

Courtland Gardens Health Center, Inc.
Certificate of Need Application
Closure of Courtland Gardens Health Center

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Department of Social Services - Certificate of Need (CON) Application

1. Please complete Attachment I.

Courtland Gardens Health Center, Inc. (“Courtland Gardens”) has completed Attachment I as requested.

2. Provide a narrative summary of the reasons for your request to terminate nursing services.

Courtland Gardens Health Center (“Courtland Gardens”) has provided quality nursing care to the residents of southwest Connecticut under the current ownership since 1997. Over the last several years, the facility has operated at a financial loss as a result of continued cost and reimbursement challenges. As documented in the Medicaid cost reports filed annually with the state, Courtland Gardens lost \$2.5 million in 2007, \$3.5 million in 2008 and \$3.9 million in 2009. These are losses that Courtland Gardens cannot overcome or continue to sustain and still be able to maintain its commitment to quality care. A majority of the facility’s costs are associated with labor. Reducing staff at the facility is not an option, as doing so will compromise quality of care. Therefore, Courtland Gardens is unable to reduce costs to offset the substantial and ongoing losses experienced at the facility.

As a result of these challenges, in 2009 the applicant began exploring options for selling Courtland Gardens, focusing the search on potential buyers whose interest was to continue to operate it as a nursing center. Unfortunately, the applicant has not been able to find anyone willing to purchase Courtland Gardens for that purpose. Therefore, after having exhausted all viable options, the applicant decided to request permission to close the facility.

3. Quantify the need or lack of need for nursing facility beds in the area and explain any relationship between this need or lack thereof and this request. Provide information to support the reduction of beds such as occupancy rates in the facility’s service area, demographics, or other pertinent information.

Courtland Gardens serves a wide geographic area. Four percent of its residents are from out of state and nine percent of its in-state residents live more than 20 miles from Courtland Gardens. In order to accommodate the needs of residents from such a large geographic area, the applicant reviewed bed availability for Connecticut nursing homes within a 20-mile radius of Courtland Gardens. Within this area there are 26 nursing homes with 4,047 licensed beds.

According to a survey conducted by the Department of Social Services the week of May 17, 2010, there are 280 empty beds available within a 20-mile radius to accommodate residents from Courtland Gardens and other residents requiring skilled nursing care. There are 161

beds available within 10 miles of Courtland Gardens. Therefore, the number of empty beds in the area easily can accommodate the Courtland Gardens residents.

- 4. Describe any relationship between this request and the facility’s historical, current and/or future utilization statistics. Describe the current and/or projected payer mix of patients (% private, % Medicaid, % Medicare, etc.) at the facility. Identify the facility’s current bed configuration by floor including the number of rooms and type of room (private, semi-private, etc.).**

From 2007-2009, occupancy at Courtland Gardens was below 85%, as shown in the table below. The census has remained approximately the same for the past three years. The occupancy percentage increased recently only as a result of the delicensure of 18 beds on October 1, 2009.

	January-March 2010	2009	2008	2007
Beds	162	180	180	180
Census	148	149	151	149
Occupancy	91%	83%	84%	83%
Payor Mix				
Medicare	13%	14%	16%	18%
Medicaid	82%	80%	74%	71%
Private	3%	3%	7%	9%
Insurance	2%	3%	3%	2%

Given the historical trends, Courtland Gardens cannot realistically expect any future occupancy increases or improvements in payor mix to offset the continued financial losses experienced at the facility.

The trend in payor mix has also contributed to increased losses at Courtland Gardens. The facility has cared for an increasing number of Medicaid residents over the last three years, and the Medicaid reimbursement for these residents does not cover the allowable Medicaid costs of care, as shown in the tables below. This widening gap has contributed significantly to the increased financial losses experienced at Courtland Gardens.

Year Ended	9/30/07	9/30/08	9/30/09
Allowable Medicaid Costs Per Day	\$243.64	\$271.54	\$286.13

Time Period	7/1/06 – 6/30/07	7/1/07 – 6/30/08	7/1/08 – Present
Medicaid Rate	\$214.64	\$220.46	\$233.00

The facility's room configuration is as follows:

Floor	Private Rooms	Semi-private Rooms	Beds
1	10	9	28
2	12	24	60
3	0	18	36
4	2	18	38
Total	24	69	162

5. Please describe the discharge planning process that will be followed in transferring current residents. Discuss the availability of appropriate placements for the current residents in the region and include a summary, by town, of origin for current residents.

Courtland Gardens is committed to open communication with its residents and their families while it assists them throughout this process. Facility leadership has informed the residents and families of its request to close and continues to address any questions and concerns of the residents and families. Courtland Gardens, if permitted to close, will follow all Department of Public Health guidelines pertaining to the notification and discharge of residents. After CON approval, a staff member will meet with each resident and their family to discuss discharge planning and will work with the residents and their families to help identify a facility that can provide the level of care the resident needs. In addition, Courtland Gardens will help to arrange visits to other facilities and will provide for the payment of the resident's moving expenses so residents and their families will not be responsible for such costs. The facility will also maintain communication with the Office of the Ombudsman throughout the discharge planning process.

Courtland Gardens understands that Connecticut General Statutes prohibits encouraging residents' discharges or transfers while the CON application is under review. Facility staff will continue to adhere to this requirement, focusing instead on its commitment to provide high nursing care to its residents.

6. Please describe your efforts in finding a buyer for the nursing facility and any anticipated future use of the building and real estate should the CON be granted. If no effort has been undertaken, please explain why. If an effort has been made to sell the operations, identify the contacts made and summarize the reasons why the parties contacted did not pursue purchasing the operation, if known.

The applicant engaged Healthcare Transactions Group ("HTG"), a national intermediary/advisory firm specializing in the sale of long-term care facilities, to sell Courtland Gardens. HTG acted as the applicant's exclusive consultant to provide advisory services, prepare a Confidential Offering Memorandum, canvass a wide universe of potential

buyers, qualify potential buyers interested in the sale of the business, solicit and evaluate proposals to buy the business and facilitate a sale of Courtland Gardens to a closing.

HTG contacted 35 companies in the long-term care field potentially interested in and capable of acquiring Courtland Gardens, including both individual and multifacility nursing home operators, in Connecticut and elsewhere, for whom HTG believed that this acquisition would offer a favorable strategic fit and synergies. Of the 35 companies or individuals, 20 parties expressed interest and were considered financially qualified for participating in the transaction. After further review of the proposed purchase, all but one of the qualified potential buyers chose not to pursue the opportunity for one or more of the following reasons:

- (i) were not interested for strategic or financial reasons;
- (ii) were not experienced in Connecticut nursing home operations, regulations and reimbursement;
- (iii) were uninterested in purchasing Courtland Gardens because it was generating a significant cash loss and thus was determined to be financially infeasible;
- (iv) did not want to operate a unionized nursing home; and
- (v) were highly apprehensive about the viability of Connecticut State Medicaid nursing home reimbursement, especially the prospect of rate freezes or rate cuts.

Ultimately one buyer placed an offer to purchase the nursing home operations. However, after further due diligence the buyer chose not to complete the purchase.

Having exhausted all of its options to sell the nursing home operations, the applicant decided to pursue closure of the facility. The applicant has entered into a purchase and sale agreement for the real estate, contingent on Certificate of Need approval. The proposed buyer plans to demolish the current building and develop the property into a townhouse community, with at least ten percent of the units to be sold to owners who earn below 50% of the median income.

7. Describe the changes that would be needed to continue operations of all or a portion of the nursing facility services at its current location including any necessary increases to the current Medicaid rate after implementation of any cost savings measures and/or other revenue increases.

For the reasons discussed above, the applicant has determined that it is not feasible to continue operations of Courtland Gardens. The Medicaid rate does not cover the allowable Medicaid costs per day to operate the facility and care for its residents. A majority of those costs are associated with labor. Reducing staff at the facility is not an option, as doing so will compromise quality of care. Therefore, Courtland Gardens is unable to reduce costs to offset the substantial and ongoing losses experienced at the facility. It has been unable to find a buyer for the nursing home operations, and, as a result, has no other option than to close the facility and sell the real estate.

8. Provide any available estimates of the cost to renovate the facility to current codes and the cost associated with new construction. Describe the changes that would be required to each department or functional area to renovate the facility to current applicable building and health codes. Please address current compliance with codes governing handicapped accessibility including ADA and improvements that would be needed to comply with ADA requirements or current Public Health Codes.

Courtland Gardens is in compliance with all codes applicable to the building at this time. However, below is a summary of the renovations required to renovate the 45-year old building to comply with the current building and ADA codes:

• ADA compliance:	\$1,713,000
• HVAC, Plumbing, Electrical system upgrades	\$1,203,000
• Life Safety Code upgrades	\$ 907,275
• Upgrade of finishes with appropriate flame spreads	<u>\$ 350,000</u>
• Total:	\$4,173,275

The facility is located on an extremely small site, which prohibits the expansion required to accommodate compliance with current codes. The main renovation requirement would involve making 50% of the resident rooms handicapped accessible. Courtland Gardens would have to remove 26 beds in order to create the space necessary to accommodate the handicapped accessible resident rooms and bathrooms. This would significantly limit the facility's ability to provide care for area residents and further weaken its financial viability.

9. Describe any changes that have or will be needed to electrical and mechanical systems including changes in fire alarm systems, nurse call systems, air conditioning, lighting, furnishings and wall, floor and ceiling finishes to make the facility compliant with current Public Health and building codes.

Please see the response to Question #8.

10. Provide evidence of the financial feasibility of implementing necessary physical plant improvements identified in Questions #8 and #9, including prospects of securing financing at reasonable costs. Identify potential sources of funds.

Implementing the physical plant improvements above is not financially feasible. As shown in the Medicaid Cost Reports, Courtland Gardens experienced losses of \$2.5 million in 2007, \$3.5 million in 2008, and \$3.9 million in 2009. Given the significant losses at the facility, it is not feasible to implement these major renovations.

11. Explain how this closure proposal will impact the quality, cost effectiveness, and accessibility of health care delivery in the area including any projected costs or savings/cost avoidance to the publicly funded Medicare and Medicaid programs.

The applicant expects that this proposal will have minimal impact on the accessibility and quality of healthcare delivery in the area. As noted in the response to #3 above, 280 empty beds are available within 20 miles of Courtland Gardens for its residents and other individuals requiring skilled nursing care while 161 empty beds are available within 10 miles. Therefore, the closure of Courtland Gardens will not substantially affect the accessibility of health care delivery in the area.

The applicant also does not expect the closure of Courtland Gardens to have an impact on costs to the Medicaid and Medicare programs. The current Medicaid reimbursement rate at the facility is \$233, which is similar to the median rate of other nursing facilities within the 20-mile radius. Therefore, since Courtland Gardens residents will relocate to a variety of nursing facilities in the area, the cost to the Medicaid program should be similar to what it currently pays for the care of these residents.

Lastly, the closure of Courtland Gardens will improve occupancies at other nursing facilities in the area. This in turn can increase their operating efficiency and, consequently, support the provision of quality care.

12. Provide a synopsis, including dates, of major facility building renovations, new construction and physical plant/capital improvements including the year the facility was constructed.

Since the current owner acquired Courtland Gardens in 1997, the applicant has made the following major renovations to the facility:

- 1999: \$500,000 Sprinkler system refurbishment
- 2000: \$40,000 New Duro-Last roof
- 2003: \$75,000 New delayed egress door security system
- 2004: \$150,000 Refurb of resident rooms and lobby
- 2005: \$300,000 Refurbishment of the corridors
- 2006: \$400,000 Refurbishment and televisions for residents rooms
- 2006: \$125,000 Replacement of the nurse call systems
- 2006: 100,000 Replacement of rooftop HVAC units
- 2006: 15,000 Additional security system
- 2006: 12,000 New elevator power unit
- 2007: 100,000 New kitchen hood system
- 2007: 60,000 New chiller
- 2009: 90,000 New hot water system for the west wing

In addition, the applicant has made approximately \$500,000 in minor renovations throughout that time. The total amount spent is approximately \$2.5 million.

13. Please provide a copy of the most recent Department of Public Health facility inspection and compliance report.

A copy of the requested inspection report is available in Appendix 1.

14. Does the Applicant request the ability to relocate or transfer nursing home beds from one licensed nursing facility to another nursing facility as provided in Sections 17b-352 through 17b-354 of the Connecticut General Statutes? Please explain.

The applicant does not request the ability to relocate or transfer nursing home beds.

15. Is there a clear public benefit associated with this request? Provide the following information if not previously addressed:

a. the area served (preferably by town) by your nursing facility services;

Courtland Gardens serves a wide geographic area. In fact, four percent of its residents are from out of state, and nine percent of its in-state residents live greater than 20 miles from Courtland Gardens. These cities and towns include: Bethany, Bethel, Bridgeport, Cos Cob, Darien, Greenwich, Middletown, Monroe, New Haven, New Milford, Norwalk, Old Greenwich, Ridgefield, South Norwalk, Rocky Hill, Seymour, Stamford, and Stratford. It also serves residents from Bedford, Eastchester, New Rochelle, and White Plains in New York and Bushkill, PA.

b. estimated incidence and prevalence of the medical conditions to be treated within the area served;

Please see Appendix 2 for a summary of residents at Courtland Gardens by primary ICD-9 code. The applicant has no information on conditions for residents at other nursing homes in the area. However, it believes area nursing homes treat residents with similar conditions and will have the capability to care for residents from Courtland Gardens.

c. estimated number of individuals within the service areas that need the service;

According to the survey prepared the week of May 17, 2010 by the Department of Social Services, the Connecticut nursing homes within a 20-mile radius of Courtland Gardens contain 3,906 residents. The applicant does not expect this to change as a result of the closure of Courtland Gardens.

d. all other providers within the service areas providing the type of services being eliminated and any available statistics on the utilization of such services compared to the capacity of such services;

Appendix 3 contains a table identifying the capacity and bed availability of nursing homes within a 25-mile radius of Courtland Gardens.

e. identification of any alternative less costly means of meeting the service needs of the population to be served;

Residents at Courtland Gardens currently receive skilled nursing care, which is the most appropriate level of care necessary to meet their needs. Therefore, other less costly alternatives do not exist for these residents who continue to require skilled nursing care.

f. estimated cost or savings/cost avoidance, if any, to the Medicaid and Medicare programs associated with facility closure.

Please see the response to Question #11.

16. Identify any other factor that the Department should consider in determining whether this request will be granted, modified or denied. Provide supporting documentation.

Courtland Gardens has been proud to provide quality care to its residents for many years. However, it has been operating at a financial loss for many years and cannot continue to do so without impacting the ability to provide quality care. The decision to apply for discontinuation of services was made only after considerable thought and a diligent and extensive but unsuccessful effort to find a buyer who would continue the nursing home operations. The applicant remains committed to the care of its residents and the ongoing support of its residents, their families and all staff.

Attachment I

**State of Connecticut - Department of Social Services
Office of CON & Rate Setting
25 Sigourney Street
Hartford, CT 06106-5033**

APPLICATION FOR CERTIFICATE OF NEED

AFFIDAVIT

APPLICANT: Courtland Gardens Health Center, Inc.

PROJECT TITLE: Closure of Courtland Gardens Health Center

I Douglas Curnutte Officer

Name Position
Of Courtland Gardens Health Center, Inc. being duly sworn, depose

and state that the information in this Certificate of Need Application Entitled Termination of Service at Courtland Gardens Health Center is accurate and correct to the best of my knowledge.

Signature:  Title: Vice President, Facilities and Real Estate

Subscribed and sworn to before me on 06/01/10
Date



Notary Public/Commission of Superior Court – Commission expires:
10/07/2012

I. General Information

A. Identification of Applicant

1. Specify the Name and Address of the Applicant

Applicant Name:	Courtland Gardens Health Care Center, Inc.
Address 1:	53 Courtland Avenue
Address 2:	
City, State, Zip Code:	Stamford, CT 06902

2. Specify the Name, Title, Address and Telephone Number of the Contact Person for this Application. The contact person shall be the person to whom all communications are directed.

Name:	Barbara Lankford
Title:	Senior Market Planner
Address 1:	680 S. Fourth Street
Address 2:	
City, State, Zip Code:	Louisville, KY 40202
Telephone Number:	(502) 596-7801
Email Address:	Barbara.lankford@kindredhealthcare.com
Fax Number:	(502) 596-4007

3. Specify the Name, Title, Address and Telephone Number of another person who may be contacted regarding this application, in the event that the contact person specified above is not available.

Name:	Bud Wurdock
Title:	Director of Market Planning
Address 1:	680 S. Fourth St
Address 2:	
City, State, Zip Code:	Louisville, KY 40202
Telephone Number:	(502) 596-7718
Email Address:	Bud.Wurdock@kindredhealthcare.com
Fax Number:	(502) 596-4007

4. Specify existing (E) and/or proposed (P), Department of Health Services licensure categories.

If the applicant is an existing facility, provide the following information where appropriate:

- Number of licensed beds, by licensure category:
- Primary service area (specify basis for derivation and identify geographic area encompassed, by town.

(Select all that Apply)

“X”	Facility Type/Licensing Category	(E) and/or (P)	Licensed Beds	Service Area
	Home for the Aged			
	Rest Home with Nursing Supervision (RHNS)			
X	Chronic and Convalescent Nursing Home (CCNH)	E P	162 0	20-mile radius of Stamford
	Other, specify:			
	Other, specify:			

B. Type of Application

1. Specify if a new or additional function(s) or service(s), and/or a termination of a function or service and/or a capital expenditure exceeding statutory thresholds for review, is being proposed:

X	Type of Application	Filing Fee Required
	New or Additional Function(s) or Service(s) Including staff expansion proposed by coordination, assessment, and monitoring ("CAM") agencies.	No
X	Termination of Service(s);	No
	Capital Expenditures: (*see definition)	
	Major Medical Equipment, exceed statutory thresholds;	Yes
	Other Capital Expenditure, exceeding statutory thresholds	Yes
	Imaging Equipment, exceeding statutory thresholds;	Yes
	Facility Licensed Bed Reduction from ___ to ___ Licensed Beds	No
	Other, specify:	No

NOTE - Conversion to different licensure categories should be reported as a termination of service and also as an introduction of an additional function or service.

2. Specify the total amount of capital expenditures proposed:

Proposed Capital Expenditures:*	\$ 0	**
----------------------------------------	-------------	-----------

*** Capital Expenditures:** The total of all expenditures or proposed expenditures for the acquisition, installation and initial operation of items which at the time of acquisition, have an estimated useful life of at least three years and a purchase price of at least \$500 for groups of related items, which are capitalized under generally accepted accounting principles. Such items shall include but not be limited to the following.

****Should agree with page 5, Total Proposed Capital Expenditures.**

- a. Land, buildings, fixed equipment, major movable equipment and any attendant improvements thereto.**
- b. The total cost of all studies, surveys, designs, plans, working drawings, specifications and other activities essential to acquisition, improvement, expansion or replacement of physical plant or equipment or both in question, when such total costs in aggregate exceed \$50,000.**
- c. Lease assets. Purchase price for leased assets, including equipment, land and/or building(s), shall be the fair market value at lease inception.**
- d. Maintenance expenditures capitalized in accordance with generally accepted accounting principles.**
- e. Donated assets: Donations of property and equipment which under generally accepted accounting principles, are capitalized at the fair market value at the date of contribution.**

C. Proposed Capital Expenditures and Funding Sources

1. **Itemize all anticipated capital expenditures related to the proposal, as follows:**

	Itemized Capital Expenditure Category	Amount
A	Total Building Work Costs	\$0
B	Total Site Work Costs	\$0
C	Total Off-Site Works Costs	\$0
D	Total Construction Costs	\$0
E	Fixed Equipment* (use fair market value, if leased)	\$0
F	Movable Equipment* (use fair market value, if leased)	\$0
G	Architectural & Engineering Costs	\$0
H	Land (use fair market value, if leased)	\$0
I	Building(s)(use fair market value, if leased)	\$0
J	Works of Art	\$0
K	Consultants (specify)	\$0
L	Other Costs (specify)	\$0
	Total Proposed Capital Expenditures:	\$0
M	Financing Fees (specify)	\$0
N	Construction Period Interest	\$0
O	Total Capitalized Financing Costs	\$0
	Total Proposed Capital Expenditures, which include Capitalized Financing Costs	\$0
	Total New Construction/Renovation Square Feet	0
	Cost Per Square Foot Renovation/New Construction	\$0
	Cost Per Bed	\$0
	Year Facility was Built	1965

2. **Itemize the anticipated proposed funding sources to be used in order to finance the proposed capital expenditures:**

Anticipated Funding Source	Amount
Equity Contribution	\$0
Debt Financing	\$0
Lease Financing	\$0
Other (Specify):	\$0
Total Proposed Funding Sources	\$0

D. Ownership

For new facilities complete the following items. For existing facilities, submit the most recent copy of the Disclosure Statement of Ownership and Operation, Part I, and complete pertinent sections of 1 through 5d if required information is not included in the Disclosure Statement. All applicants must submit a Certificate of Incorporation or a Certificate of Partnership.

Please find the Disclosure of Ownership and Control Interest Statement in Appendix 4.
Please find the Certificate of Incorporation, Courtland Gardens Health Center Inc. in Appendix 5.

1a: Ownership

Name of Facility:	Courtland Gardens Health Center, Inc.
Doing Business As:	Courtland Gardens Health Care Center
Address 1:	53 Courtland Avenue
Address 2:	
City, State, Zip Code:	Stamford, CT 06902
Contact Person:	Grace Flight
Title:	Executive Director
Telephone Number:	(203) 351-8300
Fax Number:	(203) 351-8301

2a: Type of Facility/Bed Configuration/Payer Mix/Utilization Statistics

Type of Facility	Licensed Bed Capacity	Census	Date of Census
Chronic and Convalescent Nursing Home	162	129	5/28/2010
Rest Home with Nursing Supervision			
Home for the Aged-Licensed Bed Capacity			
Chronic Disease Hospital-Licensed Capacity			
Bed Configuration	Private	Semi Private	3/4 bed rooms
Current Number of Rooms / Beds	24 / 24	69 / 138	0 / 0
Proposed Number of Rooms / Beds			
Payer Mix	Medicaid %	Medicare%	Private %
Current	82%	13%	5%
Anticipated			

Utilization Statistics	2008	2009	Jan-Mar 2010
Occupancy Percentage(a)	84%	83%	91%

(a) Based on 180 licensed beds in 2008 and 2009. Licensed beds reduced to 162 in October 2009.

2b. Form of Ownership (Choose One)

Please see the Disclosure of Ownership and Control Interest Statement in Appendix 4.

“X”	Ownership Type	“X”	Ownership Type
	Sole Proprietorship	X	Profit Corporation
	General Partnership		Professional Corporation
	Limited Partnership		Non-Profit Corporation
	Municipality		Joint Venture
	Other (Specify):		Limited Liability Corporation (LLC)

2c. Owner(s) of Facility - Please list in descending order ownership share. Also include associates, incorporators, directors and sponsors.

Please see the Disclosure of Ownership and Control Interest Statement in Appendix 4.

Name & Address	Business Phone	Ownership Phone
Courtland Gardens Health Center, Inc.	(203) 351-8300	

2d. If an above owner is a corporation or partnership or if the facility is operated by a corporation or partnership under a contract, identify the following related to owners or beneficial owners of ten percent (10%) or more of the stock of that corporation or for each general or limited partner of that partnership.

Please see the Disclosure of Ownership and Control Interest Statement in Appendix 4.

Name & Address	Business Phone	Ownership % *	Type **

*List in descending order by ownership share

**Indicate general or limited

3a. Administrator of Facility - Individuals and/or contracted management company.

Name & Address	Title	Business Phone
Grace Flight	Executive Director	(203) 351-8300

3b. If a management company has been contracted to manage the day-to-day operations, identify them and specify their responsibilities in relation to those of the owner(s) and/or operators.

Not applicable - No management company is involved in day-to-day operations.

4a. Land Information

Identify who holds the record title of the land on which the facility is located

Land Title Holder Name:	Kindred Healthcare Operating, Inc.
Address 1:	680 S. Fourth Street
Address 2:	
City, State, Zip Code:	Louisville, KY 40202

If the above-named owner is not the same as that identified in 2(c), specify all owner interest of the landowner in the facility and the policy-making responsibilities as related to the facility's owners.

Kindred Healthcare Operating, Inc. purchased this facility from Ventas Realty, LP in June 2009.

4b. Building Information

Identify who holds the record title of the building in which the facility is located.

Building Title Holder Name:	Kindred Healthcare Operating, Inc.
Address 1:	680 S. Fourth Street
Address 2:	
City, State, Zip Code:	Louisville, KY 40202

If the above-named owner is not the same as that identified in 2(c), specify all owner interest of the building owner in the facility and the policy making responsibilities as related to the facility's owners.

Please see the response to 4a above.

4c. Equipment Information

Note: Complete separate page for each owner of the Facility's equipment. Identify who holds title to the equipment of the facility.

Equipment Title Holder Name:	Courtland Gardens Health Center, Inc
Address 1:	680 S. Fourth St
Address 2:	
City, State, Zip Code:	Louisville, KY 40202

List all the equipment to which the owner holds title. If the facility or specified owner holds title to all equipment, indicate "All".

Courtland Gardens Health Center, Inc. owns all moveable equipment. Kindred Healthcare Operating, Inc. owns all fixed equipment permanently attached to the building.

If the above-named owner is not that same as that identified in 2(c), specify all owner interest of the building owner in the facility and the policy making responsibilities as related to the facility's owners.

Please see the response to 4a above.

5a. Submit the organization chart and a chart of legal corporate structure which identifies any relationship or affiliation with any parent or hold company, subsidiary of the facility and subsidiary of a parent or holding company.

Please see the Disclosure of Ownership and Control Interest Statement in Appendix 4.

5b. For each entity identified in 5a, above, identify:

Please see the Disclosure of Ownership and Control Interest Statement in Appendix 4.

Entity 1:

Name & Address:	
Form of Ownership:	
Ownership Interest in Facility:	

Type of Business Activity:	
Ownership Type:	

Entity 2:

Name & Address:	
Form of Ownership:	
Ownership Interest in Facility:	
Type of Business Activity:	
Ownership Type:	

Also indicate profit or non-for-profit.

II. Project Description

A. Summary

Provide a summary or overview of the project that includes the principal reason why the application should be approved.

Courtland Gardens Health Center (“Courtland Gardens”) has provided quality nursing care to the residents of southwest Connecticut under the current ownership since 1997. Over the last several years, the facility has operated at a financial loss as a result of continued cost and reimbursement challenges. As documented in the Medicaid cost reports filed annually with the state, Courtland Gardens lost \$2.5 million in 2007, \$3.5 million in 2008 and \$3.9 million in 2009. These are losses that Courtland Gardens cannot overcome or continue to sustain and still be able to maintain its commitment to quality care. A majority of the facility’s costs are associated with labor. Reducing staff at the facility is not an option, as doing so will compromise quality of care. Therefore, Courtland Gardens is unable to reduce costs to offset the substantial and ongoing losses experienced at the facility.

As a result of these challenges, in 2009 the applicant began exploring options for selling Courtland Gardens, focusing the search on potential buyers whose interest was to continue to operate it as a nursing center. Unfortunately, the applicant has not been able to find anyone willing to purchase Courtland Gardens for that purpose. Therefore, after having exhausted all viable options, the applicant decided to request permission to close the facility.

B. Linkages

Where the proposed service is intended as a regional resource or where other providers of care are integral to ensure an effective continuum of care, provide evidence of existing or proposed agreements/understandings with these providers.

Not applicable.

#1221 w/POC

 Courtland Gardens
Health Center
An Affiliate of Kindred Healthcare

*Doc
0-10-09*

*1/3 Hardcopy - Pam
Emailed - Mike & Glenn*

- F157D
- F225D
- F241D
- F281D
- F315D
- F303E
- F428D
- F441D

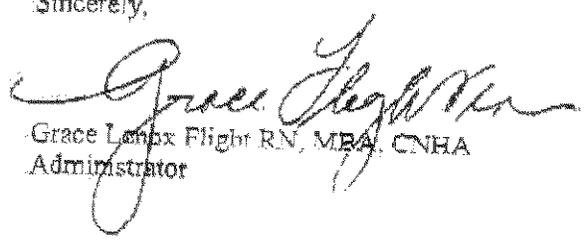
November 10, 2009

Rosella Crowley RN
Supervising Nurse Consultant
State of Connecticut
Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Rosella:

Enclosed find Courtland's Plan of Correction for deficiencies cited during our annual survey for October 30, 2009.

Sincerely,


Grace Lennox Flight RN, MBA, CNHA
Administrator

GLF/vy

153 Courtland Avenue Stamford, Connecticut 06902
203.351.8300 203.351.8301 Fax CT TDD/TTY# 800.833.9134

Received 1/3
See needed



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

IMPORTANT NOTICE - PLEASE READ CAREFULLY

November 2, 2009

Grace Flight, Administrator
Courtland Gardens Health Center
53 Courtland Ave
Stamford, CT 06902

Dear Ms. Flight:

On October 30, 2009 a survey and investigation were concluded at your facility by the State of Connecticut, Department of Public Health, Facility Licensing & Investigations Section to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency(ies) in your facility to be:

A pattern of deficiencies that constitute no actual harm with potential for than minimal harm that is not immediate jeopardy whereby corrections are required (E).

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

An Enforcement Cycle has been initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on the beginning survey of the Enforcement Cycle. Your Enforcement Cycles began with the October 30, 2009 survey. All surveys conducted after October 30, 2009 with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The enforcement cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an enforcement cycle. Facilities are expected to achieve and maintain continuous substantial compliance.

- ① F157-C
- ② F225-C
- ③ F241-D
- ④ F281-D
- ⑤ F315-D
- ⑥ F323-E
- ⑦ F428-D
- ⑧ F441-D



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Telephone Device for the Deaf (860) 509-7191
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P.O. Box 540308 Hartford, CT 06154
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Grace Flight
Courtland Gardens Health Care
Page 2

A Plan of Correction (PoC) for the deficiencies must be submitted by the 10th day after the facility receives its Statement of Deficiencies (Form CMS-2567). Your PoC serves as your written allegation of compliance. Failure to submit a signed and dated acceptable PoC by **November 15, 2009** may result in the imposition of the remedies listed below by the 20th day after the due date for submission of a PoC.

Each plan of correction must be written on the Statement of Deficiencies, with identification of the staff member by title who has been designated the responsibility for monitoring the individual plan of correction. A completion date is required for each item for each deficiency and shall be documented in the designated column.

The plan of correction for each deficiency shall include the following components:

- **What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**
- **What measures will be put into place or systemic changes made to ensure that the deficient practice does not recur; and,**
- **How the facility will monitor its corrective action(s) to ensure that the deficient practice will not recur, (i.e., what quality assurance or other program will be put into place to monitor the continued effectiveness of the systemic change).**
- **Identify the staff member, by title, who has been designated the responsibility for monitoring the individual plan of correction for each deficiency and the completion date for each component.**

Your facility has an "opportunity to correct" the deficiencies noted. Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) Regional Office and the State of Connecticut Department of Social Services if your facility has failed to achieve substantial compliance by **December 11, 2009**. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended or revised as appropriate, on **December 11, 2009**. A change in the seriousness of the deficiencies on **December 11, 2009** may result in a change of the remedy selected. When this occurs, you will be advised of any changes in remedy.

Grace Flight
Courtland Gardens Health Center
Page 3

The remedies which will be recommended if substantial compliance has not been achieved by **December 11, 2009** include the following:

- Civil money penalty will be recommended.

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance, the CMS Regional Office and the State of Connecticut Department of Social Services must deny payments for new admissions.

We are also recommending to the CMS Regional Office and State of Connecticut Department of Social Services that your provider agreement be terminated on **04/30/2010** if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with separate formal notification of that determination.

Allegation of Compliance

The Plan of Correction serves as your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State of Connecticut Department of Social Services will impose the previously recommended remedy(ies) at that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office and the State of Connecticut Department of Social Services beginning on **October 30, 2009** and to continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State of Connecticut Department of Social Services may impose a revised remedy(ies), based on changes in the seriousness of the noncompliance at the time of the revisit, if appropriate.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy), to this office. This request must be sent during the same 10 day

Grace Flight
Courtland Clarkson Health Centre
Page 4

period you have for submitting a PoC for the cited deficiencies. Informal dispute resolution may be accomplished by telephone, review of submitted documentation or a meeting held at the Department. An incomplete Informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution in no way is to be construed as a formal evidentiary hearing. It is an informal administrative process to discuss deficiencies. If you will be accompanied by counsel, you must indicate this in your request for informal dispute resolution. You will be advised in writing of the decision related to the informal dispute process.

Please return your response to the Supervising Nurse Consultant at State of Connecticut Department of Public Health, 410 Capitol Avenue, MS #12HSR, P.O. Box 340308, Hartford, CT 06134-0308 and direct your questions regarding other deficiencies and any questions concerning the instructions contained in this letter to the Supervising Nurse Consultant at (860) 509-7400.

Sincerely,

Rosella Crowley, R.N.
Supervising Nurse Consultant
Facility Licensing & Investigations Section

cc: CMS Regional Office
State of Connecticut Department of Social Services

Enclosure

Complaint # 9460, 9988

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
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NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY STATE, ZIP CODE 82 COURTLAND AVE STAMFORD, CT 06902
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157 SS=D	<p>483.10(b)(11) NOTIFICATION OF CHANGES</p> <p>A facility must immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record reviews and interviews for one of three residents reviewed for dental</p>	F 157		

See page 2 of 12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ DATE 11/10/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
	NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 55 COURTLAND AVE STAMFORD, CT 06902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157	Continued From page 1 services (R#185), the facility failed to follow up with the attending physician regarding the dental consultant's recommendations. The findings include: Resident #185's dental consult dated 8/6/09 identified that the resident complained of tenderness in tooth #82. The dentist recommended an appointment with an oral surgeon to extract the tooth. Nurse's notes dated 8/7/09 identified that the responsible party was notified of dentist's recommendations, and gave permission for the extraction. Interview and review of the clinical record on 10/29/09 at 2 PM with RN#1 noted that the physician had not been notified of the dentist's recommendations. Interview with MD#1 on 10/29/09 at 1 PM noted she had not been notified of the dentist's recommendations and would approve of the extraction had she been.	F 157	<i>This Plan of Correction is the center's credible allegation of compliance</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
F 225 S8=D	483.13(c)(1)(i)-(ii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law, or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and	F 225	*Resident # 184 continues to reside at the facility. His physician has cancelled the oral surgeon appointment. He is to be rechecked by the consulting dentist. * A house audit will be conducted to ensure that the attending physicians have been notified of recommendations given by the consulting dentist. * Licensed staff will be educated on notifying the attending physician of the consultant dentist recommendations * Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee * DNS /Designee will oversee compliance	12/1/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2009
NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	Continued From page 2 misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 225	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> F-225 *Resident # 211 continues to reside at the facility. The alleged mistreatment has been investigated and reported in accordance with State law. *Staff will be re-educated on reporting any mistreatment immediately to administration. Administration will be re-educated on thoroughly investigating the allegation and reporting it in accordance with State law *Random audits will be conducted monthly for 3 months results will be brought to the performance improvement committee * Administrator /Designee will over see compliance	12/11/09	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
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NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902
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F 225	Continued From page 3 Based on clinical record review, interviews, and review of facility documentation/investigation for one of three sampled residents with allegations of mistreatment (R#211), the facility failed to report and/or thoroughly investigate the resident's allegations. The findings include: During an interview on 10/27/09 at 10 AM, Resident #211 noted that a few weeks prior, the brother of a resident (who shared a common bathroom) had verbally threatened him/her after the resident had words with the resident for leaving the bathroom dirty. Interview and review of the facility investigation of the allegation with the ADCN on 10/29/09 at 2:16 PM and RN#2 at 2:41 PM noted that statements had not been obtained from the alleged perpetrator, the roommate, or specific information from R#211. R#211 also noted that the supervisor refused to call the police when asked, and did not call the police until R#211's family came in. Further review noted that the allegation had not been reported to the Department of Public Health.	F 225	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
F 241 SS=D	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on chart review, facility documentation and staff interviews for one of three sampled residents reviewed for complaints regarding staff treatment (R#74), the facility failed to ensure that staff	F 241	F-241 *Resident #74 continues to reside at the facility, and has suffered no ill effects' NA #1 has been terminated from employment *Staff will be re-educated on treating residents and other staff members in a dignified manner and will maintain a dignified environment in resident care areas *Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee * Administrator /Designee will over see compliance	12/11/09

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 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

KINDRED HEALTHCARE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2009
NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 241	Continued From page 4 maintained a dignified environment in resident care areas. The findings include: Resident #74's diagnoses included hypertension, schizo-affective disorder and convulsions. A minimum data set (MDS) dated 8/17/09 indicated R#74 had deficits in long term memory, moderately impaired cognition, was able to understand others, and had no difficulty being understood. The care plan (RCP) dated 6/30/08, most recently updated 8/15/09, indicated an alteration in psychosocial well being. Interventions included emotional support of appropriate personnel. A social service progress note dated 8/19/09 indicated the resident was present during an argument between the assistant director of nursing (ADNS) and a nursing assistant (NA) on 8/18/09 in the dining room. R#74 verbalized the situation made him/her feel uncomfortable and the resident was offered emotional support. During an interview on 10/28/09 at 10:50AM with the Administrator she noted indicated that on August 18, 2009, with R#74 in attendance, NA#1 became loud and insubordinate with the ADNS after receiving a verbal warning. R#74 was upset after the incident. During interview on 10/29/09 at 10:50AM with the ADNS noted that NA#1 had been very loud in the hallway and dining room and that she had tried to get NA#1 to lower her voice. During an interview on 10/29/09 at 11:05 AM with the Director of Social Services, she indicated that R#74 identified to her that he/she was overheard the incident with NA#1 and was upset.	F 241			
F 281 SS-D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality.	F 281			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
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NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902
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F 281	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record reviews, observations and interviews for 2 of 10 sampled residents observed for medication administration (R#35, 101), the facility failed to administer the correct medication as ordered for the resident, and/or failed to administer the medication in accordance with manufacturer's recommendations. The findings included:</p> <ol style="list-style-type: none"> During observation of medication administration for Resident #35 on 10/26/09 at 8:31 am, RN #5 was noted to remove one plastic ampule from a box identified as Albuterol Sulfate inhalation solution 0.083%, RN #5 proceeded to place the container back into the medication cart and prepared to administer the nebulizer to the resident. Subsequent to surveyor request to review the box containing the Albuterol again, RN#5 removed the container from cart and indicated that it belonged to another resident. She then removed Ipratropium Bromide 0.5/Albuterol 3.0 and prepared to administer it. <p>Resident #35's physician orders dated 10/25/09 directed to administer DuoNab (Ipratropium Bromide 0.5/Albuterol 3.0) four times a day for five (5) more days. According to Fundamentals of Nursing, Concepts, Process, and Practice, Sixth Edition, 2000, the five guidelines to ensure safe drug administration include the right drug, the right dose, the right client, the right route and the right time.</p> <ol style="list-style-type: none"> Resident #101's (R #101) diagnoses 	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the verity of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F-281 *Resident # 35 and #101 continues to reside at the facility. Neither resident suffered any ill effects. Both residents attending physicians have been notified. *RN #5 and RN #3 have been re-educated on the five guidelines to ensure safe drug administration.</p> <p>*Licensed staff will be re-educated on the five guidelines to ensure safe drug administration</p> <p>*Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee</p> <p>*DNS /Designee will oversee compliance</p>	12/11/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

KINDRED HEALTHCARE

PAGE 08
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 076081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
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NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 83 COURTLAND AVE STAMFORD, CT 06902
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 6 included benign prostatic hypertrophy, anemia, and macular degeneration. Physician orders dated 10/7/09 directed the administration of Flomax 0.4mg every day. Observation of medication administration on 10/26/09 at 8:00 AM noted RN #3 removed one Flomax 0.4mg capsule from a medication card labeled do not crush. RN #3 then opened the Flomax capsule and poured the contents into a cup of applesauce. At that time RN #3 administered the applesauce containing the medication to R #101. An interview on 10/26/09 at 9:10 AM with RN #3 indicated R #101 needed all of his medications crushed and did not think R #101 could take the Flomax capsule without opening it. Review of the Drug Information Handbook for Nursing 8th edition (2007) indicated that Flomax capsules should be swallowed whole; do not crush, chew, or open.	F 281		
F 315 SS=D	483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced	F 315		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2009
 FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
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NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 83 COURTLAND AVH STAMFORD, CT 06902
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F 315	<p>Continued From page 7</p> <p>by: Based on clinical record review, review of facility policies/procedures, and interviews for two of three sampled residents (R#22, 199) reviewed for continence decline since admission, the facility failed to complete bladder assessments and/or attempt to restore continence. The findings include:</p> <p>1. Resident #199's (R#199) diagnoses included left cerebrovascular accident with right sided hemiparesis. The initial MDS dated 8/17/09 identified that the resident had impaired cognition, required extensive assist with toileting, supervision with hygiene, and was continent of bladder.</p> <p>The quarterly assessment dated 8/17/09 identified that the resident's continence had declined to totally incontinent.</p> <p>Review of facility policy for bladder status evaluation directs the staff to assess an incontinent resident's continence status upon admission, annually and whenever there is a significant change in cognition or physical ability affecting the resident's continence status.</p> <p>Interview and review of the clinical record with unit manager on 10/29/09 at 12:10pm failed to provide documentation that the resident's decline in continence had been reassessed or that a toileting plan had been initiated.</p> <p>2. Resident #22 was admitted to the facility on 4/30/08 after hospitalization for a fall at home. The initial MDS dated 5/7/09 identified that the resident had impaired cognition, required total assist for toileting, extensive assist with personal</p>	F 315	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F-315</p> <ul style="list-style-type: none"> *Resident # 22 and #199 continues to reside at the facility. Both residents bladder assessments have been completed and their toileting plan has been initiated * A house audit will be conducted on residents who are incontinent to ensure their bladder assessment has been completed and a toileting plan in place *Licensed staff will be re-educated on the facility policy for bladder status evaluation * Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee *DNS /Designee will over see compliance 	12/11/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
	NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 8 hygiene, and was frequently incontinent of bladder. The initial bladder status evaluation was noted as incomplete with no signature, and/or conclusion documented. The care plan dated 4/30/09 identified a potential for alteration in skin integrity related to urinary incontinence. Interventions included toileting assistance as needed. Review of facility policy for Bladder status evaluation directs the staff to assess a resident's continence status upon admission, annually and whenever there is a significant change in cognition or physical ability affecting the resident's continence status. Interview and review of the clinical record with LPN #1 on 10/29/09 at 11:50am indicated that the facility policy for bladder assessments are completed on admission, readmission and when there is a decline in continence status. Further review of clinical record failed to provide documentation that a bladder assessment was initiated and/or completed when the resident was admitted or subsequently.	F 315		
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 323	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation or plan execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
--------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 8 Based on observations, the facility failed to safely charge an electric wheelchair away from resident areas, and/or failed to monitor and/or prevent the utilization of a electric extension cord, and/or failed to transfill oxygen in a safe manner. The findings included: 1. During tour of facility on 10/27/09 at 9:55 am, an electric wheelchair was observed plugged into a electrical wall outlet and charging in R#117's room. Further observation noted that an electric power extension cord was plugged into the same electric wall outlet. The electric extension cord was noted connected to a cell phone charger, that was hanging off of R#177 's bed side rail. 2. During tour of facility on 10/29/09 at 9:01 am, a staff member was observed transfilling oxygen with the oxygen room door open. The day supervisor, RN # 4, was observed at that time to direct the nurse aide to close the door while filling portable oxygen tanks. The facility policy failed to provide direction to staff to ensure safe filling of portable oxygen tanks.	F 323	F-323 * Resident # 117 continues to reside at the facility. His electric wheelchair is charged according to facility policy and his electrical extension power cord has been removed. * RN #4 has been re-educated on closing the door when filling portable oxygen. * A house audit will be conducted to ensure electrical wheelchairs are charged according to facility policy and there are no extension power cords * Staff will be re-educated on the facility policy for charging electric wheelchairs, extension power cords and the proper way to fill portable oxygen * Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee * DNS /Designee will over see compliance	12/1/09
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.	F 428		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2009
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 428	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on clinical record review, and interview for one of ten sampled residents (R#199) reviewed for unnecessary medications, the facility failed to act upon the pharmacy consultant's recommendations. The findings include: Resident #199's (R#199) diagnoses included right sided cerebrovascular accident with left sided hemiparesis. Physician orders dated 8/17/09 directed the staff to administer Zocor 40mg daily. Review of the Pharmacist Consultant's recommendations dated 8/22/09, 7/17/09, 9/2/09, and 10/10/09 noted the physician/staff should obtain a baseline liver function test related to the use of the medication Zocor. Clinical record review and interview with Unit Manager #1 on 10/29/09 at 12:30pm failed to provide documentation that baseline liver function tests were obtained and/or that the physician addressed the pharmacist's recommendations. Subsequent to surveyor inquiry the liver function tests were ordered by the APRN.	F 428	<i>This Plan of Correction is the owner's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> F-428 *Resident # 199 continues to reside at the facility. She has had her liver function test drawn *A house audit will be conducted to ensure pharmacist consultant's recommendations have been addressed by the APRN or attending physicians * Licensed staff will be re-educated on addressing the pharmacist recommendations with the APRN or attending physician * Random audits will be conducted monthly for 3 months. results will be brought to the performance improvement committee *DNS /Designee will oversee compliance	12/11/09
F 441 55=D	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as	F 441		

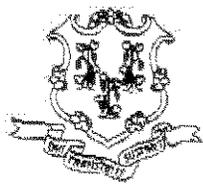
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2009
--------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER COURTLAND GARDENS HEALTH CENTE	STREET ADDRESS, CITY, STATE, ZIP CODE 53 COURTLAND AVE STAMFORD, CT 06902
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	<p>Continued From page 11</p> <p>isolation should be applied to an individual resident and maintains a record of incidents and corrective actions related to infections.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure that respiratory equipment was properly identified. The findings included:</p> <p>Observation of medication administration on 10/26/09 at 6:31 am noted Resident #35's nebulizer machine and tubing were next to the roommate's nebulizer machine on the other side of room. Neither machine was identified with resident names and the tubing additionally lacked a date and/or resident identification.</p> <p>During an interview with RN#6 on 10/30/09 at 10:16 am, she indicated that each nebulizer and tubing should be identified with the resident's name to prevent cross contamination.</p>	F 441	<p>This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F-441</p> <ul style="list-style-type: none"> * Resident # 35 continues to reside at the facility. The residents respiratory equipment has been properly identified * A house audit will be conducted to ensure all respiratory equipment is properly labeled * Staff will be re-educated on labeling residents respiratory equipment * Random audits will be conducted monthly for 3 months, results will be brought to the performance improvement committee * DNS /Designee will over see compliance 	12/11/09



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 9, 2010

Grace Flight, Administrator
Courtland Gardens Health Center
53 Courtland Ave
Stamford, CT 06902

1221

Re: Provider Number: 075061

Dear Ms. Flight:

Enclosed find your copy of the January 25, 2010 "Follow-up Revisit" to the October 30, 2009 survey and investigation. The deficiencies noted on this visit were corrected at the time of the follow-up. We recommend that you retain this report for your records.

Sincerely,

Rosalla Crowley, RN
Supervising Nurse Consultant
Facility Licensing & Investigations Section

RAC/bh



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 075061	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/25/2010
-------------------------------------------------------------------	------------------------------------------------------	-----------------------------------

Name of Facility COURTLAND GARDENS HEALTH CENTE	Street Address, City, State, Zip Code 53 COURTLAND AVE STAMFORD, CT 06902
----------------------------------------------------	---------------------------------------------------------------------------------

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0157 ✓ Reg. # 483.10(b)(11) LSC	Correction Completed 12/11/2009	ID Prefix F0225 ✓ Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC	Correction Completed 12/11/2009	ID Prefix F0241 ✓ Reg. # 483.15(a) LSC	Correction Completed 12/11/2009
ID Prefix F0281 ✓ Reg. # 483.20(k)(3)(i) LSC	Correction Completed 12/11/2009	ID Prefix F0315 ✓ Reg. # 483.25(d) LSC	Correction Completed 12/11/2009	ID Prefix F0323 ✓ Reg. # 483.25(h) LSC	Correction Completed 12/11/2009
ID Prefix F0428 ✓ Reg. # 483.80(c) LSC	Correction Completed 12/11/2009	ID Prefix F0441 ✓ Reg. # 483.65(a) LSC	Correction Completed 12/11/2009	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____	Reviewed By <u>KMP</u>	Date: <u>1/27/10</u>	Signature of Surveyor: <u>Lida Bayona RNC/KMP</u>	Date: <u>1/25/10</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 10/30/2009 Survey w/Invest Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26584, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 075061	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/25/2010
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Name of Facility COURTLAND GARDENS HEALTH CENTE	Street Address, City, State, Zip Code 53 COURTLAND AVE STAMFORD, CT 06902
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 12/11/2009	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency Reviewed By CMS RO	Reviewed By <i>KUP</i> Reviewed By	Date: 1/27/10 Date:	Signature of Surveyor: <i>Lida Bajerera, RNC / KUP</i> Signature of Surveyor:	Date: 1/25/10 Date:
------------------------------------------------------	------------------------------------------	---------------------------	-------------------------------------------------------------------------------------	---------------------------

Followup to Survey Completed on 10/30/2009 - Survey w/ Invest	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

Appendix 2
 Courtland Gardens Health Center - Resident Primary ICD-9 Report
 May 2010

ICD-9 Code	Description	Patient Count
53.9	HERPES ZOSTER NOS	1
70.7	HPT C W/O HEPAT COMA NOS	1
88.81	LYME DISEASE	1
141.9	MALIG NEO TONGUE NOS	1
233.4	CA IN SITU PROSTATE	1
244.9	HYPOTHYROIDISM NOS	2
250	DMII WO CMP NT ST UNCNTR	3
250.01	DMI WO CMP NT ST UNCNTRL	1
250.5	DMII OPHTH NT ST UNCNTRL	1
276.5	HYPVOLEMIA	1
278	OBESITY NOS	1
290	SENILE DEMENTIA UNCOMP	2
290.1	PRESENILE DEMENTIA	1
294.1	DEMENTIA W/O BEHAV DIST	3
294.11	DEMENTIA W BEHAVIOR DIST	6
294.8	MENTAL DISOR NEC OTH DIS	5
295.34	PARAN SCHIZO-CHR/EXACERB	1
295.7	SCHIZOAFFECTIVE DISORDER	4
295.9	SCHIZOPHRENIA NOS-UNSPEC	1
295.92	SCHIZOPHRENIA NOS-CHR	1
296.7	BIPOLOR I CURRENT NOS	1
303.93	ALCOH DEP NEC/NOS-REMISS	2
323.9	ENCEPHALITIS NOS	1
331	ALZHEIMER'S DISEASE	3
332.1	SECONDARY PARKINSONISM	1
362.5	MACULAR DEGENERATION NOS	1
401.9	HYPERTENSION NOS	1
414	COR ATH UNSP VSL NTV/GFT	2
414.01	CRNRY ATHRSCL NATVE VSSL	1
414.9	CHR ISCHEMIC HRT DIS NOS	1
427.31	ATRIAL FIBRILLATION	1
427.32	ATRIAL FLUTTER	1
427.9	CARDIAC DYSRHYTHMIA NOS	1
428	CHF NOS	2
431	INTRACEREBRAL HEMORRHAGE	1
434.91	CRBL ART OCL NOS W INFRC	2
436	CVA	10
437.8	CEREBROVASC DISEASE NEC	1
438.21	LATE EF-HEMPLGA DOM SIDE	1
438.22	LATE EF-HEMIPLGA NON-DOM	1
451.19	DEEP PHLEBITIS-LEG NEC	1
486	PNEUMONIA, ORGANISM NOS	3
491.21	OBS CHR BRONC W(AC) EXAC	1
493.2	EXT ASTHMA W(ACUTE) EXAC	1
496	CHR AIRWAY OBSTRUCT NEC	1
507	FOOD/VOMIT PNEUMONITIS	1
519.8	RESP SYSTEM DISEASE NEC	1
562.11	DVRTCLI COLON W/O HMRHG	1

Courtland Gardens Health Center - Resident Primary ICD-9 Report

May 2010

Page 2

ICD-9 Code	Description	Patient Count
567.22	PERITONEAL ABSCESS	1
572.3	PORTAL HYPERTENSION	1
575	ACUTE CHOLECYSTITIS	1
577	ACUTE PANCREATITIS	1
578.1	BLOOD IN STOOL	1
578.9	GASTROINTEST HEMORR NOS	1
584.9	ACUTE RENAL FAILURE NOS	1
585.6	CHRONIC RENAL FAILURE	1
586	RENAL FAILURE NOS	1
598.9	URETHRAL STRICTURE NOS	1
599	URIN TRACT INFECTION NOS	3
625.3	DYSMENORRHEA	1
682.6	CELLULITIS OF LEG	3
707.05	DECUBITUS ULCER,BUTTOCK	1
707.13	ULCER OF ANKLE	1
716.9	ARTHROPATHY NOS-UNSPEC	1
724	SPINAL STENOSIS NOS	2
724.02	SPINAL STENOSIS-LUMBAR	1
728.87	MUSCLE WEAKNESS	1
733	OSTEOPOROSIS NOS	1
780.01	COMA	1
780.2	SYNCOPE AND COLLAPSE	1
780.39	CONVULSIONS NEC	1
780.79	MALaise AND FATIGUE NEC	1
780.97	Altered mental status	1
783.7	FAILURE TO THRIVE-ADULT	2
820.8	FX NECK OF FEMUR NOS-CL	1
823.8	FX TIBIA NOS-CLOSED	1
825.21	FX ASTRAGALUS-CLOSED	1
995.1	ANGIONEUROTIC EDEMA	1
V43.64	JOINT REPLACED HIP	1
v45.01	RENAL DIALYSIS STATUS	2
v54.16	AFTRCRE TRAUM FX LOW LEG	1
V54.23	AFTERCARE PATH FX HIP	1
V54.89	ORTHOPEDIC AFTERCARE NEC	1
V57.89	REHABILITATION PROC NEC	26
V58.78	AFTRCRE SURG MS SYST NEC	2
Total		153

Appendix 3
 Nursing Home Census - 25 Miles Surrounding Courtland Gardens Health Center
 DSS Survey May 13-20, 2010

Town	Facility	Licensed Beds	Census	Available Beds
Stamford	Courtland Gardens Health Care Center	162	129	33
Stamford & Contiguous				
Greenwich	Connecticut Health of Greenwich	75	74	1
Greenwich	Greenwich Woods Health Care Center	217	196	21
Greenwich	Nathaniel Witherell	202	186	16
New Canaan	Waveny Care Center	76	73	3
Stamford	Long Rdge of Stamford	120	102	18
Stamford	Saint Camillus Health Center	124	108	16
Stamford	Smith House Skilled Nursing Faciltiy	128	119	9
Stamford	William & Sally Tandet Center for Cont. Care	130	108	22
	Subtotal	1,072	966	106
	With Courtland Gardens		129	-129
	Total	1,072	1,095	-23
Stamford + 10 Miles				
Norwalk	Honey Hill Care Center	150	146	4
Norwalk	Notre Dame Conv. Home	60	60	0
Norwalk	Paradigm Healthcare Center Norwalk	150	136	14
Ridgefield	Laurel Ridge Health Care Center	126	120	6
Southport	Connecticut Health of Southport	120	115	5
Westport	Westport Health Care Center	120	102	18
Wilton	Lourdes Health Care Center	40	38	2
Wilton	Wilton Meadows Health Care Center	148	142	6
	Subtotal	1,986	1,825	161
	With Courtland Gardens		129	-129
	Total	1,986	1,954	32
	Occupancy		98.4%	
Stamford + 15 Miles				
Fairfield	Cambridge Manor	160	153	7
Fairfield	Carolton Chronic and Conv. Hospital	229	203	26
Fairfield	Jewish Home for the Elderly of Fiarfield	360	355	5
Fairfield	Ludlowe Center	144	134	10
	Subtotal	2,879	2,670	209
	With Courtland Gardens		129	-129
	Total	2,879	2,799	80
	Occupancy		97.2%	
Stamford + 20 Miles				
Bridgeport	Astoria Park	135	120	15
Bridgeport	Bridgeport Health Care Center	240	236	4
Bridgeport	Bridgeport Manor	240	208	32
Bridgeport	Northbridge Health Care Center	145	143	2
Trumbull	Maefair Health Care Center	134	130	4
Trumbull	Saint Joseph's Manor	274	260	14
	Subtotal	4,047	3,767	280
	With Courtland Gardens		129	-129
	Total	4,047	3,896	151
	Occupancy		96.3%	
Stamford + 25 Miles				
Danbury	Pope John Paul II Center for Health Care	141	138	3
Danbury	Filosa Nursing and Rehab	64	63	1
Danbury	Hancock Hall	96	89	7
Danbury	Danbury Health Care Center	180	159	21
Danbury	Glen Hill Care & Rehab	100	87	13
	Subtotal	4,628	4,303	325
	With Courtland Gardens		129	-129
	Total	4,628	4,432	196
	Occupancy		95.8%	

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

(a) Name of Entity Courtland Gardens Health Center, Inc.	Provider No. 07-5061	Vendor No.	Telephone No. 203-351-8300
d/b/a Courtland Gardens Health Center	City, County, State Stamford, Fairfield, CT		Zip Code 06902
Street Address 53 Courtland Avenue			

II. Answer the following questions by checking "Yes" or "No". If any of the questions are answered "Yes", list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

(a) Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by titles XVIII, XIX, or XX?

Yes No

(b) Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by titles XVIII, XIX, or XX?

Yes No

(c) Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

Yes No

III. (a) List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN
	SEE ATTACHED EXHIBIT I	

(b) Type of Entity: Sole Proprietorship Partnership Corporation
 Unincorporated Associations Other (Specify)

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for the corporations under Remarks.

SEE ATTACHED EXHIBIT II

Check appropriate box for each of the following questions:

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers.

Yes No

SEE ATTACHED EXHIBIT III

Name	Address	Provider Number
	COURTLAND GARDENS HEALTH CENTER, INC. is a wholly-owned subsidiary of Kindred Healthcare, Inc. Attached is a list of hospitals and nursing centers owned, leased and/or managed by Kindred Healthcare, Inc. and its subsidiaries.	

IV. (a) Has there been a change in ownership or control within the last year?
If, yes, when? _____ Yes No

(b) Do you anticipate any change of ownership or control within the year?
If, yes, when? _____ Yes No

(c) Do you anticipate filing for bankruptcy within the year?
If, yes, when? _____ Yes No

V. Is this facility operated by a management company, or leased in whole or part by another organization?
If yes, give date of change in operations _____ Yes No

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?
 Yes No

VII. (a) Is this facility chain affiliated? (If yes, list name, address of Corporation, and EIN)
Name Kindred Healthcare, Inc. EIN# 61-1323993 Yes No

Address 880 South Fourth Street
Louisville, KY 40202

VII. (b) If the answer to Question VII.a. is No, was the facility ever affiliated with a chain?
(If yes, list Name Address of Corporation, and EIN) Yes No

Name _____ EIN# _____
Address _____

VIII. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years?
 Yes No
If yes, give year of change _____
Current beds _____ Prior beds _____

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR THE SECRETARY, AS APPROPRIATE.

Name of Authorized Representative (Typed)	Title
Grace Flight DR. GLENN BOULET	Administrator Director of Nursing
Signature	Date
	01/21/2009

Remarks

LISTING OF INDIVIDUALS OR ORGANIZATIONS HAVING DIRECT OR INDIRECT
CONTROLLING INTEREST IN DISCLOSING ENTITY

The disclosing entity is Kindred Healthcare, Inc. (EIN: 61-1323993), or one of its wholly-owned subsidiaries:

Kindred Healthcare Operating Inc. (EIN: 52-2085484) and its wholly-owned subsidiaries:

Foothill Nursing Company Partnership, a California general partnership (EIN: 91-1473634)

Kindred Nursing Centers West, LLC (50% General Partner)

Kindred Nursing Centers Limited Partnership (50% General Partner)

Fox Hill Village Partnership, a Massachusetts general partnership

Kindred Healthcare Operating, Inc. - 50% general partner

The MGH Health Services Corporation - 50% general partner

Hillhaven-MSO Partnership, a California general partnership (EIN: 93-1023838) composed of:

Kindred Hospitals West, LLC (50% General Partner)

Kindred Nursing Centers West, LLC (50% General Partner)

J. B. Thomas Hospital, Inc. (EIN: 04-3209212)

Kindred Hospitals East, L.L.C. (EIN: 52-2085555) and its wholly owned subsidiaries:

Goddard Nursing, L.L.C. (EIN: 20-3618957)

Kindred Braintree Hospital, L.L.C (EIN: 20-3618938)

Kindred Development 17, L.L.C. (EIN: 20-3329727)

Kindred Hospital Palm Beach, L.L.C. (EIN: 20-3329716)

Kindred Hospital-Springfield, L.L.C. (EIN: 20-3329924)

Kindred Hospital - Pittsburgh - North Shore, LLC (EIN: 20-2822240)

Kindred Hospital - Toledo, L.L.C. (EIN: 20-2821971)

Springfield Park View Hospital, L.L.C. (EIN: 20-3618921)

Kindred Hospitals West, L.L.C. (EIN: 52-2085556)

Kindred Hospitals Limited Partnership, a Delaware limited partnership (EIN: 52-2085561) composed of:

Kindred Hospitals West, LLC (98% Limited Partner, 1% General Partner)

Kindred Nursing Centers Limited Partnership (1% General Partner)

Kindred Nevada, L.L.C. (EIN: 52-2085559)

Kindred Nursing Centers East, L.L.C. (EIN: 52-2085557) and its wholly owned subsidiaries:

Avery Manor Nursing, L.L.C. (EIN: 20-3618851)

Braintree Nursing, L.L.C. (EIN: 20-3618766)

Country Estates Nursing, L.L.C. (EIN: 20-3618740)

Forestview Nursing, L.L.C (EIN: 20-3618900)

Greens Nursing and Assisted Living, L.L.C. (EIN: 20-2822083)

Harborlights Nursing Center L.L.C. (EIN: 20-3618878)

Highgate Nursing, L.L.C. (EIN: 20-3618795)

Highlander Nursing, L.L.C. (EIN: 20-3618815)

Laurel Lake Health and Rehabilitation, L.L.C. (EIN: 20-3618836)

Massachusetts Assisted Living, L.L.C. (EIN: 20-3618679)

Meadows Nursing, L.L.C. (EIN: 20-3618984)

Tower Hill Nursing, L.L.C. (EIN: 20-3618774)

Kindred Nursing Centers Limited Partnership, a Delaware limited partnership (EIN: 52-2085562) composed of:

Kindred Nursing Centers East, L.L.C. (98% Limited Partner, 1% General Partner)

Kindred Hospitals Limited Partnership (1% General Partner)

Starr Farm Partnership, a Vermont general partnership

Kindred Nursing Centers East, L.L.C. - 50% general partner

Fletcher Allen Skilled Nursing, L.L.C. - 50% general partner

Kindred Nursing Centers West, L.L.C. (EIN: 52-2085558) and its wholly owned subsidiaries:

Maine Assisted Living, L.L.C. (EIN: 20-3618707)

California Nursing Centers, L.L.C. (EIN: 20-4454493)

Bayberry Care Center, L.L.C. (EIN: 20-4454621)

Care Center of Rossmoor, L.L.C. (EIN: 20-4454602)

Greenbrae Care Center, L.L.C. (EIN: 20-4454677)

Medical Hill Rehab Center, L.L.C. (EIN: 20-4454548)

Pacific Coast Care Center, L.L.C. (EIN: 20-4454527)

Siena Care Center, L.L.C. (EIN: 20-4454646)

Smith Ranch Care Center, L.L.C. (EIN: 20-4454574)

Ygnacio Valley Care Center, L.L.C. (EIN: 20-4454714)

KND Development 51, L.L.C. (EIN: 26-0717557)

Lafayette Health Care Center, Inc. (EIN: 58-1815590)

PersonaCare of Connecticut, Inc. (EIN: 06-1152293) and its wholly-owned subsidiaries:

Courtland Gardens Health Center, Inc. (EIN: 06-1149454)

PersonaCare of Georgia, Inc. (EIN: 58-2182891)

PersonaCare of Huntsville, Inc. (EIN: 52-1846556)

PersonaCare of Ohio, Inc. (EIN: 34-1708224)

PersonaCare of Pompano East, Inc. (EIN: 65-0549911)

EXHIBIT I – Kindred Healthcare, Inc. (Continued)
LISTING OF INDIVIDUALS OR ORGANIZATIONS HAVING DIRECT OR INDIRECT
CONTROLLING INTEREST IN DISCLOSING ENTITY

PersonaCare of Reading, Inc. (EIN: 52-1831134)
PersonaCare of Shreveport, Inc. (EIN: 58-2182892)
PersonaCare of Wisconsin, Inc. (EIN: 39-1718735)
Tucker Nursing Center, Inc. (EIN: 58-1218686)
Specialty Healthcare Services, Inc. (EIN: 75-2663189) and its wholly-owned subsidiaries:
 Southern California Specialty Care, Inc. (EIN: 95-4494847)
 Specialty Hospital of Cleveland, Inc. (EIN: 34-1901793)
 Specialty Hospital of Philadelphia, Inc. (EIN: 52-2166228)
 Specialty Hospital of South Carolina, Inc. (EIN: 57-1064023)
THC - Chicago, Inc. (EIN: 36-3915965) and its wholly-owned subsidiary:
 THC - North Shore, Inc. (EIN: 61-1316854)
THC - Houston, Inc. (EIN: 75-2504884)
THC - Orange County, Inc. (EIN: 33-0629983)
THC - Seattle, Inc. (EIN: 91-1637321)
Transitional Hospitals Corporation of Indiana, Inc. (EIN: 35-1896219)
Transitional Hospitals Corporation of Louisiana, Inc. (EIN: 72-1224577)
Transitional Hospitals Corporation of Nevada, Inc. (EIN: 88-0304473)
Transitional Hospitals Corporation of New Mexico, Inc. (EIN: 85-0415191)
Transitional Hospitals Corporation of Tampa, Inc. (EIN: 59-3170069)
Transitional Hospitals Corporation of Texas, Inc. (EIN: 75-2451969)
Transitional Hospitals Corporation of Wisconsin, Inc. (EIN: 39-1766624)

EXHIBIT I – Kindred Healthcare, Inc. (Continued)
LISTING OF INDIVIDUALS OR ORGANIZATIONS HAVING DIRECT OR INDIRECT
CONTROLLING INTEREST IN DISCLOSING ENTITY
Ownership of Common Stock of Kindred Healthcare, Inc. as of March 1, 2010

<u>Name of Beneficial Owner</u>	<u>Address</u>	<u>Percentage</u>
DIRECTORS, NOMINEES AND NAMED EXECUTIVE OFFICERS		
Joel Ackerman	undisclosed	less than 1%
Frank J. Battafarano	undisclosed	less than 1%
Ann C. Berzin	undisclosed	less than 1%
Jonathan D. Blum	undisclosed	less than 1%
Lane M. Bowen	undisclosed	less than 1%
Benjamin A. Breier	undisclosed	less than 1%
Thomas P. Cooper, M.D.	undisclosed	less than 1%
Paul J. Diaz	undisclosed	2.8%
Isaac Kaufman	undisclosed	less than 1%
Frederick J. Kleisner	undisclosed	less than 1%
Edward L. Kuntz	undisclosed	less than 1%
Richard A. Lechleiter	undisclosed	less than 1%
Eddy J. Rogers, Jr.	undisclosed	less than 1%
Phyllis R. Yale	undisclosed	less than 1%
All Directors and Executive Officers as a Group		7.2%
OTHER SECURITY HOLDERS WITH MORE THAN 5% OWNERSHIP		
BlackRock, Inc.	40 East 52nd Street New York, NY 10022	8.5%
Dimensional Fund Advisors LP	Palisades West, Building One 6300 Bee Cave Road Austin, TX 78746	8.4%
Franklin Mutual Advisers, LLC	101 John F. Kennedy Parkway Short Hills, NJ 07078	6.4%
Wellington Management Company, LLP	75 State Street Boston, MA 02109	5.5%

(updated 4/2/10)

Courtland Gardens Health Center, Inc.
680 South Fourth Street
Louisville, KY 40202-2407
(502) 596-7300
EIN: 06-1149454

Directors

Lane M. Bowen	Director
Richard E. Chapman	Director
Richard A. Lechleiter	Director

Title

Officers

Douglas J. Abell Jr.	Vice President and Corporate Counsel
Steven M. Ager	Vice President, Business Development, Health Services Division
William M. Altman	Senior Vice President of Strategy and Public Policy
Pamela Athanas	Vice President, Clinical Operations, East Region, Health Services Division
Frank J. Battafarano	Chief Operating Officer
Barbara L. Baylis	Senior Vice President, Clinical and Residential Services, Health Services Division
Kimberly A. Beach	Vice President, Operational Systems; Health Services Division
Michael W. Beal	Senior Vice President, East Region, Health Services Division
Michael J. Bean	Vice President, Tax Planning
Lane M. Bowen	Executive Vice President and President, Health Services Division
Sally L. Brooks M.D.	Vice President and Medical Director, Health Services Division
Lore W. Brownson	Vice President, Health Services Division and Peoplefirst Counsel
Otto J. Bruning	Vice President, Facilities Management, Health Services Division
Richard E. Chapman	Executive Vice President and Chief Administrative and Information Officer
Peter D. Corless	Senior Vice President, Human Resources and Administration, Health Services Division
Douglas L. Curnutte	Vice President, Facilities and Real Estate Development
Richard T. Denning	Vice President, Operations, West Region, Health Services Division
Edward J. Goddard	Vice President, Labor Relations
C. Michael Grannan	Vice President, Purchasing
Dennis J. Hansen	Vice President, Reimbursement, Health Services Division
Bennett S. Hoffman	Vice President, Finance, Central Region, Health Services Division
Gloria S. Jelinek	Vice President, Regulatory and Quality Management, Health Services Division
Scott M. Juetten	Vice President and Controller, Health Services Division
Keith K. Krein	Senior Vice President and Chief Medical Officer, Health Services Division
Joseph L. Landenwich	Senior Vice President, Corporate Legal Affairs and Corporate Secretary
Richard A. Lechleiter	Executive Vice President and Chief Financial Officer
Wayne W. Mackey	Vice President, Human Resources, Health Services Division
Gregory C. Miller	Senior Vice President, Development and Financial Planning
Christopher J. Murphy	Senior Vice President, Central Region, Health Services Division
Mary K. Owens	Vice President, Clinical Operations, West Region, Health Services Division
David B. Pearce	Vice President and Chief Counsel, Health Services Division
Russell D. Ragland	Senior Vice President, Finance, Health Services Division
M. Suzanne Riedman	Senior Vice President and General Counsel
Hank Robinson	Senior Vice President, Tax and Treasurer
Arthur L. Rothgerber	Senior Vice President, Reimbursement
George H. Schaefer	Vice President, Sales and Marketing, Health Services Division
Barry T. Somervell	Senior Vice President, Sales and Marketing, Health Services Division
Donna J. Sroczynski	Vice President, Clinical Operations, Central Region, Health Services Division
Darlene A. Thompson	Vice President, Clinical Information Systems and Training, Health Services Division
Joseph F. Weglarz	Vice President, Finance East Region, Health Services Division
Kathleen M. Wiljanen	Vice President of Managed Care

Title

EXHIBIT III

Kindred Healthcare Hospitals and Nursing Centers As of: 03/31/10					
<u>State</u>	<u>Count</u>	<u>Fac. #</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>
AL		791	Whitesburg Gardens Health Care Center	105 Teakwood Drive	Huntsville, AL 35801
AL		824	Specialty Healthcare & Rehabilitation Center of Mobile	1758 Springhill Avenue	Mobile, AL 36607
AL		1227	Big Springs Specialty Care Center	500 St. Clair Avenue SW	Huntsville, AL 35801
TOTAL AL	3				
AZ		4511	Kindred Hospital Arizona - Northwest Phoenix	13216 N. Plaza Del Rio Blvd.	Peoria, AZ 85381
AZ		4656	Kindred Hospital - Arizona - Phoenix	40 East Indianola Avenue	Phoenix, AZ 85012
AZ		4658	Kindred Hospital - Tucson	355 North Wilmot Road	Tucson, AZ 85711
AZ		4826	Kindred Hospital - Arizona - Scottsdale	11250 N. 92nd Street	Scottsdale, AZ 85260
AZ		743	Desert Life Rehabilitation and Care Center	1919 West Medical St.	Tucson, AZ 85704
AZ		796	Hacienda Rehabilitation and Care Center	660 South Coronado Drive	Sierra Vista, AZ 85635
AZ		851	Villa Campana Health Care Center	6651 East Carondelet Drive	Tucson, AZ 85710
AZ		853	Kachina Point Health Care and Rehabilitation Center	505 Jacks Canyon Road	Sedona, AZ 86351
TOTAL AZ	8				
CA		4895	Kindred Hospital - Los Angeles	5525 West Slauson Avenue	Los Angeles, CA 90056
CA		4807	Kindred Hospital - Ontario	550 North Monterey Avenue	Ontario, CA 91764
CA		4842	Kindred Hospital - Westminster	200 Hospital Circle	Westminster, CA 92683
CA		4809	Kindred Hospital - Sacramento	223 Fargo Way	Folsom, CA 95630
CA		4848	Kindred Hospital - San Diego	1940 El Cajon Boulevard	San Diego, CA 92104
CA		4822	Kindred Hospital - San Francisco Bay Area	2800 Benedict Drive	San Leandro, CA 94577
CA		4644	Kindred Hospital - Brea	875 North Brea Boulevard	Brea, CA 92821
CA		4823	Kindred Hospital - La Mirada	14900 E. Imperial Highway	La Mirada, CA 90638
CA		4824	Kindred Hospital - San Gabriel Valley	845 North Lark Ellen	West Covina, CA 91791
CA		4825	Kindred Hospital - Santa Ana	1901 N. College Avenue	Santa Ana, CA 92706
CA		148	Village Square Nursing and Rehabilitation Center	1586 West San Marcos Boulevard	San Marcos, CA 92078
CA		150	The Tunnell Center for Rehabilitation & Healthcare	1359 Pine Street	San Francisco, CA 94109
CA		162	Nineteenth Avenue Healthcare Center	2043 19th Avenue	San Francisco, CA 94116
CA		167	Canyonwood Nursing and Rehab Center	2120 Benton Drive	Redding, CA 96003
CA		205	Hacienda Care Center	76 Fenton Street	Livermore, CA 94550
CA		275	Fifth Avenue Health Care Center	1601 Fifth Avenue	San Rafael, CA 94901
CA		335	Lawton Healthcare Center	1575 7th Avenue	San Francisco, CA 94122
CA		350	Valley Gardens Health Care & Rehabilitation Center	1517 E. Knickerbocker Drive	Stockton, CA 95210
CA		368	Santa Cruz Healthcare Center	1115 Capitola Road	Santa Cruz, CA 95062
CA		600	Care Center of Rossmoor	1224 Rossmoor Parkway	Walnut Creek, CA 94595-2501
CA		601	Bayberry Care Center	1800 Adobe Street	Concord, CA 94520-2313
CA		602	Greenbrae Care Center	1220 South Eliseo Drive	Greenbrae, CA 94904-2006
CA		603	Medical Hill Rehabilitation Center	475 29th Street	Oakland, CA 94609-3510

Kindred Healthcare		Hospitals and Nursing Centers			As of: 03/31/10	
<u>State</u>	<u>Count</u>	<u>Fac. #</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>	
CA		605	Pacific Coast Care Center	720 East Romie Lane	Salinas, CA 93901-4208	
CA		606	Smith Ranch Care Center	1550 Silveira Parkway	San Rafael, CA 94903-4879	
CA		607	Ygnacio Valley Care Center	1449 Ygnacio Valley Road	Walnut Creek, CA 94598-2932	
CA		608	Siena Care Center	11600 Education Street	Auburn, CA 95603-2468	
CA		738	Bay View Nursing and Rehabilitation Center	516 Willow Street	Alameda, CA 94501	
CA		909	Golden Gate Healthcare Center	2707 Pine Street	San Francisco, CA 94115	
CA		911	Victorian Healthcare Center	2121 Pine Street	San Francisco, CA 94115	
CA		981	Foothill Nursing and Rehabilitation Center	401 West Ada Avenue	Glendora, CA 91741	
TOTAL CA	31					
CO		4665	Kindred Hospital - Denver	1920 High Street	Denver, CO 80218	
CO		744	Cherry Hills Health Care Center	3575 South Washington Street	Englewood, CO 80110	
CO		745	Aurora Care Center	10201 East Third Avenue	Aurora, CO 80010	
CO		859	Malley Healthcare and Rehabilitation Center	401 Malley Drive	Northglenn, CO 80233	
CO		873	Brighton Care Center	2025 East Egbert Street	Brighton, CO 80601	
TOTAL CO	5					
CT		562	Andrew House Healthcare	66 Clinic Drive	New Britain, CT 06051	
CT		563	The Crossings West Campus	89 Viets Street	New London, CT 06320	
CT		566	Windsor Rehabilitation and Healthcare Center	581 Poquonock Avenue	Windsor, CT 06095	
CT		567	The Crossings East Campus	78 Viets Street Extension	New London, CT 06320	
CT		568	Parkway Pavilion Healthcare	1157 Enfield Street	Enfield, CT 06082	
CT		1221	Courtland Gardens Health Center	53 Courtland Avenue	Stamford, CT 06902	
TOTAL CT	6					
FL		4508	Kindred Hospital Ocala	1500 SW 1st Avenue, 5th Floor	Ocala, FL 34474	
FL		4559	Kindred Hospital The Palm Beaches	5555 W. Blue Heron Boulevard	Riviera Beach, FL 33418-7813	
FL		4602	Kindred Hospital - South Florida - Coral Gables	5190 Southwest Eighth Street	Coral Gables, FL 33134	
FL		4611	Kindred Hospital - Bay Area St. Petersburg	3030 6th Street South	St. Petersburg, FL 33705	
FL		4640	Kindred Hospital - Bay Area - Tampa	4555 South Manhattan Avenue	Tampa, FL 33611	
FL		4645	Kindred Hospital - South Florida Ft. Lauderdale	1516 East Las Olas Boulevard	Ft. Lauderdale, FL 33301	
FL		4652	Kindred Hospital - North Florida	801 Oak Street	Green Cove Springs, FL 32043	
FL		4674	Kindred Hospital - Central Tampa	4801 North Howard Avenue	Tampa, FL 33603	
FL		4812	Kindred Hospital Melbourne	765 West Nasa Boulevard	Melbourne, FL 32901	
FL		4876	Kindred Hospital - South Florida - Hollywood	1859 Van Buren Street	Hollywood, FL 33020	
TOTAL FL	10					
GA		4670	Kindred Hospital - Atlanta	705 Juniper Street NE	Atlanta, GA 30308	

Kindred Healthcare					
Hospitals and Nursing Centers					
As of: 03/31/10					
<u>State</u>	<u>Count</u>	<u>Fac. #</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>
GA		155	Savannah Rehabilitation & Nursing Center	815 East 63rd Street	Savannah, GA 31405
GA		645	Specialty Care of Marietta	26 Tower Road NE	Marietta, GA 30060
GA		660	Savannah Specialty Care Center	11800 Abercorn Street	Savannah, GA 31419
GA		1228	Lafayette Nursing and Rehab Center	110 Brandywine Boulevard	Fayetteville, GA 30214
TOTAL GA	5				
ID		216	Boise Health and Rehabilitation Center	1001 South Hilton Street	Boise, ID 83705
ID		217	Caldwell Care Center	210 Cleveland Boulevard	Caldwell, ID 83605
ID		218	Canyon West Health and Rehabilitation Center	2814 South Indiana Avenue	Caldwell, ID 83605
ID		221	Lewiston Rehabilitation & Care Center	3315 8th Street	Lewiston, ID 83501
ID		222	Nampa Care Center	404 North Horton Street	Nampa, ID 83651
ID		223	Weiser Rehabilitation & Care Center	331 East Park Street	Weiser, ID 83672
ID		225	Aspen Park Healthcare	420 Rowe Street	Moscow, ID 83843
ID		409	Mountain Valley Care & Rehabilitation Center	601 W. Cameron Avenue	Kellogg, ID 83837
TOTAL ID	8				
IL		4690	Kindred Hospital - Chicago (Northlake Campus)	365 East North Avenue	Northlake, IL 60164
IL		4637	Kindred Hospital - Chicago (North Campus)	2544 West Montrose Avenue	Chicago, IL 60618
IL		4615	Kindred Hospital - Sycamore	225 Edward Street	Sycamore, IL 60178
IL		4667	Kindred - Chicago - Central Hospital	4058 West Melrose Street	Chicago, IL 60641
IL		4871	Kindred - Chicago - Lakeshore	6130 North Sheridan Road	Chicago, IL 60660
TOTAL IL	5				
IN		4638	Kindred Hospital - Indianapolis	1700 West 10th Street	Indianapolis, IN 46222
IN		4672	Kindred Hospital - Indianapolis South	607 S. Greenwood Springs Drive	Greenwood, IN 46143
IN		111	Rolling Hills Health Care Center	3625 St. Joseph Road	New Albany, IN 47150
IN		112	Royal Oaks Health Care and Rehabilitation Center	3500 Maple Avenue	Terre Haute, IN 47804
IN		113	Southwood Health & Rehabilitation Center	2222 Margaret Avenue	Terre Haute, IN 47802
IN		131	Harrison Health and Rehabilitation Centre	150 Beechmont Drive	Corydon, IN 47112
IN		194	Eagle Creek Health and Rehabilitation Center	4102 Shore Drive	Indianapolis, IN 46254
IN		199	Sellersburg Health and Rehabilitation Centre	7823 Old Highway #60	Sellersburg, IN 47172
IN		204	Angel River Health and Rehabilitation	5233 Rosebud Lane	Newburgh, IN 47630
IN		209	Valley View Health Care Center	333 West Mishawaka Road	Elkhart, IN 46517
IN		213	Wildwood Health Care Center	7301 E. 16th Street	Indianapolis, IN 46219
IN		224	Regency Place of Castleton	5226 E. 82nd Street	Indianapolis, IN 46250
IN		232	Regency Place of Dyer	2300 Great Lakes Drive	Dyer, IN 46311
IN		240	Regency Place of Greenwood	377 Westridge Boulevard	Greenwood, IN 46142
IN		269	Meadowvale Health and Rehabilitation Center	1529 W. Lancaster Street	Bluffton, IN 46714
IN		288	Indian Creek Health and Rehabilitation Center	240 Beechmont Drive	Corydon, IN 47112

Kindred Healthcare					
Hospitals and Nursing Centers					
As of: 03/31/10					
<u>State</u>	<u>Count</u>	<u>Fac. #</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>
IN		290	Bremen Health Care Center	316 Woodies Lane	Bremen, IN 46506
IN		294	Windsor Estates Health & Rehab Center	429 West Lincoln Road	Kokomo, IN 46902
IN		402	Regency Place of Fort Wayne	6006 Brandy Chase Cove	Ft. Wayne, IN 46815
IN		403	Regency Place of Greenfield	200 Green Meadows Drive	Greenfield, IN 46140
IN		404	Regency Place of Lafayette	300 Windy Hill Drive	Lafayette, IN 47905
IN		405	Regency Place of South Bend	52654 N. Ironwood Road	South Bend, IN 46635
IN		406	Muncie Health & Rehabilitation Center	4301 North Walnut Street	Muncie, IN 47303
IN		407	Parkwood Health Care Center	1001 North Grant Street	Lebanon, IN 46052
IN		694	Wedgewood Healthcare Center	101 Potters Lane	Clarksville, IN 47129
IN		780	Columbus Health and Rehabilitation Center	2100 Midway	Columbus, IN 47201
TOTAL IN	26				
KY		4633	Kindred Hospital - Louisville	1313 St. Anthony Place	Louisville, KY 40204
KY		4502	Kindred Hospital - Louisville at Jewish Hospital	200 Abraham Flexner Way, 2nd Fl Frazier Inst.	Louisville, KY 40202
KY		248	Liberty Care Center	616 Wallace Wilkinson Blvd, PO Box 1435	Liberty, KY 42539
KY		271	Heritage Manor Healthcare Center	401 Indiana Avenue	Mayfield, KY 42066
KY		277	Rosewood Health Care Center	550 High Street	Bowling Green, KY 42101
KY		278	Oakview Nursing and Rehabilitation Center	10456 U.S. Highway 62	Calvert City, KY 42029
KY		280	Fountain Circle Health and Rehabilitation	200 Glenway Road	Winchester, KY 40391
KY		281	Riverside Manor Healthcare Center	190 East Highway 136, Box 39	Calhoun, KY 42327
KY		282	Maple Manor Health Care Center	515 Greene Drive	Greenville, KY 42345
KY		781	Bashford East Health Care	3535 Bardstown Road	Louisville, KY 40218
KY		782	Danville Centre for Health and Rehabilitation	642 North 3rd Street	Danville, KY 40422
KY		784	Northfield Centre for Health and Rehabilitation	6000 Hunting Road	Louisville, KY 40222
KY		785	Hillcrest Health Care Center	3740 Old Hartford Road	Owensboro, KY 42303
KY		787	Woodland Terrace Health Care Facility	1117 Woodland Drive	Elizabethtown, KY 42701
KY		864	Harrodsburg Health Care Center	853 Lexington Road	Harrodsburg, KY 40330
TOTAL KY	15				
LA		4666	Kindred Hospital - New Orleans	3601 Coliseum Street	New Orleans, LA 70115
TOTAL LA	1				
ME		544	Augusta Rehabilitation Center	188 Eastern Avenue	Augusta, ME 04330
ME		545	Eastside Rehabilitation and Living Center	516 Mt. Hope Avenue	Bangor, ME 04401
ME		546	Winship Green Nursing Center	51 Winship Street	Bath, ME 04530
ME		547	Brewer Rehabilitation and Living Center	74 Parkway South	Brewer, ME 04412
ME		549	Kennebunk Nursing and Rehabilitation Center	158 Ross Road	Kennebunk, ME 04043
ME		550	Norway Rehabilitation and Living Center	29 Marion Avenue	Norway, ME 04268
ME		554	Westgate Manor	750 Union Street	Bangor, ME 04401

Kindred Healthcare					
Hospitals and Nursing Centers					
As of: 03/31/10					
<u>State</u>	<u>Count</u>	<u>Fac. #</u>	<u>Name</u>	<u>Street Address</u>	<u>City/State/Zip Code</u>
ME		555	Brentwood Rehabilitation and Nursing Center	370 Portland Street	Yarmouth, ME 04096
TOTAL ME	8				
MA		4688	Kindred Hospital - Boston	1515 Commonwealth Avenue	Boston, MA 02135
MA		4673	Kindred Hospital - Boston North Shore	15 King Street	Peabody, MA 01960
MA		4528	Kindred Hospital Park View	1400 State Street	Springfield, MA 01109
MA		4516	Kindred Hospital Park View - Central Massachusetss	111 Huntoon Memorial Hwy., 1st Floor	Rochdale, MA 01542
MA		4521	Kindred Hospital Northeast - Natick	67 Union Street, 6th Floor	Natick, MA 01760
MA		4526	Kindred Hospital Northeast - Stoughton	909 Sumner Street, 1st Floor	Stoughton, MA 02072
MA		4515	Kindred Hospital Northeast - Waltham	9 Hope Avenue, 4th Floor	Waltham, MA 02453
MA		198	Harrington House Nursing and Rehabilitation Center	160 Main Street	Walpole, MA 02081
MA		327	Laurel Ridge Rehabilitation and Nursing Center	174 Forest Hills Street	Jamaica Plain, MA 02130
MA		501	Blue Hills Alzheimer's Care Center	1044 Park Street	Stoughton, MA 02072
MA		503	Brigham Manor Nursing and Rehabilitation Center	77 High Street	Newburyport, MA 01950
MA		506	Presentation Nursing & Rehabilitation Center	10 Bellamy Street	Brighton, MA 02135
MA		507	Country Rehabilitation and Nursing Center	180 Low Street	Newburyport, MA 01950
MA		508	Crawford Skilled Nursing and Rehabilitation Center	273 Oak Grove Avenue	Fall River, MA 02723
MA		513	Hallmark Nursing and Rehabilitation Center	1123 Rockdale Avenue	New Bedford, MA 02740
MA		514	Sachem Skilled Nursing & Rehabilitation Center	66 Central Street	East Bridgewater, MA 02333
MA		516	Hammersmith House Nursing Care Center	73 Chestnut Street	Saugus, MA 01906
MA		517	Oakwood Rehabilitation and Nursing Center	11 Pontiac Avenue	Webster, MA 01570
MA		518	Timberlyn Heights Nursing and Rehabilitation Center	320 Maple Avenue	Great Barrington, MA 01230
MA		526	The Eliot Healthcare Center	168 West Central Street	Natick, MA 01760
MA		529	Bolton Manor Nursing and Rehabilitation Center	400 Bolton Street	Marlborough, MA 01752
MA		532	Hillcrest Nursing and Rehabilitation Center	94 Summer Street	Fitchburg, MA 01420
MA		534	Country Gardens Skilled Nursing & Rehabilitation Center	2045 Grand Army Highway	Swansea, MA 02777
MA		537	Quincy Rehabilitation & Nursing Center	11 McGrath Highway	Quincy, MA 02169
MA		539	Newton & Wellesley Alzheimer Center	694 Worcester Street	Wellesley, MA 02482
MA		541	Westborough Health Care Center	5 Colonial Drive	Westborough, MA 01581
MA		542	Den-Mar Rehabilitation and Nursing Center	44 South Street	Rockport, MA 01966
MA		573	Eagle Pond Rehabilitation and Living Center	One Love Lane	South Dennis, MA 02660
MA		581	Blueberry Hill Skilled Nursing & Rehabilitation Center	75 Brimbal Avenue	Beverly, MA 01915
MA		582	Colony House Nursing and Rehabilitation Center	277 Washington Street	Abington, MA 02351
MA		584	Franklin Skilled Nursing and Rehabilitation Center	130 Chestnut Street	Franklin, MA 02038
MA		585	Great Barrington Rehabilitation and Nursing Center	148 Maple Avenue	Great Barrington, MA 01230

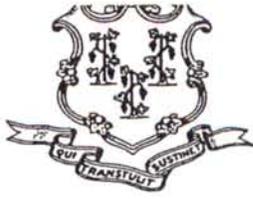
Kindred Healthcare					
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MA		587	River Terrace Healthcare	1675 N. Main Street	Lancaster, MA 01523
MA		588	Walden Rehabilitation and Nursing Center	785 Main Street	Concord, MA 01742
MA		680	Country Estates of Agawam	1200 Suffield Street	Agawam, MA 01001
MA		681	Highgate Manor Center for Health and Rehabilitation	10 CareMatrix Drive	Dedham, MA 02026
MA		682	Avery Manor	100 West Street	Needham, MA 02494
MA		683	Tower Hill Center for Health and Rehabilitation	One Meadowbrook Way	Canton, MA 02021
MA		684	Harborlights Rehabilitation and Nursing Center	804 East 7th Street	South Boston, MA 02127
MA		685	Braintree Manor Rehabilitation and Nursing Center	1102 Washington Street	Braintree, MA 02184
MA		686	Forestview Nursing Home of Wareham	50 Indian Neck Road	Wareham, MA 02571
MA		687	Highlander Rehabilitation and Nursing Center	1748 Highland Avenue	Fall River, MA 02720
MA		688	Laurel Lake Center for Health and Rehabilitation	620 Laurel Street	Lee, MA 01238
MA		689	The Meadows Rehabilitation and Nursing Center	111 Huntoon Memorial Hwy.	Rochdale, MA 01542
MA		693	Goddard Rehabilitation and Nursing Center	909 Sumner Street, 2nd & 3rd Floors	Stoughton, MA 02072
MA		949	Ledgewood Rehabilitation and Skilled Nursing Center	87 Herrick Street	Beverly, MA 01915
MA		975	Seacoast Nursing and Rehabilitation Center	292 Washington Street	Gloucester, MA 01930
MA		983	Clark House Nursing Center at Fox Hill Village	30 Longwood Drive	Westwood, MA 02090
TOTAL MA	48				
MO		4612	Kindred Hospital - Kansas City	8701 Troost Avenue	Kansas City, MO 64131
MO		4680	Kindred Hospital - St. Louis	4930 Lindell Boulevard	St. Louis, MO 63108
MO		4504	Kindred Hospital - St. Louis - St. Anthony's	10018 Kennerly Road, 3rd Floor, Hyland Bldg. B	St. Louis, MO 63128
MO		263	Ozark Mountain Regional Healthcare Center	509 Meadowlark Avenue	Crane, MO 65633
MO		265	Tablerock Healthcare	276 Fountain Lane	Kimberling City, MO 65686
TOTAL MO	5				
MT		416	Park Place Health Care Center	1500 32nd Street South	Great Falls, MT 59405
MT		433	Parkview Acres Care and Rehabilitation Center	200 Oregon Street	Dillon, MT 59725
TOTAL MT	2				
NJ		4501	Kindred Hospital New Jersey - Morris County	400 W. Blackwell Street	Dover, NJ 07801
NJ		4506	Kindred Hospital New Jersey - Rahway	865 Stone Street, 4th Floor	Rahway, NJ 07065
NJ		4509	Kindred Hospital New Jersey - Wayne	224 Hamburg Turnpike, 6th Floor	Wayne, NJ 07470
TOTAL NJ	3				
NM		4664	Kindred Hospital - Albuquerque	700 High Street, N.E.	Albuquerque, NM 87102
TOTAL NM	1				

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NV		4647	Kindred Hospital - Las Vegas (Sahara Campus)	5110 West Sahara Avenue	Las Vegas, NV 89146
NV		4801	Kindred Hospital Las Vegas - Flamingo Campus	2250 East Flamingo Road	Las Vegas, NV 89119
NV		4505	Kindred Hospital - Las Vegas at Desert Springs Hospital	2075 East Flamingo Road, Fifth Floor	Las Vegas, NV 89119
NV		640	Las Vegas Healthcare and Rehabilitation Center	2832 S. Maryland Parkway	Las Vegas, NV 89109
NV		641	Torrey Pines Care Center	1701 South Torrey Pines Drive	Las Vegas, NV 89146-2999
TOTAL NV	5				
NH		591	Dover Rehabilitation and Living Center	307 Plaza Drive	Dover, NH 03820
NH		592	Greenbriar Terrace Healthcare	55 Harris Road	Nashua, NH 03062
NH		593	Hanover Terrace Healthcare	49 Lyme Road	Hanover, NH 03755
TOTAL NH	3				
NC		4662	Kindred Hospital - Greensboro	2401 Southside Boulevard	Greensboro, NC 27406
NC		116	Pettigrew Rehabilitation and Healthcare Center	1515 West Pettigrew Street	Durham, NC 27705
NC		137	Sunnybrook Healthcare and Rehabilitation Specialists	25 Sunnybrook Road	Raleigh, NC 27610
NC		143	Raleigh Rehabilitation and Healthcare Center	616 Wade Avenue	Raleigh, NC 27605
NC		146	Rose Manor Healthcare Center	4230 North Roxboro Road	Durham, NC 27704
NC		188	Cypress Pointe Rehabilitation and Health Care Centre	2006 South 16th Street	Wilmington, NC 28401
NC		191	Silas Creek Manor	3350 Silas Creek Parkway	Winston-Salem, NC 27103
NC		193	Rehabilitation and Healthcare Center of Alamance	779 Woody Dr.	Graham, NC 27253
NC		307	Lincoln Nursing Center	1410 East Gaston Street	Lincolnton, NC 28092
NC		704	Guardian Care of Roanoke Rapids	305 Fourteenth Street	Roanoke Rapids, NC 27870
NC		706	Guardian Care of Henderson	280 S. Beckford Drive	Henderson, NC 27536
NC		707	Rehabilitation and Nursing Center of Monroe	1212 Sunset Drive	Monroe, NC 28112
NC		711	Kinston Rehabilitation and Healthcare Center	907 Cunningham Road	Kinston, NC 28501
NC		713	Guardian Care of Zebulon	509 West Gannon Avenue	Zebulon, NC 27597
NC		717	Guardian Care of Scotland Neck	920 Junior High School Road	Scotland Neck, NC 27874
NC		718	Guardian Care of Ahoskie	604 Stokes Street East	Ahoskie, NC 27910
NC		723	Guardian Care of Rocky Mount	160 South Winstead Avenue	Rocky Mount, NC 27804
NC		724	Rehabilitation and Health Center of Gastonia	416 North Highland Street	Gastonia, NC 28052
NC		726	Guardian Care of Elizabeth City	901 S. Halstead Boulevard	Elizabeth City, NC 27909
NC		806	Chapel Hill Rehabilitation and Healthcare Center	1602 East Franklin Street	Chapel Hill, NC 27514
TOTAL NC	20				
OH		4805	Kindred Hospital - Cleveland - Gateway	2351 East 22nd Street, 7th Floor	Cleveland, OH 44115
OH		4542	Kindred Hospital - Cleveland	11900 Fairhill Road	Cleveland, OH 44120
OH		4500	Kindred Hospital - Dayton	One Elizabeth Place, 6th Floor	Dayton, OH 45417-3445

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OH		237	Newark Healthcare Centre	75 McMillen Drive	Newark, OH 43055	
OH		560	Franklin Woods Nursing and Rehabilitation Center	2770 Clime Road	Columbus, OH 43223	
OH		569	Chillicothe Nursing & Rehabilitation Center	60 Marietta Road	Chillicothe, OH 45601	
OH		570	Pickerington Nursing & Rehabilitation Center	1300 Hill Road North	Pickerington, OH 43147	
OH		571	Logan Health Care Center	300 Arlington Road	Logan, OH 43138	
OH		572	Winchester Place Nursing and Rehabilitation Center	36 Lehman Drive	Canal Winchester, OH 43110	
OH		577	Minerva Park Nursing and Rehabilitation Center	5460 Cleveland Avenue	Columbus, OH 43231	
OH		634	Cambridge Health & Rehabilitation Center	1471 Wills Creek Valley Drive	Cambridge, OH 43725	
OH		635	Coshocton Health & Rehabilitation Center	100 S. Whitewoman Street	Coshocton, OH 43812	
OH		792	The Greens Nursing and Rehabilitation Center	1575 Brainard Road	Lyndhurst, OH 44124	
OH		868	Lebanon Country Manor	700 Monroe Road	Lebanon, OH 45036	
OH		870	Community Healthcare Center	175 Community Drive	Marion, OH 43302	
OH		1229	The LakeMed Nursing and Rehabilitation Center	70 Normandy Drive	Painesville, OH 44077	
TOTAL OH	16					
OK		4618	Kindred Hospital - Oklahoma City	1407 North Robinson Avenue	Oklahoma City, OK 73103	
OK		4507	Kindred Hospital - Oklahoma City - South	2129 SW 59th Street, 2nd Floor	Oklahoma City, OK 73119	
TOTAL OK	2					
OR		452	Sunnyside Care Center	4515 Sunnyside Road SE	Salem, OR 97302	
OR		453	Medford Rehabilitation and Healthcare Center	625 Stevens Street	Medford, OR 97504	
TOTAL OR	2					
PA		4510	Kindred Hospital Philadelphia - Havertown	2000 Old West Chester Pike	Havertown, PA 19083	
PA		4614	Kindred Hospital - Philadelphia	6129 Palmetto Street	Philadelphia, PA 19111	
PA		4619	Kindred Hospital - Pittsburgh	7777 Steubenville Pike	Oakdale, PA 15071	
PA		4806	Kindred Hospital - Delaware County	1500 Lansdowne Avenue, 6th Floor	Darby, PA 19023	
PA		4802	Kindred Hospital - Wyoming Valley	575 North River Street, Seventh Floor	Wilkes Barre, PA 18764	
PA		4817	Kindred Hospital at Heritage Valley	1000 Dutch Ridge Road, Floor 2	Beaver, PA 15009	
PA		4541	Kindred Hospital Pittsburgh - North Shore	1004 Arch Street	Pittsburgh, PA 15212-5235	
PA		1237	Wyomissing Nursing and Rehabilitation Center	1000 E. Wyomissing Boulevard	Reading, PA 19611	
TOTAL PA	8					
RI		1224	Chestnut Terrace Nursing and Rehabilitation Center	100 Wampanoag Trail	Riverside, RI 02915	
RI		1231	Oak Hill Nursing and Rehabilitation Center	544 Pleasant Street	Pawtucket, RI 02860	
TOTAL RI	2					

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SC		4804	Kindred Hospital - Charleston	326 Calhoun Street, 3rd Floor	Charleston, SC 29401
TOTAL SC	1				
TN		4628	Kindred Hospital - Chattanooga	709 Walnut Street	Chattanooga, TN 37402
TN		4868	Kindred Hospital - Nashville	1412 County Hospital Road	Nashville, TN 37218
TN		132	Madison Healthcare and Rehabilitation Center	431 Larkin Springs Road	Madison, TN 37115
TN		177	Loudon Healthcare Center	1520 Grove Street	Loudon, TN 37774
TN		187	Maryville Healthcare and Rehabilitation Center	1012 Jamestown Way	Maryville, TN 37803
TN		189	Fairpark Healthcare Center	307 N. 5th Street	Maryville, TN 37804
TN		274	Smith County Health Care Center	112 Healthcare Drive	Carthage, TN 37030
TN		789	Northhaven Health Care Center	3300 North Broadway	Knoxville, TN 37917
TN		822	Primacy Healthcare and Rehabilitation Center	6025 Primacy Parkway	Memphis, TN 38119
TN		884	Masters Health Care Center	278 Dry Valley Road	Algood, TN 38506
TOTAL TN	10				
TX		4610	Kindred Hospital - Dallas	9525 Greenville Avenue	Dallas, TX 75243
TX		4660	Kindred Hospital - Mansfield	1802 Highway 157 North	Mansfield, TX 76063
TX		4668	Kindred Hospital - Fort Worth	815 Eighth Avenue	Fort Worth, TX 76104
TX		4685	Kindred Hospital - Houston	6441 Main Street	Houston, TX 77030
TX		4635	Kindred Hospital - San Antonio	3636 Medical Drive	San Antonio, TX 78229
TX		4649	Kindred Hospital - Tarrant County (Arlington Campus)	1000 North Cooper Street	Arlington, TX 76011
TX		4653	Kindred Hospital - Tarrant County (Fort Worth Southwest Campus)	7800 Oakmont Boulevard	Fort Worth, TX 76132
TX		4654	Kindred Hospital (Houston Northwest Campus)	11297 Fallbrook Drive	Houston, TX 77065
TX		4657	Kindred Hospital (Bay Area Campus)	1004 Seymour Street	Pasadena, TX 77506
TX		4686	Kindred Hospital - White Rock	9440 Poppy Drive	Dallas, TX 75218
TX		4803	Kindred Hospital - Corpus Christi	6226 Saratoga Blvd.	Corpus Christi, TX 78414
TOTAL TX	11				
UT		140	Wasatch Care Center	3430 Harrison Boulevard	Ogden, UT 84403
UT		230	Crosslands Rehabilitation & Healthcare Center	575 East 11000 South	Sandy, UT 84070
UT		247	St. George Care and Rehabilitation Center	1032 East 100 South	St. George, UT 84770
UT		655	Federal Heights Rehabilitation and Nursing Center	41 South Ninth East	Salt Lake City, UT 84102
TOTAL UT	4				
VT		559	Birchwood Terrace Healthcare	43 Starr Farm Road	Burlington, VT 05401
VT		995	Starr Farm Nursing Center	98 Starr Farm Road	Burlington, VT 05401
TOTAL VT	2				

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VA		4529	Kindred Hospital - Richmond	2220 Edward Holland Drive	Richmond, VA 23230
VA		825	Nansemond Pointe Rehabilitation and Healthcare Center	200 W. Constance Road	Suffolk, VA 23434
VA		826	Harbour Pointe Medical and Rehabilitation Center	1005 Hampton Boulevard	Norfolk, VA 23507
VA		829	River Pointe Rehabilitation and Healthcare Center	4142 Bonney Road	Virginia Beach, VA 23452
VA		842	Bay Pointe Medical and Rehabilitation Center	1148 First Colonial Road	Virginia Beach, VA 23454
TOTAL VA	5				
WA		4643	Kindred Hospital - Seattle	10631 8th Avenue NE	Seattle, WA 98125
WA		114	Arden Rehabilitation and Healthcare Center	16357 Aurora Avenue North	Seattle, WA 98133
WA		127	Northwest Continuum Care Center	128 Beacon Hill Drive	Longview, WA 98632
WA		158	Bellingham Health Care and Rehabilitation Services	1200 Birchwood Avenue	Bellingham, WA 98225
WA		165	Rainier Vista Care Center	920 12th Avenue SE	Puyallup, WA 98372
WA		168	Lakewood Healthcare Center	11411 Bridgeport Way SW	Lakewood, WA 98499
WA		180	Vancouver Health and Rehabilitation Center	400 East 33rd Street	Vancouver, WA 98663
WA		462	Queen Anne Healthcare	2717 Dexter Avenue North	Seattle, WA 98109
TOTAL WA	8				
WI		4663	Kindred Hospital - Milwaukee	5017 South 110th Street	Greenfield, WI 53228
WI		289	San Luis Medical and Rehabilitation Center	2305 San Luis Place	Green Bay, WI 54304
WI		765	Eastview Medical and Rehabilitation Center	729 Park Street	Antigo, WI 54409
WI		766	Colonial Manor Medical and Rehabilitation Center	1010 East Wausau Avenue	Wausau, WI 54403
WI		767	Colony Oaks Care Center	601 Briarcliff Drive	Appleton, WI 54915
WI		769	North Ridge Medical and Rehabilitation Center	1445 North 7th Street	Manitowoc, WI 54220
WI		770	Vallhaven Care Center	125 Byrd Avenue	Neenah, WI 54956
WI		771	Kennedy Park Medical & Rehabilitation Center	6001 Alderson Street	Schofield, WI 54476
WI		773	Mount Carmel Medical and Rehabilitation Center	677 East State Street	Burlington, WI 53105
WI		774	Mt. Carmel Health and Rehabilitation Center	5700 West Layton Avenue	Milwaukee, WI 53220
WI		775	Sheridan Medical Complex	8400 Sheridan Road	Kenosha, WI 53143
WI		776	Woodstock Health and Rehabilitation Center	3415 Sheridan Road	Kenosha, WI 53140
WI		1216	Middleton Village Nursing and Rehabilitation Center	6201 Elmwood Avenue	Middleton, WI 53562
TOTAL WI	13				
WY		441	Mountain Towers Healthcare and Rehabilitation Center	3128 Boxelder Drive	Cheyenne, WY 82001
WY		481	South Central Wyoming Healthcare and Rehabilitation	542 16th Street	Rawlins, WY 82301
WY		482	Wind River Healthcare and Rehabilitation Center	1002 Forest Drive	Riverton, WY 82501
WY		483	Sage View Care Center	1325 Sage Street	Rock Springs, WY 82901
TOTAL WY	4				



State of Connecticut
Office of Secretary of the State

I, Pauline R. Kezer Secretary of the State of Connecticut, and
keeper of the seal thereof,

Do Hereby Certify, that the certificate of incorporation
of COURTLAND GARDENS HEALTH CENTER, INC. as
a STOCK corporation under the Connecticut General
Statutes of the State of Connecticut was filed in this office
on SEPTEMBER 30, 1985; AND; that insofar as the records of
this office reveal, this corporation is in existence and in good
standing.



In Testimony Whereof, I have hereunto

set my hand and affixed the Great Seal of the State of
Connecticut, at Hartford, this 14 day of APRIL
1992.

Pauline R. Kezer

Secretary of the State

CERTIFICATE OF INCORPORATION
OF
COURTLAND GARDENS HEALTH CENTER, INC.

The undersigned, as incorporator under the Stock Corporation Act of the State of Connecticut, certifies as follows:

FIRST. The name of the corporation is Courtland Gardens Health Center, Inc.

SECOND. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be formed under the Stock Corporation Act of the State of Connecticut.

THIRD. The designation of each class of shares, the authorized number of shares of each such class and the par value of each share thereof, are as follows:

The corporation shall have one (1) class of stock designated as Common Stock and consisting of five thousand (5,000) authorized shares. Each share of Common Stock shall be without par value.

FOURTH. The terms, limitations and relative rights and preferences of each class of shares and series thereof, or an express grant of authority to the board of directors pursuant to Section 33-341(b) of the Connecticut Stock Corporation Act are as follows:

None

FIFTH. The minimum amount of stated capital with which the corporation shall commence business is One Thousand Dollars (\$1,000.00).

SIXTH. The duration of this corporation is unlimited.

Dated at Hartford, Connecticut, this 30th day of September, 1985.

I hereby declare, under the penalties of false statement, that the statements made in the foregoing certificate are true.

Willard F. Pinney, Jr.
Willard F. Pinney, Jr.
Incorporator

FILED
STATE OF CONNECTICUT

SEP 30 1985

Gilda H. Tachian

SECRETARY OF THE STATE

by MAM Time 2:45 A.M. P.M.

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MURTHA, CULLINA, RICHTER and PINNEY
101 PEARL STREET — P. O. BOX 3197
HARTFORD, CONNECTICUT 06103