

**Application
For
Certificate of Need**

**Presbyterian Village
d/b/a Grand JiVanté**

REPLACEMENT FACILITY

APPLICATION FOR CERTIFICATE OF NEED

LONG-TERM CARE FACILITIES

1. Name of Facility Presbyterian Village dba Grand JiVanté

2. Address 502 Butler St. Ackley Hardin 50601
Street City County Zip

3. Person responsible for this project Julie Hinders

Telephone 641-316-1020 FAX: 641-847-3428

E-mail: jhinders@grandjivante.com

4. Type of ownership: Proprietary _____ Nonproprietary X

5. Attach a list of names and addresses of all persons holding a ten (10) percent or more interest in the facility.

Not applicable.

6. If the facility is incorporated, attach a list indicating name, address and position of each corporate officer.

Julie Hinders, 4301 Stewart Lane, Cedar Falls, Iowa 50613, CEO
Korey DeBerg, 19138 County Highway S-56 Steamboat Rock, IA 50672, CFO
Chris Timmons, 3316 Sedwick, Ames, Iowa 50010, Board President
Bruce Bassler, 904 Murray, Ames, Iowa 50010, Board Vice-President
Jane Stoutland, 1109 2nd Avenue, Ackley, Iowa 50601, Board
Treasurer/Secretary

DESCRIPTION OF PROJECT

7. Attach a narrative description of the proposed project.

Grand JiVanté is a private non-profit Continuing Care Retirement Community (CCRC) offering various levels of support and services to residents throughout Hardin County. Campus based services housed in Ackley include independent and assisted living apartments, a 70-bed nursing home that includes a CCDI unit, and a wellness center.

The proposed project is a replacement of the current nursing home, and will result in a reduction of the currently licensed beds from 70 to 68. The newly constructed

replacement facility would remain in Hardin County and would be located on a 23 acre parcel in Iowa Falls already owned by Grand JiVanté. The parcel is located approximately 12 miles west of the existing facility. The replacement facility would be designed around the cottage household model and Grand JiVanté would be the only provider in the Hardin county area offering the cottage household model of support. The household model mirrors a traditional family home versus the institutional hospital design of our current location. Currently plans include cottages each with their own front door, garage, laundry room, kitchen, living room, front porch and courtyard. Cottages are connected by common corridors and a Hub that supports all service areas and includes things such as laundry, inventory storage, staff breakroom, etc. Cottages would be designed to allow for licensure under DIA regulations, including maintaining a CCDI unit.

Resident rooms will consist of spacious, furnished rooms with private bathrooms and showers. The comforts will include in-room heating and cooling controls and safety-equipped bathrooms with zero-entry showers. A spa like bathing room will also be available offering residents the opportunity to enjoy a whirlpool bath. Each room will have large windows and many rooms offer a bump out providing a nook for a love seat, recliners, or a desk. The entire facility will offer free Wi-Fi service and a state of the art call system allowing residents to call for assistance from anywhere in the facility by simply pushing the button on their pendant.

The overall building environment will embrace and support person-centered services and culture-change initiatives. This is one of the most significant ways to improve residents' quality of life. The proposed replacement facility includes the following components:

- Cottages designed to look like a residential home with front door, garage, and porch;
- Living room, dining, and den spaces allowing for community and family engagement;
- Smaller homelike setting with less noise and inviting common areas;
- Spacious bedrooms and bathrooms w/shower;
- Spa like bathing suite;
- Enhanced dining options offering greater flexibility;
- Access to courtyards and walking trails;
- Cross trained versatile workers allowing for more timely response to resident needs and requests;
- Strong relationships among residents and staff through consistent staffing;
- Workspaces designed for optimal efficiency for staff and residents allowing for support spaces to be shared.

Initially, options were explored for renovating the current facility but master planning was fraught with challenges due to the current facility being landlocked and the restrictions of the building layout. The space available severely restricted the ability to move fully to a household model and did not allow for cost effective household sizes. In addition to being landlocked, there were concerns with the existing building related to implementing technologies that are now common in today's service delivery system. Costs to renovate the existing nursing home space escalated and quickly surpassed the comfort levels of administration and board members.

It was determined that in order to be prudent with agency resources, other options needed to be explored. After further exploration and careful consideration, it was determined that new construction would be more efficient and would allow the space to be designed as truly desired, including the ability to incorporate new equipment and technologies. The ultimate goal is to provide seniors with innovative services in rural areas so they are not forced to relocate to unfamiliar locations for services typically only found in larger urban areas.

The existing facility was built in phases over the course of many years. The main facility was built in the 60's with other additions built in 1971, 1980, and 2007. The oldest portion of the facility is almost fifty years old and is landlocked in a residential area. Due to an aging building in poor physical condition and changing customer demands, replacing the current facility is a necessity. The current facility does not provide a desirable living environment for seniors and is plagued with constant repair bills. Renovation costs are excessive and it makes no economic sense to invest millions of dollars into the existing physical facility. Building a replacement facility is key to the long term viability of our nursing home services. We have been working diligently to position Grand JiVanté for the future and the replacement facility will enable us to avoid closure of the nursing home portion of our services.

Once the replacement nursing facility consisting of 68 beds is completed, the existing nursing facility would be closed thus reducing the bed count in Hardin County by 2.

8. **For applicable items, indicate anticipated date for:**

Start of Construction	<u>Nov. 2015</u>
Completion of Construction	<u>Nov. 2016</u>
Offering of Services	<u>Dec. 2016</u>

9. **Do you have a long-range development plan?** Yes X No

If yes, attach a copy and include a statement describing the relationship of the proposed project to the long-range plan.

While a formal written strategic plan is not available, the board of directors routinely engages in long range planning. At a retreat in the summer of 2013, a great deal of discussion occurred related to the following areas:

- Challenges associated with the aging facility and costly needed repairs/updates required by regulations
- Changing demands of the next generation of seniors and how to enhance the resident experience
- Maintaining senior services in rural areas
- Strategic positioning to ensure competitiveness and long term viability

- Creating a work environment that improves staff recruitment, retention, efficiency, and overall satisfaction
- Funding constraints and reducing reliance on government funding

Some of the priority areas identified at the retreat as needing to be addressed with a sense of urgency were:

- Put plans in place to address the aging facility and address physical plant requirements
- Address inefficient layout of current building and impact on staffing, residents, and guests
- Determine how to implement the household model to:
 - improve quality of life
 - meet changing demands of incoming seniors
 - reduce lost admissions due to small rooms and shared baths
 - offer innovative services in rural areas

Current long range plans include maintaining independent living and assisted living apartments at the Ackley location.

The proposed replacement nursing home would be located on a 23 acre parcel currently owned by Grand JiVanté. Long range plans for that parcel include future development of independent living villa homes and assisted living apartments. Administrative offices, a Community Center and Wellness Facility open to the public will also be located on the 23 acre parcel.

Also attach a statement describing the procedure by which the long-range plan (was) or (is being) developed. Identify the participants.

Grand JiVanté's board of directors is charged with setting strategic direction for the company. Current long range plans for the replacement project were developed by a six member board of directors, along with the CEO and CFO.

10. If the proposed project involves a change in beds, specify:

	<u>Present No. of Licensed Beds</u>	<u>No. to be Replaced</u>	<u>No. of New Beds</u>	<u>Total No. in Completed Project</u>
Nursing	<u>70</u>	<u> </u>	<u>68**</u>	<u>68</u>
Residential	<u>0</u>	<u> </u>	<u>0</u>	<u>0</u>
TOTAL	<u>70</u>	<u> </u>	<u>68**</u>	<u>68</u>

****2 BEDS TO BE DELETED --- As a replacement facility we are essentially moving our existing beds from Ackley to Iowa Falls. The project does not add new beds to Hardin County but instead decreases beds by two.**

11. **If the proposed project involves new construction, renovation or expansion of the facility, fill out Exhibit 1, indicating square footage of the project by functional area. Have you discussed the proposed construction/renovation with the appropriate representative of the Department of Inspections and Appeals?**

See attached Exhibit 1.

The proposed project has been discussed with Doran Pruisner, Compliance Officer of the Department of Inspections & Appeals.

NEED DETERMINATION

12. **In detail, describe the need for the proposed project and the methodology that was utilized.**

As a replacement facility we are not adding new beds to Hardin County but are instead decreasing beds. We are currently licensed for 70 beds in the Ackley location, and our proposed replacement project will result in 68 beds, a reduction of two beds.

Hardin County is an aging county and according to statistics reflecting the projected population, the percentage of older adults aged 65 will hit 22.6% by 2018. This is amongst the highest percentage in Iowa with only fourteen other counties in this same tier. In addition, Grundy, Franklin, Marshall and Story Counties, all contiguous counties viewed as part of the market area, show additional bed need of 457. The existing facility already draws from this broader market but the replacement facility will be one of the only facilities offering the new household model in the area.

According to A Profile of Older Americans: 2012, a publication of the U.S. Department of Health and Human Services Administration on Aging, the percentage of individuals requiring care in a nursing facility increases dramatically with age, ranging from 1% of persons 65-74 years of age, to 3% for persons 75-84 years of age, and to 11% for persons age 85 and older. With almost 23% of the population in Hardin County being over the age of 65 by 2018, the need for nursing facility beds is likely to increase and the contiguous counties in our target market area are currently underbuilt.

An independent housing study was completed by Maxfield Research in October of 2014 for the Iowa Falls area. It shows a clear need for additional senior housing in Iowa Falls and surrounding areas. Forty percent of the demand illustrated in the housing study was attributed to needed senior housing. The report shows a need for up to 155 additional senior housing units and specifically lists a need for memory care services. It shows an immediate demand for memory care units of 19 with another 8 units needed by 2020. Currently there are no providers with CCDI units in Iowa Falls.

There are currently three providers in Hardin County that offer a certified CCDI unit and Grand JiVante is one of them. We currently have an 11-bed CCDI unit and receive referrals from around the state for this service.

As a replacement facility we are not adding new beds to Hardin County. We are currently licensed for 70 beds, with 11 of those beds designated as CCDI beds. The replacement project involves construction of four cottages with space for 17 beds in each, for a total of 68 beds, 11 of which will remain designated as CCDI beds. The project does not add beds, but actually decreases the bed count in Hardin County by two.

13. **Attach a statement describing what you consider to be the geographical service area for this proposed project. Also attach a statement describing what you identify to be the existing or target patient population for this project in the area described.**

Ackley is uniquely positioned and is located in two counties, Hardin and Franklin. The school district consolidates schools from four communities in three counties. AGWSR—Ackley, Geneva, Wellsburg, Steamboat Rock. AGWSR serves Franklin, Hardin, and Grundy Counties. There are currently no nursing home providers in Geneva, Wellsburg or Steamboat Rock.

Our primary market area for both the existing and replacement facility would be from all of the above mentioned counties—Hardin, Franklin, and Grundy. Butler County would also be viewed as a primary market.

Our secondary market would be Hamilton, Marshall, Story and Wright Counties. We also draw some from Black Hawk and Cerro Gordo Counties. Our CCDI unit draws referrals from around the state.

Census as of 8/28/15 shows approximately 30% of current residents are from outside Hardin County. Residents currently being served at the existing facility are from the following counties: Hardin, Butler, Grundy, Black Hawk, Marshall, Cerro Gordo, Webster, Johnson, Jackson, and Winneshiek.

We will be one of the only nursing home providers offering a household model in the primary market area.

14. **If the project includes an increase in beds, describe the methodology utilized to arrive at the number of beds to be added.**

Not applicable. The proposed project is a replacement facility and will not add new beds to Hardin County. Once the replacement facility consisting of 68 beds is completed, the existing nursing facility would be closed thus deleting two beds in Hardin County. Therefore no beds will be added to Hardin County but instead a reduction of two beds will actually occur.

15. **How many licensed nursing beds are certified (or will be) for Medicaid?**

All beds will be dually certified for Medicare and Medicaid.

16. **Attach a table or statement indicating volume of admissions related to the proposed project by patient origin (county of residence) for each of the three (3) most recent years.**

Not applicable.

17. Does the proposed project conform to the State Bed Need determination?

Yes No

If yes, how many beds remain under the current determination for the county in which the proposed project will be located?

As referenced previously, Grundy, Franklin, Marshall and Story Counties, all contiguous counties viewed as part of the primary and secondary market area, show a bed need of 457. The existing facility already draws from this market. As reflected previously, approximately 30% of residents currently residing in the existing facility come from outside Hardin County. The replacement facility will be one of the only facilities offering the new household model in the primary market area.

The proposed project is a replacement facility and will not add new beds to Hardin County. Once the replacement facility consisting of 68 beds is completed, the existing nursing facility would be closed thus deleting two beds in Hardin County. Therefore no beds will be added to Hardin County but instead a reduction of two beds will actually occur.

An independent housing study was completed by Maxfield Research in October of 2014 for the Iowa Falls area. The report shows a need for up to 155 additional senior housing units and specifically lists a need for memory care services. It shows an immediate demand for memory care units of 19 with another 8 units needed by 2020. Currently there are no providers with CCDI units in Iowa Falls.

There are currently only three providers in Hardin County that offer a certified CCDI unit and Grand JiVanté is one of them. We currently have an 11-bed CCDI unit.

18. **Report the dates of your last three inspections by the Department of Inspections and Appeals and state how many deficiencies were cited. Did any deficiencies result in citations? If so, briefly describe.**

Below are the three most recent DIA inspections:

- 1) 8/5/15—food establishment license, zero deficiencies noted
- 2) 7/9/15-- self-report complaint investigation, unsubstantiated w/no deficiencies noted

3) 5/13/15--bi-annual assisted living survey, zero deficiencies noted.

Below are the past four annual DIA nursing home inspections:

1. 4/2/15—three deficiencies noted
 - Bed found in incorrect position
 - Improper peri-care technique
 - Physician not in attendance at one QA meeting
2. 1/16/14—three deficiencies noted
 - Procedure w/administration of eye drops
 - Improper incontinence care technique
 - One cabinet unlocked w/bottle of cleaner
3. 11/29/12—two deficiencies noted
 - One plastic surge protector found in use
 - Gouges in kitchen utensils/exhaust fan needed cleaned
4. 10/14/11—one deficiency noted
 - supplies touched floor w/out barrier present

19. **Fill out attached Exhibits 2-A and 2-B, specifying, by level of care and payment source, the following:**

Historical utilization statistics for each of the three most recent years and forecasted utilization statistics for each of the three years after the service is offered. Assumptions used in developing the forecast should also be listed and supported.

See attached Exhibits 2-A and 2-B.

20. **If the proposed project involves replacement of facilities and/or equipment, attach a statement describing the age, condition, life expectancy and intended use or disposition of the facilities and/or equipment being replaced.**

The existing facility was built in phases over the course of many years. The main facility was built in the 60's with other additions built in 1971, 1980, and 2007. The oldest portion of the facility is almost fifty years old and is landlocked in a residential area. The building is outdated and is in very poor physical condition. It is plagued with constant repair bills. Just in the past year or so we have had to replace the hot water system totaling over \$40,000. We had an underground plumbing issue that cost almost \$30,000, and that was only for partial repair, as full repair would require ripping up a large portion of flooring on the main level of the facility. One of the elevators is out of order and initial repair estimates reached as high as \$50,000, and due to new regulations would require a total relocation of the elevator pit thus eliminating a portion of our current Wellness Center. These are just a few of the most recent major repairs and associated challenges we are now experiencing due to the age and poor condition of the facility.

The roof, along with the mechanical, electrical, and plumbing systems are all in need of replacement. Many of the systems are simply inefficient and ineffective. During the last few DIA surveys, surveyors have verbally told management that Grand JiVanté must

address the needed repairs and updates of things such as doors, windows, flooring, etc. Grand JiVante shared with DIA the plan to replace the current facility in lieu of making all of the needed repairs/updates due to excessive cost.

The bulk of the existing facility is also set up in the old institutional hospital design, which is no longer desired by incoming seniors. The physical design of the current facility results in frequent resident complaints. The existing facility offers very little congregate living space on each of the floors for residents to gather with guests. Dining rooms are cramped and don't allow sufficient room for the number of residents currently using wheelchairs. Rooms are very small with shared baths that are very cramped. Residents must bathe in a central bathing room often located a considerable distance from their room. This compromises resident care and privacy. The two story building and outdated boiler system does not allow for any personalized heating and cooling control and residents frequently complain about the inability to individually regulate room temperature. The main kitchen is not centrally located and is not easily accessible for residents.

The existing facility is a two story building and the layout of the building is also extremely inefficient for staffing. The current layout makes sharing staff amongst the various floors and wings difficult. Supplies and inventory are not centrally located. The main kitchen is also not centrally located making it extremely inefficient for assisting residents with special food requests and assisting them back and forth to the kitchen area.

Costs to renovate the existing nursing home space are excessive and it was determined that new construction would be a more efficient use of resources and without the confines of being landlocked would allow the space to be designed as truly desired. We also know based on recent experience how cost estimates can increase unexpectedly when renovating an old building. In 2012, we renovated an old wing of the building from RCF to AL apartments and encountered a number of expensive change orders due to the age of the building.

The board determined it did not make sense to invest millions of dollars into the existing facility only to end up with a layout that is still inefficient, does not enable us to move fully to a household model, nor does it address many of the current resident concerns. Building a replacement facility is key to the long term viability of our nursing home services. We have been working diligently to position Grand JiVante for the future and the replacement facility will enable us to avoid closure of the nursing home portion of our services.

Once closed, we anticipate demolition of the oldest portion of the facility. We hope to salvage the wing built in 2007. Feasibility analysis and an appraisal are currently being completed to help determine viable options.

21. **On an attachment, list the names and addresses of other affected or potentially affected providers of the service, similar to the one for which you are seeking approval and serving**

the patient population(s) identified in #11. For each of these providers, specify the following data and describe your efforts to obtain it. (Attach a copy of the letter of request for information):

- A. Relevant historical utilization data for each of the three most recent years; and**
- B. Relevant expected utilization data for each of the three years following initiation of the proposed service.**

Please refer to question 21, attachment A for an example of the letter that has been sent and attachment B for the list of affected parties.

22. **Attach a statement describing what arrangements between your facility and other health care facilities have been made or proposed to refer patients, share services, and coordinate programs related to the proposed project.**

Since the replacement facility is only 12 miles from the existing facility, it is expected that all current relationships will be maintained. Existing contracts with our current medical director, dietician, and therapy providers are all expected to remain in place at the replacement facility. We also will continue contractual agreements with current hospice providers.

AVAILABILITY OF PERSONNEL

23. **If additional personnel will be needed as a result of the proposed project, attach a statement describing either what evidence there is that these personnel will be available, or the plans your facility has for recruiting and employing them. Specify your existing and forecasted full-time equivalents (FTEs):**

Department	Current	Forecasted
Administrator	1.0	1.0
Director of Nursing	1.0	1.0
ADON/MDS Coordinator	1.0	1.0
RNs	5.2	5.2
LPNs	7.8	7.8
CNA/CMAs	26.0	32.0
Office Manager	1.0	1.0
Finance Manager	1.0	1.0
Receptionist	1.0	1.0
Wellness Director	1.0	1.0
Activity Personnel	1.2	0.8
Director of Dining & Environmental Services	1.0	1.0
Dining Personnel	8.0	1.0
Environmental Services Personnel	5.0	2.0
Maintenance Personnel	1.6	1.6
Total FTE's	62.8	58.4

There is a projected 4.4 decrease in FTE's for the new facility. Since this is a replacement project, no new staff will be added. Rather, as the facility goes to the household model where dining, activities, and laundry is done in the household, there will be a cross training of workers which will actually result in a decrease of staff. As staff become cross trained, this will create a more stable workforce.

FINANCIAL FEASIBILITY

24. **List the daily rates presently charged and the proposed rates when service is offered.**

<u>Level of Care</u>	<u>Present Rate</u>	<u>Proposed Rate</u>
Nursing	<u>\$175-\$215</u>	<u>\$200-\$220</u>
Residential	_____	_____

25. **Attach a statement indicating present and/or proposed charges for "add-ons" or miscellaneous. Attach a list specifying items and costs.**

The below items reflect present charges for “add-ons” and we anticipate these to remain the same at the replacement facility.

Incontinence Care Supplies	Cost + 15 %
Guest Meals	\$6.50
Resident Transportation	\$10 per hour + \$0.57 per mile
Physical, Occupational, and Speech Therapy	Billed by Provider
Pharmacy	Billed by Provider
Individual Phone Service	Billed by Provider
Beauty Salon & Barbershop Services	Billed by Provider

26. **Fill out Exhibit 3, specifying estimated project costs and estimated depreciation. If the assets included in a line-item category are depreciated by differing lives, provide a footnote explanation of the useful lives being used.**

See Exhibit 3.

27. **What is the average cost per bed (turn key basis)?** \$159,717.50
(Total Project Costs/Number of Increased Beds)

28. **Indicate the source of funds for the project costs.**
(Attach a description of asterisked items.)

<u>SOURCE OF FUNDS</u>	<u>Estimated Amount</u>
Cash on Hand	\$ <u>1,500,000</u>
Borrowing*	\$ <u>9,360,789.77</u>
Gifts and Contributions	_____
Lease	_____
Federal Funds*	_____
State Funds*	_____
Other*	_____
Total Source of Funds	\$ <u>10,860,789.77</u>

To support the debt portion, attach a letter from the lender or financial institution indicating the probable terms of the borrowing or from the underwriters or the bond financial consultants indicating the probable terms of the bond indenture.

See attachment C.

Grand Jivante plans to borrow \$9,360,789.77 for the construction of this replacement project. Grand JiVante has chosen to work with American Trust as their lender and attached is a letter from American Trust outlining the probable terms of borrowing.

29. **Attach a statement listing new equipment (if any) for the proposed project and the manner of acquisition (purchase, lease etc.).**

Since this is a replacement facility much of the resident room furniture and resident care equipment will simply transfer over from the existing facility.

Any needed equipment for the project in the following areas will be new and purchased:

- Common area furnishings
- Armoires
- Therapy equipment
- Office furniture/equipment
- Medication storage equipment
- Spa/Bathing equipment
- Grounds equipment
- Housekeeping equipment
- Call system

Dishwashers will be leased.

30. **Attach a schedule of leases, if any, associated with the proposed project. Indicate the type of equipment, term of lease, yearly lease payment any prepayments, and if the lease is renewable or if there is a purchase option.**

Dishwasher is currently leased and is expected to continue under a lease agreement at the replacement facility. Initial lease was for a five year term with automatic renewal year after year unless either party provides a written thirty day notice prior to expiration date. Current lease agreement is \$68 per month and requires a minimum monthly purchase of supplies from vendor.

31. **Attach a description of existing debt. This description should include:**

A. **Terms of Debt**

1. Face Amount - **\$2,312,403**
2. Interest – **4.5%**
3. Payment period – **25 year term**
4. Restrictions on additional debt - **There is the standard “additional borrowing” covenants that is common with most debt.**
5. Prepayment - **No pre-payment penalty exists. Debt can be paid ahead without penalty.**
6. Other restrictions or requirements

Grand JiVante currently has two loans on its existing facility in Ackley. The first loan is for the nursing facility and the current loan amount is \$2,312,403 (as noted above). The interest rate on this note is 4.5% with a payment period term 25 years. There is the standard “additional borrowing” covenants on this debt that is common with most debt and there are no pre-payment penalties should the debt be paid down early.

The second loan is on the Assisted Living facility and the current loan amount is \$2,060,049.25. The interest rate on this note is also 4.5% with a payment period term of 25 years. There is the standard “additional borrowing” covenants on this debt as well and no pre-payment penalty exists should the facility decide to pay down this debt more quickly.

- B. **Is the existing debt going to be refinanced?** Yes _____ No X _____
Is debt incurred to meet project costs going to be refinanced?
Yes _____ No X _____ For Yes, Attach statement describing:

1. Amount to be refinanced; and
2. Terms of refinancing.

- C. **Attach annual debt service schedules for: 1) debt incurred to meet project costs: and 2) any debt existing at completion of the proposed project. Use the following format:**

See attachments D.

<u>Year</u> 1st payment to final payment	<u>Principal</u>	<u>Interest</u>	<u>Annual Debt Service</u>
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32. **Attach audited financial statements and notes to the financial statements for the most recent three years.**

See attached statements, E, F, G.

33. **Will there be an operating deficit as a result of the project?**

Yes X No _____ If Yes,

First Year	\$ <u>(160,037.97)</u>
Second Year	\$ <u> 0 </u>
Third Year	\$ <u> 0 </u>

Break even point in time, if any
(if later than three (3) years) _____

34. **Attach a statement describing how your facility has allowed for start-up funds.**

The facility has excess cash in investments and money in the Foundation if start-up costs exceed budget. Also, loan payments do not start for two years from the time the construction loan is opened and the facility is only obligated to pay cash for the interest incurred once the construction line of credit reaches its limit. By not paying principal payments for one year after construction, the facility will build up additional cash reserves.

35. **On an attachment, provide a forecast of revenues and expenses for each year of the first three years after the service is offered. Include a list of assumptions used in the forecasts and support for the assumptions.**

See Attachment H.

Assumptions:

Revenue was arrived at via the census assumptions in Exhibit 2-B and the projected private pay rate, Medicaid rate, and the current Medicare rates. The projected private pay rate was derived from the current nursing facility rates as well as looking at the competition rates in the area. It was assumed that Medicaid rates would only increase minimally given the current economic environment in Iowa and Medicaid going to Managed Care on January 1, 2016. Medicare rates were actually decreased in this forecast due to sequestration cuts that have been present in this program.

Salaries and expenses were arrived at based upon staffing ratios and expenses incurred by other providers in Iowa that have gone to and are currently operating in the household model. The other operating expenses are derived from historical averages from the

current facility and are adjusted upward due to inflation costs. Interest and depreciation costs are derived from the estimated project cost and the respected borrowing amount.

OTHER CRITERIA

36. **Attach a statement describing how the proposed project will contribute to meeting the needs of the medically underserved, including persons in rural areas, low-income persons, racial and ethnic minorities, handicapped and the elderly.**

We have provided senior services for almost 80 years in a rural county and pride ourselves on offering a variety of service options. We are currently one of only three providers in Hardin County offering a certified CCDI unit. One of the goals for the replacement project is to provide seniors with innovative services in rural areas so that seniors don't have to relocate to unfamiliar locations for services typically only found in larger urban areas.

The proposed replacement project will serve low-income Iowans and our desire is to offer all residents regardless of funding source with a model of care that is far more homelike and enhances the quality of life. The proposed beds will be fully certified for Medicaid so it is expected that a portion of the residents will receive Medicaid assistance.

We are a private non-profit and charitable giving is a large part of our mission. See the 2014 Social Accountability Report Attachment I.

Grand JiVante will provide services to all individuals regardless of race, color, creed, age, sex, national origin, ancestry, religion, or disability.

37. **Attach a statement describing what potentially less costly or more appropriate alternatives to the proposed project including but not limited to staffing, scheduling, design service sharing, etc. were considered and rejected. Specify the reasons therefore.**

The existing facility was built in phases over the course of many years. The main facility was built in the 60's with other additions built in 1971, 1980, and 2007. The oldest portion of the facility is almost fifty years old and is landlocked in a residential area. The building is outdated and is in very poor physical condition. It is plagued with constant repair bills. Just in the past year or so we have had to replace the hot water system totaling over \$40,000. We had an underground plumbing issue that cost almost \$30,000, and that was only for partial repair, as full repair would require ripping up a large portion of flooring on the main level of the facility. One of the elevators is out of order and initial repair estimates reached as high as \$50,000, and due to new regulations would require a total relocation of the elevator pit thus eliminating a portion of our current Wellness Center. These are just a few of the most recent major repairs and associated challenges we are now experiencing due to the age and poor condition of the facility.

The roof, along with the mechanical, electrical, and plumbing systems are all in need of replacement. Many of the systems are simply inefficient and ineffective. During the last few DIA surveys, surveyors have verbally told management that Grand JiVanté must address the needed repairs and updates of things such as doors, windows, flooring, etc. Grand JiVante shared with DIA the plan to replace the current facility in lieu of making all of the needed repairs/updates due to the excessive cost.

The bulk of the existing facility is also set up in the old institutional hospital design, which is no longer desired by incoming seniors. The physical design of the current facility results in frequent resident complaints. The existing facility offers very little congregate living space on each of the floors for residents to gather with guests. Dining rooms are cramped and don't allow sufficient room for the number of residents currently using wheelchairs. Rooms are very small with shared baths that are very cramped. Residents must bathe in a central bathing room often located a considerable distance from their room. This compromises resident care and privacy. The two story building and outdated boiler system does not allow for any personalized heating and cooling control and residents frequently complain about the inability to individually regulate room temperature. The main kitchen is not centrally located and is not easily accessible for residents.

The existing facility is a two story building and the layout of the building is also extremely inefficient for staffing. The current layout makes sharing staff amongst the various floors and wings difficult. Supplies and inventory are not centrally located. The main kitchen is also not centrally located making it extremely inefficient for assisting residents with special food requests and assisting them back and forth to the kitchen area.

Costs to renovate the existing nursing home space are excessive and it was determined that new construction would be a more efficient use of resources and without the confines of being landlocked would allow the space to be designed as truly desired. We also know based on recent experience how cost estimates can increase unexpectedly when renovating an old building. In 2012, we renovated an old wing of the building from RCF to AL apartments and encountered a number of expensive change orders due to the age of the building.

The board determined it does not make sense to invest millions of dollars into the existing facility only to end up with a layout that is still inefficient, does not enable us to move fully to a household model, nor does it address many of the resident concerns. Building a replacement facility is key to the long term viability of our nursing home services. We have been working diligently to position Grand JiVante for the future and the replacement facility will enable us to avoid closure of the nursing home portion of our services.

- 38. Attach a statement describing what impact the proposed project will have on-the distance, convenience, cost of transportation, and accessibility to health services for persons who live outside metropolitan areas.**

Hardin County is a rural county and is uniquely positioned as it is approximately 45 minutes from Ames, Mason City, and Cedar Falls. Factors related to distance, accessibility, and cost of transportation were actually significant considerations in our long range planning discussions. One of our goals is to provide seniors with innovative service options in rural communities so they are not forced to relocate to unfamiliar locations for services typically only found in larger urban areas. This is unfortunate for the resident who has often lived in Hardin County their entire life, and also for the county that loses census as a result of people leaving to gain access to enhanced service options only offered in metropolitan areas.

In addition, when selecting a location for the replacement facility, the above factors were heavily considered. Iowa Falls serves as a hub for Hardin County where many citizens commute regularly to get medical care, groceries, household supplies, etc. The location of the proposed replacement facility will decrease transportation costs and increase accessibility to a broader array of services. The replacement facility location offers many benefits including but not limited to:

1. Close proximity to newly constructed state of the art hospital. The Iowa Falls Hospital is the only hospital in Hardin County.
2. Significantly reduced ambulance commute time to hospital for emergencies.
3. Greater physician choices for residents. Residents, families, and potential admissions often voice this as a concern. Physicians in the surrounding communities will often not round at our current facility due to the commute time, which limits admissions. This forces residents to have to change physicians or select another facility in closer proximity to their physician.
4. Access to a greater array of wellness services including walking and bike trails throughout the community.

CERTIFICATION

I, the undersigned, certify that:

I have read chapter 135.61-83, Code of Iowa and the Administrative Rules (IAC 641-2d2 and 203) promulgated pursuant thereto, and

I have read this application, including all exhibits and attachments, and the information therein is, to the best of my knowledge and belief, accurate and true.

Christine M. Timmons

Signature of Owner or
Chairperson, Board of Directors

Christine M. Timmons

Printed Name

Board Chair

Position or Title

8-31-15

Date

If you wish to designate an official representative to act on your behalf, as addressee for written notifications and to speak for you before the Health Facilities Council, specify below:

Name: Heather Campbell

Address: 666 Walnut Street, Suite 2000, Des Moines, Iowa 50309-3909

Phone: 515-283-4652

Email: hlcampbell@belinmccormick.com

Question 11, Exhibit 1
Square Footage Chart

Name of Functional Area	Present Square Feet	Square Feet to be		Total Square Feet
		Constructed	Renovated	
Neighborhoods			-	
Total Square Feet of all resident rooms	-	19,496.00	-	19,496.00
Living Rooms	-	1,360.00	-	1,360.00
Kitchens	-	1,468.00	-	1,468.00
Dining Rooms	-	1,268.00	-	1,268.00
Sun Rooms	-	728.00	-	728.00
Dens	-	804.00	-	804.00
Spas (Tub Rooms)	-	402.00	-	402.00
Equipment Rooms	-	372.00	-	372.00
Garages	-	2,300.00	-	2,300.00
Linens	-	60.00	-	60.00
Mechanical	-	204.00	-	204.00
Restroom Storage Closet	-	68.00	-	68.00
Soiled Utility	-	288.00	-	288.00
Med Rooms	-	184.00	-	184.00
Clean Linen areas	-	160.00	-	160.00
Inventory	-	184.00	-	184.00
Laundry Rooms	-	364.00	-	364.00
Housekeeping Closets	-	196.00	-	196.00
Pantries	-	384.00	-	384.00
Staff Restrooms	-	224.00	-	224.00
Activities Storage	-	116.00	-	116.00
Public Restrooms	-	244.00	-	244.00
Entry Ways	-	428.00	-	428.00
Corridors	-	9,760.00	-	9,760.00
Nurse Work Stations	-	488.00	-	488.00
Interior Porches	-	900.00	-	900.00
Support Area	-		-	
Hub- common space for all service areas	-	5,118.00	-	5,118.00
*Includes: commercial kitchen, mechanical, electrical, offices, I.T., Garage and Maintenance, bulk inventory, staff restrooms, breakrooms, laundry, houskeeping	-		-	-
Circulation-Connecting Corridors	-	5,648.00	-	5,648.00
Medical Records	-	132.00	-	132.00
Storage	-	247.00	-	247.00
Mechanical Rooms	-	96.00	-	96.00
Total Nursing Facility	-	53,691.00	-	53,691.00

Question 19, Exhibit 2-A												
Facility Utilization-Historical												
	Year 2012				Year 2013				Year 2014			
	Pri	St	Med.	Total	Pri	St	Med.	Total	Pri.	St.	Med.	Total
Nursing												
Number of Beds				70				70				70
Patient Days	13,651	5,752	1,509	25,550	10,719	7,697	1,137	25,550	9,170	10,046	618	25,550
Percent Occupancy	53%	23%	6%	82%	42%	30%	4%	77%	36%	39%	2%	78%
RCF	N/A				N/A				N/A			
Number of Beds	N/A				N/A				N/A			
Patient Days	N/A				N/A				N/A			
Percent Occupancy	N/A				N/A				N/A			
Question 19, Exhibit 2-B												
Facility Utilization-Forecasted												
	Year 2017				Year 2018				Year 2019			
	Pri	St	Med.	Total	Pri	St	Med.	Total	Pri.	St.	Med.	Total
Nursing				68				68				68
Number of Beds												
Patient Days	7,955	5,638	2,196	24,820	10,578	7,498	2,920	24,820	10,578	7,498	2,920	24,820
Percent Occupancy	32%	23%	9%	64%	43%	30%	12%	85%	43%	30%	12%	85%
RCF	N/A				N/A				N/A			
Number of Beds	N/A				N/A				N/A			
Patient Days	N/A				N/A				N/A			
Percent Occupancy	N/A				N/A				N/A			
Pri.-Private Pay Residents												
St.=State Assisted Residents												
Med.=Medicare Assisted Residents												

Assumptions: The forecasted facility utilization is based on the financial feasibility study that was completed for the project in order to obtain financing. Specifically, 2017 shows a lower occupancy due to the facility just opening in late 2016 and needing time for a ramp up period. Private pay, state assisted residents, and Medicare assisted residents comes from other facilities who have built new facilities in the recent past and what they are running for occupancy percentages.

Question 21, Attachment A

August 31, 2015

Administrator

Re: Utilization Data for Long-Term Care Facilities

Dear Administrator:

Presbyterian Village dba Grand JiVanté in Ackley, Iowa is seeking approval to establish a replacement facility in Iowa Falls, Iowa. Grand JiVanté currently owns and operates a 70-bed nursing facility on its Continuing Care Retirement Community in Ackley, and is seeking approval to replace that 70-bed facility with a 68-bed facility in Iowa Falls, Iowa that will also be part of a CCRC. The Ackley nursing facility will close upon the approval of the replacement facility in Iowa Falls, resulting in a decrease of two beds in Hardin County.

Iowa Certificate of Need law requires us to request from you the following information:

1. Long term care facility utilization data for the calendar years 2012, 2013 and 2014
2. Projected long-term care facility data for the calendar year 2016, 2017 and 2018.

If you have any questions regarding this request, please feel free to contact me at (641)316-1020. A self-addressed, stamped envelope has been enclosed for your convenience. I appreciate your assistance in this matter.

Very truly yours,

Julie Hinders
CEO
Grand JiVante
502 Butler Street
Ackley, Iowa 50601

Enclosure

Hardin

Eldora Nursing & Rehab Center
Heritage Care Center
Hubbard Care Center
Scenic Manor
Valley View Nursing & Rehab Center

Hamilton

Crestview Nursing & Rehab
Southfield Wellness Community
Stratford Nursing & Rehab

Story

Bethany Manor
Green Hills Health care Center
Riverside North
Riverside South
Rolling Green Village
Zearing Care Center

Marshall

Grandview Heights
Hawkeye Care Center Marshalltown
Iowa Veterans Home
Southridge Nursing & Rehab Center

Grundy

Grundy Care Center
Grundy County Memorial Hospital
Oakview Home
Parkview Manor Care Center

Franklin

Franklin General Hospital-LTC
Rehabilitation Center of Hampton
Sheffield Care Center

Butler

Clarksville Skilled Nursing & Rehabilitation Center
Dumont Wellness Center
Liebe Care Center
Maple Manor Village
Rehabilitation Center of Allison
Shellrock Senior Living

Wright

Clarion Wellness & Rehabilitation Center
Rehabilitation Center of Belmont
Rotary Senior Living

Question 26, Exhibit 3
Estimate Application of Funds and Estimate Depreciation

<u>Application of Funds</u>	Estimated Amount	1st Yr Estimated Avg Useful Life	(12 months) Estimated 1st year Depreciation
Site Costs			
Site Acquisition	\$ 220,508.93		
Demolition of Existing Structures	\$ -		
Site Preparation	\$ 200,000.00		
Subtotal Site Costs	\$ 420,508.93		
Land Improvements	\$ -		
Facility Costs			
General (Construction Shell)	\$ 4,000,274.55	40	\$ 100,006.86
Heating, Cooling, Plumbing	\$ 2,631,541.15	40	\$ 65,788.53
Electrical	\$ 990,330.53	40	\$ 24,758.26
Elevator			
Other Fixed Equipment	\$ 144,773.88	40	\$ 3,619.35
Architectural Fees	\$ 753,017.87	40	\$ 18,825.45
Construction Management Fees	\$ 750,717.40	40	\$ 18,767.94
Other			
Sub Total Facility Costs	\$ 9,070,655.38		
Moveable Equipment	\$ 400,000.00	7	\$ 57,142.86
Financing Costs			
Loan Fee	\$ 49,455.82		
USDA Fee	\$ 98,911.64		
Feasibility Study, Legal, Appraisal, Environmental, Title	\$ 98,000.00		
Interest Expense			
During Construction	\$ 342,258.00		
Sub Total Financing Costs	\$ 588,625.46		
Total Project Costs	\$ 10,479,789.77		
Other Applications			
Debt Service Reserve Account	\$ -		
Contingency/Change Order Allowance	\$ 381,000.00		
Subtotal Other Applications	\$ 381,000.00		
Total Application of Funds	\$ 10,860,789.77		

Question 28, Attachment C



9325 Bishop Drive, Suite 120
West Des Moines, Iowa 50266
515.440.6675
Fax 515.224.0054
kridout@americantrust.com
www.americantrust.com

Kevin R. Ridout
Vice President
Commercial Lending
NMLS #528560

July 23, 2015

Mrs. Julie Hinders, CEO
Grand JiVante
502 Butler Street
Ackley, IA 50601

Re: Construction Financing

Dear Julie,

Our office is pleased to provide you with this pre-approval for the construction of the new Iowa Falls Grand JiVante project as outlined below:

Loan Program:	Construction with the USDA RD Community Facilities program
Purpose:	Construction of a new skilled nursing facility (replacement facility)
Property Address:	420 Riverside Drive, Iowa Falls, Iowa
Term:	24 Month Non Revolving Construction Line of Credit
Maximum Loan-To-Value	80% of the current appraisal

The construction loan financing approval is subject to the terms and conditions of the complete construction/permanent financing commitment issued by American Trust & Savings Bank. The terms described in this letter are confidential and not intended to be assigned or marketed without the bank's permission.

Should you have any questions, please contact our office. We look forward to working with you on your new project.

Best Regards,

Kevin Ridout
Vice President

Question 31 C Attachment D
Debt Service Schedule-New Project Debt

Year	Principal	Interest	Annual Debt Service
2017	\$ -	\$ 427,086.00	\$ 427,086.00
2018	\$ 149,430.53	\$ 423,929.47	\$ 573,360.00
2019	\$ 156,392.67	\$ 416,967.33	\$ 573,360.00
2020	\$ 163,679.20	\$ 409,680.80	\$ 573,360.00
2021	\$ 171,305.21	\$ 402,054.79	\$ 573,360.00
2022	\$ 179,286.53	\$ 394,073.47	\$ 573,360.00
2023	\$ 187,639.70	\$ 385,720.30	\$ 573,360.00
2024	\$ 196,382.06	\$ 376,977.94	\$ 573,360.00
2025	\$ 205,531.74	\$ 367,828.26	\$ 573,360.00
2026	\$ 215,107.71	\$ 358,252.29	\$ 573,360.00
2027	\$ 225,129.84	\$ 348,230.16	\$ 573,360.00
2028	\$ 235,618.91	\$ 337,741.09	\$ 573,360.00
2029	\$ 246,596.68	\$ 326,763.32	\$ 573,360.00
2030	\$ 258,085.92	\$ 315,274.08	\$ 573,360.00
2031	\$ 270,110.45	\$ 303,249.55	\$ 573,360.00
2032	\$ 282,695.23	\$ 290,664.77	\$ 573,360.00
2033	\$ 295,866.34	\$ 277,493.66	\$ 573,360.00
2034	\$ 309,651.11	\$ 263,708.89	\$ 573,360.00
2035	\$ 324,078.13	\$ 249,281.87	\$ 573,360.00
2036	\$ 339,177.32	\$ 234,182.68	\$ 573,360.00
2037	\$ 354,980.00	\$ 218,380.00	\$ 573,360.00
2038	\$ 371,518.95	\$ 201,841.05	\$ 573,360.00
2039	\$ 388,828.47	\$ 184,531.53	\$ 573,360.00
2040	\$ 406,944.46	\$ 166,415.54	\$ 573,360.00
2041	\$ 425,904.49	\$ 147,455.51	\$ 573,360.00
2042	\$ 445,747.89	\$ 127,612.11	\$ 573,360.00
2043	\$ 466,515.83	\$ 106,844.17	\$ 573,360.00
2044	\$ 488,251.36	\$ 85,108.64	\$ 573,360.00
2045	\$ 510,999.58	\$ 62,360.42	\$ 573,360.00
2046	\$ 534,807.67	\$ 38,552.33	\$ 573,360.00
2047	\$ 559,725.01	\$ 13,634.99	\$ 573,360.00

Question 31 C, Attachment D
Debt Schedule-Current Nursing Facility Debt

Year	Principal	Interest	Annual Debt Service
2017	\$ 123,012.11	\$ 427,086.00	\$ 217,939.80
2018	\$ 128,743.39	\$ 89,196.41	\$ 217,939.80
2019	\$ 134,741.70	\$ 83,198.10	\$ 217,939.80
2020	\$ 141,019.48	\$ 76,920.32	\$ 217,939.80
2021	\$ 147,589.75	\$ 70,350.05	\$ 217,939.80
2022	\$ 154,466.13	\$ 63,473.67	\$ 217,939.80
2023	\$ 161,662.90	\$ 56,276.90	\$ 217,939.80
2024	\$ 169,194.97	\$ 48,744.83	\$ 217,939.80
2025	\$ 177,077.96	\$ 40,861.84	\$ 217,939.80
2026	\$ 185,328.24	\$ 32,611.56	\$ 217,939.80
2027	\$ 193,962.91	\$ 23,976.89	\$ 217,939.80
2028	\$ 202,999.87	\$ 14,939.93	\$ 217,939.80
2029	\$ 212,457.88	\$ 5,481.92	\$ 217,939.80

Question 31 C Attachment D
Debt Service Schedule-Assisted Living Debt

Year	Principal	Interest	Annual Debt Service
2017	\$ 51,215.38	\$ 91,344.62	\$ 142,560.00
2018	\$ 53,601.56	\$ 519,758.44	\$ 573,360.00
2019	\$ 56,098.93	\$ 517,261.07	\$ 573,360.00
2020	\$ 58,712.64	\$ 514,647.36	\$ 573,360.00
2021	\$ 61,448.14	\$ 511,911.86	\$ 573,360.00
2022	\$ 64,311.08	\$ 509,048.92	\$ 573,360.00
2023	\$ 67,307.41	\$ 506,052.59	\$ 573,360.00
2024	\$ 70,443.34	\$ 502,916.66	\$ 573,360.00
2025	\$ 73,725.38	\$ 499,634.62	\$ 573,360.00
2026	\$ 77,160.34	\$ 496,199.66	\$ 573,360.00
2027	\$ 80,755.33	\$ 492,604.67	\$ 573,360.00
2028	\$ 84,517.82	\$ 488,842.18	\$ 573,360.00
2029	\$ 88,455.61	\$ 484,904.39	\$ 573,360.00
2030	\$ 92,576.86	\$ 480,783.14	\$ 573,360.00
2031	\$ 96,890.13	\$ 476,469.87	\$ 573,360.00
2032	\$ 101,404.36	\$ 471,955.64	\$ 573,360.00
2033	\$ 106,128.91	\$ 467,231.09	\$ 573,360.00
2034	\$ 111,073.58	\$ 462,286.42	\$ 573,360.00
2035	\$ 116,248.63	\$ 457,111.37	\$ 573,360.00
2036	\$ 121,664.80	\$ 451,695.20	\$ 573,360.00
2037	\$ 127,333.31	\$ 446,026.69	\$ 573,360.00
2038	\$ 133,265.92	\$ 440,094.08	\$ 573,360.00
2039	\$ 127,609.35	\$ 445,750.65	\$ 573,360.00

Question 35, Attachment H

Forecasted Revenue and Expenses			
First 3 Yrs of Operations			
	<u>2017</u>	<u>2018</u>	<u>2019</u>
Total Licensed Beds	68	68	68
NF Occupancy %	64%	85%	85%
NF Avg Daily Census	43.25	57.52	57.52
NF Resident Days	15,789.00	20,996.00	20,996.00
Total NF Revenue	\$ 3,869,560.00	\$ 5,240,192.00	\$ 5,240,192.00
Expenses:			
Wages			
Admin/Nursing Mgmt	\$ 653,376.00	\$ 666,383.00	\$ 679,772.00
Household Workers	\$ 947,743.50	\$ 1,263,658.00	\$ 1,288,931.00
Environmental Services	\$ 55,000.00	\$ 56,100.00	\$ 57,222.00
Plant Operation	\$ 65,000.00	\$ 66,300.00	\$ 67,626.00
Activities	\$ 42,000.00	\$ 42,840.00	\$ 43,696.80
Employment Benefits	\$ 229,205.54	\$ 272,386.53	\$ 277,842.21
Total Wages	\$ 1,992,325.04	\$ 2,367,667.53	\$ 2,415,090.01
Operating Expenses			
Medical Supplies, Drugs, Therapies	\$ 207,677.00	\$ 284,431.00	\$ 292,964.00
Food	\$ 97,673.00	\$ 132,472.00	\$ 135,121.00
Utilities	\$ 148,393.00	\$ 167,845.00	\$ 172,880.00
Insurance and other Costs	\$ 772,607.00	\$ 805,485.00	\$ 829,649.00
Interest	\$ 522,013.69	\$ 513,125.88	\$ 551,709.03
Depreciation	\$ 288,909.24	\$ 288,909.24	\$ 288,909.24
Total Operating Expenses	\$ 2,037,272.93	\$ 2,192,268.13	\$ 2,271,232.27
Total Expenses	\$ 4,029,597.97	\$ 4,559,935.66	\$ 4,686,322.28
Income from Operations	\$ (160,037.97)	\$ 680,256.34	\$ 553,869.72
Add:			
Interest	\$ 522,013.69	\$ 513,125.88	\$ 551,709.03
Depreciation	\$ 288,909.24	\$ 288,909.24	\$ 288,909.24
Subtract:			
Principal Payment	\$ 123,012.11	\$ 278,173.92	\$ 291,134.37
Increase (Decrease) in Cash	\$ 527,872.86	\$ 1,204,117.55	\$ 1,103,353.61



How do we make a difference?

2014 Social Accountability Report for Ackley, Iowa Falls and the surrounding communities.

We Are A Private Not-for-Profit

- We are governed by a volunteer Board of Directors.
- We have no shareholders or stockholders.
- We were developed to meet the needs of Hardin County and the surrounding communities and have become the hub for senior services in this region.
- Our excess revenues stay in the region we serve and are used to promote our mission.
- We strive to transform the aging experience at your place and ours.

We Are Accountable

- We are the largest employer in Ackley, with a large base of professionals dedicated and trained to provide services and healthcare to seniors.
- We are the 2nd largest private non-profit employer in Hardin County and overall we are 1 of the top 10 largest employers in Hardin county.
- We have 79 years of commitment to this region.
- We believe we have a role as a community leader and have become very innovative in serving seniors.
- Grand Jivante management provides local, state and national leadership in areas that interest seniors.



For 2014

- Grand Jivante donates to the community:
 - 18 Community Hospital Visits
 - 31 Regional Blood Pressure Clinics
 - 14 Senior Center Presentations/Activities in Iowa Falls, Eldora, and Grundy Center
- Grand Jivante provided meaningful employment for 156, with a payroll of \$2,232,947.35, much of which is spent in this region.
- Grand Jivante's residents and board members contributed 340 volunteer hours.
- Grand Jivante donated perishable and non-perishable items to the Ackley food pantry.
- Grand Jivante Employees contributed 437 hours to the community via volunteering, leadership, and educational events valued at \$13,110.00
- Grand Jivante Employees pledged \$458 to support United Way of North Central Iowa.
- Grand Jivante is a drop off location for Ackley Ambulance waste and for US Again clothing & household items.
- Grand Jivante spent \$180,268.43 on charitable care and transportation.
- Estimated cost of utilization of Grand Jivante's space by community groups/organizations valued at \$4,350 for 58 days worth of usage.

life unlimited

More highlights of 2014



Community Partnerships

Grand JiVanté supported the following organizations through leadership, volunteer time, facility space or financial support:

Ackley Ambulance	Iowa Valley Continuing Ed Healthcare Sector Board
Ackley Rotary	Leading Age Iowa Board Member
Ackley Chamber of Commerce	Leading Age Iowa/National
Ackley Economic Development Committee	Long Term Quality Care Initiatives – Cedar Valley
Ackley Veterans Memorial Board	Lions Club – Ackley/Geneva
AGWSR Dollars for Scholars	Mercy Health Care
AGWSR School	National State Executive Forum
Black Hawk Hearing	NEI3A—Northeast Iowa Area on Aging
Blood Pressure Clinics— Parkersburg and Aplington	Sauerkraut Days
Care Transitions – Grundy Center	Senior Connections – Cedar Valley
City of Ackley – Trick or Treat Night	Senior Center—Eldora, Iowa Falls, and Grundy Center
Community Coffee at Café JiVanté	Senior Issues Discussion – Hardin County
Dr. Dempewolf, Podiatrist— Marshalltown	SHIIP Program
Food Pantry – Ackley	Women’s Connections – Parkersburg
Franklin Public Health—Foot Clinic	Transitions of Care – Mason City and Iowa Falls
Greenbelt Home Health - Foot Clinic	United Way of North Central Iowa
Iowa Falls Chamber of Commerce	Wood Vision
Iowa Falls Housing Committee	US Again

Grand JiVanté Offers More Than Employment

Grand JiVanté contributes to this region by providing jobs, benefits, and training.

Staff Overview

Number of Staff	156
Tenure Longer than 5 Years	21%
Counties Represented:	Hardin, Franklin, Butler, Grundy, Story, Tama and Black Hawk

Financial Benefits Provided to Staff

Staff Training	\$15,835.63
Tuition Assistance Program	\$2,264.26 provided to 8 employees
401 K Program	\$22,770.22 provided to 21 employees

Health and Welfare Benefits

Flu Shots	\$11.35 per shot– provided to all employees free of charge
Wellness Center	Free to employee and discounted family rate 85 – 90% off
Life Insurance	\$2,718.90 provided to 65 employees
Health Insurance	\$74,552.67 provided to 23 employees
Flexible Spending Plan	9 employees are signed up
Dental Insurance	14 employees participate