has the same rating as the wall (e.g., two layers of 5/8 inch, rated gypsum panels at the ceiling for tenant separation, one hour storage or janitor spaces, and one or two hour rated walls turned horizontally and anchored to the walls for corridors, elevator, stair, and breezeway ceilings).
- N/A 10. Equipment recessed in a rated wall must not decrease the rating of that wall.
- YES 11. Glazing in non-rated doors, sliding doors, storm doors, within 24 inches of doors, 18 inches above finished floor, and exceeding 9 square feet within 36 inches of walking surface must be safety glazed, tempered.
- N/A 12. Glazing in fire rated doors must be wired glass or other tested glazing material, and must be limited in size according to door rating.
- YES 13. A chair rail or other visual barrier is required at glass panels that may be mistaken for door.
- NA 14. Fire rated doors must have fire rated frames, hardware, closers, and other rated accessories.
- N/A 15. Closers and positive latching are required on fire rated doors and doors in smoke tight partitions or barriers.
- N/A 16. Concession stands must maintain corridor wall rating. Roll-up doors must be activated by smoke detectors.
- N/A 17. Rooms 50 square feet or greater that are used for storage, any size janitor closets, all rooms used for storage of hazardous materials, and gas furnace rooms must be one hour enclosed with 45-minute rated doors or must be protected by automatic sprinklers with smoke tight partitions and solid doors with self closers.
- NO 18. Laundry rooms, maintenance shops including woodworking and painting areas, spaces where combustible supplies are used or processed, and spaces where hazardous materials or flammable or combustible liquids are used or processed must be one hour enclosed with 45-minute rated doors and must be protected by automatic sprinklers with smoke tight partitions and doors with closers.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

May 27, 2016

10:30 am

- N/A 19. Fuel fired water heaters with an aggregate input capacity that exceeds 200,000 BTU or 210° F or 120 gallons or rooms 50 square feet and greater must be enclosed in one-hour construction.
- N/A 20. Central heating boiler must be enclosed with two hour rated construction.
- N/A 21. A shaft that does not extend to or through the underside of the roof deck of the building must be enclosed at the top with construction of the same fire resistance as the top most floor protected by the shaft, but not less than the rating required for the shaft enclosure.
- N/A 22. Elevators, shafts, and machine rooms must be enclosed with fire resistant construction.
- N/A 23. Elevators and dumbwaiter hoistway doors and frames must be labeled.
- N/A 24. Atriums must meet requirements of NFPA 101 (8.6.7). The entire building must be sprinkled with smoke control in the atrium.
- N/A 25. Vertical opening connecting three stories or less must comply with NFPA 101 (8.6.6, 12.3.1). Legitimate stages must be constructed of materials of Type I construction. Construction of permanent platforms, and regular and thrust stages must be consistent with the building construction type.
- N/A 26. Legitimate stages must have a minimum two-hour rated proscenium wall.
- N/A 27. Stages exceeding 1000 square feet, dressing rooms, workshops, and storage rooms must be separated from each other by minimum one-hour construction with 45-minute doors.
- N/A 28. Regular stages in excess of 1000sf and legitimate stages shall be provided with emergency ventilation to provide a means of removing smoke and combustion gases directly to the outside in the event of a fire.
- N/A 29. Projection room construction must be consistent with building's construction type.
- N/A 30. Projection room must have not less than 80 square feet for a single machine and 40 square feet for each additional machine.
- N/A 31. Projection openings cannot exceed 25% of the wall between the projection room and auditorium.
- N/A 32. Provide accessible means of egress incorporating areas of refuge.
- 33. Travel distance to reach an exit must not exceed 200 feet in an un-sprinkled building or 250 feet in a fully sprinkled building.
- 34. Dead ends in corridors and aisles are limited to 20'-0".
- 35. The minimum number of means of egress from any story or portion thereof, based on occupancy, shall be as follows:

1 - 500 =	two
501 - 1000 =	three
1001 and over =	four
- 36. Main and secondary exits must each accommodate one-half of the occupancy load.
- 37. Maximum travel distance to an exit is 200 feet in un-sprinkled building..
- N/A 38. Exit stair enclosure must be two hour rated in assembly occupancy. Exterior stairs must be separated from the interior of the building with the same rating required for interior stairs.
- N/A 39. Enclosed, usable space underneath a stair shall be 1-hr. rated construction.

BUILDING CODE ON-SITE-REVIEW CHECKLIST

May 27, 2016

10:30 am

- N/A 40. An exit enclosure shall provide a continuous protected path of travel to an exit discharge.
- N/A 41. Exit stairwell doors must be 1 1/2 hour fire rated.
- N/A 42. Width of stairs must comply with occupancy type & load, but a minimum of 44" unless occupant load is less than 50; then the minimum width is 36".
- N/A 43. Minimum headroom clearance in stair enclosures must be 6'-8" and in the means of egress 7'-6".
- N/A 44. Stair treads must be minimum 11 inches and risers must be maximum 7 inches but not less than 4 inches without square nosing.
- N/A 45. Changes in elevation of less than 21 inches in the means of egress must be by ramp or stair. The stair shall include handrails, 13-inch treads and readily visible treads.
- N/A 46. Handrails and guards must be in accordance with NFPA 101 (7.2.2.4), such as 34" and 42" to top of handrails and guards; handrails on both side of stairs; 23" minimum handrail extension on wall side at bottom of stair; and four inch maximum diameter sphere for intermediate rails in guards.
- N/A 47. Stairs serving upper floors must be separated by a barrier to prevent travel beyond the level of exit discharge.
- N/A 48. Maximum stair rise to a floor or landing shall be 12'-0".
- N/A 49. Normally unoccupied spaces and hazardous areas may not open into an exit stairwell or exit passageway.
- N/A 50. Not more than 50% of the exits may discharge through areas on the level of discharge unless all of the exceptions are met.
- N/A 51. Door swing may not reduce landing to less than one-half its required width.
- N/A 52. Stairwells must be at least ten feet from adjacent property lines and other buildings on the same lot unless openings are protected by 3/4 hour fire resistant door or windows.
- N/A 53. Doors, windows, and openings within ten feet horizontal projection and extending vertically from the ground to a point ten feet above the topmost landing must be 3/4 hour protected, and the stairs must be separated from the interior of the building by one hour construction.
- N/A 54. Rooms containing high-pressure boilers, commercial refrigeration machinery, large transformers or other service equipment subject to possible explosion must not be located directly under or adjacent to required exits from an assembly area.
- N/A 55. Egress may not be through any space identified as a hazardous location.
- N/A 56. Two means of egress must be provided from boiler, incinerator, or furnace rooms which exceed 500 square feet and fuel fired equipment, which exceeds 400,000 BTU input capacity. Maximum distance of travel to an egress door must not exceed 50 feet.
- 57. Corridors must have a minimum clear unobstructed width based on occupancy type & load.
- N/A 58. Corridors serving 30 people or more must be one hour rated with 20-minute door assembly including frame and hardware. Corridors may be rated at 30-minutes with 20-minute door assemblies in fully sprinkled buildings.
- 59. The floor on both sides of any door must be substantially level and may not vary more than 1/2 inch for a distance at least equal to the width of the widest leaf.
- 60. Each leaf of door in the means of egress must provide 32 inches clear opening and a minimum

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height of 6'-8", but in no case may any single door exceed 48 inches.

- N/A 61. Doors serving 50 or more people and stairway doors must swing with the direction of exit travel.
- N/A 62. Every room or space with a capacity of more than 50 persons or where travel distance exceeds 75 feet within the room must have at least two means of egress.
- N/A 63. Folding partition requires a walk-thru door between the two areas.
- N/A 64. Panic hardware is required on all doors with a latch or lock in the means of egress from an area having an occupant load of 100 or more.
- N/A 65. Power operated doors must be capable of being manually opened to permit exit travel in the event of a power failure.
- N/A 66. Astragals are not permitted on doors with fire resistance of B - 1 1/2 hour or less in means of egress that swing in the same direction.
- N/A 67. Astragals and coordinators are required on more than 1 1/2 hour fire rated doors swinging in pairs.
- N/A 68. Balconies or mezzanines having an occupant load not exceeding 50 shall be permitted to be served by a single means of egress, and such means of egress shall be permitted to lead to the floor below.
- N/A 69. Balconies or mezzanines having an occupant load exceeding 50 but not exceeding 100 shall have not less than two remote means of egress, but both such means of egress shall be permitted to lead to the floor below.
- N/A 70. Balconies or mezzanines shall have two means of egress, unless exempted or requiring more as described in NFPA 101 (7.4.1, 12.2.4.7).
- N/A 71. All porches, balconies, raised floor surfaces or landings over 30" must have guardrails.
- N/A 72. Projection room must have one out swinging, self-closing door not less than 30" by 6'- 8" high.
- N/A 73. Every assembly area shall have the occupant load posted in a conspicuous place near the main exit of the room on a permanent sign.
- 74. Interior finish of vertical exits and exit access must have a Class A flame-spread rating in un-sprinkled buildings.
- N/A 75. Interior finish in general assembly areas with occupant loads of more than 300 must be Class A or B and assembly spaces with 300 or fewer occupants must be Class A, B, or C In un-sprinkled buildings.
- N/A 76. Screens on which pictures are projected must comply with requirements of Class A or B interior finish.
- N/A 77. Fixed or moveable walls and partitions, paneling, wall pads and crash pads, applied structurally or for decoration, acoustical correction, surface insulation or other purposes; must be Class A or B in un-sprinkled buildings.
- N/A 78. Carpet on floors in corridors, stairs, and lobbies of un-sprinkled buildings must withstand 0.22 watts/cm², Radiant Panel Test (Class II).
- N/A 79. Carpet on walls & ceilings must be Class A.
- N/A 80. Folding partitions must comply with interior finish rating requirements.
- N/A 81. Proscenium curtains on legitimate stages must be 20 minute fire and smoke resistive and must shut

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automatically upon the detection of smoke.

- 82. Exits cannot pass through a hazardous area (kitchen, storage, mechanical, etc.).
- N/A 83. Minimum clearance between rows of seating shall be 12", up to 14 seats & then shall increase per additional seat.
- N/A 84. Maximum seats on a dead-end aisle shall be 7.
- N/A 85. Minimum aisle width shall be determined by total occupant load & number of aisles.
- 86. Portable fire extinguishers must be provided & be within 75 feet travel distance.

HANDICAP ACCESSIBILITY

- 1. A ramp slope must be no greater than 1 in 12 and have handrails both sides.
- 2. Exterior ramps must have a clear width of 48" and interior ramps must have a clear width of 36". Ramps in a means of egress shall be the same minimum width as corridors.
- 3. Landings at top & bottom of ramps and at changes in direction must be minimum of 60" x 60".
- NO 4. Ramp handrails must be 34" above surface, 1 1/4 to 1 1/2" round & extend 12" at top and bottom.
- NO 5. Doors must have a clear opening of 32" at full open position.
- 6. Glass doors must have a 7 1/2" bottom rail.
- N/A 7. The distance between two sets of doors must be minimum of 7'-0".
- 8. A partition at the strike side of an interior or exterior door must be 12" or 18" clear, respectively.
- 9. A textured surface required on door handles to hazardous areas.
- N/A 10. Vision panels in corridor doors must be 40" off floor & minimum of 30" high.
- N/A 11. Steps in stairs must not have square nosing.
- 12. Floors on a story must be on a common level or connected by ramps.
- NO 13. On every floor where toilets are provided for men & women, 1 of each fixture type to be accessible.
- N/A 14. Toilet stalls shall provide minimum depth of 72" & a 60" diameter clear area.
- 15. The swing of a toilet room door may overlap clear areas by 12" maximum.
- 16. Adult water closet seat to be between 16 1/2" & 19 1/2".
- 17. Grab bars required at each accessible fixture.
- 18. Lavatories to have a clear floor space of 30" x 48" & under piping to be protected.
- N/A 19. Lavatory counter top between 34" & 36" with 29" clear knee space.
- 20. Lavatory water activation by lever, blades or electronic.
- N/A 21. Urinals to have a clear floor space 30" x 48" with rim maximum of 17" above floor.

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- 22. Towel bars & other accessories to be maximum of 48" above floor.
- 23. Water fountains to have front controls, by hand and foot or electronic.
- 24. Water fountains to have clear floor area 30" x 48" with basin at 34" above floor.
- N/A 25. An elevator or wheelchair lift is required for this building.
- N/A 26. Accessible seating must be provided in assembly spaces.
- NO 27. Tactile exit sign required at a door to stair, passageway or exit discharge.

MECHANICAL:

- N/A 1. Penetrations of stairwells such as steam lines, gas lines, water lines, electrical conduit, and duct are prohibited. Only sprinkler piping, standpipes, electrical conduit serving the stairwell and ductwork and other equipment necessary for stair pressurization are permitted.
- N/A 2. Fire dampers are required where ductwork penetrates a one or more hour fire rated wall. They may be omitted in 1 hr fire rated walls where the duct penetrating the wall is not greater than 100 square inches, there is no duct opening within five feet of each side of the wall, the duct material is a minimum 26 gauge steel and the duct is located above the ceiling.
- N/A 3. Ductwork penetrating a fire rated horizontal assembly (floor-ceiling, roof-ceiling) must be enclosed within a fire rated shaft (1 hr for 3 stories or less, 2 hrs for 4 stories or more). Fire dampers may be used in lieu of a shaft where only one floor is penetrated.
- N/A 4. Ductwork penetrating non-fire rated horizontal assemblies (floor-ceiling, roof-ceiling assemblies) must be equipped with a fire damper where the duct connects no more than 3 stories. Ducts connecting 4 or more stories must be enclosed in a fire rated shaft.
- N/A 5. Provide fire/smoke combination dampers in transfer air grille openings through fire rated walls. A smoke damper is required at transfer openings for un-rated walls that must resist the passage of smoke such as a smoke barrier or smoke partition.
- N/A 6. Smoke dampers must be installed in duct penetrations of smoke barriers, unless the duct is a part of a smoke removal system.
- N/A 7. Ceiling dampers or other methods of protecting openings in rated floor- or roof-ceiling assemblies are required.
- NO 8. Systems with a fan capacity less than 2,000 CFM and which serve a means of egress must have automatic shutdown.
- N/A 9. Systems from 2,000 to 15,000 CFM must have a duct mounted smoke detector mounted in the supply duct downstream of all filters and in the return air stream prior to any exhausting from the building or mixing with fresh air makeup. These detectors must be wired to a central control panel which is constantly monitored or be wired to a general building alarm.
- N/A 10. Systems over 15,000 CFM must have duct mounted smoke detector shutdown and smoke dampers in both the supply and return ducts to isolate the fan from the duct system. These detectors must be wired to a central control panel which is constantly monitored or be wired to the building alarm.
- YES 11. An exit access corridor cannot be used for return or exhaust from adjoining air conditioned spaces through louvers or other devices mounted in corridor doors, partitions, or ceilings.
- N/A 12. Combustible material may not be used within a return air plenum unless it is tested for that application.

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- N/A 13. Combustion air and ventilation are provided for the room containing fuel fired equipment. Location of vents within 12" above finished floor and 12" below ceiling, and 1/4" corrosion resistant screen.
- N/A 14. Kitchen commercial cooking exhaust hood and duct systems for removal of grease-laden vapor must comply with 2001 NFPA 96.
- N/A 15. Gas lines may not penetrate a four-hour firewall.
- N/A 16. Gas piping is not permitted to be installed in concealed spaces.
- N/A 17. Gas piping valves must not be located in non accessible spaces or more than six feet away from the appliance being served.
- N/A 18. A separate and individual ventilation system, not part of any other system, must be provided for ventilation of each room or space containing flammable vapors, combustion vapors, noxious gases, and flammable dusts.
- ✓ 19. Minimum required plumbing fixtures: Water Closets 6, Lavatories 6, Drinking Fountains 0.

SPRINKLER SYSTEM:

- N/A 1. Occupancy classification and/or size of this building requires a full sprinkler system.
- N/A 2. An existing sprinkler system in the building requires a registered sprinkler contractor to inspect, test, and provide a letter of acceptance for the existing system.
- N/A 3. Provide a sprinkler system for all stages 1000 square feet or more. Provide coverage at all adjacent storerooms, workshops, permanent dressing rooms and other spaces contiguous to the stage.
- N/A 4. Provide a Class I wet standpipe for all buildings in which the highest floor is 30 feet or less above the lowest level of fire department vehicle access and exceeding 10,000 square feet per story or when any portion of the building's interior area is more than 200 feet of travel from the nearest point of fire department vehicle access.
- N/A 5. Provide a Class II wet standpipe in public assembly halls greater than 5000 square feet used for exhibition or display purposes.
- N/A 6. Provide a Class I wet standpipe in un-sprinkled buildings exceeding 1000 persons.
- N/A 7. Provide Class III wet standpipes on each side of regular stages greater than 1000 square feet or any legitimate stage.

ELECTRICAL:

- ✓ 1. Provide emergency lighting for assembly areas, stairs, aisles, corridors, and exitways. Emergency Lighting must have stand-by power source.
- ✓ 2. Exit signs must be visible from all directions of travel.
- ✓ 3. Exit signs must have an emergency power source or be a listed self-illuminating type sign.
- ✓ 4. Provide a fire alarm system for assembly, education, day care, health care, detention, lodging, mercantile and industrial occupancies.
- ✓ 5. Working space in front of electrical equipment to be a minimum of three-foot horizontal, six and a half foot vertical and thirty inches minimum width. Working space may not be used for storage and may

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not contain ductwork, piping, etc.

N/A

- 6. Electrical outlet boxes located on opposite sides of rated walls must be separated by a horizontal distance of 24 inches.

NO

- 7. Provide ground fault interrupter for wet locations, and outside.

N/A

- 8. Smoke detectors controlling hold open devices must be located in accordance with NFPA 72 and must be tied into the fire alarm system.

N/A

- 9. Automatic detection devices must be provided in all hazardous areas that are unoccupied and un-sprinkled.

N/A

- 10. Nonmetallic-sheathed cable (types NM and NMC) may not be used in fire resistive components of a building with assembly occupancy, in a four or more story building, or in Type I or II construction.

N/A

- 11. Connections to the kitchen hood fire extinguishing system that activates the fire alarm system and other required shutdowns in the event the extinguishing system is activated.

N/A

- 12. Shunt trip circuit breakers and gas solenoid valves required - unless a mechanical gas line shut-off is provided.

N/A

- 13. Flow switch or alarm check valve connection to the building alarm and central station or fire dept.

N/A

- 14. Supervisory alarm connection from tamper switches on sprinkler system.

N/A

- 15. Electrical equipment rated for 1200 amperes or more and over 6 ft wide, containing over-current devices, switching devices, or control devices, there shall be one entrance not less than 32 in. wide and 6 1/2 ft high at each end of the working space. Both entrances shall open in the direction of the egress and be equipped with panic bars, pressure plates, or other devices that are normally latched but open under simple pressure.

N/A

- 16. Dry-type transformers installed indoors and rated 112 1/2 KVA or less shall have a separation of at least 12 in. from combustible material unless separated from the combustible material by a fire-resistant, heat-insulated barrier.

N/A

- 17. Individual dry-type transformers of more than 112 1/2 KVA rating shall be installed in a transformer room of minimum 1 hour fire-resistant construction.

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**associated
architectural
services**



Thomas L. Crye - Architect

301 Keith Street, SW
Suite 215 Village Office Building
Cleveland, Tennessee 37311-5843
Phone (423) 476-5612

HISTORICAL DATA CHART

Give information for the last *three* (3) years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	FY Year 2013	FY Year 2014	FY Year 2015
A. Utilization Data (Specify unit of measure) <u>(2,190)</u>	<u>2,190 (Days)</u>	<u>2,190 (Days)</u>	<u>2,190 (Days)</u>
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,110,424</u>	<u>1,134,014</u>	<u>1,206,066</u>
Gross Operating Revenue	\$ <u>1,110,424</u>	\$ <u>1,134,014</u>	\$ <u>1,206,066</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care <i>*expenses reimbursed by</i>	<u>0</u>	<u>0</u>	<u>0</u>
3. Provisions for Bad Debt <i>stream of revenue</i>	<u>0</u>	<u>0</u>	<u>0</u>
Total Deductions	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,110,424</u>	\$ <u>1,134,014</u>	\$ <u>1,206,066</u>
D. Operating Expenses			
1. Salaries and Wages / <u>Benefits</u>	<u>755,370</u>	<u>785,098</u>	<u>853,696</u>
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	<u>23,600</u>	<u>33,395</u>	<u>36,847</u>
4. Taxes	_____	_____	_____
5. Depreciation	<u>32,573</u>	<u>35,552</u>	<u>30,032</u>
6. Rent	_____	_____	_____
7. Interest, other than Capital <u>(Mort. Int.)</u>	<u>9,355</u>	<u>8,911</u>	<u>0</u>
8. Other Expenses (Specify) <u>Bed Tax, Maint., Comm., Travel, Work Comp, Utilities, Food, Insurance, Prof. Exp, etc.</u>	<u>191,966</u>	<u>190,750</u>	<u>179,909</u>
Total Operating Expenses	\$ <u>1,012,864</u>	\$ <u>1,053,686</u>	\$ <u>1,100,484</u>
E. Other Revenue (Expenses) - Net (Specify)	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ _____	\$ _____	\$ _____
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest <u>(Mortgage Interest)</u>	_____	_____	_____
Total Capital Expenditures	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$ <u>97,560</u>	\$ <u>80,328</u>	\$ <u>105,582</u>



HISTORICAL DATA CHART - OTHER EXPENSES

	FY2013	FY2014	FY2015
Bed Tax	\$ 58,029	\$ 60,961	\$ 64,380
Maint	\$ 9,082	\$ 7,192	\$ 8,086
Comm	\$ 7,503	\$ 6,482	\$ 7,167
WC	\$ 15,714	\$ 19,801	\$ 20,403
Utilities	\$ 9,588	\$ 8,424	\$ 9,734
Food	\$ 19,914	\$ 25,741	\$ 22,337
Insurance	\$ 13,742	\$ 12,633	\$ 12,781
Prof Exp	\$ 27,553	\$ 21,313	\$ 16,695
Trans Exp	\$ 23,602	\$ 19,414	\$ 11,274
Travel	\$ 1,292	\$ 2,426	\$ 2,191
Misc	\$ 5,947	\$ 6,363	\$ 4,861
TOTALS	\$ 191,966	\$ 190,750	\$ 179,909

*Misc - Memberships, Advertising, Rental Expense

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	FY Year <u>2017</u>	FY Year <u>2018</u>
A. Utilization Data (Specify unit of measure) <u>days</u> ^(2,190)	<u>2,190</u>	<u>2,190</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ _____	\$ _____
2. Outpatient Services	_____	_____
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,225,994</u>	<u>1,232,993</u>
Gross Operating Revenue	<u>\$1,225,994</u>	<u>\$1,232,993</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____
3. Provisions for Bad Debt	_____	_____
Total Deductions	<u>\$ 0</u>	<u>\$ 0</u>
NET OPERATING REVENUE	<u>\$1,225,994</u>	<u>\$1,232,993</u>
D. Operating Expenses		
1. Salaries and Wages / <u>Benefits</u>	<u>\$ 896,085</u>	<u>\$ 901,248</u>
2. Physician's Salaries and Wages	_____	_____
3. Supplies	<u>29,689</u>	<u>33,869</u>
4. Taxes	_____	_____
5. Depreciation	<u>28,059</u>	<u>29,752</u>
6. Rent	_____	_____
7. Interest, other than Capital	_____	_____
8. Other Expenses (Specify) <u>Prod Tax, Maint./Comm./</u> <u>Travel/Work Comp./Utilities/food/Insurance/</u> <u>Prof. Exp., etc.</u>	<u>187,608</u>	<u>191,000</u>
Total Operating Expenses	<u>\$1,141,441</u>	<u>\$1,155,869</u>
E. Other Revenue (Expenses) -- Net (Specify)	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	<u>\$ 84,553</u>	<u>\$ 77,124</u>
F. Capital Expenditures		
1. Retirement of Principal	\$ _____	\$ _____
2. Interest	_____	_____
Total Capital Expenditures	<u>\$ 0</u>	<u>\$ 0</u>
NET OPERATING INCOME (LOSS)		
LESS CAPITAL EXPENDITURES	<u>\$ 84,553</u>	<u>\$ 77,124</u>

PROJECTED DATA CHART - OTHER EXPENSES

	FY2017	FY2018
Bed Tax	\$ 67,430	\$ 67,815
Maint	\$ 8,257	\$ 8,464
Comm	\$ 7,685	\$ 7,877
WC	\$ 21,749	\$ 22,293
Utilities	\$ 9,941	\$ 10,190
Food	\$ 22,583	\$ 23,148
Insurance	\$ 12,976	\$ 13,301
Prof Exp	\$ 17,248	\$ 17,680
Trans Exp	\$ 11,746	\$ 12,040
Travel	\$ 2,287	\$ 2,344
Misc	\$ 5,706	\$ 5,849
TOTALS	\$ 187,608	\$ 191,000

*Misc - Memberships, Advertising, Rental Expense

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Social Workers, All Other in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$30,791	\$53,752	\$62,764
Hourly wage	\$14.80	\$25.84	\$30.17

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Registered Nurses in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$44,348	\$56,370	\$63,374
Hourly wage	\$21.32	\$27.10	\$30.47

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Licensed Practical and Licensed Vocational Nurses in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$30,264	\$36,000	\$39,503
Hourly wage	\$14.55	\$17.31	\$18.99

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Occupational Therapists in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$62,662	\$81,812	\$90,651
Hourly wage	\$30.13	\$39.33	\$43.58

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Dietitians and Nutritionists in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$39,633	\$52,265	\$60,862
Hourly wage	\$19.05	\$25.13	\$29.26

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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 12:25 PM

Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Physical Therapists in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$64,379	\$83,372	\$92,785
Hourly wage	\$30.95	\$40.08	\$44.61

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Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Speech-Language Pathologists in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$44,327	\$64,102	\$78,694
Hourly wage	\$21.31	\$30.82	\$37.83

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Maintenance and Repair Workers, General in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$24,294	\$35,737	\$43,833
Hourly wage	\$11.68	\$17.18	\$21.07

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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Employment Wage Statistics

The table below shows the estimated Employment Wage Statistics for individuals in Tennessee employed as Clinical, Counseling, and School Psychologists (No data available for Counseling Psychologists) in 2014.

Rate Type / Statistical Type	Entry Level	Median	Experienced
Annual wage or salary	\$49,241	\$64,119	\$86,410
Hourly wage	\$23.67	\$30.83	\$41.54

Source: TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S
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19. Section C (Contribution to orderly development) *Henri* **May 27, 2016** anticipated

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Google Maps *Staffing* 5611 Bower Ln SE, Cleveland, TN 37311 to 3745 Adkisson Dr, Cleveland, TN 37312 Drive 6.7 miles, 18 min



Map data ©2016 Google 1 mi

via US-74 W and I-75 N 13 min
 13 min without traffic 11.1 miles

via APD 40 and TN-60 N/25th St NE 16 min
 14 min without traffic 8.0 miles

via Keith St NW 18 min
 15 min without traffic 6.7 miles

Shared staff distance between homes →

Google Maps

page 2 of 2

t. Section B. (Plot Plan)

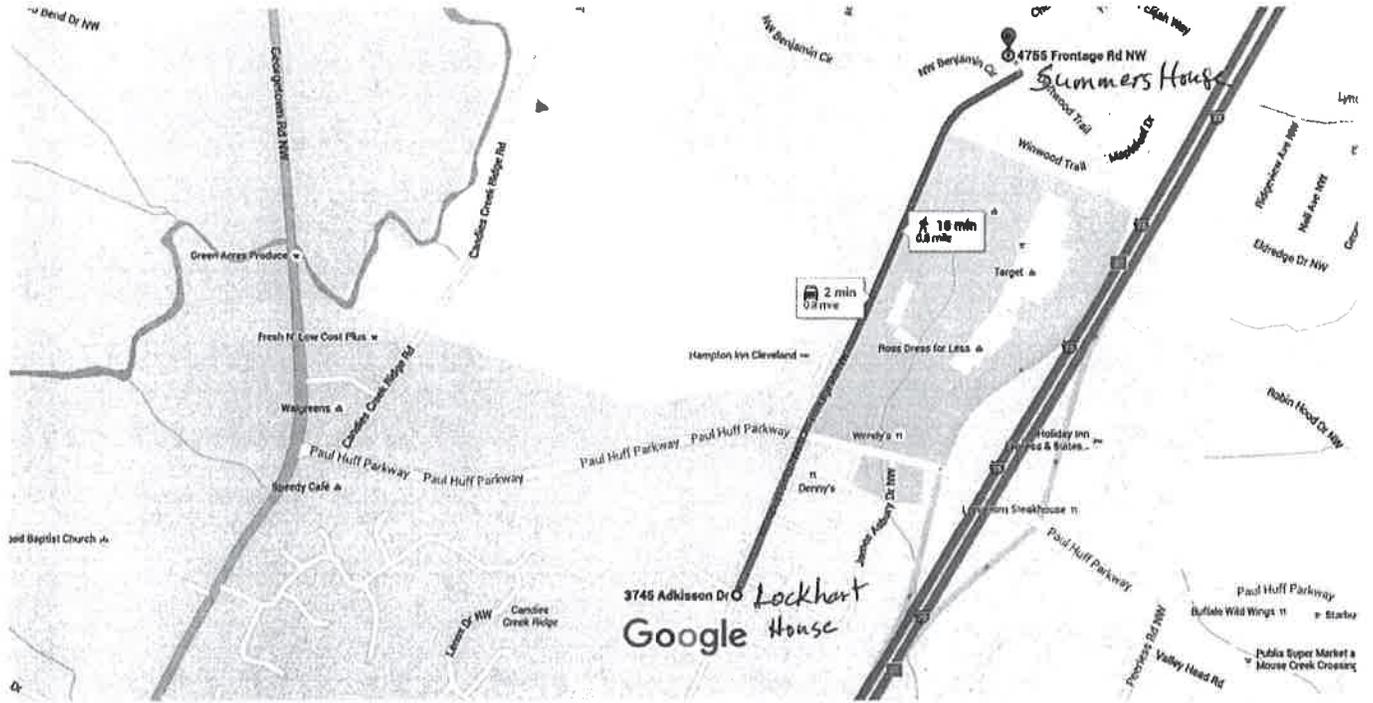
May 27, 2016

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Google Maps

3745 Adkisson Dr, Cleveland, TN 37312 to 4755 Frontage Rd NW

Drive 0.8 mile, 2 min



Map data ©2016 Google 500 ft

via Adkisson Dr and Frontage Rd NW
2 min without traffic

2 min
0.8 mile

via Adkisson Dr and Frontage Rd NW

16 min
0.8 mile

*19. Section C (Contribution to orderly development) Item 3.
(Current & Anticipated Staffing)*

Google Maps

** Distance between homes when anticipated transition of Wright House to Summers House completed (2017).*

May 27, 2016

10:30 am

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2015
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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K0056 Continued From page 1

K0056

- Exception No. 5: Not applicable
- Exception No. 6: Inflation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.
- SLOW**
Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.
- Exception No. 1: Not Applicable
- Exception No. 2: Not Applicable
- Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.
- Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, are permitted.
- Exception No. 6: Not Applicable

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20. Section C (Contribution to Orderly Development) **Supplemental #1**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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K0056 Continued From page 2

Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.

IMPRACTICAL

Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.

Exception No. 1: Not Applicable.

Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.

Exception No. 3: Not Applicable.

Exception No. 4: Not Applicable.

Exception No. 8: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height, are permitted. All

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K0056 Continued From page 3 K0056

habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.

Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.

This STANDARD is not met as evidenced by:
Based on observation, interview and record review, the facility failed to maintain the sprinkler system.

The findings include:
1. Observation and interview with the director of maintenance on 7/13/2015 at 5:05 PM confirmed 4 of 4 sprinklers under the drive through canopy and 2 of 2 bathroom sprinklers were corroded. (NFPA 25, 5.2.1.1.1, NFPA 25, 5.2.1.1.2).
2. Record review with the Maintenance Director, on 7/13/2015 at 5:14 PM confirmed no 10-year dry sprinkler testing/replacement was performed. (NFPA 25, 2-3.1.1 Exception No. 5; Temporary interim amendment 98-1)
These findings were verified by the Director of Maintenance and acknowledged by the assistant program manager during the exit conference on 7/13/2015.

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20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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

10:30 am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
W 104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the governing body failed to exercise operating direction and ensure day program services were appropriate based on client need, interest and preferences for 1 of 3 sampled clients (Client #2).</p> <p>The findings included:</p> <p>An observation at the residence on 7/7/15 from 8:30 AM to 9:30 AM revealed Direct Support Professional (DSP) #5 presented Client #2 with some markers and paper. The client took the top off the marker and swiped an area of the paper; there was no functional use of the marker. The staff presented clay dough which the client manipulated for a few seconds but displayed no consistent response. DSP#5 did not engage with Client #2 to provide training, encouragement, or direction in what to do with these items. The client took off his shoes and socks and walked around the home, outside the home for most of the observation period. There were no additional materials presented to Client #2 for engagement during the morning routine.</p> <p>During an interview with DSP #5 at the home, on 7/7/15 at 9:30 AM, DSP #5 indicated they (management) rearranged things at the Center (day program). The staff noted the day program had a sensory room but it was discontinued. Per</p>	W 104	<p>W104</p> <p>Corrective Action: The relocation of the sensory room was completed at the main center. Client #2 will use the new sensory room per his plan. The Program Manager will provide operating directions and supervision to ensure the programming of Client #2 is appropriate and in compliance with ISP. The occupational therapist is reviewing usage of the room to determine how to enhance functional and sensory experiences and enhance client interest in those experiences. The remodel of the Center provides new opportunities for skills acquisition training. These areas may also be utilized as facets of Day Programming for Client #2.</p> <p>Identification: The ICF Director reviewed the practice and found that the remodeling of the Center could effect other individuals in the home. They have opportunity for enhancement of their day programming and increased interest in the experience due to changes made throughout the building-which created multiple new skill acquisition focused areas.</p> <p>Preventative Measures: In addition to the relocation of the sensory room in the main center. Staff will be retrained both formally and informally on active treatment, functional activities/choices, and skill acquisition outcomes implementation documented through signature sheets.</p> <p>Monitoring: Staff will document usage of the sensory room on a sign in sheet in the room. Usage of the sensory room will also be documented in the in the daily communication notes. The communication notes will be reviewed by the Supervisors weekly through September to assist in monitoring the compliance in regards to usage of the sensory room. The Program Manager will monitor usage monthly throughout the year.</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Deana L. Jackson

TITLE

CEO

(X6) DATE

8-12-15

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

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20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL #1**

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

May 27, 2016
10:30 am
DATE: 07/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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W 104	<p>Continued From page 1</p> <p>staff interview, Human Resources took over the space where the sensory classroom area was located- over 2 months ago. The staff indicated Client #2 enjoyed the sensory room. According to staff, Client #2 no longer likes going to the day program since the sensory room was discontinued. The staff noted they try to find other activities to get Client #2 involved in.</p> <p>During an additional interview with DSP #5 at the home on 7/7/15 at 12:00 pm, DSP #5 explained if Client #2 wants something he will grab it. There are days he might participate in activities, other days he will not.</p> <p>During an interview with the Behavior Analyst (BA), who was the former Qualified Intellectual Disabilities Professional (QIDP) in the Board Room, on 7/8/15 at 9:20 AM, the BA confirmed a sensory room was in use at the day program for Client #2 and others. Two months ago, this area for sensory programming became Human Resources. The movement was beyond "our" control. The BA also confirmed the Executive team made the decision to re-organize and discontinued the use of the sensory room at the time. In further interview, the BA stated Client #2 did attend the day program frequently and engaged in activities in that room. The BA further confirmed client #2 has not attended the day program since the discontinuation of the sensory room over 2 months ago.</p> <p>During an interview with the Executive Director (ED) in the Board Room, on 7/8/15 at 9:50 AM, the ED confirmed the use of the sensory room was discontinued at the day program 2 months ago. The ED stated the facility is still in the</p>	W 104		
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20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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

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W 104	Continued From page 2 movement process, but will be getting the sensory room back. The previous location for the sensory room is now being used for Human Resources. In continued interview, the ED reported the furniture for the sensory room is stored at the Center, and "we" plan to identify another location for the sensory room at the day program. In further interview the ED confirmed, "I was not aware that client #2 was not attending the alternate sensory area at the other group home." The ED confirmed it was a management decision to temporarily discontinue the use of the sensory room, and it was not based on clients' needs. During an interview with the QIDP by phone, on 7/8/15 at 10:55 AM, the QIDP confirmed the clients do not like the atmosphere at the day program, and they do not like being there. The QIDP stated, "I am not sure if it is the structure or the activities there. I am not sure of what the plans are there with the reorganization efforts. I have no idea of what is going on there at the day program. I am aware that the clients do not like going."	W 104			
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure each client's active treatment program was integrated,	W 159	W159 A. Corrective Action: Clients #2, #4, and #5: ISP and BSP will be reviewed and updated as needed to provide clarity of instruction to facilitate staff implementation of both formal and informal active treatment activities including skill acquisition outcomes. Identification: The ICF Director reviewed the finding and determined that any individual in the home could receive inconsistent implementation of their programming.	8/24/15	

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20. Section C (contribution to Orderly Development) Item 7 **SUPPLEMENTAL #1**

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

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W 159	<p>Continued From page 3</p> <p>coordinated, and monitored by a Qualified Intellectual Disabilities Professional (QIDP) to ensure consistent implementation. This affected 1 of 3 sampled clients (Client #2) and 2 of 3 un-sampled clients (Clients #4, #5). The facility also failed to ensure staff was competent in training on skill acquisition outcomes; the day program met client needs; or clients were afforded an opportunity to participate in meal preparation, family style dining, and post-meal clean-up. This affected 3 of 3 sampled clients (Clients #1, #2, #3) and 3 of 3 un-sampled clients (Clients #4, #5, #6). The facility also failed to ensure medications were not prescribed to manage behavior on an as needed basis. This affected 3 of 3 un-sampled clients (Clients #4, #5, #6).</p> <p>The findings included:</p> <p>See W249 - Staff did not involve, model, teach, prompt or reinforce skill acquisition outcome of signing "yes" with Client #2. Staff did not implement the gait belt plan as outlined in Client #2's Individual Support Plan (ISP). Staff did not prompt or teach Client #2 to implement outcome of putting on socks with verbal prompts. Staff also failed to assess why Client #2 did not want to attend the day program. Staff did not involve, model, teach, prompt or reinforce skill acquisition outcome of increasing independent living skills in the kitchen by setting the oven temperature for his recipe independently with Client #4. Staff did not involve, model, teach, prompt or reinforce skill acquisition for the outcome of working at the Hunt Opportunity Center for 3 hours, four days each week. Staff were not observed to involve, model, teach, prompt or reinforce Client #5's skill acquisition outcome of engaging Client #5 in an</p>	W 159	<p>Preventative Measures: The ICF/IID at Life Bridges has been restructured to widen the scope of both accountability and the number of personnel resources brought to bear on the challenges faced by the individuals served and the staff who serve them. This change includes changes in personnel including the QIDP and Assistant Program Manager. The ICF Director will provide operating directions and supervision to ensure consistent implementation. This will both provide the changes necessary for compliance with the active treatment condition of participation and ensure future compliance.</p> <p>Monitoring: The ICF Director will provide ongoing training and supervision of the Program Manager who maintains the role of the Qualified Intellectual Disabilities Professional (QIDP).</p> <p>B. Corrective Action: Client #1-6's staff will be retrained as evidenced by training agenda and handouts along with signature sheets on skill acquisition outcomes and active treatment. Staff will receive training in implementing family style dining. This training will be both immediate and ongoing.</p> <p>Clients #4 and #5 prefer to eat in their rooms. Non-compliance with programming is an ongoing barrier for them. The Behavior Analyst will provide a new BSP for each Client which includes an individualized compliance plan. Staff will be trained on and follow the new plans.</p> <p>Identification: Each individual in the home was cited in the finding.</p>	8/24/15	

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20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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W-159	Continued From page 4 activity outside of his room, in the common areas of the house, for three minutes. Staff were not observed to involve, model, teach, prompt or reinforce Client #5's skill acquisition outcome of picking up his groceries and placing them in the van. See W488 - Staff did not involve, teach, prompt or reinforce acquisition of dining skills in meal preparation, family style dining, or post-meal clean-up for Clients #1, #2 #3, #4, #5, #6 during observations in the home. See W104 - The sensory classroom was discontinued at the day program due to reorganization. The QIDP did not monitor to ensure appropriate sensory programming for Client #2. See W312 - The QIDP failed to ensure there were no medications to manage behavior administered on an as needed basis for Clients #4, #5 and #6. During a phone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/8/15 at 10:55 am, the QIDP confirmed she had been on the job for less than 6 weeks. The QIDP further confirmed Client #2, #4, and #5's ISP goals should be followed by staff. The QIDP also confirmed she was aware Client #2 had refused to attend the day program. The QIDP confirmed she was still in the transition stage of her role, observing stage and had a lot to learn about the clients. Final interview confirmed the QIDP she had not had time to observe the routine in the home and had time to adequately assess staff implementation of goal outcomes and the ISP for Client #2, #4, and #5.	W 159	Preventative Measures: Staff training in skill acquisition, active treatment, and family style dining which will be immediate provided formally (provided in multimedia setting led by ICF Director) and ongoing (provided informally by supervisors and shift leaders). Monitoring: Supervisors will observe mealtimes at least weekly through 8/31/15 and at least monthly through 12/31/15. Documentation will be recorded in supervisory contacts. Program manager will monitor monthly through the monthly review process and as needed. The ICF Director will provide ongoing training and supervision of the Program Manager who maintains the role of the Qualified Intellectual Disabilities Professional (QIDP). 159 C. Corrective Action: Physician discharged all medical/behavior protocols for Clients #4, #5, and #6. Psychotropic medications were reviewed and adjusted as needed. This is documented by physician orders. Identification: The Director of Nursing, ICF Charge Nurse, and ICF Director reviewed the findings noting that the other individuals in the home could potentially be affected by the practice. Preventative Measures: A protocol was developed and put into practice regarding medications for behavior. Staff will be trained on the protocol as documented by signature sheets. Monitoring: This will be monitored by ICF Director, Program Manager and Supervisors through weekly event management, by the Clinical Team through monthly Clinical Treatment Team, and through agency event	8/24/15

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20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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

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W 190	<p>483.430(e)(2) STAFF TRAINING PROGRAM</p> <p>For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide training in developmental programming principles and techniques including how to involve clients in their programs to their highest capabilities, use of positive reinforcement, and fading prompts, resulting in a lack of skill acquisition for 3 of 3 sampled clients (Clients #1, #2, #3) and 3 of 3 un-sampled clients (Clients #4, #5, #6).</p> <p>The findings included:</p> <p>See W249 - Staff did not involve, model, teach, prompt or reinforce the skill acquisition outcome of signing "yes" with Client #2. Staff did not prompt or teach Client #2 to implement his outcome of putting on socks with verbal prompts. Staff did not involve, model, teach, prompt or reinforce the skill acquisition outcome of increasing independent living skills in the kitchen by setting the oven temperature for his recipe independently with Client #4. Staff did not involve, model, teach, prompt or reinforce the skill acquisition outcome of working at the Hunt Opportunity Center for 3 hours, four days each week without 1:1 staffing." Staff did not involve, model, teach, prompt or reinforce the skill acquisition outcome of engaging Client #5 in an activity outside of his room, in the common areas of the house, for three minutes. Staff did not involve, model, teach, prompt or reinforce the skill acquisition outcome of picking up his groceries</p>	W 190	<p>W190 Corrective Action: ISP and BSP for Clients #1-6 will be reviewed and updated as needed to provide clarity of instruction to facilitate staff implementation of both formal and informal active treatment activities including skill acquisition outcomes. Their staff will receive ongoing training to facilitate quality developmental programming so that individual Clients are supported in being involved in their programming to their highest capability.</p> <p>Identification: Each individual in the home was identified in the citation.</p> <p>Preventative Measures: The ICF Director will provide formal training events focusing on active treatment, positive reinforcement, and fading prompts. Program Manager will work with shift leaders and supervisors to provide ongoing formal and informal training on developmental programming, use of positive reinforces, and fading prompts throughout the year.</p> <p>Monitoring: Signature sheets attached to training agendas and handouts will be used to document compliance. The ICF Director will provide operating directions and supervision to ensure consistent implementation.</p>	8/24/15	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

May 27, 2016 10:30 am

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O 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

44G090

B. WING

07/08/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE BRIDGES CATE HOUSE

2601 BOWER LANE S E
CLEVELAND, TN 37323

(X1) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

W 190 - Continued From page 6

W 190

every other week by helping to put the groceries
in the van with Client #5.

See W488 - Staff did not involve, teach, prompt
or reinforce the acquisition of dining skills in meal
preparation, family style dining, or post-meal
clean-up for Clients #1, #2 #3, #4, #5, #6 during
observations in the home.

During an interview with the Behavior Therapist
(BT), the former Qualified Intellectual Disabilities
Professional for the facility, in the home office on
7/7/15 at 2:00 pm, the BT confirmed the facility
provides no formal training on developmental
programming techniques such as using positive
reinforcement or fading prompts to train direct
care staff how to involve clients in their programs
to their highest capabilities. The BT stated
training on what Active Treatment is, such as
offering choices, occurs during house staff
meetings.

During an interview with the Director of Case
Management and Client Services (DCM) in the
Board Room, on 7/8/15 at 9:45 am, the DCM
confirmed the facility does not provide training on
developmental programming or developmental
teaching to direct care staff.

W 195 483.440 ACTIVE TREATMENT SERVICES

W 195

The facility must ensure that specific active
treatment services requirements are met.

W195
Corrective Action: ISP and BSP for Client #2
will be reviewed and updated as needed to
provide clarity of instruction to facilitate staff
implementation of both formal and informal
active treatment activities including skill
acquisition outcomes. Their staff will receive
ongoing training to facilitate quality
developmental programming so that individual
Clients are supported in being involved in their
programming to their highest capability.

8/24/15

This CONDITION is not met as evidenced by:
Based on observation, interview, and record
review, the facility failed to provide a planned

p. 74

20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL Form #1**

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323
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W 195	<p>Continued From page 7</p> <p>program of formal and informal training opportunities designed to increase skills and lead to greater independence for 1 out of 3 sampled clients (Clients #2) and 2 out of 3 un-sampled clients (Clients #4, #5).</p> <p>The findings included:</p> <p>See W104 The sensory classroom was discontinued at the day program due to reorganization and no accommodations of clients needing sensory programming were made.</p> <p>See W159 The facility failed to ensure each client was receiving an active treatment program to assure outcomes were implemented</p> <p>See W196. The facility failed to provide aggressive and consistent training and services leading to appropriate adaptive behaviors and purposeful activity.</p> <p>See W190 The facility failed to provide Direct Support Staff training in developmental programming principles and techniques necessary to involve clients in their programs to their highest capabilities.</p> <p>See W224 The facility failed to identify the specific behavioral management needs of clients.</p> <p>See W227 The facility failed to ensure the Comprehensive Functional Assessment (CFA) was updated annually to assess the behavior of non-compliance and assure a plan was developed to address the needs most likely to interfere with daily life.</p> <p>See W249 The facility failed to implement the</p>	W 195	<p>The BSP for Clients #4 and #5 will be updated to include a compliance plan which focuses on positive reinforcement and participation in appropriate skill acquisition programming.</p> <p>Identification: The ICF Director reviewed the practice and found that each individual in the home is at risk to be effected by the practice.</p> <p>Preventative Measures: The ICF/IID at Life Bridges has been restructured to widen the scope of both accountability and the number of personnel resources brought to bear on the challenges faced by the individuals served and the staff who serve them. This change includes changes in personnel assignments; including the QIDP and Assistant Program Manager.</p> <p>Monitoring: Behavior Analyst will provide updated BSPs. The ISPs will be reviewed and updated. This will be documented through ISPs and BSPs dated post 7/8/15 as well as through planning teams in the same period. Staff will be trained on the new documents demonstrated by signatures on training documents. The ICF Director will provide operating directions and supervision to ensure consistent implementation.</p>	
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4.75

20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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W 195	Continued From page 8 Individual Support Plan (ISP) through a continuous active treatment program of sufficient number and frequency to meet outcomes. See W312 The facility failed to ensure there were no medications to manage behavior administered on an as needed basis. See W488 The facility failed to ensure clients were provided support, training, socialization, and opportunities to eat meals in a manner consistent with their developmental levels.	W 195		
W 196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide aggressive and consistent training and services leading to appropriate adaptive behaviors and purposeful activity for 2 of 2 un-sampled clients (Client #4, #5). The findings included: 1. An observation in the home on 7/6/15 at 4:01	W 196	W196 Corrective Action: Non-compliance with programming is an ongoing barrier for Clients #4. The Behavior Analyst will provide a new BSP for Client #4, which includes an individualized compliance plan. The IDT will meet to develop a plan to address interests and an increase in functional activities throughout the day. Staff will be trained on and follow the new plans. Staff will provide functional choices throughout the day but particularly in the morning when resistance to functional activity and skill acquisition are at their height. The focus will be on getting Client #4 to establish the habit of going to work and ultimately completing the workday. Non-compliance with programming is an ongoing barrier for Clients #5. The Behavior Analyst will provide a new BSP for Client #5, which includes an individualized compliance plan. The IDT will meet to develop a plan to address interests and an increase in functional activities throughout the day. Staff will be trained on and follow the new plans. Staff will provide functional choices throughout the day but particularly in the morning when resistance to functional activity and skill	8/24/15

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W 196	<p>Continued From page 9</p> <p>pm revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 7:06 am until 12:17 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>During an interview with Direct Support Professional (DSP) # 1 in the living of the home on 7/6/15 at 6:01 pm, the DSP confirmed Client #4 "does as he chooses." Further interview with DSP #1 confirmed "we do give him choices and if he wants to lie in his bed and stay in his room, we have to respect those choices." Final interview with DSP #1 confirmed Client #4 "does not eat his meals with the rest of the home unless he chooses."</p> <p>During an interview with DSP #3 in the living room of the home on 7/7/15 at 8:29 am, DSP #3 confirmed Client #4's day "depends on lots of variables." Continued interview with DSP #3 confirmed Client #4's attendance at the Hunt Opportunity Center (HOC) [his day program services] was not what it used to be and he rarely makes his goal to attend 4 times per week. Additional interview with DSP #3 confirmed Client</p>	W 196	<p>acquisition are at their height. Client #5 and his staff will explore opportunities in the community to include work, volunteer opportunities, and possible alternatives for Day Programming. They will also work to increase functional activities in the home.</p> <p>Identification: The ICF Director reviewed the practice and determined that other individuals in the home do not face non-compliance as a barrier.</p> <p>Preventative Measures: The Behavior Analyst will assess compliance with behavior plans as part of the BA monthly review and the annual assessment for Clients #4 and #5. Staff will document compliance and positive reinforcers as part of the communication notes.</p> <p>Monitoring: Supervisors will observe and coach staff in following the BSPs. They will review communication notes weekly through September 2015 to ensure appropriate practice and documentation. The Program Manager will review notes at least monthly to ensure compliance.</p>	
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W 196	<p>Continued From page 10</p> <p>#4 rarely meets his goals because "lots of his goals are hit or miss and it depends on how his day his going." Final interview with DSP #3 confirmed his "behaviors [were] pretty severe and not provoking [Client #4] into having a behavior" is the primary reason non-compliance was accepted by the staff at the facility.</p> <p>During an interview with the Behavior Therapist (BT) in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed Client #4's behaviors and refusal to participate in active treatment is a "significant barrier to learning skills." Further interview with BT confirmed non-compliance was not addressed in the current behavior support plan (BSP) for client #4. Final interview confirmed "respecting choice was the primary reason the team decided to not address non-compliance with [Client #4]."</p> <p>A review of the Individual Support Plan (ISP) dated 8/11/14 revealed "[Client #4] does not like being told what to do." Further review of the ISP revealed "[Client #4] works on contracts at [HOC] as he desires." Additional review of the ISP identifies "[Client #4's] non-compliance and attention to task could be a barrier to progress..." Non-compliance by [Client #4] was repeatedly described as an impediment to active treatment in 6 out of 7 outcomes listed in his ISP.</p> <p>A review of the BSP dated 4/21/15 revealed 3 target behaviors for Client #4: verbal aggression, physical aggression and obsessive behaviors. Further review of the BSP revealed it did not address non-compliance as a target behavior. Additional review of the BSP revealed DSP's were to address non-compliance by "[respecting Client #4] and his decisions ... [and to only]</p>	W 196			

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W 196	<p>Continued From page 11 engage in activities which he enjoys."</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there was nothing in the BSP for Client #4 that addresses non-compliance. Further interview confirmed non-compliance was a "significant barrier to achieving active treatment and the circle of support (COS) needed to address it." Additional interview with the QIDP confirmed the "facility practice of engaging [Client #4] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #4]."</p> <p>2. An observation in the home on 7/6/15 at 4:01 pm revealed Client #5 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #5 remained in his bedroom and did not come to the table to eat. Additional observation at 5:17 pm revealed Client #5 came out of room, retrieved an apple, and returned to his room. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #5 remained in his bedroom lying in his bed, sitting at his computer, or standing in the room.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #5 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #5 remained in his bedroom asleep and did not come to the table to eat. Further observation in the home at 7:56 am revealed Client #5 came out of his bedroom, retrieved a pair of jeans and a shirt, and returned to his room. Additional observation at 8:21 am</p>	W 196			

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W 196	<p>Continued From page 12</p> <p>revealed Client #5 had changed from his pajamas to the jeans and shirt he had retrieved earlier but had gone back to bed. Final observation from 8:03 am until 12:17 pm revealed Client #5 remained in his bed in his bedroom except to retrieve an apple from the kitchen at 8:47 am.</p> <p>During an interview with Direct Support Professional (DSP) #2 in the living room of the home on 7/6/15 at 6:24 pm, the DSP confirmed Client #5 "does as he chooses." Further interview with DSP # 2 confirmed "we do give him choices and if he wants to lie in his bed and stay in his room, we have to respect those choices." Final interview with DSP #2 confirmed Client #5 "does not eat his meals with the rest of the home unless he chooses."</p> <p>During an interview with DSP #4 in the living room of the home on 7/7/15 at 8:52 am, DSP #4 confirmed Client #5 has a goal to wake up before 10:00 am. Continued interview with DSP confirmed Client #5 "gets \$5.00 if he gets up before 10:00 am even if he gets up and then goes back to bed." Further interview with DSP #4 confirmed "we do not like to push him to provoke him to have a behavior since he has been doing much better with just letting him do what he wants to do for the day." Final interview with DSP #4 confirmed Client #5 primarily wants to "be on his computer and watch his movies."</p> <p>During an interview with the BT in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed Client #5's prefers to be in his room "on his computer or watching movies." Further interview with BT confirmed refusal to participate in active treatment was not addressed in his Behavior Maintenance Plan (BMP). Additional interview</p>	W 196		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION
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(X3) DATE SURVEY COMPLETED

44G090

B WING

07/08/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE BRIDGES CATE HOUSE

2601 BOWER LANE S E

CLEVELAND, TN 37323



SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

W 196 Continued From page 13

W 196

with BT confirmed the primary difference between a BSP and BMP was the latter was not as "intense as a BSP and it marked improvement with behaviors." Final interview with BT confirmed if Client #5 decided to do nothing for the day, although it was not preferred by the facility, "they would have to respect his choice."

A review of the Individual Support Plan (ISP) dated 4/10/15 revealed Client #5 graduated from high school in 5/14. Additional review of the ISP revealed despite having a history of "causing severe damage or harm to people and/or property...[Client #5] does not currently require active behavior support services." Continued review of the ISP reveals "[Client #5] has a strong preference towards his computer and TV." Further review reveals Client #5 prefers to sleep rather than engage in active treatment and receives \$5.00 if he gets up by 10 am as the "COS feels the higher need at this time is to get up." However, continued review of the ISP revealed the \$5.00 Client #5 receives was not contingent on participating in any activities instead; it is earned for waking up only.

A review of the BMP dated 4/23/15 revealed 1 target behaviors for Client #5: "physical aggression towards others" [defined by] "hitting, kicking, scratching, biting, and causing harm to others." Further review of the BMP reveals these behaviors are most likely to occur when "asking him to complete a task he does not want to do." Final review of the BMP reveals "giving Client #5 choices" was the most effective manner of preventing physical aggression.

During a conference call interview with the Qualified Intellectual Disabilities Professional

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W 196	Continued From page 14 (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there is no "COS on horizon to address [Client #5]'s routine he is determining and we have to change...and we have nothing in the BSP to address non-compliance." Further interview with the QIDP confirmed "everything we do is non-productive and we avoid all non-preferred activities because it his choice." Additional interview with the QIDP confirmed there is a conflict "with the whole choice concept and putting something in place to deal with Client #5's need to learn something by giving him a defined array of choices." Further interview with the QIDP confirmed there were "boundaries on choices and non-compliance and non-participation." Final additional interview with the QIDP confirmed the facility "practice of engaging [Client #5] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #5]."	W 196			
W 224	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to identify the specific behavioral management needs for 2 of 2 un-sampled clients (Client #4, #5) The findings included: 1. An observation in the home on 7/6/15 at 4:01 pm revealed Client #4 was asleep in his bedroom	W 224	W224 Corrective Action: The Behavior Analyst will review behavior management needs of Client #4 and adjust his plan as needed to reflect current needs. The new BSP will address compliance with skill acquisition programming. The BA will train staff on the new plan. The Behavior Analyst will review behavior management needs of Client #5 and adjust his plan as needed to reflect current needs. The new BSP will address compliance with skill acquisition programming. The BA will train staff on the new plan.	8/24/15	

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W 224	<p>Continued From page 15</p> <p>with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 7:06 am until 12:17 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>During an interview with the Behavior Therapist (BT) in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed Client #4's behaviors and refusal to participate in active treatment is a "significant barrier to learning skills." Further interview with BT confirmed non-compliance was not addressed in the current behavior support plan (BSP) for client #4. Final interview confirmed "respecting choice was the primary reason the team decided to not address non-compliance with [Client #4]."</p> <p>A review of the Individual Support Plan (ISP) dated 8/11/14 revealed "[Client #4] does not like being told what to do." Further review of the ISP revealed "[Client #4] works on contracts at [HOC] as he desires." Additional review of the ISP identifies "[Client #4's] non-compliance and attention to task could be a barrier to progress..." Non-compliance by [Client #4] was repeatedly described as an impediment to active treatment</p>	W 224	<p>Identification: The ICF Director reviewed the practice and determined that others in the home are at risk for plans that do not identify the specific behavioral management needs.</p> <p>Preventative Measures: The Behavior Analyst will review and update plans for individuals in the home as needed to reflect current behavior management needs. Staff will be trained on these plans as they are updated.</p> <p>Monitoring: Timely completion of behavior assessments, BSP's, and periodic reviews will be monitored by the Program Manager and supervised by the Therapies Director. The ICF Director will provide operating directions and supervision to ensure consistent implementation.</p>	

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W 224	<p>Continued From page 16</p> <p>in 6 out of 7 outcomes listed in his ISP. A review of the BSP dated 4/21/15 revealed 3 target behaviors for Client #4: verbal aggression, physical aggression and obsessive behaviors. Further review of the BSP revealed it did not address con-compliance as a target behavior. Additional review of the BSP revealed DSP's were to address non-compliance by "[respecting Client #4] and his decisions...[and to only] engage in activities which he enjoys."</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there was nothing in the BSP for Client #4 to address non-compliance. Further interview confirmed the non-compliance was a "significant barrier to achieving active treatment and the circle of support (COS) needed to address it." Additional interview with the QIDP confirmed the "facility practice of engaging [Client #4] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #4]."</p> <p>2. An observation in the home on 7/6/15 at 4:01 pm revealed Client #5 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #5 remained in his bedroom and did not come to the table to eat. Additional observation at 5:17 pm revealed Client #5 came out of room, retrieved an apple, and returned to his room. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #5 remained in his bedroom lying in his bed, sitting at his computer, or standing in the room.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #5 was asleep in his bedroom</p>	W 224			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 224	<p>Continued From page 17</p> <p>with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #5 remained in his bedroom asleep and did not come to the table to eat. Further observation in the home at 7:56 am revealed Client #5 came out of his bedroom, retrieved a pair of jeans and a shirt, and returned to his room. Additional observation at 8:21 am revealed Client #5 had changed from his pajamas to the jeans and shirt he had retrieved earlier but had gone back to bed. Final observation from 8:03 am until 12:17 pm revealed Client #5 remained in his bed in his bedroom except to retrieve an apple from the kitchen at 8:47 am.</p> <p>During an interview with the BT in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed Client #5's prefers to be in his room "on his computer or watching movies." Further interview with BT confirmed refusal to participate in active treatment was not addressed in his Behavior Maintenance Plan (BMP). Additional interview with BT confirmed the primary difference between a BSP and BMP was the latter was not as "intense as a BSP and it marked improvement with behaviors." Final interview with BT confirmed if Client #5 decided to do nothing for the day, although it was not preferred by the facility, "they would have to respect his choice."</p> <p>A review of the Individual Support Plan (ISP) dated 4/10/15 revealed Client #5 graduated from high school in 5/14. Additional review of the ISP revealed despite having a history of "causing severe damage or harm to people and/or property... [Client #5] does not currently require active behavior support services." Continued review of the ISP reveals "[Client #5] has a strong preference towards his computer and TV."</p>	W 224		

May 27, 2016

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10:30 am

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 224	<p>Continued From page 18</p> <p>Further review reveals Client #5 prefers to sleep rather than engage in active treatment and receives \$5.00 if he gets up by 10 am as the "COS feels the higher need at this time is to get up." However, continued review of the ISP revealed the \$5.00 Client #5 receives was not contingent on participating in any activities instead; it was earned for waking up only.</p> <p>A review of the BMP dated 4/23/15 revealed 1 target behaviors for Client #5: "physical aggression towards others "[defined by] hitting, kicking, scratching, biting, and causing harm to others." Further review of the BMP reveals these behaviors are most likely to occur when "asking him to complete a task he does not want to do." Final review of the BMP reveals "giving Client #5 choices" was the most effective manner of preventing physical-aggression-</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there was no "COS on horizon to address [Client #5]'s routine he is determining and we have to change...and we have nothing in the BSP to address non-compliance." Further interview with the QIDP confirmed "everything we do is non-productive and we avoid all non-preferred activities because it his choice." Additional interview with the QIDP confirmed there is a conflict "with the whole choice concept and putting something in place to deal with Client #5's need to learn something by giving him a defined array of choices." Further interview with the QIDP confirmed there were "boundaries on choices and non-compliance and non-participation." Final additional interview with the QIDP confirmed the facility "practice of</p>	W 224			

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20 Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICARE & MEDICAID SERVICES

May 27, 2016
10:30 am
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

44G090

B WING

07/08/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE BRIDGES CATE HOUSE

2601 BOWER LANE S E
CLEVELAND, TN 37323

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION

W 224 Continued From page 19
engaging [Client #5] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #5]."

W 224

W 227 483.440(c)(4) INDIVIDUAL PROGRAM PLAN

W 227

The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

W227

Corrective Action: Comprehensive Functional Assessments (CFA) will be updated to reflect the current needs of Clients #4 and #5. The ISP will be adjusted to reflect the current needs identified in the CFA. Staff will be trained on skill acquisition outcomes.

Identification: The ICF Director reviewed the practice and determined that the other individuals could be at risk for CFAs which do not reflect current needs.

Preventative Measures: The ICF/IID at Life Bridges has been restructured to widen the scope of both accountability and the number of personnel resources brought to bear on the challenges faced by the individuals served and the staff who serve them. This change includes changes in personnel including the QIDP and Assistant Program Manager.

Monitoring: The Program Manager will work with staff to gather pertinent data and complete the Comprehensive Functional Assessment at least annually. The ICF Director will provide operating directions and supervision to ensure consistent implementation.

8/24/15

This STANDARD is not met as evidenced by:
Based on record review, observation, and interview, the facility failed to ensure the Comprehensive Functional Assessment (CFA) was updated annually to assess the behavior of non-compliance and assure a plan was developed to address the needs most likely to interfere with daily life for 2 of 2 un-sampled clients (Client #4, #5).

The findings included:

1. A review of Client #4's CFA dated 6/25/14 revealed a need to "increase in independence with appropriate behavior and attention to task." Further review of the CFA revealed an "increase in outbursts...and need for emotional stability" to focus on tasks presented to Client #4. Further review of the CFA revealed there was no assessment of the behavior of non-compliance which posed a significant barrier to success in daily life for Client #4.

A review of the Individual Support Plan (ISP) dated 8/11/14 revealed "[Client #4] does not like being told what to do." Further review of the ISP

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 227	<p>Continued From page 20</p> <p>revealed "[Client #4] works...as he desires." Additional review of the ISP identified "[Client #4's] non-compliance and attention to task could be a barrier to progress..." Non-compliance by [Client #4] was repeatedly discussed and revealed as an impediment to active treatment in 6 out of 7 outcomes listed in his ISP.</p> <p>An observation in the home on 7/6/15 from 4:02 pm until 6:37 pm revealed Client #4 remained in his bedroom lying asleep in his bed.</p> <p>An observation in the home on 7/7/15 from 7:06 am until 12:17 pm revealed Client #4 remained in his bedroom lying asleep in his bed.</p> <p>During an interview with Direct Support Professional (DSP) #3 in the living room of the home on 7/7/15 at 8:29 am, DSP #3 confirmed Client #4 rarely meets his goals. Further interview with DSP #3 confirmed his "behaviors [were] pretty severe and not provoking [Client #4] into having a behavior" is the primary reason non-compliance was accepted by the staff at the facility. Final interview with DSP confirmed the non-compliance was accepted by the facility and "we just work around his schedule of things he wants to do."</p> <p>During an interview with the Behavior Therapist (BT) in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed Client #4's behaviors and refusal to participate in active treatment is a "significant barrier to learning skills." Further interview with BT confirmed non-compliance was not addressed in the current behavior support plan (BSP), ISP, or assessed in the CFA for client #4. Final interview confirmed "respecting choice was the primary reason the team decided to not</p>	W 227			

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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323
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W 227	<p>Continued From page 21 address non-compliance with [Client #4]."</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there was nothing in the BSP, ISP, or assessed in the CFA to address non-compliance by Client #4. Further interview confirmed the non-compliance was a "significant barrier to achieving active treatment and the circle of support (COS) needed to address it."</p> <p>2. A review of Client #5's CFA dated 3/26/15 revealed "[Client #5] lacks interest in socializing... [and] prefers to keep to himself." Further review of the CFA, under the heading "Attending Skills," repeatedly revealed "If [Client #5] enjoys task then he will remain focused. If the task is one he does not enjoy will rarely stay on task." Further review of the CFA reveals there was no assessment of the behavior of non-compliance which poses a significant barrier to success in daily life for Client #5.</p> <p>A review of the Individual Support Plan (ISP) dated 4/10/15 revealed "[Client #5] does not currently require active behavior support services." Continued review of the ISP revealed "[Client #5] has a strong preference towards his computer and TV." Additional review reveals Client #5 prefers to sleep rather than engage in active treatment. Further review of Client #5's ISP reveals he has no interest in "non-preferred tasks" and routinely will not leave his room.</p> <p>An observation in the home on 7/6/15 from 4:02 pm until 6:37 pm revealed Client #5 primarily remained in his bedroom lying in his bed, sitting</p>	W 227		
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20 Section C (Contribution to Orderly Development) (Item 7)

SUPPLEMENTAL #1

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

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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323
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W 227	<p>Continued From page 22</p> <p>at his computer, or standing in the room. Additional observation at 5:17 pm revealed Client #5 came out of room, retrieved an apple, and returned to his room.</p> <p>An observation in the home on 7/7/15 from 8:03 am until 12:17 pm revealed Client #5 remained in his bed in his bedroom except to retrieve an apple from the kitchen at 8:47 am.</p> <p>During an interview with DSP #4 in the living room of the home on 7/7/15 at 8:52 am, DSP #4 confirmed "we do not like to push him to provoke him to have a behavior since he has been doing much better with just letting him do what he wants to do for the day." Final interview with DSP #4 confirmed the facility was aware Client #5's non-compliance and the "strategy was to let him set the tone for the day."</p> <p>During an interview with the BT in the living room of the home on 7/6/15 at 6:07 pm, BT confirmed refusal to participate in active treatment was not addressed in his Behavior Maintenance Plan (BMP), ISP, or assessed in the CFA. Final interview with BT confirmed if Client #5 decided to do nothing for the day, although it was not preferred by the facility, "they would have to respect his choice."</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there was nothing in the IPP, BMP, or assessed in the CFA to deal with non-compliance. Further interview with the QIDP confirmed there were "boundaries on choices and non-compliance and non-participation." Final additional interview with</p>	W 227		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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May 27, 2016
10:30 am
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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
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W 227	Continued From page 23 the QIDP confirmed the facility "practice of engaging [Client #5] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #5]."	W 227			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, interview, and record review the facility failed to implement the Individual Support Plan (ISP) through a continuous active treatment program of sufficient number and frequency to meet outcomes for 1 of 3 sampled clients (Client #2) and 2 of 3 un-sampled clients (Clients #4, #5). The findings included: 1. Observation at the home on 7/6/15 from 4:00 PM to 7:00 PM revealed Direct Support Professional (DSP) #1 held on to Client #2's gait belt at midline from back waist area throughout the observation. DSP #1 followed the client as he roamed from the common area, to the kitchen, to the gazebo outside, movement in and out of the home. There were no leisure or sensory materials presented to the client throughout the	W 249	W249 Corrective Action: The IDT will meet with physical therapist to review Client #2 gait belt needs and plan. The result will be reflected in the ISP. Staff will be trained on skill acquisition outcomes and formal and informal active treatment to be incorporated into the total day. This training will be documented by signature sheets attached to the agenda and handouts. Identification: The ICF Director reviewed the citation and recognized that others in the home could be at risk of the deficiency. Preventative Measures: The Program Manager will track and trend outcome results monthly; training staff, and alerting the IDT to changing needs as appropriate. The Program Manager will work with Assistant Program Managers and supervisors to ensure timely implementation of programming. Corrective Action: Clients #4 and #5 CFA, ISP, and BSP will be reviewed and updated to reflect barriers posed by non-compliant tendencies. Staff will be trained in providing functional choices, active treatment and skills acquisition outcomes. Staff and Program Manager will work together to increase compliance with programming. Identification: The ICF Director reviewed the noted practices finding that other persons served are at risk for the deficient practice.	8/24/15	

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FOR MEDICARE & MEDICAID SERVICE

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

44G090

NAME OF PROVIDER OR SUPPLIER

LIFE BRIDGES CATE HOUSE

(X4) ID
PREFIX

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY
COMPLETED

07/08/2015

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 BOWER LANE S E
CLEVELAND, TN 37323

ID
PREFIX
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

W 249 Continued From page 24

afternoon/evening routine. The client took his shoes off at 4:35 PM; staff followed him into the kitchen holding on to the gait belt. The client turned off the light as he entered the kitchen. The client left the kitchen and entered the common room area and sat on the couch. The client's socks and shoes were on the floor at the time. The client continued this pattern of movement throughout the observation and only paused to consume his dinner meal. DSP #1 continued to hold on to the client's gait belt throughout his movement in and outside the home. There were no materials presented to Client #2 for engagement.

During an interview with DSP #1 concerning his continuously holding on to the client's gait belt, at the home on 7/6/15 at 4:10 pm, DSP #1 indicated he was supposed to hold on to Client #2's gait belt at all times because the client is unsteady.

Observations at the home on 7/7/15 from 8:30 am to 9:30 am revealed DSP #5 presented Client #2 with some markers and paper. The client took the top of the marker off and swiped an area of the paper; there was no functional use of the marker. DSP #5 presented clay dough which the client manipulated for a few seconds, but he displayed no consistent response to the material. DSP#5 did not engage with Client #2 to provide training, encouragement, or direction in what to do with these items. The client took off his shoes and socks and walked around the home and outside the home for most of the observation period. There were no additional materials presented to Client #2 for engagement during the morning routine in the home.

W 249

Preventative Measures: Staff will be trained in active treatment and skill acquisition outcomes. The Program Manager will track and trend outcome results monthly; training staff and alerting the IDT to changing needs as appropriate.

Monitoring: Outcome results will be reviewed with Supervisors quarterly through the Supervisor Meeting. The ICF Director will provide operating directions and supervision to ensure consistent implementation.

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20 Section C (Contribution to Orderly Development) Home

SUPPLEMENTAL #1

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

May 27, 2016
10:30 am
DATE: 07/20/2015
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 25</p> <p>During an interview with DSP #5 at the home, on 7/7/15 at 12:00 pm, DSP #5 was asked how Client #2 communicated, DSP #5 reported Client #2 will grab what he wants. The surveyor asked about the client's communication goal to sign "Yes." DSP #5 indicated she implemented it once this morning in the bathroom. DSP #5 noted she did not integrate the communication program at any other time during the morning routine.</p> <p>In further interview, DSP #5 stated there are days Client #2 might participate in activities, other days he will not. DSP #5 stated his ambulation plan says staff is to stay within arm's length unless his gait is unsteady, and we grasp the gait belt when he ambulates over uneven terrain or if he is unsteady.</p> <p>A review of the Individual Support Plan (ISP), dated 10/31/14, for Client #2 on 7/7/15 revealed the client's favorite activity is looking at magazines, especially phone books and magazines about cars. He enjoys watching automobile racing, cooking shows. He enjoys video games, will occasionally join in but generally prefers to watch the game played by others. He enjoys sweeping and helping in the kitchen.</p> <p>Continued review of the ISP revealed Client #2 wears a gait belt and staff is to remain within arm's reach while client is ambulating. Because Client #2 values his personal space, the planning team agreed it would be sufficient for staff to be</p>	W 249		

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20 Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

44G090

NAME OF PROVIDER OR SUPPLIER

LIFE BRIDGES CATE HOUSE

(X4) ID
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TAG

SUMMARY STATEMENT OF DEFICIENCIES
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REGULATORY OR LSC IDENTIFYING INFORMATION)

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

COMPLETED

B. WING

07/08/2015

STREET ADDRESS, CITY, STATE, ZIP CODE

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CLEVELAND, TN 37323

ID
PREFIX
TAG

W 249 Continued From page 26

within arm's reach instead of holding the gait belt. The ISP also noted originally staffs were holding the gait belt which resulted in many behavior issues.

Additional ISP review noted Client #2 stays at home some times during the day. On these days he does work on different activities at the home. He enjoys watching cooking shows, playing play station, karaoke, and coloring with markers. He will go to the center and participate at the sensory room or at McIntire house as he desires. He enjoys functional sensory activities at the center, enjoys play dough and finger painting.

Further ISP review revealed Client #2 has an outcome training goal by 4/30/15 to learn to put his socks on with verbal prompts for each sock/foot. Client #2 has an outcome goal by 10/31/15 to improve communicating by learning "yes" by raising and lowering his fist. The behavior support plan (BSP) for Client #2, dated 4/29/15, indicated staff are to have client communicate by signing "yes" when asked if he would like a break, a preferred item, a change of activity or staff attention. Per the BSP staff should offer opportunities to sign "yes" throughout each shift. Staff should model the sign for "yes" when they say yes to Client #2.

During a telephone interview with the Qualified Intellectual Disabilities Professional (QIDP), on 7/8/15 at 10:55 am, the QIDP indicated she has been on the job less than 6 weeks. The QIDP indicated Client #2's ISP goals should be followed by staff. The QIDP indicated she was aware

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20 Section C (Contribution to Orderly Development) Item

SUPPLEMENTAL #1

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

May 27, 2016
10:30 am
FORM APPROVED
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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 27</p> <p>Client #2 has refused to attend the day program. The QIDP indicated she is still in the transition stage of her role, the observing stage, and has a lot to learn about the clients. The QIDP noted she has not had time to observe the routine in the home to adequately assess staff implementation of goal training and the ISP for client #2.</p> <p>2. An observation in the home on 7/6/15 at 4:01 pm revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 7:06 am until 12:17 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>During an interview with Direct Support Professional (DSP) # 1 in the living of the home on 7/6/15 at 6:01 pm, the DSP confirmed Client #4 "does as he chooses." Further interview with DSP # 1 confirmed "we do give him choices and if he wants to lie in his bed and stay in his room, we have to respect those choices."</p> <p>During an interview with DSP #3 in the living room of the home on 7/7/15 at 8:29 am, DSP #3</p>	W 249		

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20. Section C (Contribution to Orderly Development)

SUPPLEMENTAL #1

May 27, 2016
 PRINTED: 07/20/2015
 FORM APPROVED
 10:30 am OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES GATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 28</p> <p>confirmed Client #4's day "depends on lots of variables." Continued interview with DSP #3 confirmed Client #4's attendance at the Hunt Opportunity Center (HOC) was "not what it used to be and he rarely makes his goal to attend 4 times per week."</p> <p>A review of the ISP dated 8/11/14 reveals the following outcome: "[Client #4] will work on task at the OC [his day program] for 3 hours, four days each week without 1:1 staffing." Further review of the IPP, under a separate heading listed as "Barriers," the IPP reveals "[Client #4]'s non-compliance and attention to task could be a barrier to progress in this area." Final review of the IPP reveals Client #4 was to attend the OC at least 16 times in a month.</p> <p>A review of the daily notes for the month of June, 2015 reveals Client #4 did not meet the outcome of working on task at the OC for 3 hours, four days each week at any time during the month of June.</p> <p>A review of the "Confidential Monthly Review" [CMR] for the month of May, 2015 reveals Client #4 met this goal only 2 times out of 16. Final review of the CMR for the month of April, 2015 reveals Client #4 only met this goal 5 times out 16.</p> <p>A review of the ISP dated 8/11/14 reveals the following outcome: "[Client #4] will increase his independent living skills in the kitchen by setting the oven temperature for his recipe independently." Further review of the IPP, under a separate heading listed as "Barriers," revealed [Client #4]'s non-compliance and attention to task could be a barrier to progress in this area." Final</p>	W 249		

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

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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
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W 249	<p>Continued From page 29</p> <p>review of the IPP reveals Client #4 was to work on this outcome at least 12 times in a month.</p> <p>A review of the daily notes for the month of June, 2015 reveals Client #4 did not meet this outcome to increase his independent living skills in the kitchen by setting the oven temperature.</p> <p>A review of the CMR for May, 2015 reveals Client #4 did not meet this outcome for the month.</p> <p>During a conference call interview with the Qualified Intellectual Disabilities Professional (QIDP) in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed non-compliance was a "significant barrier to achieving active treatment and the circle of support (COS) needed to address it." Additional interview with the QIDP confirmed the "facility practice of engaging [Client #4] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #4]."</p> <p>3. An observation in the home on 7/6/15 at 4:01 pm revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed dinner was served at 5:16 pm but Client #4 remained in his bedroom and did not come to the table to eat. Further observation in the home from 4:02 pm until 6:37 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>An observation in the home on 7/7/15 at 7:05 am revealed Client #4 was asleep in his bedroom with the covers drawn over his head. Continued observation in the home revealed breakfast was served at 8:08 am but Client #4 remained in his</p>	W 249			

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20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL #1**

May 27, 2016
10:30 am
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 249	<p>Continued From page 30</p> <p>bedroom and did not come to the table to eat. Further observation in the home from 7:06 am until 12:17 pm revealed Client #4 remained in his bedroom lying in his bed asleep.</p> <p>During an interview with DSP #4 in the living room of the home on 7/7/15 at 8:52 am, DSP #4 confirmed "we do not like to push him to provoke him to have a behavior since he has been doing much better with just letting him do what he wants to do for the day." Final interview with DSP #4 confirmed Client #5 primarily wants to "be on his computer and watch his movies."</p> <p>A review of the ISP dated 4/10/15 reveals the following outcome: "[Client #5] will engage in an activity outside of his room, in the common areas of the house, for three minutes. Further review of the IPP, under a separate heading listed as "Barriers," the IPP reveals "[Client #5] prefers to be in his room." Final review of the IPP reveals Client #5 was to work on this outcome at least 30 times in a month.</p> <p>A review of the daily notes for the month of June, 2015 reveals Client #4 did not meet this outcome to engage in an activity outside of his room, in the common areas of the house, for three minutes at any time during the month.</p> <p>A review of the CMR for the month of May, 2015 reveals Client #5 did not meet this outcome for the month. Final review of the CMR for the month of April, 2015 also reveals Client #5 did not meet this outcome during the month.</p> <p>A review of the ISP dated 4/10/15 also reveals the following outcome: "[Client #5] will assist with picking up his groceries every other week by</p>	W 249		

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20. Section C (Contribution to Orderly Development)

SUPPLEMENTAL #1

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

May 27, 2016
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p>Continued From page 31</p> <p>helping to put the groceries in the van." Further review of the IPP, under a separate heading listed as "Barriers," the IPP reveals "[Client #5] has strong preferences and may fixate on doing a preferred activity rather than pick up groceries." Final review of the IPP reveals Client #5 was to work on this outcome at least two (2) times in a month.</p> <p>A review of the daily notes for the month of June, 2015 reveals Client #5 did not meet this outcome to pick up his groceries by helping to put the groceries in the van at any time during the month.</p> <p>A review of the CMR for the month of May, 2015 reveals Client #5 did not meet this outcome to pick up his groceries by helping to put the groceries in the van at any time during the month. Final review of the CMR for the month of April, 2015 also reveals Client #5 did not meet this outcome for the month.</p> <p>A review of the ISP dated 4/10/15 also reveals the following outcome: "[Client #5] will increase his independence with doing his laundry." Further review of the IPP under a separate heading listed as "Barriers," the IPP reveals "[Client #5] often lacks interest in household/domestic activities. His attention to non-preferred tasks may be barrier to this outcome." Final review of the IPP reveals Client #5 was to work on this outcome at least four (4) times in a month.</p> <p>A review of the daily notes for the month of June, 2015 reveals Client #5 did not meet this outcome to increase his independence with doing his laundry at any time during the month.</p> <p>A review of the CMR for the month of May, 2015</p>	W 249			

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20. Section C (Contribution to Orderly Development) Item 7

SUPPLEMENTAL #1

May 27, 2016

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10:30 am

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICARE & MEDICAID

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

44G090

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY
COMPLETED

07/08/2015

NAME OF PROVIDER OR SUPPLIER

LIFE BRIDGES CATE HOUSE

B. WING

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 BOWER LANE S E
CLEVELAND, TN 37323

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

W 249 Continued From page 32

reveals Client #5 did not meet this outcome to increase his independence with doing his laundry in the month. Final review of the CMR for the month of April, 2015 also reveals Client #5 did not meet this outcome during the month.

During a conference call interview with the QIDP in the board room of the facility on 7/8/15 at 10:45 am, the QIDP confirmed there is no "COS on horizon to address [Client #5]'s routine he is determining and we have to change." Further interview with the QIDP confirmed "everything we do is non-productive and we avoid all non-preferred activities because it his choice." Further interview with the QIDP confirmed there were "boundaries on choices and non-compliance and non-participation." Final additional interview with the QIDP confirmed the facility "practice of engaging [Client #5] only in preferred activity does not lead to self-sufficiency and teach any skillful things to [Client #5]."

W 312 483.450(e)(2) DRUG USAGE

Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to ensure there was no use of drugs for behavior management on an as needed (PRN) basis for 3 of 3 unsampled clients (Client #4, #5 and #6).

W 249

W 312

W 312
Corrective Action: As needed medications for Clients #4, #5, and #6 were reviewed and discontinued by the physician. Medical/behavioral protocols for each individual were discontinued. Psychotropic medications were reviewed and adjusted as needed.

Identification: The ICF Director, ICF Charge Nurse, and Director of Nursing met to review the practice and found that other individuals in the home were not at risk for this practice.

Preventative Measures: A new protocol for medications effecting behavior was developed and implemented. Medications for behavior were reviewed for each individual in the home.

8/24/15

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

May 27, 2016

10:30 am

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NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 312	<p>Continued From page 33</p> <p>The findings included:</p> <p>1. A review of Client #4's "MEDICAL BEHAVIOR PROTOCOL," revised 10/20/14, revealed staff was to first follow the Behavior Support Plan for behaviors. The protocol listed signs and symptoms of agitation that might escalate into a behavior and instructed staff to call the supervisor/shift leader on call if the behaviors appeared to be escalating to a point of "imminent risk of danger to self or others." Continued review revealed the supervisor would determine if the PRN protocol was needed and would direct staff to call the nurse on call for authorization administration of 20 milligrams (mg) of Geodon by injection (per protocol). Further review revealed 20 mg of Geodon could be administered every 10 hours not to exceed 2 doses in a 24 hour period.</p> <p>A review of a facility "Current Medication List" for Client #4, dated 7/7/15, revealed the following PRN medication: Geodon 20 mg by injection every 10 hours for severe behaviors per protocol.</p> <p>During an interview with the Behavior Therapist (BT) in the home's office, on 7/7/15 at 6:45 pm, the BT confirmed psychotropic medication for altering behavior is administered to Client #4 on a PRN basis.</p> <p>2. A review of Client #5's "MEDICAL BEHAVIOR PROTOCOL," revised 10/28/14, revealed staff was to follow the client's Behavior Maintenance</p>	W 312	<p>Monitoring: The ICF Charge Nurse trained nurses on the protocol. The ICF Director trained ICF Administration on the protocol. The ICF Charge Nurse, Assistant Program Manager (Case Management) and supervisor will review the eMAR monthly.</p>	

P-101

20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL** Item 7

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

May 27, 2016
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W 312	<p>Continued From page 34</p> <p>Plan (BMP) for deescalating behaviors. If behaviors continued or showed "signs of escalating into a severe behavior," staff was to contact the on call supervisor who would determine if the nurse on call should be contacted to authorize administration of PRN Atarax by injection. Continued review revealed oral Atarax could be administered, with authorization, if the "AGITATION IS AT THE LEVEL THAT AN INJECTION WOULD CAUSE HARM ..."</p> <p>Additional review revealed instructions for the administration of PRN Risperdal topically if the severe aggression is not eliminated within 45 minutes of the administration of the Atarax. Further review revealed instructions for staff to call the nurse on call for an emergency room referral if severe behaviors continue after administration of the Risperdal.</p> <p>A review of a facility "Current Medication List" for Client #5, dated 7/7/15, revealed the following PRN medications: Atarax 10 mg/5 ml orally PRN for Bipolar per protocol; Atarax 100 mg PRN by injection for Bipolar per protocol; and, Risperdal 0.5 mg/1 ml cream transdermal every 24 hours PRN for Agitation per protocol.</p> <p>During an interview with the BT in the home's office, on 7/7/15 at 6:45 pm, the BT confirmed psychotropic medication for altering behavior is administered to Client #4 on a PRN basis.</p> <p>3. A review of Client #6's "MEDICAL BEHAVIORAL PROTOCOL FOR AGITATION," revised 9/10/14, revealed staff was to "observe for severe aggression ..., yelling and screaming,</p>	W 312			

yp-102

20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL Item #1**

May 27, 2016 DATE: 07/20/2015

10:30 am FORM APPROVED

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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W 312	Continued From page 35 hitting ..., and rocking back and forth and talking to self in agitated voice, holding head - any unusual behaviors for service recipient." Continued review revealed staff should check bowel movement logs. If Client #6 had not had a large bowel movement within 2 days, the Bowel Movement Protocol was to be followed. Additional review revealed the house nurse was to contact the Registered Nurse (RN) on duty for "prn psychotropic approval." The house nurse would then administer 1 mg of Ativan orally as every 4 hours as needed, limited to 4 doses in 24 hours. A review of a facility "Current Medication List" for Client #6, dated 7/7/15, revealed the following PRN medication: Ativan 1 mg orally PRN every 4 hours for agitation. During an interview with the BT in the home's office, on 7/7/15 at 6:45 pm, the BT confirmed psychotropic medication for altering behavior is administered to Client #4 on a PRN basis.	W 312		
W 488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure clients were provided support, training, socialization, and opportunities to eat meals in a manner consistent with their developmental levels for 3 of 3 sampled	W 488	W488: Corrective Action: Clients #1, #2, #3, and #6 will be provided with support to join in family style dining to the level of their ability. Clients #4 and #5 prefer to eat in their rooms. They will be supported to assist with food preparation and encouraged to eat with their peers. This will be addressed as part of their compliance plans through their BSPs.	8/24/15

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20. Section C (Contribution to Orderly Development) Item #1

SUPPLEMENTAL #1

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

May 27, 2016 PRINTED: 07/20/2015
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W 488	Continued From page 36 clients (#1, #2, #3) and 3 of 3 un-sampled clients (#4, #5, #6). The findings included: 1. An observation in the home of the dinner meal on 7/6/15 at 5:16 pm, revealed Client #1, #2, and #6 seated at the table. Additional observation revealed Client #1, #2, and #6 received their pre-plated meals and pre-poured drinks from Direct Support Professionals (DSP). Continued observation revealed, although there were napkins sitting at one part of the table, no napkins were provided to Client #1, #2, and #6 for their personal use and they were not encouraged to use napkins during the meal. Continued observation also revealed Client #1, #2, and #6 were periodically using their fingers to scoop food onto their spoons and received no instruction or encouragement in the proper use of utensils for this need. Additional continued observation revealed there was no instruction or encouragement to engage in conversation or socialization during the dinner meal. Continued observation revealed there were no serving bowls or pitchers set at the table. Further observation of the pre-dinner preparation, dinner meal, and the post-dinner clean-up, revealed clients #1, #2, #6 did not assist with any of the meal preparation, set the table, serve themselves, clear the table after the meal, or wash dishes or place dishes in a dishwasher, or clean the kitchen following the dinner meal. A review of the Individual Support Plan (ISP) for Client #1 dated 9/1/14 reveals "[Client #1] is increasing his participation in household chores and is independent with some tasks in the kitchen." Further review of the ISP reveals "[Client	W 488	<p>Identification: Each individual in the home was tagged in this citation.</p> <p>Preventative Measures: Staff will be trained on family style dining, supporting to foster the highest possible level of functional independence, and table manners and hygiene.</p> <p>Monitoring: Supervisors will observe mealtime for family style dining at least weekly through September and at least monthly thereafter to ensure implementation. Documentation will be provided through supervisory contacts. The Program Manager will monitor through supervisor meetings through September and monthly through the review process to ensure implementation</p>		

9.104

20. Section C (Contribution to Orderly Development)

SUPPLEMENTAL #1

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

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W 488	<p>Continued From page 37</p> <p>#1] should be encouraged to participate in household activities and independent living skills" during the meal time.</p> <p>A review of the ISP for Client #2 dated 10/31/14 reveals he enjoys sweeping and helping in the kitchen. Further review of the ISP reveals Client #2 has been working on participating in meal preparation.</p> <p>A review of the ISP for Client #6 dated 9/22/14 reveals, although he has not assisted with meal preparation in the past, he does require modeling because he has difficulty using the proper utensils and must be encouraged to "drink periodically and control portion size."</p> <p>During an Interview with DSP #1 on 7/6/15 at 5:52 pm, DSP #1 confirmed the dining experience during the evening for Client #1, #2, and #6 was "pretty typical" of what happens daily during mealtimes at the facility.</p> <p>During a phone interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/8/15 at 11:11 am, the QIDP confirmed Client #1, #2 and #6 should be using proper utensils and napkins during meals. Additional interview with the QIDP also confirmed Client #1, #2, and #6 were to have "independent skills and teach them so they can help themselves." The QIDP also confirmed there were some staff where a "shift into mode from caretaker to trainer was needed."</p> <p>2. An observation in the home of the dinner meal on 7/6/15 at 5:16 pm revealed Client #3, #4, and #5 never came to the table to eat with their housemates. Additional observation revealed Client #3, #4, #5 were in their bedrooms during</p>	W 488			

4p-105

20. Section C (Contribution to Orderly Development)

SUPPLEMENTAL #1

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

May 27, 2016 NOTED: 07/20/2015
FORM APPROVED
10:30 am OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W-488	<p>Continued From page 38</p> <p>the dinner meal. Further observation from 5:16 pm until 5:57 pm revealed Client #3, #4, and 5 were in their bedrooms either in their bed asleep, watching television, or using the computer.</p> <p>A review of the ISP for Client #3 dated 3/27/15 reveals Client #3 is to "follow mealtime instructions" and assist with household activities such as meal time preparation.</p> <p>A review of the ISP for Client #4 dated 4/10/15 reveals Client #4 has a dining plan because he "avoids using utensils while eating" and "[staff] are to encourage him to use utensils" Further review of the ISP reveals [Client #4][enjoys] helping with his meal preparation and should be encouraged to participate in these activities.</p> <p>A review of the ISP for Client #5 dated 8/11/14 reveals Client #5 was to "[assist] with meal preparation."</p> <p>During an Interview with DSP #1 on 7/6/15 at 5:52 pm, DSP #1 confirmed Client #4 and #5 "choose to not come to the table." Further interview confirmed Client #6 will come to the table "if he feels like it." Final interview with DSP #1 confirmed the dining experience was "pretty typical" of what happens daily during mealtimes at the facility.</p> <p>During a phone interview with the QIDP on 7/8/15 at 10:55 am, the QIDP confirmed they were in a transition stage for their new role at the facility since starting in early May, 2015. The QIDP further confirmed they had not had time to observe the routine in the home to adequately assess Client #2, #4, and #5's involvement in meal preparation, and the support, training, and</p>	W 488			

cp. 106

20. Section C (Contribution to Orderly Development) **SUPPLEMENTAL Item #7**

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

May 27, 2016 PRINTED: 07/20/2015
10:30 am FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44G090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER LIFE BRIDGES CATE HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2601 BOWER LANE S E CLEVELAND, TN 37323		
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W 488	Continued From page 39 socialization needs of the client in the home.	W 488			

PROJECT COMPLETION FORECAST CHART

10:30 am

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): 7/27/16

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. <u>Architectural and engineering contract signed</u>	_____	_____
2. <u>Construction documents approved by the Tennessee Department of Health</u>	<u>60</u>	<u>9/2016</u>
3. <u>Construction contract signed</u>	_____	_____
4. <u>Building permit secured</u>	_____	_____
5. <u>Site preparation completed</u>	_____	_____
6. <u>Building construction commenced</u>	<u>60</u>	<u>9/2016</u>
7. <u>Construction 40% complete</u>	<u>90</u>	<u>10/2016</u>
8. <u>Construction 80% complete</u>	<u>120</u>	<u>11/2016</u>
9. <u>Construction 100% complete (approved for occupancy)</u>	<u>150</u>	<u>12/2016</u>
10. <u>*Issuance of license</u>	<u>180</u>	<u>1/2017</u>
11. <u>*Initiation of service</u>	<u>180</u>	<u>1/2017</u>
12. <u>Final Architectural Certification of Payment</u>	<u>180</u>	<u>1/2017</u>
13. <u>Final Project Report Form (HF0055)</u>	<u>210</u>	<u>2/2017</u>

* **For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

May 27, 2016

10:30 am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Bradley

NAME OF FACILITY: Life Bridges, Inc.

I, Diana Jackson, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Diana Jackson CEO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 25 day of May, 2016, witness my hand at office in the County of Bradley, State of Tennessee.

Cristi Lynn Waters
NOTARY PUBLIC

My commission expires 01-24, 2017.

HF-0043

Revised 7/02



though it is already owned by Life Bridges, Inc. This move will not affect the per diem rates for the individuals served at Cate House.

Service Area – The intended service area of this home will be Bradley County and the surrounding counties in Tennessee, specifically Hamilton, McMinn, Meigs, Monroe, Polk, and Rhea.

Need – The six men who live at Cate House need the privacy provided by having their own bedroom. Their behavioral needs would be more effectively met in a home with space to retreat to when they feel anxious and/or agitated. Lockhart House will provide both communal living spaces and the privacy of a bedroom for those moments. Behavioral issues often stem from having to wait on the restroom as six men currently share two restrooms. Lockhart House has four restrooms. The nurses have limited space for medications and preparation at Cate House. Lockhart House provides ample space for medication storage, preparation, and administration. Lockhart House is located in a neighborhood on the edge of a Cleveland State Community College. The college campus is beautiful with abounding sidewalks that would be appropriate for enjoyable walking paths. The close proximity of the campus provides increased access to concerts and sporting events.

Existing Resources – Bradley Cleveland Property Management already owns Lockhart House thus limiting the cost of the move to renovation and moving expenses.

Project Cost - \$622,065

Funding – Life Bridges will fund the project from the cash operating account.

Financial Feasibility – The financial feasibility of this project is excellent.

Staffing – The staffing needs of the individuals who wish to relocate to Lockhart House are determined by the Interdisciplinary Team (IDT) and are outlined in both CMS guidelines and the comprehensive care plan developed by the Qualified Intellectual Disability Professionals. The relocation is not anticipated to change the staffing needs of the home. Thus there would be no additional staffing expense. Staffing will continue to meet CMS, CARF, and licensure expectations.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. §68-11-1601 ET SEQ.) Including square footage, major operational areas, room configuration, etc. applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot would provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

This project is intended to relocate six individuals served in an ICF/IID home (2,400 square feet) to a larger location (4,916 square feet) which will be better suited to their needs. Renovation of the new home (Lockhart House) will involve installing a fire sprinkler system throughout the facility meeting all State and local fire codes (estimated cost \$72,113.00). The existing fire panel will be upgraded to accommodate existing smoke detectors (estimated cost \$1,000.00), any supervisory alarms related to the sprinkler system and notification of local fire authorities. Electrical upgrades (estimated cost \$900.00) will be completed as necessary to accommodate the new fire systems and to the riser room for heat to protect from freezing. Earth disturbed for trenching the riser area will be reshaped and seeded. Miscellaneous costs are estimated at 10% or \$7,401.00. Adaptations for handicap accessibility are estimated at \$32,650. This leaves a total estimated renovation cost of \$114,065 which is \$21.38 per square foot. The total project is valued at \$622,065 which includes the value of the home.

May 27, 2016

10:30 am

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	_____
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	_____
3.	Acquisition of Site	_____
4.	Preparation of Site	_____
5.	Construction Costs	<u>\$114,065</u>
6.	Contingency Fund	_____
7.	Fixed Equipment (Not included in Construction Contract)	_____
8.	Moveable Equipment (List all equipment over \$50,000)	_____
9.	Other (Specify) _____	_____
B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	<u>\$505,000</u>
2.	Building only	_____
3.	Land only	_____
4.	Equipment (Specify) _____	_____
5.	Other (Specify) _____	_____
C.	Financing Costs and Fees:	
1.	Interim Financing	_____
2.	Underwriting Costs	_____
3.	Reserve for One Year's Debt Service	_____
4.	Other (Specify) _____	_____
D.	Estimated Project Cost (A+B+C)	<u>\$619,065</u>
E.	CON Filing Fee	<u>3,000</u>
F.	Total Estimated Project Cost (D+E)	
	TOTAL	<u>\$622,065</u>

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

The proposed cost of this project is \$622,065. The majority of the projected cost is an upgrade to the existing fire suppression system, handicap accessibility and moving cost. The property and building are currently owned by Life Bridges eliminating the cost of purchasing property and new construction. A project comparable in cost in which property and building are not currently owned would increase the expense by \$505,000.

May 27, 2016

PROJECT COMPLETION FORECAST CHART

10:30 am

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): 7/27/16

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<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. <u>Architectural and engineering contract signed</u>	_____	_____
2. <u>Construction documents approved by the Tennessee Department of Health</u>	60	9/2016
3. <u>Construction contract signed</u>	_____	_____
4. <u>Building permit secured</u>	_____	_____
5. <u>Site preparation completed</u>	_____	_____
6. <u>Building construction commenced</u>	60	9/2016
7. <u>Construction 40% complete</u>	90	10/2016
8. <u>Construction 80% complete</u>	120	11/2016
9. <u>Construction 100% complete (approved for occupancy)</u>	150	12/2016
10. <u>*Issuance of license</u>	180	1/2017
11. <u>*Initiation of service</u>	180	1/2017
12. <u>Final Architectural Certification of Payment</u>	180	1/2017
13. <u>Final Project Report Form (HF0055)</u>	210	2/2017

* **For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

p. 52 R



SUPPLEMENTAL #1

May 27, 2016

10:30 am

Life Bridges, Inc.

*P.O. Box 29 * 764 Old Chattanooga Pike SW
Cleveland, TN 37364-0029 * (423) 472-5268 * Fax (423) 479-1492*

May 25, 2016

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Economic Feasibility – Type of Funding

To whom it may concern:

Life Bridges, Inc. will be financing the project costs from our cash operating account to convert a group home to an ICF home. The estimated project costs are approximately \$114,065.

Sincerely,

Ginger Davis
CFO
Life Bridges, Inc.



CARF Accredited Rehabilitation Center Since 1994

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in July (Month).

	FY Year 2013	FY Year 2014	FY Year 2015
A. Utilization Data (Specify unit of measure) <u>(2,190)</u>	<u>2,190 (Days)</u>	<u>2,190 (Days)</u>	<u>2,190 (Days)</u>
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,110,424</u>	<u>1,134,014</u>	<u>1,206,066</u>
Gross Operating Revenue	<u>\$1,110,424</u>	<u>\$1,134,014</u>	<u>\$1,206,066</u>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care <i>*expenses reimbursed by</i>	<u>0</u>	<u>0</u>	<u>0</u>
3. Provisions for Bad Debt <i>stream of revenue</i>	<u>0</u>	<u>0</u>	<u>0</u>
Total Deductions	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
NET OPERATING REVENUE	<u>\$1,110,424</u>	<u>\$1,134,014</u>	<u>\$1,206,066</u>
D. Operating Expenses			
1. Salaries and Wages / <u>Benefits</u>	<u>\$755,370</u>	<u>\$785,098</u>	<u>\$853,696</u>
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	<u>23,600</u>	<u>33,375</u>	<u>36,847</u>
4. Taxes	_____	_____	_____
5. Depreciation	<u>32,573</u>	<u>35,552</u>	<u>30,032</u>
6. Rent	_____	_____	_____
7. Interest, other than Capital (Mort. Int.)	<u>9,355</u>	<u>8,911</u>	<u>0</u>
8. Other Expenses (Specify) <u>Bed Tax, Maint., Comm, Travel, Work Comp, Utilities, Food, Insurance, Prof. Exp, etc.</u>	<u>191,966</u>	<u>190,750</u>	<u>179,909</u>
Total Operating Expenses	<u>\$1,012,864</u>	<u>\$1,053,686</u>	<u>\$1,100,484</u>
E. Other Revenue (Expenses) - Net (Specify)	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ _____	\$ _____	\$ _____
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest (<u>Mortgage Interest</u>)	_____	_____	_____
Total Capital Expenditures	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	<u>\$97,560</u>	<u>\$80,328</u>	<u>\$105,582</u>

HISTORICAL DATA CHART - OTHER EXPENSES

	FY2013	FY2014	FY2015
Bed Tax	\$ 58,029	\$ 60,961	\$ 64,380
Maint	\$ 9,082	\$ 7,192	\$ 8,086
Comm	\$ 7,503	\$ 6,482	\$ 7,167
WC	\$ 15,714	\$ 19,801	\$ 20,403
Utilities	\$ 9,588	\$ 8,424	\$ 9,734
Food	\$ 19,914	\$ 25,741	\$ 22,337
Insurance	\$ 13,742	\$ 12,633	\$ 12,781
Prof Exp	\$ 27,553	\$ 21,313	\$ 16,695
Trans Exp	\$ 23,602	\$ 19,414	\$ 11,274
Travel	\$ 1,292	\$ 2,426	\$ 2,191
Misc	\$ 5,947	\$ 6,363	\$ 4,861
TOTALS	\$ 191,966	\$ 190,750	\$ 179,909

*Misc - Memberships, Advertising, Rental Expense

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July (Month).

	FY Year <u>2017</u>	FY Year <u>2018</u>
A. Utilization Data (Specify unit of measure) <u>(2,190) days</u>	<u>2,190</u>	<u>2,190</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ _____	\$ _____
2. Outpatient Services	_____	_____
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify) <u>Per Diem Rate</u>	<u>1,225,994</u>	<u>1,232,993</u>
Gross Operating Revenue	\$ <u>1,225,994</u>	\$ <u>1,232,993</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____
3. Provisions for Bad Debt	_____	_____
Total Deductions	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING REVENUE	\$ <u>1,225,994</u>	\$ <u>1,232,993</u>
D. Operating Expenses		
1. Salaries and Wages / <u>Benefits</u>	\$ <u>896,085</u>	\$ <u>901,248</u>
2. Physician's Salaries and Wages	_____	_____
3. Supplies	<u>29,689</u>	<u>33,869</u>
4. Taxes	_____	_____
5. Depreciation	<u>28,059</u>	<u>29,752</u>
6. Rent	_____	_____
7. Interest, other than Capital	_____	_____
8. Other Expenses (Specify) <u>Prod Tax, Maint./Comm./</u> <u>Travel/work Comp./ Utilities / Food / Insurance /</u> <u>Prof. Exp., etc.</u>	<u>187,608</u>	<u>191,000</u>
Total Operating Expenses	\$ <u>1,141,441</u>	\$ <u>1,155,869</u>
E. Other Revenue (Expenses) -- Net (Specify)	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ <u>84,553</u>	\$ <u>77,124</u>
F. Capital Expenditures		
1. Retirement of Principal	\$ _____	\$ _____
2. Interest	_____	_____
Total Capital Expenditures	\$ <u>0</u>	\$ <u>0</u>
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$ <u>84,553</u>	\$ <u>77,124</u>

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17 Section C (Economic Feasibility) Item 4 (Historical Data Chart)

SUPPLEMENTAL #1

May 27, 2016

10:30 am

MAY 27 '15 10:28

PROJECTED DATA CHART - OTHER EXPENSES

	FY2017	FY2018
Bed Tax	\$ 67,430	\$ 67,815
Maint	\$ 8,257	\$ 8,464
Comm	\$ 7,685	\$ 7,877
WC	\$ 21,749	\$ 22,293
Utilities	\$ 9,941	\$ 10,190
Food	\$ 22,583	\$ 23,148
Insurance	\$ 12,976	\$ 13,301
Prof Exp	\$ 17,248	\$ 17,680
Trans Exp	\$ 11,746	\$ 12,040
Travel	\$ 2,287	\$ 2,344
Misc	\$ 5,706	\$ 5,849
TOTALS	\$ 187,608	\$ 191,000

*Misc - Memberships, Advertising, Rental Expense

54.1 R

**Supplemental #2
-Original-**

Life Bridges, Inc

CN1605-017

May 31, 2016**4:00 pm**

State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN
 37243

www.tn.gov/hsda Phone: 615-741-2364/Fax:615/532-9940

May 31, 2016

Diana Jackson, CEO
 Life Bridges, Inc.
 764 Old Chattanooga Pike
 Cleveland, TN 37311

RE: Certificate of Need Application CN1605-017
 Life Bridges, Inc.

Dear Ms. Jackson:

This will acknowledge our May 27, 2016 receipt of your supplemental response for an application for a Certificate of Need for the relocation of a 6 licensed bed ICF/IID home from 2601 Bower Lane, Cleveland (Bradley County), TN to 3745 Adkisson Drive, Cleveland (Bradley County), TN.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 12:00 noon, Tuesday May 31, 2016. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

1. Section C, Economic Feasibility, Item 5

Your response is noted. Please verify the following table identifying the project's gross charge, average deduction from operating revenue, and average net charge per patient day. The applicant should divide the total patient days in Year One of the Projected Data Chart into the total gross charges, deductions from operating revenue total, and total net charges to calculate the charges.

	Year One	Year Two
Average Gross Charge (Gross charges/total days)	\$1,225,994/2,190=\$559.8 1	\$1,232,993/2190=\$563.0 1
Average Deduction (Total Deductions/total days)	0	0
Average net Charge Total Net Operating Revenue/total days)	\$1,225,994/2,190=\$559.8 1	\$1,232,993/2190=\$563.0 1

2. Section C. (Need) Item 4 (Population Demographics)

Your response to this item is noted. Using population data from the Department of Health (<https://www.tn.gov/health/article/statistics-con>), enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

<i>Variable</i>	<i>Bradley</i>	<i>Hamilton</i>	<i>McMinn</i>	<i>Meigs</i>	<i>Monroe</i>	<i>Polk</i>	<i>Rhea</i>	<i>Service Area</i>	<i>Tennessee</i>
<i>Current Year (CY), Age 65+</i>	17,879	61,073	11,089	2,677	9,325	3,680	6,589	112,312	1,012,937
<i>Projected Year (PY), Age 65+</i>	20,381	69,752	12,650	3,151	10,680	4,134	7,571	128,319	1,134,565
<i>Age 65+, % Change</i>	14.0%	14.2%	14.1%	17.7%	14.5%	12.3%	14.9%	14.3%	12.0%
<i>Age 65+, % Total (PY) CY, Total Population</i>	16.9%	17.1%	20.4%	21.9%	20.0%	21.1%	19.4%	19.8%	15.2%
<i>PY, Total Population</i>	105,549	356,156	54,449	12,221	46,563	17,442	33,934	626,314	6,649,438
<i>Total Pop. % Change</i>	3.5	3.5%	23%	2.0%	4.5%	2.1%	3.8%	3.5%	3.7%
<i>TennCare Enrollees</i>	20,321	61,399	11,270	2,907	10,881	3,784	8,490	119,052	1,331,838
<i>TennCare Enrollees as a % of Total Population</i>	19.3%	17.2%	20.7%	23.8%	23.4%	21.7%	25.0%	19.9%	20.0%
<i>Median Age</i>	38	39	42	43	42	43	40	41	38
<i>Median Household Income</i>	\$41,083	\$46,702	\$39,410	\$25,150	\$37,595	\$39,074	\$36,741	\$37,965	44,298
<i>Population % Below Poverty Level</i>	19.6%	16.8%	18.0%	20.9%	19.6%	16.4%	22.5%	19.11%	17.6%

3. Section C. (Economic Feasibility) 6.a and 6.b

The Current per diem rate of \$585.77 is noted. However, please provide the proposed per diem rate as reflected in the Projected Data Chart. Please verify the Per Diem charge for 2017 is \$559.81 (\$1,225,994/2,190 days) and the per diem charge for 2018 is \$563.01 (\$1,232,993/2,190 days).

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." For this application, the sixtieth (60th) day after written Notification is Tuesday, July 12, 2016. If this application is not deemed complete by this date, the application will be deemed void. Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Resubmittal of the application must be

May 31, 2016

4:00 pm

Mr. Diana Jackson
May 31, 2016
Page 3

accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

- (1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.
- (2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Phillip M. Earhart
Health Services Development Examiner

May 31, 2016

4:00 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF Bradley

NAME OF FACILITY: Life Bridges, Inc.

I, Diana Jackson, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Diana Jackson CEO
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 31st day of May, 2016, witness my hand at office in the County of Bradley, State of Tennessee.

Catherine Hake
NOTARY PUBLIC

My commission expires 6/6, 2017.

HF-0043

Revised 7/02

