



## HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

### ADMINISTRATIVE APPLICATION – CERTIFICATE OF NEED PROGRAM

Application Number: #06-29A

Applicant: Bel Care Hospice, Hawaii, LLC  
94464 Kupuna Loop  
Waipahu, Hawaii 96797

Phone: 808 699-4258

Project Title: Establishment of Hospice Services

Project Address: 98-453 Kaamilo Street, Aiea, Hawaii

1. TYPE OF ORGANIZATION: (Please check all applicable)

- Public \_\_\_\_\_
- Private   x
- Non-profit \_\_\_\_\_
- For-profit   x
- Individual \_\_\_\_\_
- Corporation \_\_\_\_\_
- Partnership \_\_\_\_\_
- Limited Liability Corporation (LLC)   x
- Limited Liability Partnership (LLP) \_\_\_\_\_
- Other: \_\_\_\_\_

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 STATE HEALTH & LIFE SERVICES

2. PROJECT LOCATION INFORMATION

A. Project will be located in:

State Senate District Number: \_\_\_\_\_ State House District Number: \_\_\_\_\_

County Council District Number: \_\_\_\_\_ Neighborhood Board District Number: \_\_\_\_\_

(O'ahu only)

B. Primary Service Area(s) of Project: (please check all applicable)

- Statewide: \_\_\_\_\_
- O'ahu-wide:   x
- Honolulu:   x
- Windward O'ahu:   x
- West O'ahu:   x
- Maui County: \_\_\_\_\_
- Kaua'i County: \_\_\_\_\_
- Hawai'i County: \_\_\_\_\_

3. DOCUMENTATION (Please attach the following to your application form):

- A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent) (See Appendix for attachment)
- B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.)
- C. Your governing body: list by names, titles and address/phone numbers (see Attachment)
- D. If you have filed a Certificate of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:

- Articles of Incorporation (See Attachments)
- By-Laws
- Partnership Agreements
- Tax Key Number (project's location) Tax key # TMK-9-8-019-012-001  
 Project Location: 98-453 Kaamilo Street  
Aiea, Hawai'i, 96701

*We will be applying for Medicare Certification*

4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

	Used Medical Equipment (over \$400,000)	New/Upgraded Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in Service	Change in Beds
Inpatient Facility	06	007 30 112 1			
Outpatient Facility		ILLINOIS & DEV. ACTIVITY		X	
Private Practice					

See executive summary

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5. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

N / A

Type of Bed N / A	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
<b>TOTAL</b>	N / A		

**6. PROJECT COSTS AND SOURCES OF FUNDS**

**A. List All Project Costs:**

**AMOUNT:**

- |    |  |                                   |              |
|----|--|-----------------------------------|--------------|
| 1. | Land Acquisition   | RECEIVED                          | _____        |
| 2. | Construction Contract  |                                   | _____        |
| 3. | Fixed Equipment  | '06 OCT 11 P5 '05                 | _____        |
| 4. | Movable Equipment  | ST. HELEN, LINDS<br>& DEV. AGENCY | \$14,500.00  |
| 5. | Financing Costs  |                                   | _____        |
| 6. | Fair Market Value of assets acquired by<br>lease, rent, donation, etc. |                                   | \$135,000.00 |
| 7. | Other: _____   |                                   | _____        |

**TOTAL PROJECT COST: \$149,500.00**

**B. Source of Funds**

- |    |                                   |  |              |
|----|-----------------------------------|--|--------------|
| 1. | Cash                              |  | \$14,500.00  |
| 2. | State Appropriations              |  | _____        |
| 3. | Other Grants                      |  | _____        |
| 4. | Fund Drive                        |  | _____        |
| 5. | Debt                              |  | _____        |
| 6. | Other: <u>FMV of leased space</u> |  | \$135,000.00 |

**TOTAL SOURCE OF FUNDS: \$149,500.00**

7. **CHANGE OF SERVICE:** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please reference the Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

Establishing a free standing Medicare Certified Hospice  
services program. meeting the needs of terminally ill  
patients, and thier family / caregivers.

8. **IMPLEMENTATION SCHEDULE:** Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project: (See appendix for attached schedule)

- a) Date of site control for the proposed project,
- b) Dates by which other government approvals/permits will be applied for and received,
- c) Dates by which financing is assured for the project,
- d) Date construction will commence,
- e) Length of construction period,
- f) Date of completion of the project,
- g) Date of commencement of operation

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the certificate of need.

9. **EXECUTIVE SUMMARY:** Please present a brief summary of your project. In addition, provide a description of how your project meets each of the certificate of need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

- a) Relationship to the Hawai'i Health Performance Plan (H2P2), also known as the State of Hawai'i Health Services and Facilities Plan.
- b) Need and Accessibility
- c) Quality of Service/Care
- d) Cost and Finances (include revenue/cost projections for the first and third year of operation)
- e) Relationship to the existing health care system
- f) Availability of Resources.

(See attachment "Executive Summary" )

10. **Eligibility to file for Administrative Review.** This project is eligible to file for Administrative review because: (Check all applicable)

It involves bed changes, which will have a capital expense of \$1,000,000 or less, and which will have an increased annual operating expense of less than \$500,000.

It involves service changes which will have a capital expense of \$1,000,000 or less, and which will have an increased annual operating expense of less than \$500,000.

It is an acquisition of a health care facility or service, which will result in lower annual operating expenses for that facility, or service.

It is a change of ownership, where the change is from one entity to another substantially related entity.

It is an additional location of an existing service or facility.

The applicant believes it will not have a significant impact on the health care system.

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**Executive Summary:**

Bel Care Hospice Hawaii LLC. is a for-profit, privately owned Limited Liability Company (LLC) organized in the State of Hawaii. Attached organizational charts that include Bel Care Hospice Agency reporting structures.

Bel Care Hospice is proposing to open a community based free standing Medicare certified hospice program named "Bel Care Hospice Agency"

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The company is newly formed; 7/12/06, however, the managers of the LLC have been together in the medical nursing field for over 30 years combined experience. They are also island residents and have worked in the medical field long enough to recognize gaps in services, such as hospice care.

Bel Care Hospice is proud to be the multi-cultural hospice care specialist in Honolulu. We will strive to hire employees that will be able to communicate in different languages of Pacific Islanders and other ethnic groups as well.

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The company-managing members are:

**Elizabeth Lara, R.N., President, CEO, Managing Member**

**Fclipe Lara Managing Member**

**Corazon Delos Santos, R.N., Secretary/CFO, Managing Member**

The Corporate office is located at 98-453 Kaamilo Street, Aiea, HI 96701.

Office hours are from 8:00AM to 5:00PM, Monday to Friday, except legal holidays.

The company will specialized in providing services for the terminally ill patients. Specializing in Palliative Care and Pain Management.

The services to be provided will be skilled Nursing, RN LPN, Social Services, MSW, Bereavement Service (Counseling, Chaplin), Dietary Services, Home Health aides, Volunteer Services, Physical Therapy, Speech therapy and other Occupational Therapist and Medical Director (physician services).

These services will be provided through various level of care according to the Medicare standards, Routine Care, General Inpatient Care, Continuous Care and Respite Inpatient Care. Hospice Circle of Care (See attached ~~X~~).

The hospice services will be available 24 hours seven (7) days a week according to the patient's needs which are determined by an interdisciplinary group for professional staff members who plans the patient's treatment care plans.

The Company will focus educating the community regarding "Hospice Care", whereas there is a strong resistance from families opening up to the outside treatment for the elderly and sick in certain cultural ethnic groups. We will attempt to reach those groups through new and innovative intense educational advertisements, seminars and other marketing trade means.

This Company was formed to help make a difference in the community regarding hospice health care services. We believe that with-in the first year the community will feel a positive impact from our providing services and our educational program.

a) **Relation to the Hawai'i State Health Performance Plan (H2P2)**

The H2P2 has the following major goals:

1. Increasing the healthy lifespan of Hawaii's residents
2. Reducing the health disparities among Hawaii's residents.
3. Achieving equitable and effective access at reasonable cost while responding to the holistic health care needs of Hawaii's residents.

Of these the H2P2 has the following major goals that relate to the hospice program:

1. Reduce health disparities among Hawaiian residents.
2. Achieve equitable and effective access at reasonable cost while responding to holistic health care needs of the Hawaiian population.

**Objectives**

1. Reduce the effects of chronic disease and increase health related quality of life.
2. Reduce morbidity and pain through timely and appropriate treatment.
3. Establish regionalized health care delivery systems that include community input, cost effectiveness and foster improved access to quality health care services.
4. Belcare Hospice has incorporated these goals and objectives in our program to the extent that they are intricately woven into the policy and procedures of the agency. We are focusing on the terminally ill providing accessible, quality, cost effective, compassionate and culturally-appropriate services.

We will provide all hospice services and our focus will be on **"pain management and palliative care"** for all our patients. Servicing all of Honolulu we will provide an island wide educational program that will reach deep into the traditional ways of islanders and shed some light that will financial, mental and physical relief from the stress of families and loved ones caring for their dying loved one /friend or relative.

This proposal will improve the existing health care system by making hospice care services more available and alleviating the existing patient overflows. Also by implementing a massive education program this will enlighten the community to the good that hospice services can be to people who are terminally ill and their families.

This will be the first for-profit community hospice in Honolulu.

The state health Policy Guidebook alludes to this key for more services where it states "Perceived gaps include , lack of funding, outreach for the elderly and the integration of services with "more competition from the private sector."

We will make a difference in the system because we will not be complacent but will endeavor to change the communities' ideas and values regarding what hospice care is and how beneficial it can be.

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b) NEED AND ACCESSIBILITY

Hospice care for terminally ill people is a very specialized type of healthcare because, it is not "curative" care but the opposite, non-curative, dealing with the end stages of ones physical life. There are only two hospices in Honolulu servicing this need. One, "St. Frances Hospice," focused and operating mostly as an "in-patient" hospice and "Hospice Hawaii, Inc.," both are "nonprofit organizations." This target population utilizes those hospices' constantly. Currently, all the beds are filled. There are people in the community who are slipping through the cracks and Bel Care Hospice program is prepared to do an intensive educational marketing campaign that will alert and make known to all families the availability of these needed services. Being aware of the cultural diversity of the Islanders' old ways to "keep the sick and dying ones at home", we intend to breach that barrier with our intense educational program and bring enlightenment, comfort and a new understanding into the community.

This will be a new and innovative aspect of educating the community that has not been done to date. The "Needs of the Dying" is our educational program designed to pave a better way and prepare the terminally ill person and their families to make ones final physical/spiritual transition.

- A. The methodologies used to describe the need and demand is: Research, informational fact finding and common deduction from known demographics, census and other studies.
- 2. There are only two hospices currently operating, both are non-profit. The State Department of Health "Office Of Health Status Monitoring" reports Preliminary Vital Statistics Data 2006 that there were 4632 deaths in the past year through September 2006. (see attachment 1)

Given that number of deaths and the number of people who are hospitalized and/or are diagnosed with a terminal illness (Cancer, Aids, Diseases of the Heart, Malignant Neoplasm's, etc) "see attachment II", it is reasonable to assess that 25% of the people dying go through a stage of six months or less terminal illness. That amounts to 1158 or more people needing hospice services.

The amount of people currently served = 150 (This number was derived at by the average census that exist in the two hospices currently operating in Honolulu.)

Potential populace for hospice service	=	1,008
Known AIDS Deaths (2005)	=	1,542 (statistics from the national aids center)

These numbers are increasing as the population ages and grows.( See attachment III) which calls for an increase in professional healthcare services.

Honolulu can clearly use an innovative program such as Bel Care Hospice to help educate and serve the population in end-stage healthcare.

Primary health care regarding the hospice/terminally ill patient will be introduced and taught to groups and individuals in the community as well as how to manage and prevent the spread of diseases, very important!

## Page 2 Need & Accessibility

We will work intricately with other health care providers by coordinating our services with secondary and tertiary providers through continuous communication and coordination of services allowing for the best possible access to health care services for the underserved, elderly, ethnic minorities, women, people with disabilities and the terminally ill patient.

The following is an overview from the National Hospice and Palliative Care Organization (NHPCO) facts and figures Report regarding cancer and the top five (5) "non-cancer" diagnosis. (See attachment IV)

1. Cancer diagnosis accounted for 46% of hospice admissions in 2004
2. The following conditions represented the top five "non-cancer" diagnosis
  - a) End stage heart disease at 12.2%
  - b) Dementia at 8.9%
  - c) Diabetes at 8.2%
  - d) Lung Disease at 7.1%
  - e) End stage kidney disease at 3.1%
- 3, According to the NHPCO 64.7% of hospice patients are 75 years or older versus 63% in 2003.

Honolulu has a large population of seniors and more starting to grow into that bracket in the coming years.

The NHPCO 2004 Facts and Figures Report and the NHPCO FAQ provides an overview of the value and support that hospice care provides to the community through the hospice programs. (See attachment V)

This service relates to the H2P2 goals through the programs hospice care provides regarding **volunteer and bereavement services**.

More innovative hospice programs will improve **accessibility** and fill the current need for hospice care for terminally ill people. In 2004 hospices in the US served 797,117 Medicare patients. With the baby boomer population aging it has increased the number of seniors and has caused an increasing interest and concern in **end-of-life care and rising health care cost**. Hospices will lower the overall healthcare cost. (See section c. cost & finance)

The need for Medicare Certified hospices will continue to rise over the next decade.

The 2005 American Community Survey ranked Hawaii seventh (7<sup>th</sup>) in the **nation** with population greater than 65. The survey data reports Hawaii 65+ population at 13.6% of the total population. (See attachment VI)

Also the US Census Bureau reports that the first baby boomers will turn 65 in 2011, inaugurating a rapid increase in the older population, by 2030 the older population is projected to double that of 2000, growing from 35 million to 72 million. (See attachments III)

There is a need for hospice services in Honolulu and we are prepared to provide that at a professional high quality level of care.

## c) Quality of Service / Care

Bel Care Hospice Quality of Care and Quality Improvement programs once implemented from this proposal will improve the quality of care to the target group of the terminally ill patients in the following ways:

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1. Another service provider will be available island wide to meet the needs of the terminally ill.
  2. By implementing a massive educational program to enlighten the community of the benefits to patients and families utilizing patient care, especially the elderly, the underserved and other minorities.
  3. Embracing and following the values of the "State Health Policy Guidebook" of **accountability, compassion, and comprehensive and community interaction.**
  4. By coordinating and integrating Bel Care Hospice Services with those of other healthcare agencies to improve the quality and deliverance of patient care.
  5. By the high professional staff of Bel Care Hospice employees whose experience in health care total over 40 years in the industry. Elizabeth Lara, RN and Corazon Delos Santos, RN (**See attachment VII**) will head the hospice team along with a Social Worker, Medical Director, Pastoral/Bereavement Counselor, LPN, Volunteer Coordinator, Home Health Aide/Home Maker, Physical, Speech and Occupational Therapists.

These staff members are from multi-ethnic backgrounds and are well versed in health care delivery which enables their ability to respond in a culturally appropriate, non-discriminatory and sensitive manner to the community.

6. By improving the quality of life for all Bel Care Hospice patients through implementation of its programs as well as monitoring and documenting all progress, we will improve this area of the health care system for the patients.

One of the tools we will utilize is the "**NHPCO Family Evaluation Survey**" as a Quality Assurance, PI tool (**See attachment VIII**)

We will improve the quality of end-stage-of life by providing all the services the hospice offers; **skilled nursing, volunteer coordinator, pastoral/bereavement counselor, home health aid, medical director, medical social worker, occupational, speech and physical therapists** to achieve our main goal of **Pain Management and Palliative Care.**

7. Utilizing the quality assurance and quality improvement committee to renew, monitor and make recommendations to the interdisciplinary team as identified from selected clinical records to improve the quality of the patient care.
8. Utilizing the agency professional inter-disciplinary group to evaluate the agency total programs on an annual basis resulting in an annual written report detailing and outlining to the extent to which services are delivered appropriately, adequately, effectively and efficiently. Recommending care, and corrective action plans to be implemented by the staff as identified.

Bel Care Hospice is committed to a high standard of quality and professional ethics. Our motto is "The Patient Comes First". We have a QA /PI that meets the JCAHO standards of High Quality. Bel Care will survey clients and their families to ascertain satisfaction levels with our services and focusing on the outcome measures to continue improvement.

**Page 2 Continued Quality / Care**

Bel Care Hospice policies and procedures have been written and developed according to the National Hospice Standards, Medicare Conditions of Participation and in accordance to the JCAHO Standards Manuel. The book contains 949 pages. Please see the index attached (**attachment IX**) that lists the policies and procedures we will use.

We have attached a few of the policies & procedures regarding QA/QI as exhibits, (**also in attachment IX**)

Upon receiving the approval for the "Certificate Of Need" we will proceed to obtain the Medicare Certification through filing the application with United Government Services, the intermediary for CMS. That process will take approximately 90 days. In addition, after the first year of service we will file for JCAHO Accreditation , which will give our agency a high standard of quality in the community.

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Cost and Financial Criteria

d) Cost and Finances

The organizations managing members of Bel Care Hospice Hawaii, LLC has capitalized the company (Bank accounts with Bank of Hawaii, Kuni Branch) to implement the hospice program with a total of one hundred forty five thousand dollars (\$145,000.00). All the costs/expenses for operating the agency will be absorbed by the company until such time as the company obtains all Certificates and Certifications necessary that will allow the agency to receive Medicare and private insurance reimbursements for services performed..

Upon approval of our Certificate of Need we anticipate another 90 to 120 days before we receive our Medicare Certification and ability to bill for reimbursement. Total time being eight months.

In addition the managing members of the LLC have in reserve another one hundred thousand dollars (\$100,000.00) in (certain personal Ing trust accounts) that can be made available if funds are needed. These accounts are the personnel savings over many years of the members work experience.

Upon receipt of our Medicare provider number we will embark upon the long term journey of providing the highest quality care and management of the company.

Our Cash Flow Income Projection / Budget for the first year through the third year is attached for your review..

The cost effectiveness of our providing this service to the community will have a positive impact on the health care system whereas we will save the state and the government many dollars by alleviating hospice patients from staying in the hospitals and skilled nursing homes, where the daily cost is very very high due to aggressive and curative treatment..

Example:

The hospital may cost \$1,200.00 a day or more using aggressive treatment.

Hospice cost 141.00 a day using palliative and pain management care. a savings of \$1,059.00 .

That's for one patient only, that number will interpret into millions over a period of a year giving the amount of patients going through the hospital / skilled nursing system. We will help save dollars in the health care system.

The company will use an accredited accountant to do all its Medicare cost reporting. We will keep accurate records through approved accounting programs appropriate for Medicare cost reporting.

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e) Relation to the Existing Health Care System **REPLACEMENT PAGE**

This proposal will improve the existing health care system by making hospice services more available and alleviating the existing patient overflows.

Also by implementing a massive education program that will enlighten the community to the good that hospice services can be to people who are terminally ill and their families.

This will be the first for-profit community hospice in Honolulu.

The state health Policy Guidebook alludes to this key for more services where it states "Perceived gaps include, lack of funding, outreach for the elderly and the integration of services with **"more competition from the private sector."**

We will make a difference in the system because we will not be complacent but will endeavor to change the communities' ideas and values regarding hospice care.

The community will be presented with the facts and knowledge that this program can make their lives and the life of their terminally ill loved one who is passing easier and have a better quality of life at the end.

Bel Care Hospice will fill the gap by being the first for-profit community hospice in Honolulu to utilize island wide services. Beefing up the existing provider service to this specialized target group.

This population will benefit because they will be able to utilize their Medicare / Medicaid benefits rather than the services being only for those who can afford it.

When this project is implemented the availability of healthcare in the community will be enhanced because; currently, there are only two certified hospice providers in Honolulu, St Francis Hospice Program, which is mostly an "inpatient hospice home" and Hospice Hawaii, Inc. Both of them are non-profit. That's a "good" thing.

There exists a gap in services because of the increasing demand and number of population on the island. Additional programs are needed to provide these services and meet the needs of terminally ill patients now and in the future.

A comparison of counties that are similar in size having a population of 65+ and available hospice services are as follow:

1. Pima County, Arizona. Population greater than 65+ = 14.1% has nine (9) hospice programs (US Census Bureau, 2004 American Community Survey)
2. Oahu, Honolulu County, Hawaii. Population greater than 65+ = 14.0% has two hospice programs. (US Census Bureau, 2004 American Community Survey). (See Attachment X)

Bel Care Hospice will implement its intense educational program through-out the community. This program will not only be geared towards the general population but other professionals as well,

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Continued Relationship existing System page 2

Giving in-services to health care providers and facility powners as well as physicians, discharge planners, and others that are not fully aware of hospice services.

Knowledge is power and you can only get knowledge by getting educated in some fashion or form. Our project will improve accessibility to healthcare in the community weather the person goes to our hospice or to another one, as long as the community knows that there is a way for them to access this service that will enhance their lives.

Our staff training background and ethnic diversity mirrors that of the community we serve, thereby reducing cultural barriers to accessibility.

Through providing services to terminally ill patients Bel Care Hospice will alleviate the overflow and waiting list for this service from the other 2 hospice service providers.

Bel Care will relieve the stress and pressure and open the door for more service to be provided through improved integration of services and continued collaboration and coordination with other community organizations. Bel care Hospice will facilitate improved integration of services for the target group.

The effect of Bel Care Hospice on other health care providers in the community will be a positive one and impact their utilization in appositive manner through:

Alleviating the pressure of patients falling through the cracks and not receiving well coordinated services; sharing the intense education al program that will enlighten the entire community concerning what hospice is really all about; and formulating an intricate integration of service providers seeking to bring better health care to the community.

The bottom line of the patient comes first will be met through the impact of all the service providers utilization of servicing the terminally ill.

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**f) Availability of Resources**

Currently the hospice has identified personnel for the following positions, however due to the fact that we cannot operate with-out the proper certificates and licenses we have only the administrative staff working in the office at this time , we will hire the listed personnel as soon as we identify a start date we can give them.

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<b>Title</b>	<b>Name</b>
Director of Patient Care Services / Administrator	Elizabeth Lara, RN
Social Worker	Corazon Delos Santos, RN
LPN	Paul Southworth, MSW
Medical Director	Erlyn Rivera, LPN
Home Health Aide / Home Maker	Pending
Volunteer Coordinator	Pending
Occupational Therapist	Pending
Physical Therapist	Pending
Speech Therapist	Pending
Dietician	Pending
Pastor/ Bereavement Counselor	Pending

The availability of staff is easy for us because we have been in the healthcare for many years and have formed solid relationships with people of various disciplines in healthcare. We need to complete our certification process and we can have a full staff with-in a few weeks.

Our financial resources are rooted in Ing Trust funds that we can access whenever we need them.

We have held these funds for a number of years, constantly building them with funds we worked for as RN's over the last decade.

We have many resources here on the island and look forward to making a positive difference in the healthcare system with our hospice.