



**Harvey's Home for Assisted Living and Memory Care**

**Latitude 39.418893, Longitude -94.564461**

**Smithville, MO 64089**

**Project # 6103 RS**

**SUBMITTED TO MISSOURI HEALTH FACILITIES REVIEW COMMITTEE**



Project Name: Harvey's Home for Assisted Living and Memory Care

Project No: 6103 RS

Project Description: 17-bed Assisted Living and Memory Care (ALF) Home in Smithville, Missouri

Done Page N/A Description

**Divider I. Application Summary:**

- ✓ 4 1. Applicant Identification and Certification (Form MO 580-1861)
- ✓ 4 2. Representative Registration (From MO 580-1869)
- ✓ 4 3. Proposed Project budget (Form MO 580-1863) and detail sheet with documentation of costs.
- ✓ 4 4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.
- ✓ 4 5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.
- ✓ 6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.
- ✓ 4 7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.
- ✓ 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.

**Divider II. Proposal Description:**

- ✓ 14 1. Provide a complete detailed project description.
- ✓ 14 2. Provide a timeline of events for the project, from CON issuance through project completion.
- ✓ 14 3. Provide a legible city or county map showing the exact location of the proposed facility.
- ✓ 15 4. Provide a site plan for the proposed project.
- ✓ 15 5. Provide preliminary schematic drawings for the proposed project.
- ✓ 15 6. Provide evidence that architectural plans have been submitted to the Department of Health and Senior Services.
- ✓ 15 7. Provide the proposed square footage.
- ✓ 15 8. Document ownership of the project site, or provide an option to purchase.
- ✓ 15 9. Define the community to be served.
- ✓ 15 10. Provide 2025 population projections for the 15-mile radius service area.
- ✓ 16 11. Identify specific community problems or unmet needs the proposal would address.
- ✓ 16 12. Provide historical utilization for each of the past three (3) **FULL** years and utilization projections through the first three (3) **FULL** years of operation of the new LTC beds.
- ✓ 16 13. Provide the methods and assumptions used to project utilization.
- ✓ 17 14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.
- ✓ 17 15. Provide copies of any petitions, letters of support or opposition received.
- ✓ 17 16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.
- ✓ 17 17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.

**Divider III. Service Specific Criteria and Standards:**

- ✓ 34 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 34 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.
- ✓ 35 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.
- ✓ 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other specialty beds.
- ✓ 5. For any proposed facility which is designed and operated exclusively for persons with acquired human immunodeficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.
- ✓ 6. If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.

**Divider IV. Financial Feasibility Review Criteria and Standards:**

- ✓ 38 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data"
- ✓ 38 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- ✓ 38 3. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) for the latest three (3) years, and projected through three (3) **FULL** years beyond project completion.
- ✓ 38 4. Document how patient charges are derived.
- ✓ 38 5. Document responsiveness to the needs of the medically indigent.
- ✓ 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?
- ✓ 7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or becomes Medicaid eligible within 90 days of admission.

**Harvey's Home for Assisted Living and Memory Care**

**Project # 6103 RS**

**Divider 1**

**I. Application Summary:**

**1. Application Identification and Certification (Form MO 580-1861)**

See Attachment 1a.

**2. Representative Registration Form (Form MO 580-1869)**

See Attachments 1b.

**3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.**

See Attachments 1c and 1d.

**4. Provide documentation from MO Secretary of State that the proposed owner(s) and operator(s) are registered to do business in MO.**

See Attachment 1e.

**5. State if the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous five (5) years.**

No

**6. If the license of the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose license was revoked.**

N/A

**7. State if the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years.**

No

- 8. If the Medicare and/or Medicaid certification of any facility owned or operated by the proposed operator or any affiliate of the proposed operator has been revoked within the previous 5 years, provide the name and address of the facility whose Medicare and/or Medicaid certification was revoked.**

N/A



## Certificate of Need Program

**APPLICANT IDENTIFICATION AND CERTIFICATION**

The information provided must match the **Letter of Intent** for this project, without exception.

**1. Project Location** (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Harvey's Home for Assisted Living and Memory Care	Project Number #6103 RS
Project Address (Street/City/State/Zip Code) latitude: 39.418893 longitude: -94.564461	County Clay

**2. Applicant Identification** (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
OFB Property Group, LLC	31385 240th St. Maryville, MO 64468	8166461673
List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
OFP Property Group, LLC	31385 240th St. Maryville, MO 64468	8166461673

**3. Ownership** (Check applicable category.)

- Nonprofit Corporation     
  Individual     
  City     
  District  
 Partnership     
  Corporation     
  County     
  Other \_\_\_\_\_

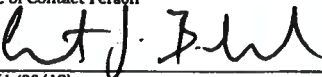
**4. Certification**

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:


**5. Authorized Contact Person** (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Curtis J Behrend	Title owner
Telephone Number 8166461673	Fax Number
Signature of Contact Person 	E-mail Address ofbproperties@yahoo.com
	Date of Signature 4/29/2024



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**(A registration form must be completed for **each** project presented.)

Project Name		Number	
Harvey's Home for Assisted Living and Memory Care		#6103 RS	
(Please type or print legibly.)			
Name of Representative		Title	
Curtis Behrend		Owner	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other)		Telephone Number	
OFB Property Group, LLC		8166461673	
Address (Street/City/State/Zip Code)			
31385 240th St Maryville, MO 64468			
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)			
Name of Individual/Agency/Corporation/Organization being Represented		Telephone Number	
OFB Property Group, LLC		8166461673	
Address (Street/City/State/Zip Code)			
31385 240th St. Maryville, MO 64468			
Check one. Do you:		Relationship to Project:	
<input checked="" type="checkbox"/> Support		<input type="checkbox"/> None	
<input type="checkbox"/> Oppose		<input type="checkbox"/> Employee	
<input type="checkbox"/> Neutral		<input type="checkbox"/> Legal Counsel	
		<input type="checkbox"/> Consultant	
		<input type="checkbox"/> Lobbyist	
Other Information:		<input checked="" type="checkbox"/> Other (explain):	
_____		Owner	
_____		_____	
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i>			
Original Signature		Date	
		4/29/2024	



Certificate of Need Program  
**PROPOSED PROJECT BUDGET**

<u>Description</u>	<u>Dollars</u>
<b>COSTS:*</b>	
<i>(Fill in every line, even if the amount is "\$0".)</i>	
1. New Construction Costs ***	\$2,204,381
2. Renovation Costs ***	\$0
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$2,204,381</b>
4. Architectural/Engineering Fees	\$10,300
5. Other Equipment (not in construction contract)	\$55,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$180,000
8. Consultants' Fees/Legal Fees ***	\$5,000
9. Interest During Construction (net of interest earned) ***	\$64,000
10. Other Costs ***	\$151,000
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$465,300</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$2,669,681 **</b>

**FINANCING:**

13. Unrestricted Funds	\$757,136
14. Bonds	\$1,912,545
15. Loans	\$1,912,545
16. Other Methods (specify)	\$2,669,681 **
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$2,669,681 **</b>

18. New Construction Total Square Footage	9,251
19. New Construction Costs Per Square Foot *****	\$238
20. Renovated Space Total Square Footage	_____
21. Renovated Space Costs Per Square Foot *****	_____

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.



Attachment 1 d.  
1 of 3

# Wausau Homes Smithville

Prepared for:  
Curtis Behrend

Estimate name:  
Behrend Custom (SO# )

Building site:  
Hwy DD  
Smithville, Clay, MO 64089-0906

Po Box 906  
Smithville, MO 64089-0906  
Wausau Homes Inc. Authorized Builder  
Phone: 816-651-7009 • Fax: • e-Mail:  
**Site Detail Breakdown**  
Series: Custom Model: (CSTM3318) Behrend

	Qty	Cost	Total cost
<b>Permits, Utilities, Miscellaneous Costs</b>			
Design Fee <i>- Notes: Includes Scalable, buildable set of plans.</i>	1	\$10,300.00	\$10,300.00 (1)
Building Permit	9800	\$1.00	\$9,800.00
Local Structural Requirements	1	\$3,000.00	\$3,000.00
Dumpster Rental & Removal	1	\$10,000.00	\$10,000.00
Portable Toilet Rental & Removal	18	\$300.00	\$5,400.00
Miscellaneous Materials	9800	\$1.00	\$9,800.00
Electric, Water, Gas Hookup <i>- Notes: City Sewer, Meter, and Gas Lines</i>	1	\$15,000.00	\$15,000.00
END OF MONTH UPDATES	9800	\$1.00	\$9,800.00
WH Escapements <i>- Notes: For missed material.</i>	9800	\$1.00	\$9,800.00
Drive Time Fuel	1	\$1,500.00	\$1,500.00
<b>Permits, Utilities, Miscellaneous Costs sub-Total:</b>			<b>\$84,400.00</b>
<b>Lot Prep, Excavating &amp; Backfilling</b>			
House Slab	9800	\$3.50	\$34,300.00
Rough Grading <i>- Notes: Soil brought up to rough grade. Customer will need to bring to final grade and seed on thier own.</i>	1	\$9,500.00	\$9,500.00
Crane Pad <i>- Notes: Proper pad big enough for crane to sit on.</i>	1	\$2,500.00	\$2,500.00
Trucking	1	\$3,000.00	\$3,000.00
Gravel (Crushed Rock) Driveway	1	\$45,000.00	\$45,000.00
Culvert <i>- Notes: Sized upon town, village, or city. Double walled ADS pipe. Price includes Culvert and machine hours</i>	1	\$3,000.00	\$3,000.00
Sanitary Sewer & Main Water Lines	300	\$125.00	\$37,500.00
Erosion Control <i>- Notes: Silt fence for around perimeter.</i>	1	\$1,200.00	\$1,200.00
Road Base for Driveway	1	\$15,000.00	\$15,000.00
<b>Lot Prep, Excavating &amp; Backfilling sub-Total:</b>			<b>\$151,000.00 (2)</b>
<b>Foundation</b>			
Slab Foundation with Footing	9800	\$15.00	\$147,000.00
<b>Foundation sub-Total:</b>			<b>\$147,000.00</b>
<b>SET</b>			
Controlled Access Zone for Set Day Party	1	\$3,000.00	\$3,000.00
<b>SET sub-Total:</b>			<b>\$3,000.00</b>
<b>Roofing Labor</b>			
Roofing Bid	1	\$53,985.00	\$53,985.00
<b>Roofing Labor sub-Total:</b>			<b>\$53,985.00</b>
<b>Mechanical Rough In's</b>			
<b>Electrical</b>			
Electrical Bid	1	\$79,569.00	\$79,569.00

Temporary Electrical Service	1	\$3,000.00	\$3,000.00
<b>Electrical sub-Total:</b>			<b>\$82,569.00</b>
<b>Plumbing</b>			
Plumbing Bid	1	\$85,000.00	\$85,000.00
<b>Plumbing sub-Total:</b>			<b>\$85,000.00</b>
<b>HVAC</b>			
HVAC Bid	1	\$120,000.00	\$120,000.00
<b>HVAC sub-Total:</b>			<b>\$120,000.00</b>
<b>Masonry</b>			
Masonry Bid	1	\$45,000.00	\$45,000.00
<b>Masonry sub-Total:</b>			<b>\$45,000.00</b>
<b>Siding, Soffit and Fascia Labor</b>			
Siding Bid	1	\$157,000.00	\$157,000.00
Gutters/Downspouts	582	\$12.00	\$6,984.00
- Notes: Custom 6" Seamless color matched gutters and downspouts w/ elbowed extension			
<b>Siding, Soffit and Fascia Labor sub-Total:</b>			<b>\$163,984.00</b>
<b>Insulation</b>			
Insulation Bid	1	\$27,599.00	\$27,599.00
<b>Insulation sub-Total:</b>			<b>\$27,599.00</b>
<b>Drywall - Finish of Interior Walls</b>			
Drywall Bid	1	\$60,250.00	\$60,250.00
<b>Drywall - Finish of Interior Walls sub-Total:</b>			<b>\$60,250.00</b>
<b>Interior Finish - Carpentry</b>			
<b>Base</b>			
Install Base	2488	\$3.15	\$7,837.20
- Notes: Base Qty is adjusted by Structural changes to the Exterior Wall Qty			
<b>Base sub-Total:</b>			<b>\$7,837.00</b>
<b>Casing</b>			
Install Casing	1405	\$0.90	\$1,264.50
<b>Casing sub-Total:</b>			<b>\$1,264.00</b>
Interior Carpentry Bid	9800	\$3.50	\$34,300.00
Millwork Materials	1	\$55,000.00	\$55,000.00
Porch Ceiling T&G Boards	712	\$25.00	\$17,800.00
Install Finished Entry Doors	12	\$450.00	\$5,400.00
Inventory Trim Pack - Labor measured in hours	6	\$200.00	\$1,200.00
<b>Interior Finish - Carpentry sub-Total:</b>			<b>\$113,700.00</b>
<b>Mechanical Finish</b>			
<b>Electrical Finish</b>			
Light Bulbs for all Fixtures	1	\$1,500.00	\$1,500.00
<b>Electrical Finish sub-Total:</b>			<b>\$1,500.00</b>
<b>Painter</b>			
Paint & Bid	9800	\$10.00	\$98,000.00
<b>Painter sub-Total:</b>			<b>\$98,000.00</b>
<b>Additional Finish Items</b>			
Interior Final Cleaning	9800	\$1.25	\$12,250.00
Window Final Cleaning - Interior & Exterior	73	\$60.00	\$4,380.00
Finish Grade, Lawn, Landscape	1	\$75,000.00	\$75,000.00
- Notes: Black dirt.			
Floor Bid	1	\$105,265.50	\$105,265.50
<b>Additional Finish Items sub-Total:</b>			<b>\$196,896.00</b>
<b>Outside Vendors</b>			



# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

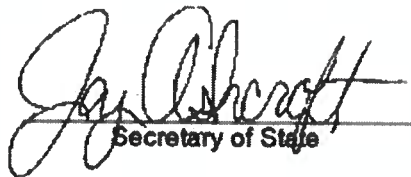
WHEREAS,

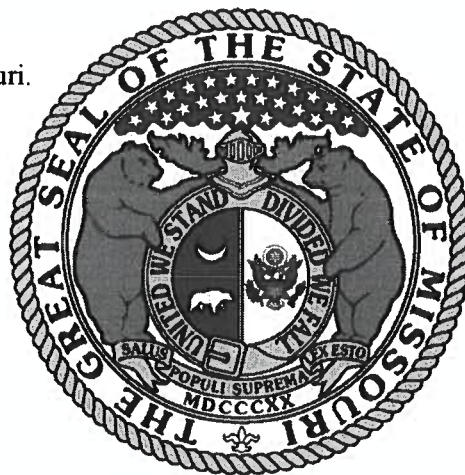
***OFB PROPERTY GROUP LLC***  
***LC014468982***

filed its Articles of Organization with this office on the 6th day of June, 2023, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 6th day of June, 2023, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 6th day of June, 2023.

  
Secretary of State



**Harvey's Home for Assisted Living and Memory Care**

**Project # 6103 RS**

**Divider II.**

## II. Proposal Description

### 1. Provide a complete detailed project description.

The applicant, Harvey's Home for Assisted Living and Memory Care (referred to as Harvey's Home) seeks approval for a 17-bed Assisted Living Home (home) to be licensed for Memory Care, with a total of approximately 9,251 square feet. The home will offer 17 private suites with ½ bath in each room.

Harvey's Home is planned to include the following:

- A dining area that resembles a home dining setting and allows for communal dining.
- Two full baths with walk-in showers for resident safety and standby assist by staff.
- Fenced area outside in back of home including covered patio, screened in porches, and oval walking path surrounded by gardens and landscaping.
- Internet service with complimentary Wi-Fi.
- Security by video cameras located outside the home.
- Emergency call lights in each room and resident monitoring systems to alert caregivers of resident emergencies.

The physical make-up and the services to be offered in this smaller setting are intended to promote a sense of home. It is also intended to ease the transition from home for residents and allow caregiving staff to focus on individual needs as well as group activities.

### 2. Provide a timeline of events for the project, from CON issuance through project completion.

Obtain permits for construction: June 1st, 2024

Close on construction loan: July 1st, 2024

Start Building Construction: July 29th, 2024

Complete Building for Final Inspection: May 26th, 2025

Obtain final approval for occupancy: June 9th, 2025

Project 100% complete: June 9th, 2025

### 3. Provide a legible city or county map showing the exact location of the proposed facility.

See Attachment 2a.

**4. Provide a site plan for the proposed project.**

**See Attachment 2b.**

**5. Provide preliminary schematic drawings for the proposed project.**

**See Attachment 2b.**

**6. Provide evidence that architectural plans have been submitted to the Department of Health and Human Services.**

**See Attachment 2c.**

**7. Provide the proposed square footage.**

The total square footage of the home will be 9,251 square feet.

**8. Document ownership of the project site or provide an option to purchase.**

**See Attachment 2d.**

**9. Define the community to be served.**

The proposed home will be located in the City of Smithville, Clay County, Missouri. Smithville is a community of approximately 10,600 residents directly north of and approximately 20 miles from Kansas City. The proposed home will serve individuals needing assistance for everyday living, primarily age 65 or older, and will be licensed to serve those who need or may need in the future memory care.

**10. Provide 2025 population projections for the 15-mile radius service area.**

The projected 2025 65+ population in the 15-mile radius service area has been calculated in accordance with Missouri regulations to be 34,608.

**See Attachment 2e.**

**11. Identify specific community problems or unmet needs the proposal would address.**

Harvey's Home for Assisted Living and Memory Care will be licensed as an Assisted Living home with 17 bedrooms and will be the one of the smallest supportive home in its surrounding 15-mile service area.

The advantages of a small residential community setting allow for a quiet, friendly and more intimate atmosphere for family and friends to visit their loved ones. The emotional benefits of a small group increase for the residents as well as their extended families as they have the opportunity to form a strong support system in a small home. The small home decreases confusion and anxiety in residents when trying to navigate the building on a day-to-day basis. Having to move from one's family home to a supportive environment is overwhelming under the best of circumstances but moving to a small home will decrease anxiety and increase one's ability to adjust to a new living situation.

**12. Provide historical utilization for each of the past three (3) full years and utilization projections through the first three (3) full years of operation of the new LTC beds.**

This is a new Assisted Living home and therefore no historical data is available to report. The three-year projected occupied days and average daily occupancy for the first three full years of operations are as follows:

Year 1 – 2025/2026 Occupied Days 2,889 Days, Average Daily Occupancy 8.1 Residents  
Year 2 – 2026/2027 Occupied Days 5,508 Days, Average Daily Occupancy 15.3 Residents  
Year 3 - 2027/2028 Occupied Days 5,508 Days, Average Daily Occupancy 15.3 Residents

**13. Provide the methods and assumptions used to project utilization.**

Projections are based upon experience of its consultants and its knowledge of utilization of other assisted living homes in the State of Missouri.



**14. Document that consumer needs and preferences have been included in planning this project and describe how consumers had an opportunity to provide input.**

Smaller assisted living homes such as this are still relatively new to the area. Such homes provide an alternative model for senior living and we believe community reaction to this new model will be extremely positive.

We have placed an ad in the local newspaper to offer consumers an opportunity to provide feedback on this project.

**15. Provide copies of any petitions, letter of support or opposition received.**

N/A

**16. Document that providers of similar health services in the proposed 15-mile radius have been notified of the application by a public notice in the local newspaper.**

See attached copy of public notice published in local newspaper (**Attachment 2f**).

**17. Document that providers of all affected facilities in the proposed 15-mile radius were addressed letters regarding the application.**

Nine letters have been sent out to all affected facilities in the proposed 15-mile radius. See **attachment 2g** for a copy of one of those letters.






Google Maps 39°25'08.0"N 94°33'52.1"W



Map data ©2024 500 ft



39°25'08.0"N 94°33'52.1"W

-   
 Directions
-   
 Save
-   
 Nearby
-   
 Send to phone
-   
 Share

📍 Smithville, MO 64089



### Assisted Living Facility

**BUILDING STATISTICS:**

MAIN FLOOR	= 9,251 SQ. FT.
ENTRY PORCH	= 412 SQ. FT.
COVERED PATIO 1	= 150 SQ. FT.
COVERED PATIO 2	= 150 SQ. FT.
CORRIDOR A PORCH	= 24 SQ. FT.
CORRIDOR B PORCH	= 32 SQ. FT.
CORRIDOR C PORCH	= 32 SQ. FT.
CORRIDOR D PORCH	= 24 SQ. FT.

**NOTES:**

THIS PLAN AND SPECIFICATIONS OR MATERIALS AND ARE NOT TO BE USED FOR CONSTRUCTION OF ANY OTHER BUILDING OR STRUCTURE WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT OR ENGINEER. THE ARCHITECT OR ENGINEER SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED IN THESE PLANS AND SPECIFICATIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL GOVERNMENT. ALL LOCAL CODES AND REGULATIONS SHALL BE STRICTLY ADHERED TO. ANY OTHER CODES AND REGULATIONS SHALL BE DETERMINED BY THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL GOVERNMENT. ALL LOCAL CODES AND REGULATIONS SHALL BE STRICTLY ADHERED TO. ANY OTHER CODES AND REGULATIONS SHALL BE DETERMINED BY THE CONTRACTOR.

**STRUCTURAL NOTES:**

ALL FOUNDATION AND STRUCTURAL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES AND ALL LOCAL CODES. ALL FOUNDATION AND STRUCTURAL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES AND ALL LOCAL CODES.

**INDEX OF SHEETS:**

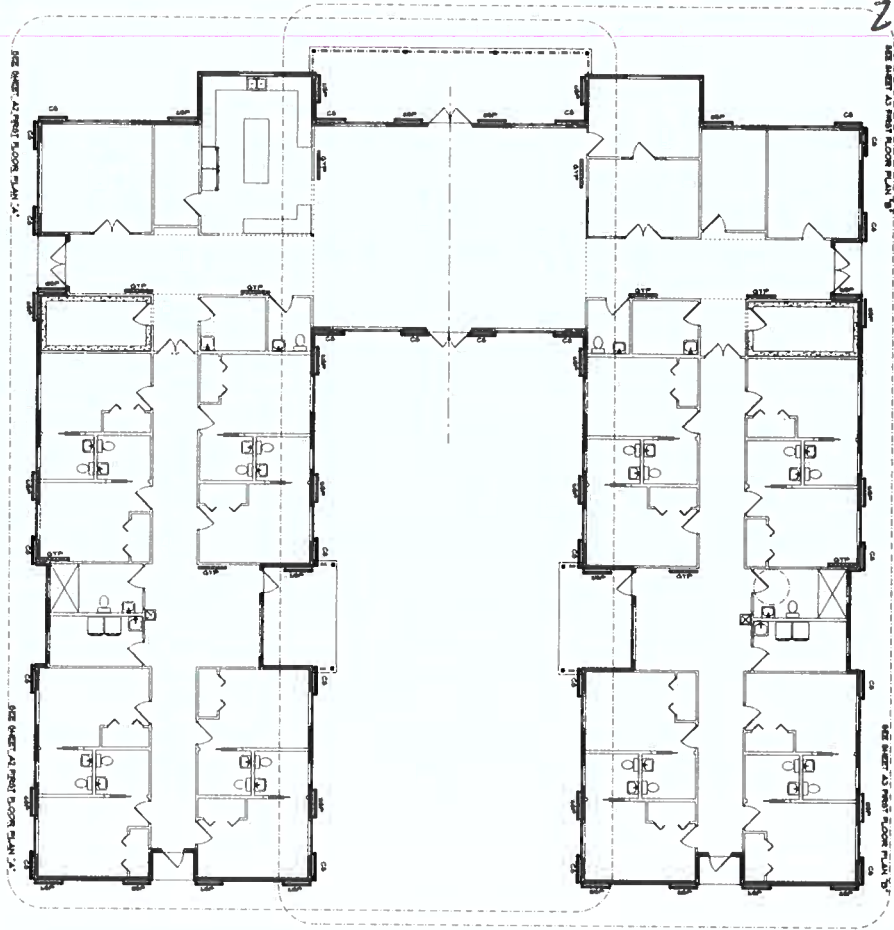
- T1 TITLE SHEET
- A1 FULL 1ST FLOOR & FOUNDATION PLANS
- A2 WALL BRACING
- A3 1ST FLOOR PLAN PART A
- A4 FOUNDATION PLAN PART A
- A5 FOUNDATION PLAN PART B
- A6 FULL ROOF PLAN
- A7 ROOF PLAN PART A
- A8 ROOF PLAN PART B
- A9 FRONT AND SIDE ELEVATIONS
- A10 REAR AND COURTYARD ELEVATIONS
- A11 WALL & BUILDING SECTIONS


 ADAM CAMPBELL  
 14802 SHAMROCK WAY, UNIT B2  
 SMITHVILLE, MO 64089  
 816-451-7000  
 CAMPBELL@WAUSAUHOMES.COM

Assisted Living  
 Drawing No. CA-2023-4  
 Date: 11/2023  
 Scale: 1/8" = 1'-0"

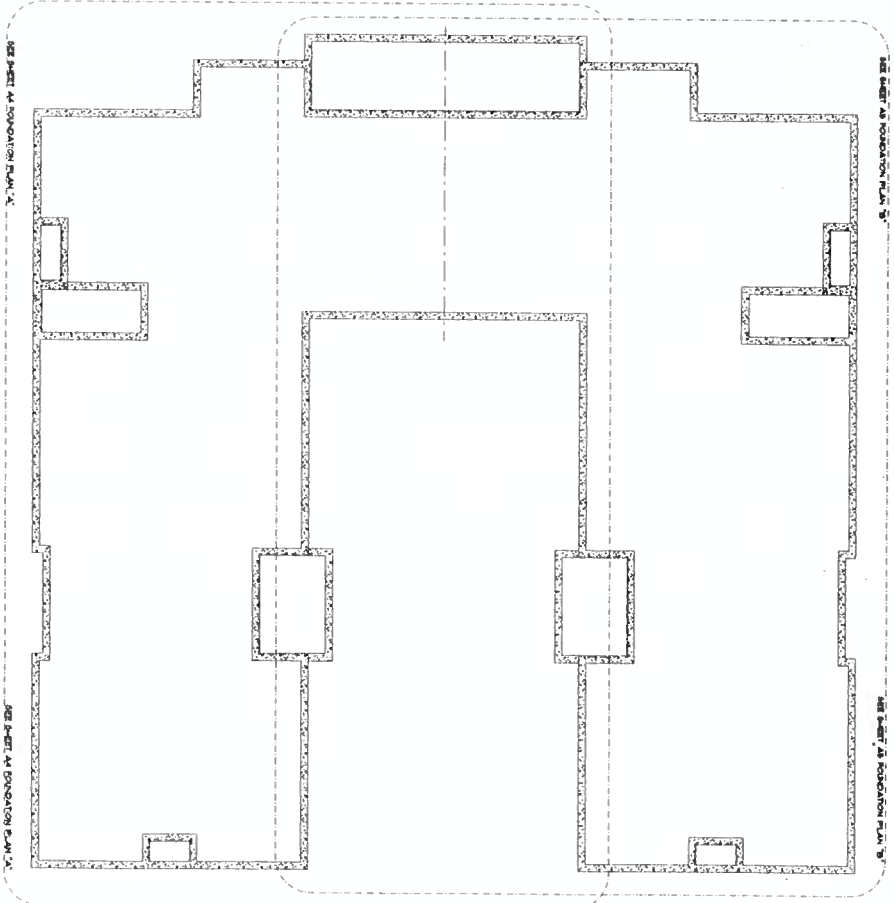
BY USING THESE PLANS, YOU AGREE WITH ALL OF THE FOLLOWING:

THESE PLANS AND SPECIFICATIONS ARE PROVIDED AS A GUIDE ONLY. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL GOVERNMENT. ALL LOCAL CODES AND REGULATIONS SHALL BE STRICTLY ADHERED TO. ANY OTHER CODES AND REGULATIONS SHALL BE DETERMINED BY THE CONTRACTOR.



FILL MAIN FLOOR PLAN & WALL BRACING  
SCALE: 1/8" = 1'-0"

SYMBOL	DESCRIPTION	NOTES	CONSTRUCTION DETAILS
(Symbol)	WALL BRACING	1/2" x 4" WALL BRACING	SEE DETAIL 201 FOR WALL BRACING CONSTRUCTION
(Symbol)	WALL BRACING	1/2" x 4" WALL BRACING	SEE DETAIL 201 FOR WALL BRACING CONSTRUCTION
(Symbol)	WALL BRACING	1/2" x 4" WALL BRACING	SEE DETAIL 201 FOR WALL BRACING CONSTRUCTION
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(Symbol)	WALL BRACING	1/2" x 4" WALL BRACING	SEE DETAIL 201 FOR WALL BRACING CONSTRUCTION



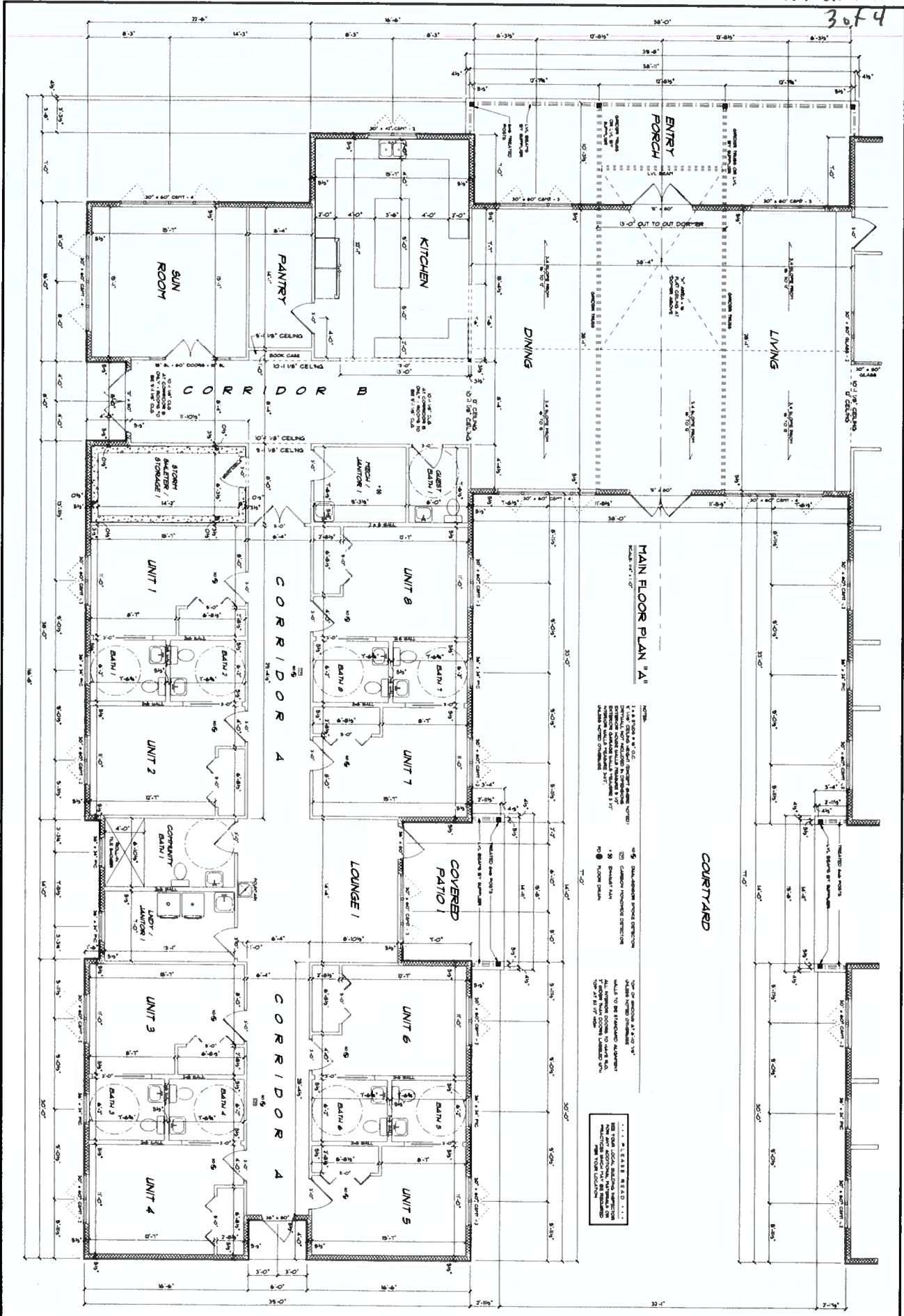
FILL FOUNDATION PLAN  
SCALE: 1/8" = 1'-0"

SEE YOUR LOCAL BUILDING DEPARTMENT FOR PERMITS AND REGULATIONS. THESE PLANS ARE PROVIDED AS A GUIDE ONLY. YOU ARE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND REGULATIONS. SEE DETAIL 201 FOR WALL BRACING CONSTRUCTION.

**Wausau Homes**  
 ADAM CAMPBELL  
 14802 SHAMROCK WAY, UNIT B2  
 SMITHVILLE, MO 64089  
 816-851-7000  
 CAMPBELL@WAUSAUHHOMES.COM

Assisted Living  
 Drawn By: [Name]  
 Scale: 1/8" = 1'-0"  
 Date: 11/20/23  
 Drawing No: CA-2023-00

BY USING THESE PLANS, YOU AGREE WITH ALL OF THE FOLLOWING:  
 THESE PLANS AND SPECIFICATIONS ARE PROVIDED UNDER CONTRACT AND ARE NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. THESE PLANS AND SPECIFICATIONS ARE THE PROPERTY OF WAUSAU HOMES AND ARE TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. ANY REUSE OR MODIFICATION OF THESE PLANS WITHOUT THE WRITTEN CONSENT OF WAUSAU HOMES IS STRICTLY PROHIBITED.



**MAIN FLOOR PLAN "A"**  
SCALE: 1/8" = 1'-0"

- NOTES:**
- 1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
  - 2. ALL WALLS ARE 1/2" THICK UNLESS OTHERWISE NOTED.
  - 3. ALL DOORS ARE 3'-0" WIDE UNLESS OTHERWISE NOTED.
  - 4. ALL WINDOWS ARE 6'-0" WIDE UNLESS OTHERWISE NOTED.
  - 5. ALL CEILING AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 6. ALL FLOOR AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 7. ALL UTILITY AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 8. ALL MECHANICAL AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 9. ALL ELECTRICAL AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 10. ALL PLUMBING AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 11. ALL FIRE ALARMS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 12. ALL SMOKE DETECTORS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 13. ALL HANDICAPPED AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 14. ALL ACCESSIBLE AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 15. ALL ELEVATOR AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 16. ALL STAIR AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 17. ALL COMMON AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 18. ALL EXTERIOR AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 19. ALL INTERIOR AREAS ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.
  - 20. ALL FINISHES ARE TO BE FINISHED AS SHOWN UNLESS OTHERWISE NOTED.

Drawn By	DATE	SCALE
Checked By	1/6 / 1-0"	
Project No.	14802	
Client	ADAM CAMPBELL	
Address	14802 SHAMROCK WAY, UNIT B2	
City	SMITHVILLE, MO 64089	
Phone	616-651-7200	
Website	CAMPBELL@WALSALHOMES.COM	



ADAM CAMPBELL  
14802 SHAMROCK WAY, UNIT B2  
SMITHVILLE, MO 64089  
616-651-7200  
CAMPBELL@WALSALHOMES.COM

Assisted Living

BY USING THESE PLANS, YOU AGREE WITH ALL OF THE FOLLOWING:  
These Plans, Contract and other documents shall constitute a binding contract and shall be enforceable under the laws of the State of Missouri. The Plans are provided as a guide only and do not constitute a warranty. The Plans are subject to change without notice. The Plans are provided as a guide only and do not constitute a warranty. The Plans are subject to change without notice. The Plans are provided as a guide only and do not constitute a warranty. The Plans are subject to change without notice.



CON App for #6103 RS

Yahoo/Sent ☆



**Curtis Behrend**

From: ofbproperties@yahoo.com

To: david.east@health.mo.gov



Thu, May 2 at 7:09 AM ☆

Hi David, hope you are doing well!

OFB Property Group, LLC is submitting a Certificate of Need application (#6103 RS) for a 17-bed assisted living home in Smithville, Missouri. Attached are preliminary site and architectural plans for this home, which will be located at latitude 39.418893 longitude -94.564461 in Smithville, MO and will be called Harvey's Home for Assisted Living and Memory Care.

Please respond with confirmation that you have received this email.

Thanks!

Curtis Behrend  
Owner  
OFB Properties  
816-646-1673  
ofbproperties@yahoo.com



Final Set CA... .pdf  
6.4MB

Recorded in Clay County, Missouri

Recording Date/Time: 02/01/2024 at 09:20:56 AM

Book: 9686 Page: 161

Instr #: 2024002081

Pages: 3

Fee: \$30.00



Electronically Recorded  
Stewart Title Company - Midwest Divl...

Sandra Brock  
Recorder of Deeds

File No.: 2167830  
Stewart Title Company

### MISSOURI WARRANTY DEED

(Corp/LLC/Partnership Grantor Conveying to Corp/LLC/Partnership)

THIS INDENTURE, made on this 31 day of January, 2024, by and between KPC Holding Company LLC, a Missouri limited liability company, duly organized under the laws of the State of Missouri, of the County of Clay, State of Missouri, hereinafter referred to as "Grantor", and OFB Property Group, LLC a Missouri limited liability company, hereinafter referred to as "Grantee".

The mailing address of the Grantee is, 31385 240<sup>th</sup> St Maryville, MO 64468-7396

WITNESSETH, THAT THE SAID GRANTOR, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration to it paid by the said GRANTEE (the receipt of which is hereby acknowledged) does, by these presents, GRANT, BARGAIN and SELL, CONVEY and CONFIRM unto the GRANTEE, its successors and assigns, the following described lots, tracts or parcels of land, lying, being and situate in the County of Clay and State of Missouri, to-wit:

All that part of the Southwest Quarter of Section 12, Township 53, Range 33, in the City of Smithville, Clay County, Missouri, described as follows: Commencing at the Northwest corner of the Southwest Quarter of said Section 12; thence North 89 degrees 43 minutes 58 seconds East along the North line of said Southwest Quarter, a distance of 409.62 feet; thence South 00 degrees 16 minutes 02 seconds East, a distance of 38.27 feet to the Southerly right of way of County Route F, per the right of way plans recorded in Book I at page 22.3; thence South 00 degrees 23 minutes 59 seconds West and parallel to the West line of said Southwest Quarter, also being the Westerly line of the Harborview Town Homes, a subdivision of land in Smithville, Clay County, Missouri, a distance of 361.54 feet; thence South 89 degrees 43 minutes 58 seconds West, and parallel to the North line of said Southwest Quarter, a distance of 360.00 feet to a point 50.00 feet East of the West line of said Southwest Quarter; thence North 00 degrees 23 minutes 59 seconds East and 50.00 feet parallel with said West line, a distance of 302.77 feet to the Southerly right of way of said County Road F; thence Northeasterly along a curve to the right, having an initial tangent bearing of North 43 degrees 00 minutes 13 seconds East, having a radius of 114.86 feet, an arc length of 120.05 feet; thence continuing along said right of way line on a tangent line North 89 degrees 29 minutes 18 seconds East, a distance of 261.60 feet to the Point of Beginning, subject to that part, if any, in streets, roadways, highways or other public rights-of-way.

AS SHOWN ON THE ALTA-NSPS Survey recorded 01/25/2024 as Document No. 2024001620 in Book J at page 35.2.

TO HAVE AND TO HOLD, the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said Grantee and unto its successors and assigns forever; the said Grantor hereby covenanting that it is lawfully seized of an indefeasible estate in fee of the premises herein conveyed; that it has good right to convey the same,



File No.: 2167830  
Stewart Title Company

**MISSOURI WARRANTY DEED**  
(Corp/LLC/Partnership Grantor Conveying to Corp/LLC/Partnership)

THIS INDENTURE, made on this 31 day of January, 2024, by and between KPC Holding Company LLC, a Missouri limited liability company, duly organized under the laws of the State of Missouri, of the County of Clay, State of Missouri, hereinafter referred to as "Grantor", and OFB Property Group, LLC a Missouri limited liability company, hereinafter referred to as "Grantee".

The mailing address of the Grantee is, 31385 240<sup>th</sup> St Maryville, MO 64468-7396

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TO HAVE AND TO HOLD, the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said Grantee and unto its successors and assigns forever; the said Grantor hereby covenanting that it is lawfully seized of an indefeasible estate in fee of the premises herein conveyed; that it has good right to convey the same,

that the said premises are free and clear from any encumbrance done or suffered by it or those under whom it claims; and that it will warrant and defend the title to said premises unto the said Grantee, and unto its successors and assigns forever, against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be signed by its Sole member of KPC Holding Company, and the corporate seal to be hereto attached, the day and year above written.

KPC Holding Company LLC

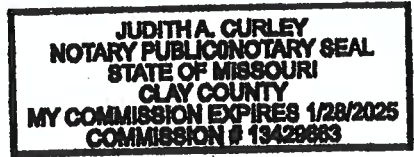
By: M. Kristin Porter Charland  
M. Kristin Porter Charland, sole member

State of Missouri  
County of Clay

On this the 31 day of January, 2024, before me, Judith A. Curley, a Notary Public in and for said state, personally appeared ~~M. Kristin Porter Charland, as Sole member of KPC Holding Company of KPC Holding Company LLC who executed the within Warranty Deed and did herein sign and seal on behalf of said Corporation/Company/Partnership by authority of the Board of Directors/Trustees/Members/Partners, and herein acknowledged said instrument to be the free act and deed of said Corporation/Company/Partnership.~~

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year last above written.

Judith A. Curley  
Notary Public Judith A. Curley  
My Commission Expires: \_\_\_\_\_



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
	POPULATION 65+				Project Number:		Project Address: (39.418893, -94.564461)										ALF Beds Allowed (25 per 1,000 of 65+ Pop)
	Zip in Radius	Pop in Zip	City in Zip	City Pop	% of City in Zip	City Pop in Zip	Total Cities' Pop in Zip	Zip Pop W/O Cities' Pop	% of Zip Area in Radius	Zip Pop in Radius W/O Cities' Pop	% City in Zip & Radius	City Pop in Zip & Radius	Total Cities' Pop in Zip & Radius	Zip Pop w City Pop in Zip & Radius			
1	64018	212	Camden Point	89	100%	89	89	123	100%	123	100%	89	89	212	5.3		
2																	
3																	
4																	
5																	
6	64024	3,784	Crystal Lakes	34		0	0	3,784		0		0	0	0	-		
7			Excelsior Springs	2,451		0	0					0	0				
8			Homestead	46		0	0					0	0				
9			Wood Heights	116		0	0					0	0				
10	64048	905	Holt	85		0	0	905		0		0	0	0	-		
11																	
12																	
13	64060	2,576				0	0	2,576	90%	2,318		0	0	2,318	58.0		
14																	
15																	
16	64068	7,134				0	0	7,134	50%	3,567		0	0	3,567	89.2		
17																	
18																	
19	64079	2,747	Farley	61	100%	61	956	1,791	70%	1,254		0	895	2,149	53.7		
20			Platte City	834	100%	834			100%			834					
21			Tracy	61	100%	61			100%			61					
22	64089	2,344	Smithville	1,683	100%	1,683	1,683	661	100%	661		1,683	1,683	2,344	58.6		
23																	
24																	
25	64098	787	Iatan	9	100%	9	441	346	10%	35		0	0	35	0.9		
26			Weston	432	100%	432						432					
27																	
28	64118	8,471				0	0	8,471	60%	5,083		0	0	5,083	127.1		
29																	
30																	
31	64119	6,009				0	0	6,009	50%	3,005		0	0	3,005	75.1		
32																	
33																	
34	64151	5,346	Houston Lake	48	100%	48	521	4,825	60%	2,895		0	135	3,030	75.8		
35			Kansas City	78,695	0%	0			0%			0					
36			Lake Waukomis	287	100%	287			100%			287					
37			Northmoor	51	100%	51			0%			51					
38			Parkville	1,027	0%	0			0%			0					
39			Platte Woods	135	100%	135			100%			135					
40			Riverside	668	0%	0			0%			0					
41	64152	4,874	Kansas City	78,695	0%	0	1,039	3,835	20%	767		0	12	779	19.5		
42			Parkville	1,027	100%	1,027			0%			1,027					
43			Weatherby	12	100%	12			100%			12					
44	64153	983	Kansas City	78,695	0%	0	0	983	70%	688		0	0	688	17.2		
45			Parkville	1,027	0%	0			0%			0					
46																	
47	64154	2,698	Kansas City	78,695	0%	0	0	2,698	100%	2,698		0	0	2,698	67.5		
48																	
49																	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
50	15	64155	3,181				0	0	3,181	100%	3,181		0	0	3,181	79.5
51							0						0			
52	2						0						0			
53	16	64156	743				0	0	743	100%	743		0	0	743	18.6
54							0						0			
55	2						0						0			
56	17	64157	1,674				0	0	1,674	100%	1,674		0	0	1,674	41.9
57							0						0			
58							0						0			
59	18	64158	390				0	0	390	100%	390		0	0	390	9.8
60							0						0			
61							0						0			
62	19	64163	130		128	100%	128	128	2	100%	2	100%	128	128	130	3.3
63					78,695	0%	0					0%	0			
64							0						0			
65	20	64164	84		78,695	0%	0	0	84	100%	84	0%	0	0	84	2.1
66					1,683	0%	0					0%	0			
67							0						0			
68	21	64165	15				0	0	15	100%	15		0	0	15	0.4
69							0						0			
70							0						0			
71	22	64166	89				0	0	89	100%	89		0	0	89	2.2
72							0						0			
73							0						0			
74	23	64167	57				0	0	57	100%	57		0	0	57	1.4
75							0						0			
76							0						0			
77	24	64401	228		96	60%	58	58	170	20%	34	0%	0	0	34	0.9
78							0						0			
79							0						0			
80	25	64439	490		142	100%	142	142	348	80%	278	100%	142	142	420	10.5
81							0						0			
82							0						0			
83	26	64444	317		99	100%	99	110	207	100%	207	100%	99	110	317	7.9
84					11	100%	11			100%		100%	11			
85							0						0			
86	27	64448	214				0	0	214	10%	21		0	0	21	0.5
87							0						0			
88							0						0			
89	28	64454	491		321	100%	321	321	170	70%	119	100%	321	321	440	11.0
90							0						0			
91							0						0			
92	29	64465	658		317	100%	317	317	341	30%	102	0%	0	0	102	2.6
93							0						0			
94							0						0			
95	30	64477	719		544	100%	544	544	175	70%	123	100%	544	544	667	16.7
96							0						0			
97							0						0			
98	31	64492	336		102	100%	102	102	234	100%	234	100%	102	102	336	8.4
99							0						0			
100							0						0			
101							0						0			
102					58,686		6,451	6,451	52,235		30,447		4,161	4,161	34,608	865.2
103																
104																

Attachment #  
1 of 2

CHERRYROAD MEDIA, INC  
PO BOX 1283  
HUTCHINSON, KS 67504-1283

Phone:

### INVOICE/RECEIPT

Ad/Order #: 0002224600

04/25/2024

OFB PROPERTY GROUP, LLC 31385 240TH ST. MARYVILLE MO 64468 Phone: (816)646-1673	128889	Salesperson: Sandra Ridings - GAS Description: Assisted Living Home CURTIS BEHREND, OWNER, (816)646-1673 ofbproperties@yahoo.com
---	--------	--

<b>Promo Code:</b>	<b>Size:</b> 1.00 x 2.14	<b>Color:</b>	<b>Total Weeks:</b> 1
--------------------	--------------------------	---------------	-----------------------

Product	Category	Classification	Insertions Period
LCT - Courier-Tribune	LEGAL LINE	PUBLIC NOTICES	05/02/24

<b>Pricing Information:</b>	<b>Base Cost:</b>	18.84
	<b>Sub Total:</b>	18.84
	<b>Total:</b>	18.84
<b>Total Due:</b>		18.84

Ad Taker: Sandra Ridings - GAS

Sales

Billing

Creative

Typesetting: _____	<input type="checkbox"/> Print As Is
Scanning: _____	<input type="checkbox"/> Change and Print
Proofing: _____	<input type="checkbox"/> Additional Proof Required
Out For Proof: 1st _____ 2nd _____	

(Published in the Courier-Tribune Thurs. 5/02/24)

**PUBLIC NOTICE**

OFB Property Group, LLC plans to build a new 17-bed assisted living home at the southeast corner of NE 180th St and F Highway (latitude 39.418893 longitude -94.564461) in Smithville, MO 64089 pending approval of Certificate of Need #6103 RS. Questions and comments may be submitted to Curtis Behrend at [ofbproperties@yahoo.com](mailto:ofbproperties@yahoo.com).

OFB Property Group, LLC  
31385 240th St.  
Maryville, MO 64468

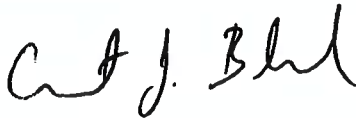
April 22, 2024

Administrator  
Tiffany Springs Senior Care Community  
9101 N Ambassador Drive  
Kansas City, MO 64154

In accordance with CON State Regulation 19 CSR 60-50.430 (7), I am notifying you that OFB Property Group, LLC has submitted an application to the Missouri Health Facilities Review Committee to construct and operate a 17-bed Assisted Living home in Smithville, Missouri. This notification is required because the proposed home will be within 15 miles of your facility.

Please contact me by email at [ofbproperties@yahoo.com](mailto:ofbproperties@yahoo.com) if you have any questions about this project.

Sincerely,



Curtis Behrend  
Owner  
OFB Property Group, LLC



**Harvey's Home for Assisted Living and Memory Care**

**Project # 6103 RS**

**Divider III.**

**III. Service Specific Criteria and Standards:**

- 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three beds per one thousand (1,000) population age sixty-five (65) and older.**

N/A

- 2. For RCF/ALF beds, address the population-based bed need methodology of twenty-five beds per one thousand (1,000) population age sixty-five (65) and older.**

The projected 2025 65+ population for the 15-mile radius for the proposed site, calculated using the methodology mandated by Missouri regulations is 34,608.

**See Attachment 2f.**

Applying the regulatory formula of 25 Residential Care Facility/Assisted Living Facility (RCF/ALF beds per 1,000 to the 34,608 population figure results in a total RCF/ALF bed need of 865 in the 15-mile radius.

Within the 15-mile radius, there are 742 licensed RCF/ALF beds.

**See Attachment 3a.**

Comparing the CON-approved and licensed RCF/ALF beds to the population-based need in the 15-mile radius results in a deficit of 123 RCF/ALF beds.

- 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population.**

N/A

- 4. Document any alternate need methodology used to determine the need for additional beds such as Alzheimer's, mental health or other special beds.**

Per 19 CSR 60-50.420 (10), in addition to using the Community Need Criteria and Standards as guidelines, "the Committee "may also consider other factors to include... mental health diagnoses and special exceptions to the Community Need Criteria and Standards for new or additional long-term care beds.

Among the "alternate need methodology" and "special exceptions" that apply to this project are the following:

- Because one of the RCF's/ALF's in the 15-Mile radius is licensed as an RCF, such facility cannot provide memory care services, and it generally focuses on a different population that may not be compatible with an elderly population requiring assisted living services. Facilities licensed as ALF's can provide residents with a much higher level of assistance to perform tasks such as evacuating the building in an emergency. ALF residents also require assistance with ADL and IADL's, administration of medications, and/or supervision of health care.
  - According to current statistics from the Alzheimer's Association, more than 6.5 million Americans are living with this disease. By 2050 this number will rise to nearly 13 million. Memory care services will continue to grow in demand in the next coming years.
  - The American Academy of Neurology documents that veterans who have suffered a traumatic brain injury (TBI) show a 60% increased risk of developing dementia. As our veterans age, there will be an increased need for memory care services.
5. **For any proposed facility which is designed and operated exclusively for person with acquired human immunodeficiency (AIDS) provide information to justify the need for the types of beds being proposed.**

N/A

6. **If the project is to add beds to an existing facility, has the facility received a Notice of Noncompliance within the last 18 months as a result of a survey, inspection or complaint investigation? If the answer is yes, explain.**

N/A

County	Facility Name	Address	City	Zip	CON Approved	Licensed Beds			3rd Qtr 2022	4th Qtr 2022	1st Qtr 2023	2nd Qtr 2023	3rd Qtr 2023	4th Qtr 2023		Average	Distance in Miles		
						ALF	RCF	TOTAL						Occup %	Occup %			Occup Days	Occup %
Buchanan	Tiffany Springs Senior Care Community	9101 N Ambassador Drive	Kansas City	64154	0	89	0	89	76.2%	78.9%	86.9%	81.4%	79.9%	8,188	6,391	78.1%	80.2%	11.92	
Buchanan	Primrose Retirement Community of Kansas City	8559 North Line Creek Parkw	Kansas City	64154	0	44	0	44	77.3%	77.3%	61.4%	61.4%	61.4%	1,748	1,748	100.0%	70.3%	12.05	
Buchanan	Bentley House of Tiffany Springs	5901 NW 88th Street	Kansas City	64154	0	80	0	80	68.7%	74.1%	73.8%	79.6%	81.7%	5,399	4,633	85.8%	77.2%	12.09	
Buchanan	NWKC Senior Community, LLC (CON App. 9/12 39-24652, -94,60744	15 Wallingford Dr	Platte City	64079	0	0	0	0	81.0%	64.3%	69.7%	68.6%	71.3%	2,668	1,890	70.8%	71.0%	12.17	
Buchanan	Heritage Village of Platte City	8300 NW Barry Rd	Kansas City	64153	0	140	0	140	70.8%	68.7%	68.5%	71.9%	75.2%	12,880	9,782	75.9%	71.9%	13.24	
Buchanan	Gardens at Barry Road, The	5000 NW Old Trail Rd	Kansas City	64151	0	7	0	7	95.8%	85.9%	91.0%	97.3%	95.2%	644	587	91.1%	92.7%	14.39	
Buchanan	Leona House	Senior Star at Wexford Place (CON App. 3/6/23 5500 N. Cosby Ave	Kansas City	64151	67	0	0	0	88.8%	87.4%	86.5%	89.1%	83.0%	9,016	7,615	84.5%	86.5%	14.88	
Buchanan	Senior Star at Wexford Place (CON App. 3/6/23 5500 N. Cosby Ave	Wexford Place Assisted Living and Memory Svc 5460 N Cosby Ave	Kansas City	64151	0	98	0	98	88.8%	87.4%	86.5%	89.1%	83.0%	9,016	7,615	84.5%	86.5%	14.88	
Buchanan	Wexford Place Assisted Living and Memory Svc 5460 N Cosby Ave				254	458	30	742											

**Harvey's Home for Assisted Living and Memory Care**

**Project # 6103 RS**

**Divider IV.**

**IV. Financial Feasibility Review Criteria and Standards:**

- 1. Document that the proposed costs per square foot are reasonable when compared to the latest "RS Means Construction Cost data".**

The construction cost per square foot for this project is \$238, which is between the current RS Means median cost per square foot (\$200.99) and  $\frac{3}{4}$  percentile cost per square foot (\$265.67) for Nursing Home/Assisted Living Facility in the Kansas City Area.

- 2. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.**

See Attachment 4a.

- 3. Provide Service-Specific Revenue and Expenses (Form MO 580-1865) for the latest three (3) years and projected through three (3) FULL years beyond project completion.**

See Attachment 4b.

- 4. Document how patient charges are derived.**

The applicant bases patient charges on their estimate of revenue required for the services that the applicant plans to offer.

- 5. Document responsiveness to the needs of the medically indigent.**

The staff of Aspen Valley will assist residents in obtaining any state, federal or other governmental support available for those health care services that are authorized in an ALF.

- 6. For a proposed new skilled nursing or intermediate care facility, what percentage of your admissions would be Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?**

N/A

7. For an existing skilled nursing or intermediate care facility, what percentage of your admissions are Medicaid eligible on the first day of admission or become Medicaid eligible within 90 days of admission?

N/A



# NODAWAY VALLEY BANK

April 22, 2024

To Whom It May Concern:

Please accept this letter as evidence that Nodaway Valley Bank has an interest in financing a new Assisted Living Facility to be opened in Smithville, MO under the ownership name OFB Property Group LLC. OFB Property Group LLC has applied to Nodaway Valley Bank for consideration of credit and we are working with Curtis through the due diligence process.

This letter should not be construed as a commitment to lend on the project as that will be subject to full underwriting and approval by the bank's senior loan committee.

If you have any questions please contact me at the number below.

Sincerely,

Trent Nally  
Assistant Vice President  
Nodaway Valley Bank  
(660) 562-7221



Dear Certificate of Need Program Representative,

We hope this letter finds you well. We are writing to express our sincere interest in investing in the development and operation of Harvey's Home for Assisted Living and Memory Care in Smithville, MO (Missouri CON Project Number #6103 RS). As we recognize the growing need for quality senior care services, we are interested in being involved in this essential sector.

**Background:** We have carefully reviewed the project details and financial requirements for the assisted living home. We are pleased to inform you that we have the necessary cash available to make a substantial investment in the amount of \$800,000. Our financial capacity allows us to participate actively in this venture.

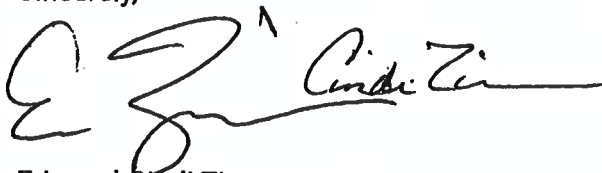
**Investment Intentions:** While we are enthusiastic about this opportunity, we want to emphasize that this letter is not a binding commitment nor a guarantee of involvement or funding on our part. Instead, it serves as an indication of our serious interest in supporting the project. We are committed to exploring the investment further, conducting due diligence, and working collaboratively with the project team to ensure its success.

**Financial Capacity:** We would be happy to provide relevant financial documentation demonstrating our liquidity and ability to invest upon request.

**Due Diligence:** We understand that the success of an assisted living home depends on various factors, including location, market demand, operational efficiency, and regulatory compliance. We are prepared to engage in due diligence discussions and work closely with the team to assess the project thoroughly.

Thank you for your attention to this matter,

Sincerely,

A handwritten signature in black ink, appearing to read "Eric and Cindi Zimmerman". The signature is fluid and cursive, with the first name "Eric" being more prominent and larger than the second name "Cindi".

Eric and Cindi Zimmerman

1218 E South Ave

Maryville, MO 64468



Certificate of Need Program

**SERVICE-SPECIFIC REVENUES AND EXPENSES**

**Project Title:**

**Project #:**

**Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion**

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	<b>Year</b>		
	<u>25/26</u>	<u>26/27</u>	<u>27/28</u>
<b>Amount of Utilization:*</b>	2,889	5,508	5,508
<b>Revenue:</b>			
Average Charge**	\$206	\$212	\$218
Gross Revenue	\$595,134	\$1,167,696	\$1,200,744
Revenue Deductions	0	0	0
Operating Revenue	595,134	1,167,696	1,200,744
Other Revenue	0	0	0
<b>TOTAL REVENUE</b>	<b>\$595,134</b>	<b>\$1,167,696</b>	<b>\$1,200,744</b>
<b>Expenses:</b>			
Direct Expenses			
Salaries	343,010	543,528	559,836
Fees	93,250	30,900	31,824
Supplies	27,366	53,424	55,032
Other			
<b>TOTAL DIRECT</b>	<b>\$463,626</b>	<b>\$627,852</b>	<b>\$646,692</b>
Indirect Expenses			
Depreciation	86,909	86,909	86,909
Interest***	171,432	171,576	168,504
Rent/Lease	0	0	0
Overhead****	87,500	107,832	110,640
<b>TOTAL INDIRECT</b>	<b>\$345,841</b>	<b>\$366,317</b>	<b>\$366,053</b>
<b>TOTAL EXPENSES</b>	<b>\$809,467</b>	<b>\$994,169</b>	<b>\$1,012,745</b>
<b>NET INCOME (LOSS):</b>	<b>-\$214,333</b>	<b>\$173,527</b>	<b>\$187,999</b>

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.