#### Minutes

## Oahuwide Certificate of Need Review Committee State Office Tower (Leiopapa) Building, 235 South Beretania Street, Room 204 Honolulu, Hawaii September 20, 2018

Present: Fred Shaw, Paul Sibley, Emelyn Kim, Craig Nakamoto, Roberta Lovely

Guests: See attached

SHPDA: Romala Sue Radcliffe, Darryl Shutter

I. The meeting was called to order by Acting Chair Shaw at 10:00 a.m.

II. Staff reviewed the Certificate of Need criteria for participants.

III. Certificate of Need Review:

Application #18-08 for standard review from Islands Skilled Nursing & Rehabilitation, LLC for the establishment of a 42 SNF/ICF bed facility at 1205 Alexander Street, Honolulu, HI, at a capital cost of \$2,175,000.

There were no conflicts of interest declared. Steve Nawahine presented an oral summary of the application. No public testimony was offered. Committee members asked questions of the applicant and those who provided testimony regarding the Certificate of Need criteria. Questions included but were not limited to: the sources of funding for the project, the proposed staffing pattern for the facility, the quality assurance plan proposed for the project and the availability of personnel resources.

After the question and answer period, it was moved/seconded (Sibley/Nakamoto) to recommend conditional approval of the application. The condition was that the applicant submits the following additional information/modifications to its application in order to meet the Cost and Finances and Quality of Service/Care criteria:

- A restatement of the financial statements to incorporate the management fees for the proposal and to label Year 3 projections
- · A template of the quality assurance plan for the proposal

The motion to recommend conditional approval included the attached review of the application's relationship to the Certificate of Need criteria. (see attached)

Members voted YES - 5, NO - 0, to recommend conditional approval of the application.

IV. The meeting was adjourned by Acting Chair Shaw.

# SIGN-IN SHEET

SNF/ICF bed facility at 1205 Alexander Street, Application: #18-08 from Islands Skilled Nursing & Rehabilitation, LLC for the establishment of a 42 Honolulu, HI at a capital cost of \$2,175,000

MEETING: Oahuwide Certificate of Need Review

Committee

PLACE:

State Office Tower Building 235 South Beretania Street, Room 204 September 20, 2018 (10:00 AM)

DATE:

check here If testifying

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### STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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September 24, 2018

To:

Statewide Health Coordinating Council

Certificate of Need Review Panel

Administrator, State Health Planning and Development Agency

From:

Fred Shaw, Acting Chair

Oahuwide Certificate of Need Review Committee

SUBJECT:

Certificate of need application #18-08 for standard review from Islands Skilled Nursing &

Rehabilitation, LLC for the establishment of a 42 SNF/ICF bed facility at 1205 Alexander

Street, Honolulu, HI, at a capital cost of \$2,175,000

The Oahuwide Certificate of Need Review Committee met on September 20, 2018 to review the above-noted application.

The Committee recommends <u>conditional approval</u> of this application by a vote of 5 to 0. The condition is that the applicant submits the following additional information/modifications to its application in order to meet the Cost and Finances and Quality of Service/Care criteria:

- A restatement of the financial statements to incorporate the management fees for the proposal and to label Year 3 projections
- A template of the quality assurance plan for the proposal

The Committee offers these comments regarding the certificate of need criteria:

#### 1. Relation to the State Health Services and Facilities Plan:

Met. The applicant has demonstrated the proposal's alignment with the Plan.

#### 2. Need and Accessibility:

Met. The applicant has established that there is a current and future need for the proposed beds.

#### 3. Quality of Service/Care:

If the application is modified as set forth above, the proposal will meet the Quality of Service/Care criteria.

#### 4. Cost and Finances:

If the application is modified as set forth above, the proposal will meet the Cost and Finances criteria.

#### 5. Relation to the Existing Health Care System:

Met. Given the high occupancy of the existing facilities, it is anticipated that there will be very little impact on the existing health care system.

#### 6. Availability of Resources:

Met. The applicant has demonstrated that it has the experience to successfully recruit the necessary human resources for the proposal and the financial resources are available.