



Michael Fine, MD, Director

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VIA ELECTRONIC MAIL

26 June 2013

Dennis J. Keefe
President & CEO
Care New England Health Systems
45 Willard Avenue
Providence, RI 02905

Michael G. Tauber, Esq.
Hinckley, Allen & Snyder, LLP
50 Kennedy Plaza, Suite 1500
Providence, RI 02903

Dear Mr. Keefe and Mr. Tauber:

Attached is the final *Report of the Committee of the Health Services Council on the applications of Care New England Health System for changes in effective control of The Memorial Hospital and Memorial Hospital Home Care* (Report) that was adopted by the Health Services Council on 25 June 2013.

The Rhode Island Department of Health accepts the recommendation of the Health Services Council and hereby approves the applications and adopts the attached Report in its entirety.

Approval and implementation of these applications will result in the termination of (1) the existing hospital license issued to The Memorial Hospital d/b/a Memorial Hospital of Rhode Island and the issuance of a new hospital license to The Memorial Hospital d/b/a Memorial Hospital of Rhode Island, and (2) the existing home nursing care provider license issued to The Memorial Hospital d/b/a Memorial Hospital Home Care and the issuance of a new home nursing care provider to The Memorial Hospital d/b/a Memorial Hospital Home Care, which would ultimately be owned by Care New England Health Systems, as identified in the Report.

Additionally, please complete the attached license applications for 'Hospital' and 'Home Nursing Care Provider' at least two weeks in advance of the closing in order to implement the changes in effective control in a timely manner. Please contact the Office of Facilities Regulations at (401) 222-2566 with regards to any questions regarding these license applications.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Fine".

Michael Fine, MD
Director of Health

Attachment

REPORT OF THE COMMITTEE
OF THE
HEALTH SERVICES COUNCIL
ON THE APPLICATIONS OF
CARE NEW ENGLAND HEALTH SYSTEM
FOR CHANGES IN EFFECTIVE CONTROL OF
THE MEMORIAL HOSPITAL AND
MEMORIAL HOSPITAL HOME CARE

Project Review Committee-II

Victoria Almeida (Ex-Officio)
John J. Barry
Raymond C. Coia, Esq.
Steven R. DeToy
Joseph L. Dowling
Maria R. Gil
Catherine E. Graziano, RN, PhD
Robert Hamel, RN
Jeanette S. Matrone, RN, PhD
Daniel Orgel, MPA
Denise Panichas
Reverend David Shire (Ex-Officio)

Submitted to the
Health Services Council
25 June 2013

Adopted by the
Health Services Council
25 June 2013

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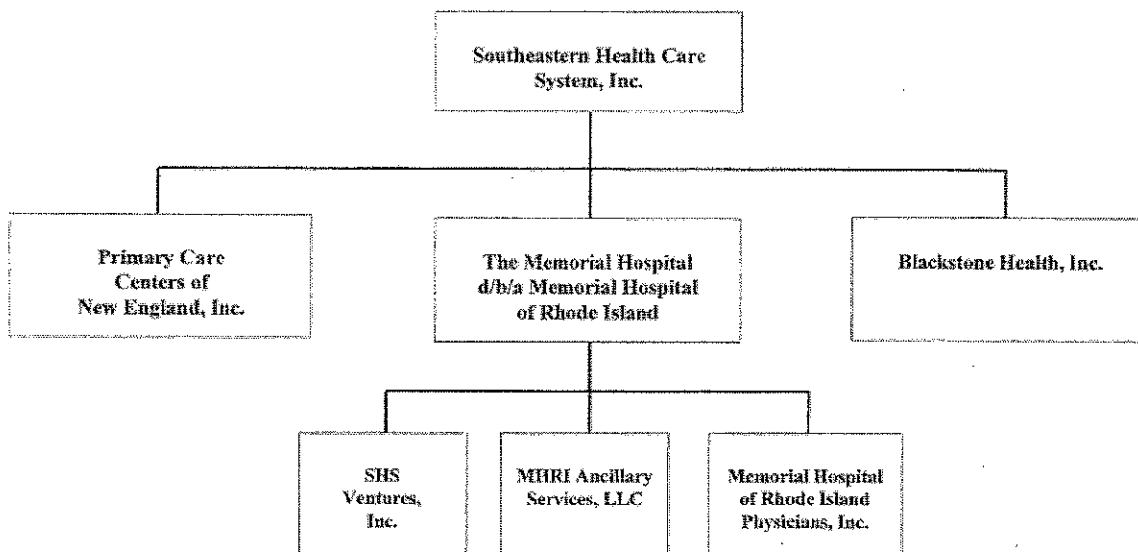
I. SYNOPSIS

Project Review Committee-II of the Health Services Council recommends that the applications of Care New England Health System for changes in effective control of (1) The Memorial Hospital d/b/a Memorial Hospital of Rhode Island, a 294-bed hospital located at 111 Brewster Street in Pawtucket; and (2) Memorial Hospital Home Care, a home nursing care provider located at 555 Prospect Street in Pawtucket, be approved.

II. PROPOSAL DESCRIPTION

Southeastern Health Care System, Inc.

Southeastern Health Care System, Inc. was formed in 1997 and is a non-profit corporation and parent of various entities including The Memorial Hospital d/b/a Memorial Hospital of Rhode Island ("MHRI") which operates both a hospital and a home nursing care agency (see organizational chart below).

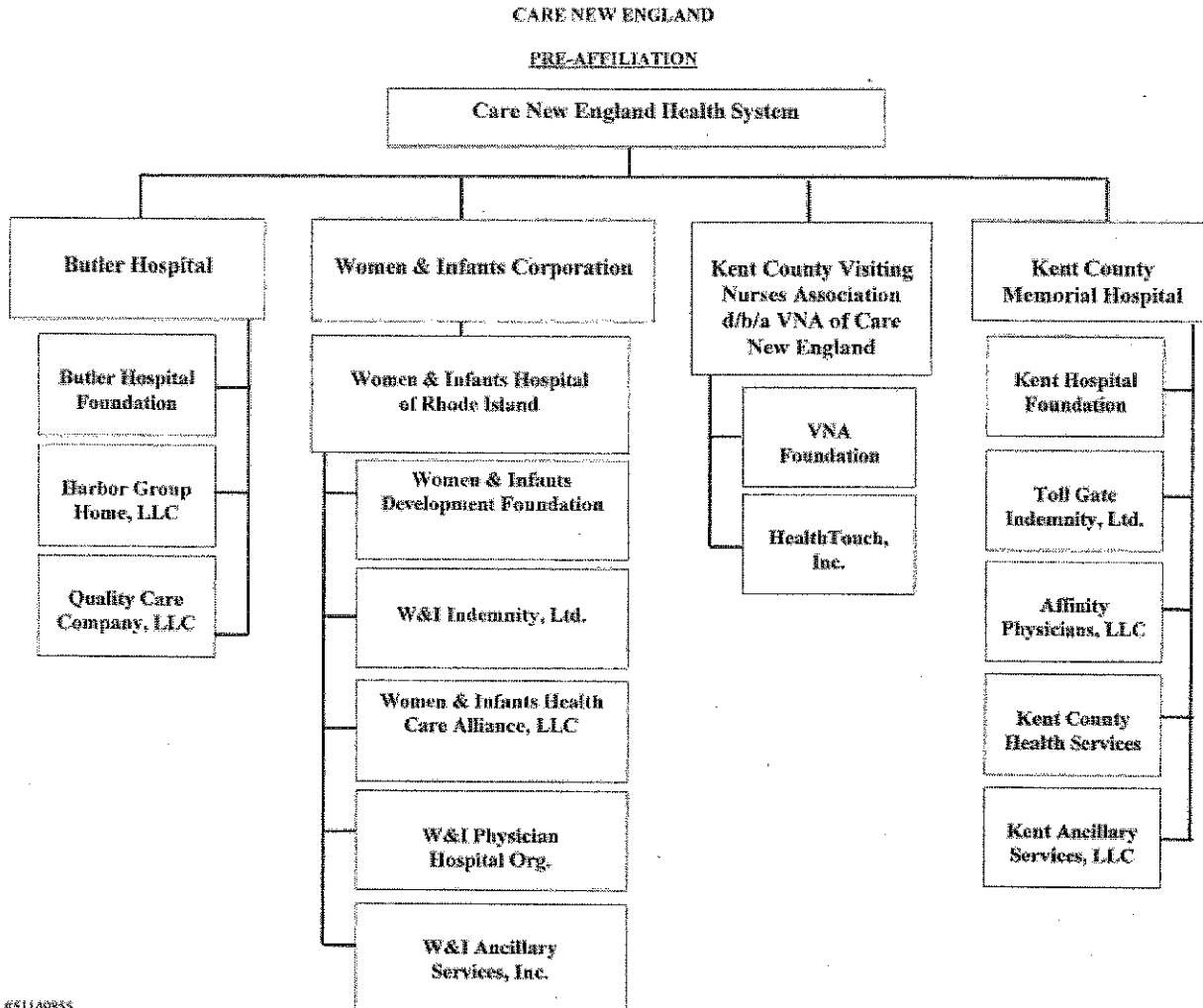


MHRI operates Memorial Hospital of Rhode Island ("Memorial Hospital"), a 294-bed community hospital located at 111 Brewster Street in Pawtucket. MHRI services patients in the Blackstone Valley of Rhode Island and Southeastern Massachusetts. It is a teaching affiliate of The Warren Alpert Medical School of Brown University and the chief site for the medical school's primary care academic program housed in the Center for Primary Care. It is accredited by The Joint Commission.

MHRI also operates Memorial Hospital Home Care which is a non-profit home nursing care agency at 555 Prospect Street in Pawtucket.

Care New England Health System

Care New England Health System (“applicant or CNE”) is a Rhode Island non-profit health care system established in 1996 comprised of Butler Hospital, Kent County Memorial Hospital, Women & Infants Hospital of Rhode Island, and Kent County Visiting Nurse Association d/b/a VNA of Care New England, among other entities (see organizational chart below).



Butler Hospital (“Butler”) is a 117-bed¹, non-profit psychiatric teaching hospital located at 345 Blackstone Boulevard in Providence. Butler provides services to patients from Rhode Island and nearby Massachusetts. It is affiliated with The Warren Alpert Medical School of Brown University. Butler is accredited by The Joint Commission.

Kent County Memorial Hospital (“Kent”) is a 359-bed, non-profit hospital located at 455 Tollgate Road in Warwick. Kent services primarily patients from Kent County. Kent is affiliated with, and provides clinical training to the students of the University of New England College of Osteopathic

¹ It is operating under a licensing variance that permits it to operate at 137 beds.

Medicine, and currently operates American Osteopathic Association approved residency programs. Kent is accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities.

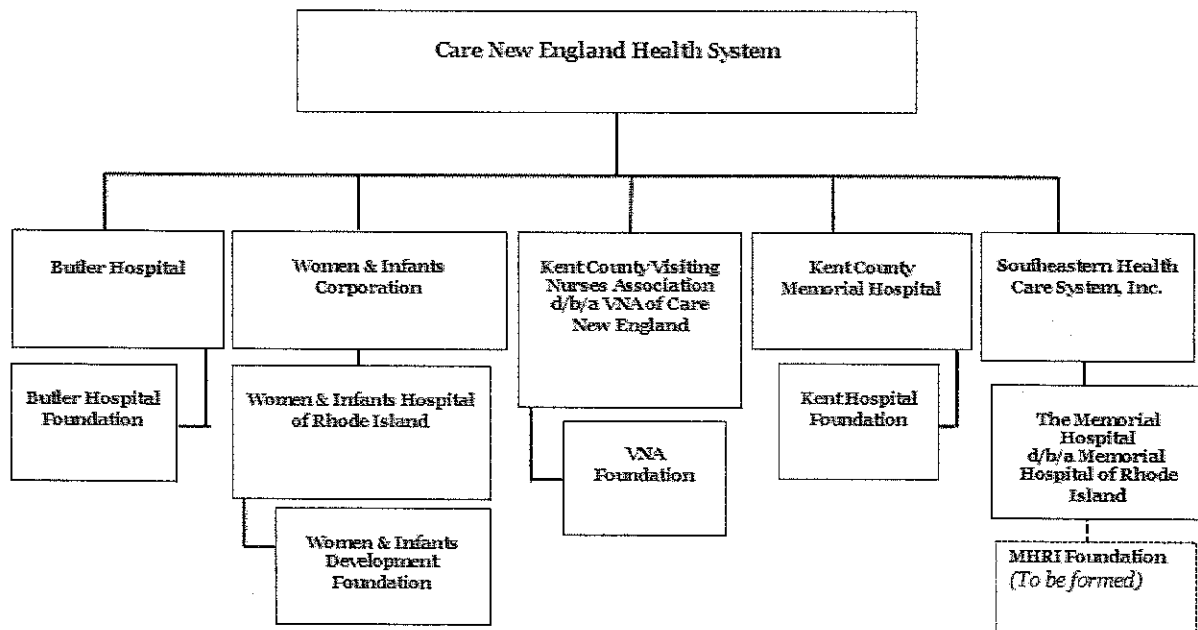
Women & Infants Hospital of Rhode Island (“WIH”) is a 167-bed, non-profit hospital located at 101 Dudley Street in Providence. WIH provides care to women and infant patients in Rhode Island and Southern New England. It is affiliated with The Warren Alpert Medical School of Brown University. WIH is accredited by The Joint Commission.

Kent County Visiting Nurse Association d/b/a VNA of Care New England (“VNA of CNE”) is a non-profit hospice and home nursing care agency providing services in Rhode Island and nearby Massachusetts.

Healthtouch, Inc. is a non-profit home nursing care agency providing services to the residents of Rhode Island.

The Proposed Transaction

The applicant and Southeastern Health Care System, Inc. entered into an Affiliation Agreement on 2 January 2013. The proposal is for the applicant to become the sole member of Southeastern Health Care System, Inc., the parent organization and sole member of MHRI (as summarized in the chart below – see Exhibit A for a full chart).



As a result of the proposal, CNE will either (i) call, discharge, or refinance MHRI's bond debt (~\$11 million as of September 2012), or (ii) will work with MHRI to form the most effective credit group structure, as determined by CNE. Additionally, CNE will fund any operating shortfalls of MHRI or its affiliates through September 30, 2016. CNE estimates the potential shortfall to be approximately \$27 million to \$36 million, and that following September 30, 2016, it will support MHRI financially in the same manner that it supports its other hospitals.

Further, CNE would integrate the services currently provided by Memorial Hospital Home Care with and into the services provided by VNA of CNE. Memorial Hospital Home Care will cease to provide home nursing care services at some point during the first six months following the transaction.

Governing Board

As a result of the proposal, the Members of the Board of Southeastern Health Care System, Inc. and Memorial Hospital will be comprised of the same individuals (mirror board structure) who serve as members of the CNE Board. Accordingly, membership of the CNE Board will be expanded to include three individuals nominated by Memorial Hospital and elected by the Members of CNE Board, plus the president of Memorial Hospital's medical staff, who will become an ex-officio member of the CNE Board. The current composition of the CNE's Board is as follows:

	Principal Occupation	CNE Position
Herbert J. Brennan, DO	Physician	Ex Officio
David A. Carcieri, MD	Physician	Ex Officio
Mr. Allen H. Cicchitelli	Real Estate Executive	Trustee
Esther Emard, RN, MS	Health Care Executive, COO	Trustee
The Honorable Robert G. Flanders, Jr. (Ret.)	Attorney	Trustee
John R. Galvin	Business Executive, CFO	Trustee
Kent W. Gladding	Banking Executive, VP and Investment Officer	Trustee
Douglas L. Jacobs	Retired Banking Executive	Trustee
Dennis D. Keefe	Health Care Executive, President and CEO	Trustee
Diane Lipscombe, PhD	Professor and Researcher	Trustee
Joseph J. McGair, Esq.	Attorney	Trustee
Robert G. Padula	Insurance Executive, CEO	Trustee
Cynthia B. Patterson	Retired, Community Representative	Trustee
Charles R. Reppucci	Business Executive, COO	Trustee
Lisa B. Shea, M.D.	Physician and Health Care Executive, President of Medical Staff	Ex Officio
George W. Shuster	Business Executive, Chairman	Trustee
Maribeth Q. Williamson	Business Executive, VP and Controller	Trustee

III. INTRODUCTION

Pursuant to the requirements of Chapter 23-17 of the General Laws of Rhode Island ("RIGL") entitled "Licensing of Health Care Facilities," the applicant filed for changes in effective control of the subject-licensed facilities. These applications are filed because the statute requires that any proposed change in owner, operator or lessee of a licensed health care facility be reviewed by the Health Services Council and approved by the state-licensing agency prior to implementation.

Staff reviewed the applications and, after corrections of deficiencies, found them to be acceptable in form. Staff notified the applicant and the general public, by a notice on the Department of Health's website and via e-mail, that the reviews would commence on 5 April 2013. The notice also advised that all persons wishing to comment on the applications submit their comments to the state agency by 5 May 2013 when practicable. Twenty-four written comments in support were received (see Exhibit B for a list). There were no comments received in opposition to the proposal.

The Project Review Committee assigned to review this proposal met on 25 April 2013, 23 May 2013, 30 May 2013 and 13 June 2013 with the applicant and its legal counsel in attendance at each meeting.

The Project Review Committee was aware of the concurrent expeditious hospital conversion review pursuant to the requirements of RIGL 23-17.14-12.1 (The Hospital Conversions Act). Additionally, on February 14, 2013, the Federal Trade Commission permitted the early termination of the statutory waiting period to be granted and the Federal Trade Commission review of this transaction as it relates to market share was completed.

At the meeting of 13 June 2013 the Project Review Committee voted nine in favor, and none opposed (9-0) to recommend that the application be approved subject to the conditions of approval contained in section VI of this report.

IV. FINDINGS

Section 23-17-14.3 of the licensing statute and section 4.5 of the Rules and Regulations for Licensing of Hospitals (R23-17 HOSP) requires the Health Services Council to consider specific review criteria in formulating a recommendation for a change in effective control. The applicant addressed relevant considerations referred to in the review criteria.

The Committee's comments and findings on each of the criteria are as follows:

A. The character, competence, commitment, and standing in the community of the proposed owners, operators or directors of the health care facility

In assessing character, competence, commitment, and standing in the community of CNE and its entities, the Project Review Committee considered the following information on the record:

- Elements of the Proposed Transaction
- Track Record and Clinical Performance

- Financial Performance
- Public Comments

Elements of the Proposed Transaction

CNE represented that it has shared mission, vision, and values with MHRI. That they are both dedicated to serving communities, academic excellence, improving access, and providing unparalleled care. CNE specified the following similarities:

- Strive for unparalleled excellence in clinical quality
- Belief that the future is in integrated delivery systems where care is coordinated across the full continuum
- Recognition that system collaboration at all levels is the only way forward
- Strong academics and research are essential to unparalleled excellence:
 - Training the next generations
 - Advancing medical knowledge through research
 - Shared relationship with Warren Alpert Medical School of Brown University

CNE further pointed out how this would be a strategic partnership:

- CNE and MHRI are complementary
- MHRI will lead CNE primary care and internal medicine
- Tremendous opportunities for clinical integration and care coordination
- Perfect cultural fit
- Dedication to our communities and commitment to continued full-service hospital presence
- Unwavering belief in the value of academics and research

CNE presented the following as strategic benefits of the proposed transaction:

- Cultural fit and complementary nature of services
- Financial strength through collaboration
- Preservation of mission
- Continued strong community presence
- Dedication to those we serve, where they live
- Innovative delivery system focusing on value
- Accountable care unified by primary care
- Enhanced quality and cost effective care in communities served
- Protection of charitable assets
- Physician recruitment, retention and integration
- Sustained commitment to teaching and research

CNE also noted that as a result of the proposed transaction:

- CNE will become the sole corporate parent of Southeastern Health Care System, Inc.

- MHRI will have the same governing relationship within CNE as original CNE hospitals:
 - President of MHRI Medical Staff will become ex officio member of the CNE Board
 - 3 MHRI Board members will be nominated for three year term on CNE's Board
- A foundation will be formed and remaining MHRI Board designated funds transferred to the MHRI Foundation
- Current MHRI Board members will be invited to participate in CNE committees and MHRI Foundation Board

CNE presented the following as its financial commitment:

- Fund MHRI operating shortfall through September 30, 2016
- MHRI's obligations will become CNE's obligations
- Investment in programs and infrastructure for a sustainable future
- MHRI will be an equal participant in CNE capital budget process
 - CNE has a history of disciplined capital investment
- Improve performance through centralization and consolidation of duplicative administrative functions

CNE also identified how this transaction will proactively address the future of healthcare:

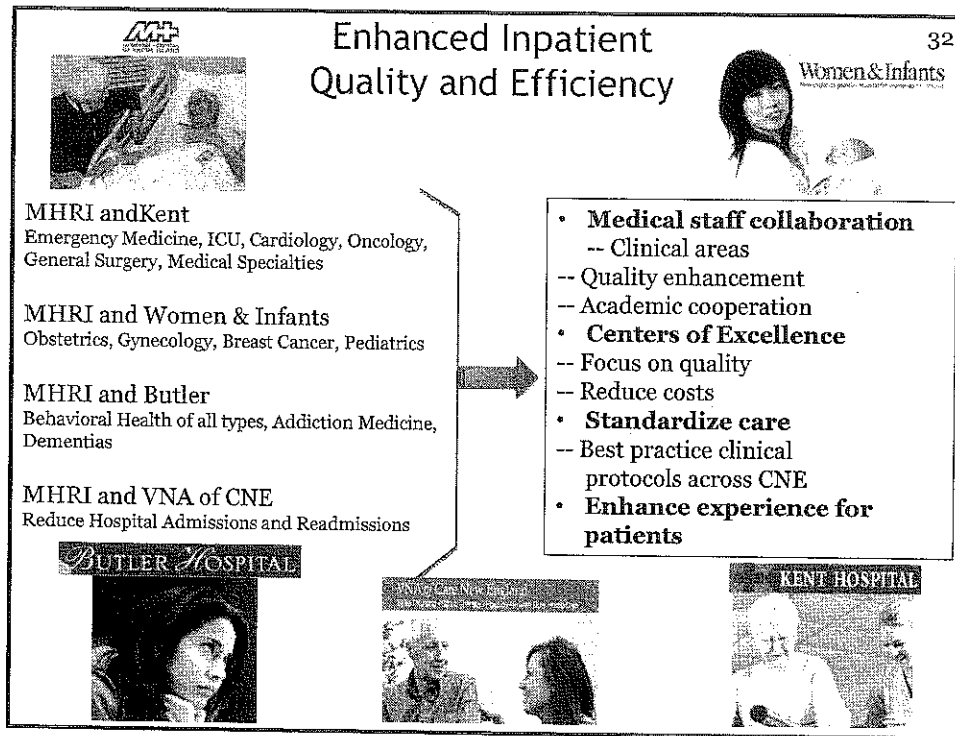
- CNE/MHRI partnership will provide the foundation for an Accountable Care Organization
- Collaboration will create a truly integrated delivery system with strong primary care as a central and unifying force
- Better management of patient transitions among settings and providers will reduce fragmentation and improve care for Rhode Islanders while reducing inefficiency and cost

CNE noted its strong commitment to redesigning primary care for Rhode Island:

- MHRI is a leader in the design and implementation of Patient-Centered Medical Homes (PCMH) in our region
- CNE fully supports PCMH model which yields improvements in quality and access while decreasing costs
- Affiliation will allow MHRI to continue a vital role in PCMH development

CNE presented that it is dedicated to the communities that it serves. It strives for clinical excellence. It envisions an integrated care delivery system where care is coordinated across the entire continuum of care. CNE is striving to build an organized care delivery system to serve Rhode Islanders.

The model below depicts CNE's conceptualization of quality and efficiency within its integrated system of care.



Track Record and Clinical Overview

CNE

For the past three years, CNE identified licensure issues that were resolved with a plan of corrections submitted to the Office of Facilities Regulations, Department of Health involving various hospitals of CNE. Additionally, the following were disclosed:

- Kent: Department of Health & Human Services, Office for Civil Rights (“OCR”): complaint regarding compliance with federal standards for privacy of individuals. The OCR complaint involves inappropriate access to PHI in connection with compliance with federal standards for privacy of individuals. The OCR sent a request for additional information to which Kent Hospital responded on January 12, 2013. This response was followed-up with an e-mail response from OCR requesting additional information/documentation. The additional information/documentation requested was (i) evidence of implementation of risk remediation activities slated for completion by December 2012 (business associate contracts, physical security of workstations, and movement of hardware and electronic media); (ii) current status update for encryption implementation for email and removable media; (iii) evidence of implementation of automated system activity monitoring tool “Fair Warning”; and (iv) updated system activity review procedures after implementation of automated system activity

monitoring tool. Kent provided the information and documentation requested in a letter to the OCR dated February 28, 2013.

- WIH: On September 13, 2012, unencrypted backup tapes containing ultrasound images from WIH ambulatory sites were discovered missing. WIH reported this incident to the OCR, the Rhode Island Attorney General, and the Massachusetts Attorney General on November 5, 2012. As a result of WIH's report, OCR issued a request for information on December 13, 2012 and the Massachusetts Attorney General issued a Civil Investigation Demand of March 11, 2013. WIH has provided the information requested and these investigations are pending. WIH also made a report to the Attorney General or other appropriate state agency in several other states. The Indiana Attorney General has indicated that it is not pursuing an investigation. WIH has not received any additional requests from the other Attorneys General² or state agencies it notified.
- Caring for Women: On February 14, 2013, Caring for Women, Inc. ("Caring for Women"), as independent medical practice affiliated with WIH and Kent, received a Request for Production of Documents from OCR in connection with a complaint OCR received on November 21, 2012 alleging that protected health information ("PHI") was impermissible accessed and disclosed by an employee of Caring for Women to third parties. Caring for Women provided the documents requested and cooperated with OCR's investigation. OCR reviewed Caring for Women's policies and procedures for uses, disclosures, and safeguarding of PHI and determined that they comply with the HIPAA Privacy Rules and that Caring for Women responded appropriately to the complain. OCR closed the case without further action.

Memorial Hospital

The following violations, investigations, citations, etc. were disclosed regarding Memorial Hospital for the past 3 years:

- On 10 October 2011, the Occupational Safety and Health Administration ("OSHA") notified Memorial Hospital of a complaint involving employees experiencing violence in the workplace from verbal abuse. Memorial Hospital investigated the issue and required a supervisor to attend training. Memorial Hospital reports that it received no further documentation from OSHA and believes the matter is closed.
- In May of 2011, Memorial Hospital settled a claim with the US Department of Labor by paying a \$750 fine with respect to seven employees who were not paid overtime correctly. Memorial Hospital reports that this matter was resolved with the aforementioned fine.
- The due diligence process undertaken with respect to the Affiliation revealed several potential technical Stark violations at Memorial Hospital (which are similar in nature),

² At the meeting of 13 June 2013, Jodi Bourque, Office of Attorney General, stated that because there is a current OCR investigation the resolution of this matter by the Office of Attorney General is being held pending the resolution of this matter by the OCR.

with no evidence of intentional misconduct or fraud. The scope and quantification of the potential violations are still under investigation. Following the conclusion of Memorial Hospital's investigation, Memorial Hospital will report any confirmed violations to governmental authorities, as appropriate.

Clinical Performance

At the meeting of 13 June 2013 Dr. Robert Crausman, a consultant engaged by the Rhode Island Department of Health, presented his analysis regarding clinical performances (see Exhibit C for full presentation). He noted that all the transacting hospitals are academic medical centers accredited by The Joint Commission. He reviewed most recent deficiencies cited during the inspections by the Rhode Island Department of Health and noted that the hospitals are currently in compliance.

He reviewed the Baby-Friendly Hospital Initiative of the Rhode Island Department of Health. He noted that neither CNE hospitals nor Memorial Hospital have achieved this designation (only Newport, South County, and Westerly Hospitals have this designation). To achieve this designation, a hospital has to have the following:

1. Have a written breastfeeding policy
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

At the meeting of 13 June 2013, CNE represented that it is working towards achieving this designation by the end of 2014 and would include Memorial Hospital in this process.

Dr. Crausman reviewed the Medicare Hospital Compare information for Kent, WIH, Memorial Hospital, and the Medicare Homehealth Compare for VNA of CNE, and Memorial Hospital Home Care. Overall, he stated that Kent and Memorial Hospital are comparable, Memorial Hospital does well on timely and effective care, and WIH does very well on patient satisfaction. Kent, WIH and Memorial Hospital are also similar to national rate/benchmarks with regards to 30 day readmission and death, serious complications and death, and hospital-acquired infections.

He also reviewed the Press Ganney outcomes for Kent on patient satisfaction with the Emergency Room and physicians. The Press Ganney data showed substantial improvement in patient satisfaction after implementation of the rapid assessment model.

He further noted that VNA of CNE and Memorial Hospital Home Care both have excellent/superior outcomes with regards to patient satisfaction, quality and overall performance.

He reviewed the quality and safety programs and identified that there is a new position of Chief Quality Medical Officer.

In conclusion, Dr. Crausman stated that CNE is a well regarded and suited to acquire Memorial Hospital.

Financial performance

At the meeting of 13 June 2013 Dr. John Schibler, consultant to the Rhode Island Department of Health, presented a PowerPoint presentation (see Exhibit D for full presentation). His analysis was positive for the financial position of CNE and its resources to support Memorial. He noted the following regarding the historical financial performance of CNE:

- The most recent (2011) Fitch median of 2.7%, CNE has generated positive operating margins ranging from 1.3% to 2.5%
- Debt service coverage for CNE is well above the 1.25X required by CNE's existing bond covenants and has ranged between 4.0X and 7.5X.
- The liquidity ratio has ranged from 1.4X to 1.7X, well above the covenant requirement of .75X. In addition cash on hand has ranged from 68-78 days. While below benchmarks, this cash reserve should provide the necessary resources to support cash requirements of the integration.
- CNE's debt-to-capitalization ratio is currently 32% which is below the most recent (2011) Fitch median of 41% and suggests that CNE has additional borrowing capacity, if necessary.

Dr. Schibler noted that CNE investments are subject to market fluctuations. He further discussed risks posed by the healthcare market, which included:

- Health care reform poses a level of uncertainty as new regulations, delivery models, and reimbursement methodologies evolve.
- Federal sequestration will result in payments from Medicare to providers being reduced by 2%.
- States are reevaluating Medicaid payments to providers as a result of fiscal pressures and expanding Medicaid coverage in the context of healthcare reform.
- The protracted economic recession has resulted in significant increases in uninsured patients.
- Increased competition from other providers within and outside of Rhode Island.

- Ability to continue to attract skilled clinical professionals to meet increasing care demands.

In conclusion he stated that nothing has come to his attention that would indicate that the transaction should not be approved.

Public Comments

Twenty-four written comments in support were received (see Exhibit B for a list). There were no comments received in opposition to the proposal.

The Committee considered the totality of the record - including the applicant's presentations, consultants' presentations, filed documents, responses to questions, and public comments.

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

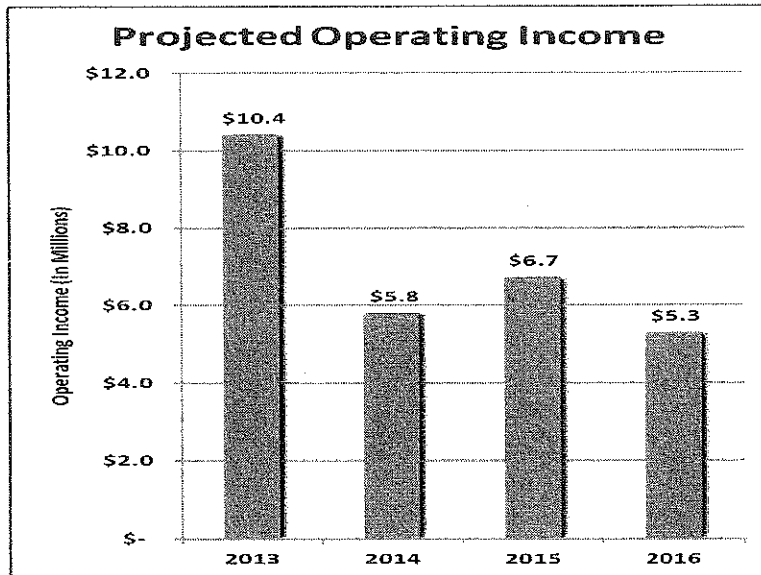
B. The extent to which the facility will provide, without material effect on its viability, safe and adequate treatment for those individuals receiving the facility's services

At the meeting of 13 June 2013, Dr. Schibler presented his analysis regarding the financial position of Southeastern Health Care System, Inc. He noted that Ernst & Young, the independent auditor, in an opinion for FY 2012 highlighted that there is a substantial risk with respect to the Southeastern Healthcare System, Inc.'s ability to continue as a going concern. The Southeastern Healthcare System, Inc.'s ongoing losses have resulted in:

- A deficiency of unrestricted net assets of \$25.4 million as of September 30, 2012
- Liquidity has decreased significantly between 2011 and 2012. Board-designated investments have decreased from \$19.6 million in 2011 to \$7.8 million in 2012—a decline of \$11.8 million. Similarly, operating cash and investments has declined \$4 million—from \$1.9 million in 2011 to \$1.5 million in 2012.
- During this same time, a \$5.0 million unsecured line of credit was paid. The line of credit was closed in FY 2012.

He also noted that there is approximately \$11.0 million in outstanding bonds which are supported by a Bank of America letter of credit. And that currently the bond covenants require the affiliation with CNE by October 1, 2013.

Dr. Schibler also presented his analysis of the financial projections of CNE if the transaction is approved (see Exhibit D for full presentation). He noted that operating margins are projected to range from 1.1% (\$10.4 million) in FY 2013 to 0.5% (\$5.3 million) in FY 2016 (FY 2013 includes only two months of Memorial based on the anticipated closing).



Dr. Schibler's also noted the following with regards to past and forecasted (including Memorial Hospital) financial performance of CNE:

- Debt service coverage ratios ranging from 3.6X to 4.4X; well above existing debt covenants and near the current Fitch (2011) median of 3.8X.
- A liquidity ratio ranging from 1.48X to 1.54, slightly below the current Premier (2011) median of 1.92X and well below the covenant requirement of .75X.
- The debt-to capitalization ratio increasing to 35% in 2013 and steadily decreasing to 29%, still well below the current Fitch (2011) median of 41%.

	CNE			CNE+MHRI			
	Actual	Actual	Projected	Forecasted			
	2010	2011	2012	2013	2014	2015	2016
Statement of Operations							
Net Patient Service Revenue	\$730.8	\$755.0	\$797.4	\$846.9	\$1,008.6	\$1,034.4	\$1,061.6
Other Operating Revenue	74.5	86.0	79.5	81.3	91.8	93.2	94.6
Total Revenue	805.3	841.1	876.9	928.2	1,100.4	1,127.6	1,156.2
Operating Expenses	786.4	826.4	864.6	917.8	1,094.6	1,120.9	1,150.9
Operating Income	\$18.8	\$14.7	\$12.3	\$10.4	\$5.8	\$6.7	\$5.3
<i>Operating Income Margin</i>	2.3%	1.7%	1.4%	1.1%	0.5%	0.6%	0.5%
<i>Benchmark (Fitch median)</i>	2.4%	2.7%					
Operating EBIDA	\$47.7	\$43.5	\$43.3	\$44.8	\$45.6	\$48.9	\$49.5
<i>Operating EBIDA Margin</i>	5.9%	5.2%	4.9%	4.8%	4.1%	4.3%	4.3%

In conclusion Dr. Schibler stated that nothing has come to his attention that would indicate that the transaction should not be approved.

The table below shows the bed utilization of the Memorial Hospital and CNE hospitals:

	Licensed	Staffed	Staffed as % of Licensed	Census on 4/30/2013
Memorial	294	96	33%	65
Butler	137	137	100%	127
Kent (including Kent Unit at Butler)	359	225	63%	224
WIH	167	143	86%	118

CNE represented that healthcare delivery is undergoing a transformation from inpatient to outpatient care based upon improvements in technology, changes in reimbursement, and health care reform legislation. It is CNE's view that the most effective way to navigate this change is to be proactive, adapt strategically and embrace the transition. The new landscape will demand that patients are treated in the most appropriate setting, requiring increased care coordination and management across a continuum. CNE represented that this transaction will provide the critical nucleus of an integrated healthcare delivery system with strong primary care as a central and unifying force and the flexibility, capabilities, and resources to provide the full array of services.

CNE presented that it is taking a multi-faceted approach to prepare for changes in healthcare delivery and payment. This includes building a successful Accountable Care Organization, creating a Population Health Management Department (to oversee care management in new payment arrangements); implementing EPIC electronic record system for 200 employed physicians; engaging Rob Janett, MD, Medical Director of the Mount Auburn Cambridge IPA to provide guidance; creating pilots with the Center for Medicare and Medicaid Innovation and the Institute for Healthcare Improvement, while including provisions for new payment models with new Blue Cross and Tufts contracts; and having discussions with Neighborhood Health Plan of RI to move away from fee for service payments.

The Committee considered the totality of the record - including applicant's presentations, consultants' presentations, filed documents, responses to questions, and public comments.

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

C. The extent to which the facility will provide safe and adequate treatment for individuals receiving the health care facility's services

While at the 13 June 2013 meeting Dr. Crausman, reviewed the Medicare Hospital Compare information for Kent, WIH, Memorial Hospital, and the Medicare Homehealth Compare for VNA of CNE, and Memorial Hospital Home Care. Overall, he stated that Kent and Memorial Hospital are comparable, Memorial Hospital does well on timely and effective care, and WIH does very well on patient satisfaction. Kent, WIH and Memorial Hospital are also similar to

national rate/benchmarks with regards to 30 day readmission and death, serious complications and death and hospital acquired infections.

He also reviewed the Press Ganney outcomes for Kent on patient satisfaction with the Emergency Room and physicians. The Press Ganney data showed substantial improvement in patient satisfaction after implementation of the rapid assessment model.

He further noted that VNA of CNE and Memorial Hospital Home Care both have excellent/superior outcomes with regards to patient satisfaction, quality and overall performance.

He reviewed the quality and safety programs and identified that there is a new position of Chief Quality Medical Officer.

In conclusion, Dr. Crausman stated that CNE is a well regarded and suited to acquire Memorial Hospital.

The Committee considered the totality of the record - including applicant's presentations, consultants' presentations, filed documents, responses to questions, and public comments.

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

D. The extent to which the facility will provide appropriate access to traditionally under-served populations

Pursuant to the Rules and Regulations Pertaining to Hospital Conversions (R23-17.14-HCA), hospitals must provide full charity care (i.e., a 100% discount) to patients/guarantors whose annual income is up to and including 200% of the Federal Poverty Levels ("FPL"), taking into consideration family unit size. Hospitals must also provide partial charity care (i.e., a discount less than 100%) to patients/guarantors whose annual income is between 200% and up to and including 300% of the FPLs, taking into consideration family unit size.

The table below shows charity care levels over the past five years at CNE's hospitals:

	Kent	Butler	WIH
2008	1.19%	1.45%	1.76%
2009	1.43%	1.28%	2.17%
2010	1.43%	2.34%	1.78%
2011	2.23%	3.17%	1.73%
2012	2.06%	3.67%	1.54%

The table below shows payor mix levels over the past five years at CNE's hospitals:

Kent					
	2008	2009	2010	2011	2012
Medicare	38.4%	38.8%	40.6%	41.3%	41.6%
Medicaid	13.0%	14.1%	12.8%	12.4%	10.7%
Blue Cross	25.1%	22.4%	23.2%	23.8%	24.3%
Commercial	19.0%	19.3%	17.9%	17.9%	18.7%
Other	4.1%	5.0%	5.4%	4.3%	4.5%
Self Pay	0.3%	0.4%	0.1%	0.2%	0.2%

WIH					
	2008	2009	2010	2011	2012
Medicare	4.0%	3.7%	3.6%	4.3%	3.8%
Medicaid	29.9%	31.1%	29.0%	27.8%	28.7%
Blue Cross	36.5%	33.8%	34.8%	36.3%	34.6%
Commercial	27.1%	29.0%	30.3%	29.1%	30.1%
Other	1.0%	1.1%	0.9%	0.9%	1.0%
Self Pay	1.5%	1.3%	1.4%	1.6%	1.7%

Butler					
	2008	2009	2010	2011	2012
Medicare	33.4%	33.0%	30.9%	31.2%	32.8%
Medicaid	18.0%	19.9%	21.8%	17.6%	17.1%
Blue Cross	33.2%	31.8%	29.2%	31.0%	28.0%
Commercial	12.4%	12.6%	12.2%	13.3%	13.3%
Other	0.9%	1.3%	0.7%	1.2%	0.9%
Self Pay	2.2%	1.3%	5.2%	5.7%	7.9%

From 2014 to 2016, CNE projects the following payor mix information for Memorial Hospital if the transaction is approved:

Memorial Hospital	
	2014-2016
Medicare	41.6%
Medicaid	15.8%
Blue Cross	16.5%
Commercial	10.1%
HMO	1.2%
Other	13.9%
Self Pay	0.8%

Charity Care	3.1%
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The Committee considered the totality of the record - including applicant's presentations, filed documents, responses to questions, and public comments.

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

E. Consideration of the proposed continuation or termination of emergency, primary care, and/or other core health care services by the facility:

According to the applicant, certain services such as cardiac catheterization and imaging related procedures performed at MHRI will be relocated to other existing hospitals of the applicant. The applicant represented that these services are being eliminated from Memorial Hospital and relocated to Kent Hospital due to low volume.

Additionally, the applicant would integrate the services currently provided by Memorial Hospital Home Care with and into the services provided by VNA of CNE. Memorial Hospital Home Care will cease to provide home nursing care services at some point during the first six months following the transaction.

CNE represented that there will be no impact on access to these services because similar services are available elsewhere in the state.

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

F. The proposed immediate and long term plans of such health care facilities with respect to the health care programs to be offered and health care services to be provided by such health care facilities as a result of the merger, consolidation, or otherwise legal affiliation.

Pursuant to Article 6.1 of the Affiliation Agreement, the following programs and initiatives have been agreed upon to maintain a robust surgical service at Memorial: (1) recruitment of additional general surgeons, (2) development of a vascular services, (3) development of a more comprehensive specialty surgery coverage schedule, (4) development of a wound care center, (5) development of a hernia repair center of excellence, (6) extension of CNE's minimally invasive surgery quality monitoring program and simulation center, and (7) development of a more robust oncology program.

Additionally, CNE sees the following opportunities for clinical integration and care coordination:

1. Emergency Medicine - CNE brings substantial expertise and experience in emergency medicine to MHRI and anticipates reconfiguring the operations of the MHRI emergency medicine department. In doing so, CNE anticipates enhancing quality and improving the patient experience. Recruitment of additional physicians will be required and as a result CNE anticipates this will take approximately one year.
2. Cardiology - Working with MHRI and the currently existing cardiology groups at both MHRI and Kent that are members of the Brigham and Women's Physician Organization, CNE anticipates offering new, in-state services that include: advanced heart failure clinics, advanced valve disease clinics, improved peer and quality review processes, and standardization for patient care across CNE. CNE expects these improvements will begin to be implemented during the - first year following the

Affiliation. CNE also anticipates a combined department of cardiology across CNE and anticipates that this will also be initiated during the first year following the Affiliation.

3. Surgery - MHRI has seen its general surgical staff reduced from a high of eight surgeons five years ago, to three currently. CNE currently employs, or has under contract for employment, 13 surgeons. CNE will deploy another general surgeon to MHRI during the first quarter following the Affiliation. This will improve access to high level surgical care for the MHRI population. Additional surgeons can be sent to MHRI as the need increases. Ultimately, CNE anticipates a combined department of surgery across CNE and anticipates that this will take 12 months following the Affiliation to implement given that additional surgeons will need to be recruited.
4. Department of Medicine and Sub-specialists - CNE plans to implement a combined department -of medicine that will encompass all of CNE following the Affiliation. This combined department will standardize care across the system and allow for enhanced efficiency of care. CNE sees particular opportunity in the recruitment of subspecialty physicians who are currently difficult to recruit to a smaller department, including rheumatology, endocrinology, and nephrology. Additionally, the new larger department of medicine will place a concerted effort on recruiting new general internists, who are in short supply in Rhode Island. CNE anticipates initiating these efforts within the first year following the Affiliation.
5. Hospitalists - CNE anticipates combining the inpatient medicine physicians, or hospitalists, at both Kent and MHRI into a single group. This will improve flexibility in scheduling and allow standardization of care across CNE for inpatient care. Planning for this integration has begun and a timeline for implementation is being developed.
6. Critical Care - CNE anticipates combining the critical care physician groups of both Kent and MHRI, which will greatly improve the flexibility in scheduling, ensure continuous coverage of critical care services, and allow standardization of care between the two intensive care units. This will also enhance the opportunities for medical education, medical research and overall collaboration. Planning for this integration has begun and a timeline for implementation is being developed.
7. Primary Care - CNE views MHRI as the leader in primary care within the expanded CNE system and anticipates enhancing quality and improving the patient experience, including through the development of CNE patient-centered medical homes across the state led and guided by MHRI expertise.
8. OB/GYN - MHRI has an excellent OB service and CNE will bring the expertise of WIH physicians and protocols to further enhance such services. This improved collaboration is expected to begin almost immediately after the proposed Affiliation.
9. Behavioral Health - The proposed Affiliation will allow a much closer working relationship between the primary care services at MHRI and the world-class behavioral physicians at Butler. This enhanced collaboration will improve access to needed care.

This improved collaboration is expected to begin almost immediately after the proposed Affiliation.

10. Oncology - MHRI has an excellent and well-organized cancer center. CNE believes that when combined with the very deep and broad talent at WIH, CNE could develop a system-wide program in oncology that will expand the offerings for cancer diagnosis and care beyond what is currently offered at either MHRI or the CNE institutions. A combined cancer program across the CNE system, led by a single chief, will also improve the standardization and quality of care and allow the recruitment of oncologists of the highest caliber into Rhode Island. Planning for this program could begin during the first six months following the Affiliation, but would take at least two years to mature fully given the need to recruit additional oncologists to Rhode Island.
11. Pulmonary Medicine - Because MHRI has such a large group of pulmonary physicians, CNE views the Affiliation as an opportunity to create a pulmonary center of excellence at MHRI that will be a statewide resource for patients suffering from lung disease. The new pulmonary center will assist in meeting the needs of these patients in a single center with a multidiscipline

Finding: The Committee finds that, based on the commentary presented and representations made by the applicant, the applicant satisfies this criterion.

V. RECOMMENDATION

After considering each of the review criteria as required by statute and the representations made by the applicant, the Project Review Committee recommends that the change in effective control applications be approved subject to the conditions of approval contained in section VI of this report. Approval and implementation of these applications will result in the termination of (1) the existing hospital license issued to The Memorial Hospital d/b/a Memorial Hospital of Rhode Island and the issuance of a new hospital license to The Memorial Hospital d/b/a Memorial Hospital of Rhode Island, and (2) the existing home nursing care provider license issued to Memorial Hospital Home Care and the issuance of a new home nursing care provider to Memorial Hospital Home Care which would ultimately be owned by Care New England Health Systems, as identified in this report.

VI. CONDITIONS OF APPROVAL

The Committee recommends that approval of these applications shall be subject to the following conditions:

1. That services be provided to all patients without discrimination, including payment source or ability to pay; and
2. That data, including but not limited to, finances, utilization, and demographic patient information be furnished to the state agency upon request;

Exhibit A

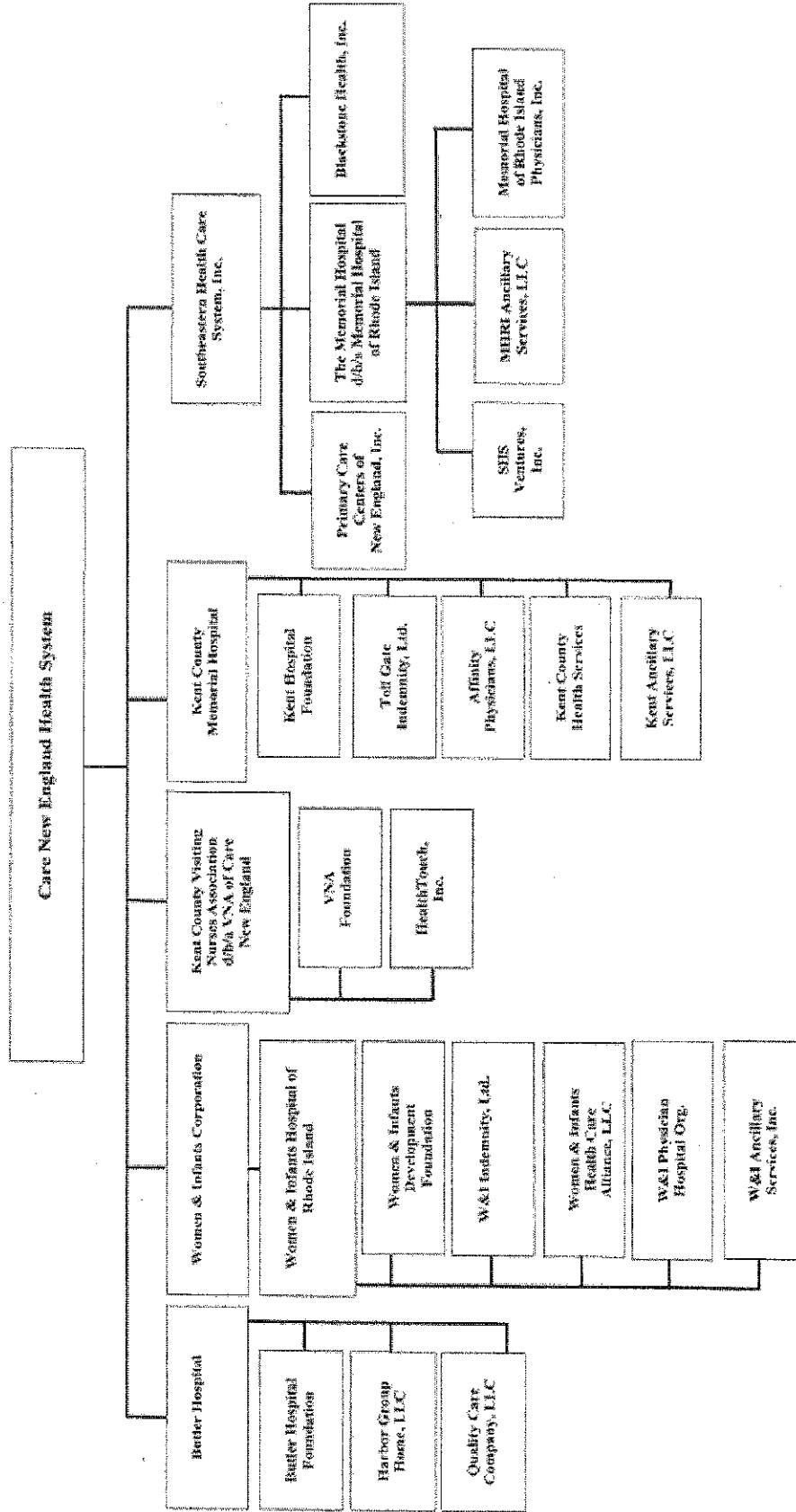
Name of Correspondent	Date Letter Received by Department	Nature of the Comment
Blackstone Valley Community Health Care	April 22, 2013	In favor of the affiliation Merger with Care New England is a "winning solution"
John J. Partridge	April 24, 2013	Memorial Hospital is the only hospital some Blackstone Valley residents have ever used. Memorial is a comprehensive provider of primary and specialty care.
Blackstone Valley Tourism Council	April 24, 2013	Favors the proposed merger
Northern Rhode Island Chamber of Commerce	April 25, 2013	Favors the proposed merger Demographic of the area is "largely poor, elderly and those with limited English skills. They need and deserve to have a quality health care resource available to them."
Josephine Yaghoobian	May 9, 2013	In favor of the affiliation Merger with Care New England is a "winning solution"
Janet Sherman, RN Memorial Hospital Nurse Alumni Association	May 9, 2013	In favor of the affiliation Merger with Care New England is a "winning solution"
Amanda Boyanowski-Morin	May 9, 2013	Favors the proposed merger Has received "exceptional, respectful care" at Memorial Hospital
Pamela Finegan	May 9, 2013	Favors the proposed merger Specialty services provided at Memorial Hospital are valuable to the larger community.
Kathleen and John Bandilli	May 9, 2013	Favors the proposed merger Merger with Care New England is a "winning solution"
Antonio J. Pires Director of Administration City of Pawtucket	May 9, 2013	Favors the proposed merger Loss of Memorial Hospital would be detrimental to the community.
The Honorable Donald R. Grebien Mayor, City of Pawtucket	May 9, 2013	Favors the proposed merger Memorial Hospital is one of the largest employers in the city.
Mansion Nursing & Rehabilitation Center	May 13, 2013	Favors the proposed merger Memorial Hospital is a committed community partner.
Louise M. Sutherland	May 13, 2013	Favors the proposed merger Memorial Hospital is an integral part of the Blackstone Valley.
Vera A. DePalo, MD President, Memorial Hospital Physician Staff	May 13, 2013	Favors the proposed merger Care New England will revitalize Memorial Hospital.
The Honorable Daniel J. McKee Mayor, Town of Cumberland	May 15, 2013	Favors the proposed merger Loss of jobs would be detrimental to Pawtucket, Cumberland, and the entire state.
Reverend Robert Burnock Pastor Darlington Congregational Church	May 15, 2013	Favors the proposed merger Memorial has contributed greatly to the well-being of the community.

Name of Correspondent	Date Letter Received by Department	Nature of the Comment
Developing and Empowering Latinos in America	May 15, 2013	Favors the proposed merger "It is unacceptable to allow Memorial to close because of financial challenges. The enormous void it will leave in the immigrant and Latino community it serves will only cause more stress to an already vulnerable community."
Pawtucket Foundation	May 16, 2013	Favors the proposed merger Pawtucket Foundation Board of Directors unanimously passed a resolution supporting the merger on May 8, 2013.
The Honorable Mary Duffy Messier Rhode Island State Representative, District 62	May 17, 2013	Favors the proposed merger The affiliation promises enhanced services for the community.
Butler Hospital Lisa Shea, MD	May 21, 2013	Favors the proposed merger The merger will "deepen Care New England's commitment to academic excellence while also expanding its geographic service area to northern Rhode Island and southeastern Massachusetts."
David Carcieri, MD, FACOG	May 21, 2013	Favors the proposed merger Primary care services in the community will be enhanced as a result of the affiliation.
Peter Baziotis, MD Memorial Hospital	May 28, 2013	Favors the proposed merger The two organizations have a shared mission and values that reflect a commitment to the community.
Kim Amin, MD	May 31, 2013	Supports the proposed merger Served as Chief Resident at Memorial Hospital in 1983
City of Pawtucket Resolution of the City Council	June 10, 2013	Requests the Department of Health to "look favorably on the proposed affiliation and partnership between Memorial Hospital of Rhode Island and Care New England Health System."

Exhibit B

CARE NEW ENGLAND

POST-AFFILIATION






Care New England/
Southeastern Healthcare System

Robert S. Crausman MD MMS

June, 2013



Care New England System

- RI non-profit
- Butler Hospital
- Kent County Memorial Hospital (Kent)
- Woman & Infants (Corporation) Hospital of RI
- Kent County VNA



Southeastern Healthcare System

- RI non-profit
- Memorial Hospital [MHRI]



Application


- CNE proposes to acquire SHS and then through a combination of integration and consolidation of clinical and administrative services, improved efficiencies, savings through preferential/group purchasing, and growth improve the financial performance of MHRI while continuing to provide nearly all services traditionally offered by MHRI at MHRI*.

*All current services will be available within CNE



Accreditation

- All involved hospitals are accredited by TJC



All involved hospitals are academic medical centers


- Butler – Brown Psychiatry
- W&I – Brown OB/Gyn
- MHRI – Brown Primary Care (FM/IM)*
- Kent – UNECOM IM/EM/FM

*also Podiatric residency




Research

- Substantial extramural funded scientific research at Butler, W&I and MHRI




Synergy

- Pairing of Kent and MHRI (medicine and surgery) offers several significant complementary strengths in academics, general medical and surgical clinical programs
- Pairing of W&I and MHRI would enhance the FM program and Woman's health services at MHRI
- Butler brings resources in psychiatry to enhance MHRI as a PCMH
- The affiliated homecare organizations are also very highly regarded



Reputation for quality

- Kent 2012 Healthgrades Patient Safety Excellence Award
- W&I
 - Consistently a top performer nationally
 - Maternity
 - Neonatal care



Reputation for quality

- Butler Hospital
 - clinical, academic and research
 - America's Best Hospitals *in* U.S. News & World Report in 2003 and 2004
 - one of the original 13 that became known as the Ivy League Private Psychiatric Hospital Group.
- VNA of Care New England is also very highly regarded



RI Health Department

- Kent inspection 3/2012
- Deficiencies
 - Restraint order/assessment/documentation
 - Pain assessment/reassessment/documentation
 - Patient assessment*
 - Failure to report “reportable incidents”
 - Failure to conduct peer review of reportable incidents as required
 - Failure to report allegation of abuse/neglect

*specifically involving a patient who developed an unstagable decubitus while being left on bedpan for an extended period of time.



Kent (continued)

- Plans of correction for each deficiency have been submitted and accepted
- New post of system Chief Quality Medical Officer

RI Health Department

- W&I inspection 12/12
- Loss of unencrypted back-up ultrasound tapes
- Failure to maintain records for at least 5 years – it was determined that the lost tapes were likely inadvertently destroyed
- Failure to maintain confidentiality of records (see above)
- Violation of requirement to for written protocols for tissue samples relating to misidentification of two surgical pathology samples
- Survey results - W&I “deemed”...”in compliance”
- No POC required (although one was provided)

Baby friendly hospital

Of note, the Health Department is currently encouraging adoption of the ‘Baby-Friendly Hospital Initiative’, to recognize hospitals that offer an optimal level of care for breastfeeding. Newport, South County, and Westerly Hospitals are currently baby-friendly (<http://www.health.ri.gov/breastfeeding/for/hospitals/index.php>). No hospital involved in this transaction has yet achieved this State-encouraged recognized status; although Kent and W&I is to be commended for eliminating “formula bags”

What to do

- Have a written breastfeeding policy
- Train all health care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one hour of birth.
- Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no pacifiers or artificial nipples to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Hospital Compare MHRI/Kent/W&I

- The Medicare Hospital Compare Quality of Care Compare Page was queried on April 25, 2013 and again on June 6, 2013 regarding the most recent available data concerning MHRI, Kent and W&I.
- Data reported regarding patient satisfaction and timely and effective care was collected generally between 7/1/2011 and 6/30/2012; readmissions, complications and deaths 7/1/2008 and 6/30/2011.

Patient Satisfaction Data*

"Always"	W&I	Kent	MHRI	RI	US
Nurse communication	**79	77	76	78	78
Physician communication	84	77	79	80	81
Help as soon as wanted	68	59	60	65	67
Pain well controlled	76	74	68	71	71
Medication explanation	63	56	61	61	63
Bathroom clean	72	72	74	74	73
Room quiet	59	52	54	54	60
Recovery instructions	83	80	85	84	84
Rate 9 or 10	76	65	63	68	70
Recommend hospital	83	67	70	72	71

*CMS compare results query 6/6/2013
 **boldface indicates exceeds US average

Timely and effective care

Timely and effective cardiac care

metric	W&I	Kent	MHRI	RI	US (top hospitals)
transfer MI (min)	*	58	<i>114</i>	68	59 (38)
ECG (min)	14	9	<i>16</i>	10	7 (3)
% ASA 24hrs	91	98	100	98	97 (100)
% ASA discharge	*	98	100	99	99 (100)
% statin discharge	*	86	100	98	98 (100)

*N/A or insufficient data, boldface exceeds US average response;

Timely and effective heart failure care

metric	W&I	Kent	MHRI	RI	US (top hospitals)
discharge instructions	*	81	99	89	93 (100)
LV function evaluation	*	99	100	99	99 (100)
ACE on discharge	*	86	91	95	96 (100)

*N/A or insufficient data, boldface exceeds US average response;

**metric in % meeting standard, higher is better

Timely and effective pneumonia care

metric	W&I	Kent	MHRI	RI	US (top hospitals)
Timely blood cultures	*	94	97	94	95 (100)
Antibiotic selection	*	91	97	94	95 (100)

*N/A or insufficient data, boldface exceeds US average response;
 **metric in % meeting standard, higher is better

Timely and effective surgical care

metric	W&I	Kent	MHRI	RI	US (top hospitals)
antibiotic choice	97	88	95	96	97 (100)
antibiotic timing, start	98	96	99	98	98 (100)
antibiotic timing, stop	96	96	99	98	97 (100)
DVT/PE Rx	97	99	99	98	97 (100)
BB	98	94	99	97	97 (100)
GU catheter removal 48	*	89	91	92	95 (100)
warned	100	100	100	100	100 (100)

*N/A or insufficient data, boldface exceeds US average response;
 **metric in % meeting standard, higher is better

Timely and effective emergency care

Metric	W&I	Kent	MHRI	RI	US (top hospitals)
Time to admit	140	383	330	331	274 (175)
Time in ED after decision to admit	45	222	129	115	96 (42)
Time in ED to discharge	164	151	178	166	139 (92)
Time to see provider	28	14	44	40	29 (14)
Time with fracture to pain Rx	*	63	95	57	60 (37)

metric in minutes, lower is better

Preventative care

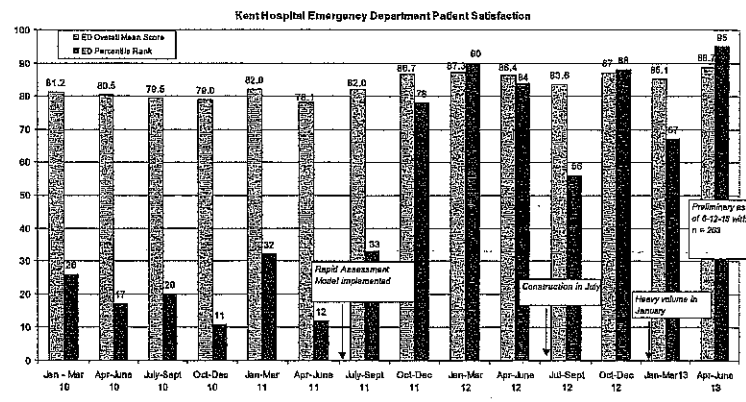
metric	W&I	Kent	MHRI	RI	US (top hospitals)
Flu vaccine	91	86	94	87	86 (98)
Pneumonia vaccine	63	93	92	83	88 (98)

metric in % meeting standard, higher is better

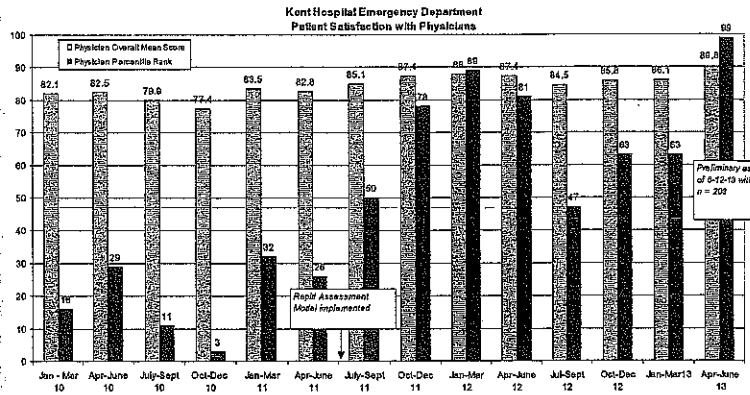
Hospital Compare

- Kent and MHRI comparable
- MHRI does well on timely and effective care
- W&I does very well on patient satisfaction

Press Ganey



Press Ganey survey



No difference from national rate/benchmarks (W&I, Kent, MHRI)

- 30 day readmission and death
- Serious complications and death
- Hospital acquired infection

Medicare Homehealth Compare

VNA of Care New England and Memorial Home Care each been operating for over 40 years delivering an array of home based health care services

nursing care

physical and occupational therapy

speech therapy

home health aid services.

Patient satisfaction with both programs is excellent meeting and often exceeding State and national averages

Patient satisfaction

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	NATIONAL AVERAGE
How often the home health team give care in a professional way	90%	89%	87%	88%
How well did the home health team communicate with patients	91%	84%	85%	85%
Did the home health team discuss medicines, pain, and home safety with patients	88%	86%	83%	83%
How do patients rate the overall care from the home health agency	93%	84%	83%	84%
Would patients recommend the home health agency to friends and family	89%	80%	77%	79%

Managing daily activities

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	NATIONAL AVERAGE
How often patients got better at walking or moving around.	61%	62%	61%	59%
How often patients got better at getting in and out of bed.	59%	59%	56%	55%
How often patients got better at bathing.	64%	71%	66%	66%

Managing pain and treating symptoms

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	NATIONAL AVERAGE
How often the home health team checked patients for pain.	97%	100%	99%	99%
How often the home health team treated their patients' pain.	99%	100%	98%	98%
How often patients had less pain when moving around	65%	66%	68%	67%
How often the home health team treated heart failure (weakening of the heart) patients' symptoms.	99%	100%	99%	98%
How often patients' breathing improved.	64%	62%	68%	64%

Treating wounds and preventing bed sores

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	US
How often patients' wounds improved or healed after an operation.	92%	91%	93%	89%
How often the home health team checked patients for the risk of developing pressure sores (bed sores).	97%	100%	98%	98%
How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care.	89%	100%	97%	96%
How often the home health team took doctor-ordered action to prevent pressure sores (bed sores).	98%	99%	96%	95%

Preventing Harm

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	US
How often the home health team began their patients' care in a timely manner.	92%	92%	93%	92%
How often the home health team taught patients (or their family caregivers) about their drugs.	90%	99%	94%	92%
How often patients got better at taking their drugs correctly by mouth.	48%	53%	51%	49%
How often the home health team checked patients' risk of falling.	86%	99%	96%	94%
How often the home health team checked patients for depression.	99%	100%	99%	97%
How often the home health team determined whether patients received a flu shot for the current flu season.	79%	76%	75%	69%
How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot).	82%	66%	71%	68%
For patients with diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care.	98%	98%	94%	93%

Unplanned hospital care

	MEMORIAL HOSPITAL HOME CARE	VNA OF CARE NEW ENGLAND	RHODE ISLAND AVERAGE	US
How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room -- without being admitted to the hospital.	13%	13%	14%	11%
How often home health patients had to be admitted to the hospital	16%	15%	15%	17%

Homecare summary

- Patient satisfaction is superior
- Quality outcomes are excellent regarding managing daily activity, pain, treating wounds and preventing bed sores, preventing harm, and preventing unplanned hospital
- Overall the two homecare programs performance on CMS publicly reported measures is superior

Quality and Safety programs

- CNE, multi-layered Quality and Safety program
 - unit/department level Peer review
 - vertically integrated, interdisciplinary (triad: physician, nursing, administration)
 - Department Chairs, senior administration to Quality Council of the Board
 - reviewed regularly (weekly or biweekly) by a senior interdisciplinary quality group*
 - CNE Board ultimately responsible; each unit (i.e. hospital) with Quality Council of the Board
- CNE plans to fully incorporate MHRI into its well developed Quality, safety and Peer review programs
- GE MERS reporting system, metrics, dashboard.

* Physician Quality Leader, Chief Nursing Officer, Director of Risk, Director of Quality, Director of Pharmacy

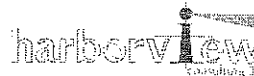
Conclusions

- CNE is a well regarded RI based non-profit healthcare system
 - clinical, academic and research programs
 - Quality and Safety and Peer review programs;
 - corporate compliance programs
- MHRI/SHS is a unique community based academic medical center
 - academic and research excellence
 - caring for medically underserved communities
- CNE is well suited to acquire MHRI/SHS
 - complimentary strengths
 - system resources for MHRI;
 - Primary Care academic, clinical and research resources to CNE; PCMH
 - The acquisition also preserves and enhances healthcare access for MHRI patients.



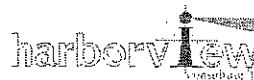
Memorial Hospital/ Care New England Merger Analysis

John J. Schibler, Ph.D., CPA
June 13, 2013



Organization of Assessment

- ✧ Overview of the Care New England/Memorial Transaction
- ✧ Executive Summary of Findings
- ✧ Background on Memorial Hospital of Rhode Island
- ✧ Background on Care New England
- ✧ Care New England/Memorial Projected Financial Results:
 - ✧ Projected Operating Income
 - ✧ Historic and Projected Debt Service Coverage Ratio
 - ✧ Historic and Projected Debt-to-Capitalization Ratio
 - ✧ Historic and Projected Liquidity Ratio
- ✧ Other Considerations
- ✧ Forward Looking Risks
- ✧ Overall Assessment of CNE/Memorial Merger



Overview of the Transaction

- ✧ Care New England (CNE) will become the sole corporate member of Memorial Hospital of Rhode Island's (MHRI) parent (Southeastern Healthcare System, Inc.) and, in effect, all its related affiliates.
- ✧ CNE will hold reserved powers over MHRI's parent and affiliates.
- ✧ There is no cash or debt financing associated with the transaction.
 - ✧ While CNE is examining alternatives as to refinancing MHRI's outstanding bonds, the affiliation is not contingent on the refinancing.
- ✧ CNE will fund operating shortfalls through September 30, 2016.
- ✧ There is no specific capital commitment associated with this transaction. MRHI will have access to the common CNE capital planning and allocation process.
- ✧ MHRI will freeze their defined benefit pension plan prior to close.



Executive Summary of Findings

- ✧ Care New England (CNE) has adequate financial resources to successfully assume the operations of Memorial Hospital (MHRI) and related organizations.
- ✧ With respect to CNE's historical financial performance, for period 2009-2012:
 - ✧ CNE has generated positive operating margins ranging from 1.3% to 2.5%
 - ✧ Debt service coverage for CNE is well above the 1.25X required by CNE's existing bond covenants.
 - ✧ CNE's liquidity ratio has ranged from 1.4X to 1.7X, well above the covenant requirement of .75X. In addition, CNE's cash on hand has ranged from 68-78 days.
 - ✧ CNE's debt-to-capitalization ratio is currently 32% suggesting that CNE has additional borrowing capacity, if necessary.



Executive Summary (cont'd)

- ✧ CNE projections that include MHRI for the four-year period 2013 (two months of MHRI) through 2016 indicated:
 - ✧ Positive operating margins ranging from 1.1% in 2013 to .5% in 2016.
 - ✧ A debt service coverage ranging from 3.6X to 4.4X which is well above existing debt covenant of 1.25X.
 - ✧ A liquidity ratio ranging from 1.48X to 1.54X, well above the existing debt covenant of .75X.
 - ✧ A debt-to-capitalization ratio increasing to 35% in 2013 and steadily decreasing to 29% in 2016, still well below the current Fitch median of 41%.

- ✧ As a result of my review, nothing has come to my attention that would indicate that the transaction should not be approved.

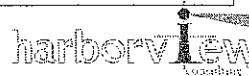
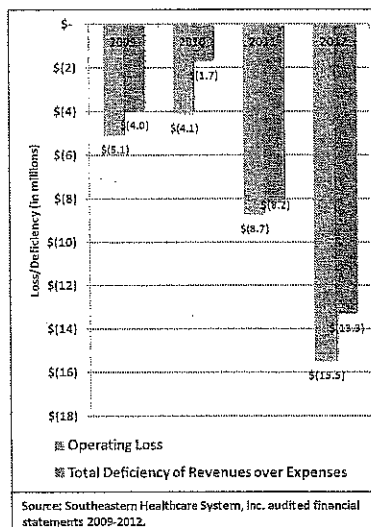


Background: Memorial Hospital of Rhode Island

- ✧ Memorial Hospital of Rhode Island (MHRI) is the primary operating unit of Southeastern Healthcare System, Inc. (the "System")

- ✧ The System has experienced significantly increasing losses over the last four years.

- ✧ Based on the six months results ended March 31, 2013, losses are expected to approximate those of FY 2012.



Background: Memorial Hospital of Rhode Island (cont'd)

- ◇ In their opinion for FY 2012, Ernst & Young, the System's independent auditor, highlighted that there is a substantial risk with respect to the System's ability to continue as a going concern. The System's ongoing losses have resulted in:
 - ◇ A deficiency of unrestricted net assets of \$25.4 million as of September 30, 2012
 - ◇ Liquidity has decreased significantly between 2011 and 2012. Board-designated investments have decreased from \$19.6 million in 2011 to \$7.8 million in 2012—a decline of \$11.8 million. Similarly, operating cash and investments has declined \$.4 million—from \$1.9 million in 2011 to \$1.5 million in 2012.
 - ◇ During this same time, a \$5.0 million unsecured line of credit was paid. The line of credit was closed in FY 2012.
- ◇ At September 30, 2012 there is approximately \$11.0 million in outstanding bonds which are supported by a Bank of America letter of credit.
 - ◇ Financial covenants related to this letter of credit were waived through December 31, 2011.
 - ◇ Currently these covenants have been replaced with a requirement to complete the affiliation with CNE by October 1, 2013.

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Background: Care New England

- ◇ Care New England (CNE) consists of the following entities:

- ◇ Included in obligated group:

- ◇ Care New England (parent)
- ◇ Women & Infants
- ◇ Butler Hospital
- ◇ Kent County Memorial Hospital

- ◇ Not included in obligated group:

- ◇ Kent County Visiting Nurse Association
- ◇ CNE Wellness Centers

- ◇ The obligated group is jointly and severally liable for the outstanding bonded indebtedness.

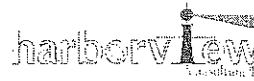
- ◇ Based on the September 30, 2012 financial statements the obligated group represents a substantially all of the Organization's revenues, net assets, and cash and liquid investments.

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? Impact

Background: Care New England (cont'd)

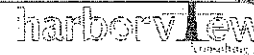
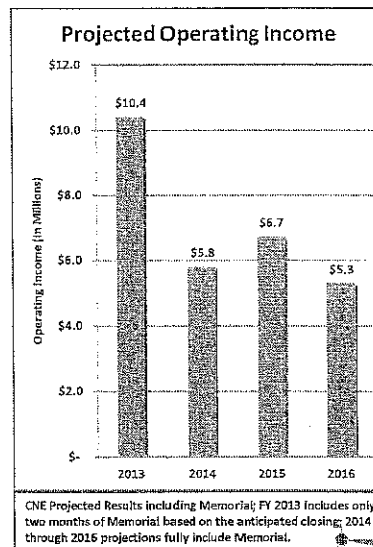
- ◇ With respect to CNE's historical financial performance, for the four year period 2009-2012:
 - ◇ While below benchmarks, CNE has generated positive operating margins ranging from 1.3% to 2.5%
 - ◇ Debt service coverage for CNE is well above the 1.25X required by CNE's existing bond covenants and has ranged between 4.0X and 7.5X.
 - ◇ CNE's liquidity ratio has ranged from 1.4X to 1.7X, well above the .75X covenant requirement. In addition, CNE's cash on hand has ranged from 68-78 days.
 - ◇ CNE's debt-to-capitalization ratio, a measure of the extent that CNE uses debt-based capital, is currently 32% which is below the Fitch median of 41%. This suggests that CNE has additional borrowing capacity, if necessary.



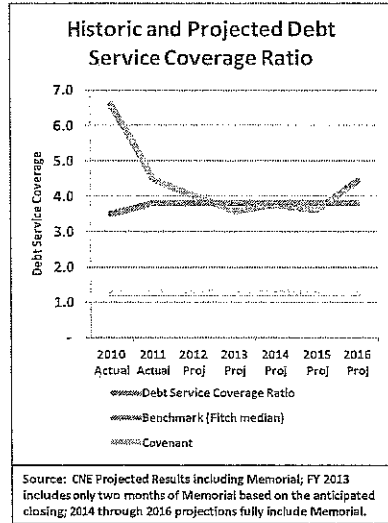
Care New England/Memorial Projected Financial Results

- ◇ Care New England (CNE) provided projections that combined the results of CNE and Memorial. Based on these projections operating margins range from 1.1% in FY 2013 to .5% in FY 2016.

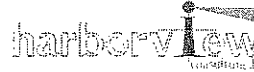
- ◇ Note: FY 2013 includes only two months of Memorial based on the anticipated closing; 2014 through 2016 projections fully include Memorial.



Care New England/Memorial Projected Financial Results (cont'd)

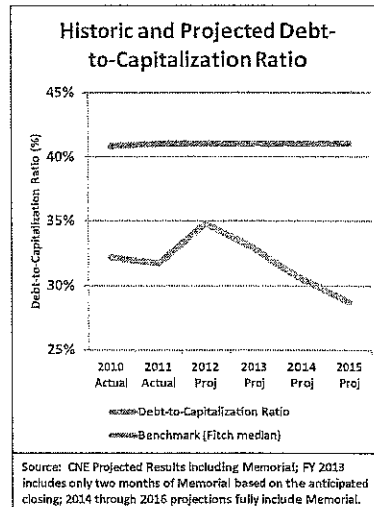


- ◇ The debt service coverage ratio is a measure of cash generated from operations to meet debt requirements.
- ◇ Based on the combined CNE/Memorial projected results, the debt service coverage ratio:
 - ◇ Exceeds CNE's current covenant requirement of 1.25X for all periods
 - ◇ Approximates the 2011 Fitch median (most recently available benchmark) of 3.8X

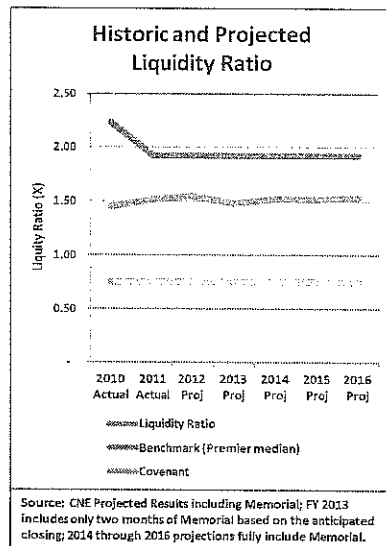


Care New England/Memorial Projected Financial Results (cont'd)

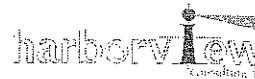
- ◇ The debt-to-capitalization ratio is a measure of long-term sources of debt financing.
- ◇ Based on the combined CNE/Memorial projected results the debt-to-capitalization ratio:
 - ◇ Is below the 2011 Fitch median (most recently available benchmark) of 41%.
 - ◇ This suggests that CNE, when Memorial is included, has additional borrowing capacity.



Care New England/Memorial Projected Financial Results (cont'd)



- ✧ The liquidity ratio is a measure of an organization's ability to meet short-term obligations
- ✧ Based on the combined CNE/Memorial projected results the liquidity ratio:
 - ✧ Exceeds CNE's current covenant requirement of .75X
 - ✧ Is slightly below the 2011 Premier median (most recently available benchmark) of 1.92X.



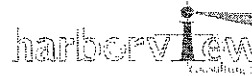
Other Considerations

- ✧ Memorial has identified a potential Stark violation; management is currently conducting a comprehensive investigation. The exposure has not been quantified. It has been represented that this would not be a barrier to completing the transaction.
- ✧ While conducting the CNE/Memorial merger analysis nothing has come to my attention that would indicate any significant weakness in internal controls.



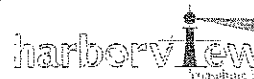
Forward Looking Risks

- ◇ While CNE has demonstrated good performance historically, changes in the healthcare market pose certain risks. These risks are not specific to CNE/Memorial; however, they may result in additional challenges in maintaining strong operating performance and could result in actual operating performance varying from CNE projections:
 - ◇ Health care reform poses a level of uncertainty as new regulations, delivery models, and reimbursement methodologies evolve.
 - ◇ Federal sequestration will result in payments from Medicare to providers being reduced by 2%
 - ◇ States are reevaluating Medicaid payments to providers as a result of fiscal pressures and expanding Medicaid coverage in the context of healthcare reform.
 - ◇ The protracted economic recession has resulted in significant increases in uninsured patients.
 - ◇ Increased competition from other providers within and outside of Rhode Island.
 - ◇ Ability to continue to attract skilled clinical professionals to meet increasing care demands
- ◇ CNE has cash reserves which generate investment income. These investments are subject to market fluctuations influenced by changes in the environment.



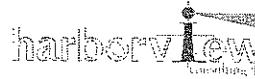
Overall Assessment of CNE/Memorial Merger

- ◇ With respect to CNE's historical financial performance, for the four year period 2009-2012:
 - ◇ While below the most recent (2011) Fitch median of 2.7%, CNE has generated positive operating margins ranging from 1.3% to 2.5%
 - ◇ Debt service coverage for CNE is well above the 1.25X required by CNE's existing bond covenants and has ranged between 4.0X and 7.5X.
 - ◇ The liquidity ratio has ranged from 1.4X to 1.7X, well above the covenant requirement of .75X. In addition cash on hand has ranged from 68-78 days. While below benchmarks, this cash reserve should provide the necessary resources to support cash requirements of the integration.
 - ◇ CNE's debt-to-capitalization ratio is currently 32% which is below the most recent (2011) Fitch median of 41% and suggests that CNE has additional borrowing capacity, if necessary.



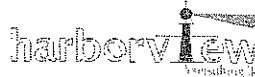
Overall Assessment of CNE/Memorial Merger (cont'd)

- ◇ CNE provided projections that included MHRI for the four-year period 2013 (two months of MHRI) through 2016 which indicated:
 - ◇ Positive operating margins ranging from 1.1% in 2013 to .5% in 2016.
 - ◇ Debt service coverage ratios ranging from 3.6X to 4.4X; well above existing debt covenants and near the current Fitch (2011) median of 3.8X.
 - ◇ A liquidity ratio ranging from 1.48X to 1.54, slightly below the current Premier (2011) median of 1.92X and well below the covenant requirement of .75X.
 - ◇ The debt-to capitalization ratio increasing to 35% in 2013 and steadily decreasing to 29%, still well below the current Fitch (2011) median of 41%.
- ◇ As a result of my review, nothing has come to my attention that would indicate that the transaction should not be approved.



Memorial Hospital/
Care New England Merger Analysis

ADDITIONAL SUPPORTING INFORMATION



Scope of Work

- ✓ Performed an analysis of transacting parties' financial statements to assess the reasonableness of the proposed combination.
- ✓ Participated in interviews of key management personnel of CNE and Memorial
- ✓ Provided expertise in hospital/healthcare accounting on as needed basis
- ✓ Provided a final written report that is clear and concise, suitable for comprehension by those professionals not engaged in the auditing/accounting profession.
- ✓ Performed other related activities that were requested by the Department.
- ✓ Remained alert for any conditions observed during the review that would give rise to concerns about internal controls.
- ✓ Reviewed forecasts provided by CNE for reasonableness.



Projected Results of Combined Entities

	CNE Actual 2010	CNE Actual 2011	CNE Projected 2012	CNE+MHRI Forecasted 2013	CNE+MHRI Forecasted 2014	CNE+MHRI Forecasted 2015	CNE+MHRI Forecasted 2016
<i>Statement of Operations</i>							
Net Patient Service Revenue	\$730.8	\$755.0	\$797.4	\$846.9	\$1,008.6	\$1,034.4	\$1,061.6
Other Operating Revenue	74.5	86.0	79.5	81.3	91.8	93.2	94.6
Total Revenue	805.3	841.1	876.9	928.2	1,100.4	1,127.6	1,156.2
Operating Expenses	786.4	826.4	864.6	917.8	1,094.6	1,120.9	1,150.9
Operating Income	\$18.8	\$14.7	\$12.3	\$10.4	\$5.8	\$6.7	\$5.3
<i>Operating Income Margin</i>	2.3%	1.7%	1.4%	1.1%	0.5%	0.6%	0.5%
<i>Benchmark (Fitch median)</i>	2.4%	2.7%					
Operating EBIDA	\$47.7	\$43.5	\$43.3	\$44.8	\$45.6	\$48.9	\$49.5
<i>Operating EBIDA Margin</i>	5.9%	5.2%	4.9%	4.8%	4.1%	4.3%	4.3%

Notes: FY 2013 includes two months of MHRI

EBIDA refer to Earnings Before Interest, Depreciation and Amortization which is a proxy for operating cash flow

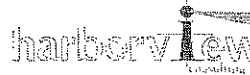
Source: CNE Forecasts



Projected Balance Sheets of Combined Entities

	CNE	CNE	CNE	CNE+MHRI	CNE+MHRI	CNE+MHRI	CNE+MHRI
	Actual 2010	Actual 2011	Projected 2012	Forecasted 2013	Forecasted 2014	Forecasted 2015	Forecasted 2016
Balance Sheet							
Assets							
Current Assets	\$ 189.9	\$ 203.0	\$ 209.5	\$ 226.3	\$ 236.0	\$ 241.0	\$ 246.2
Assets Limited as to Use	270.2	282.7	305.6	320.7	297.3	285.5	267.1
Net PP&E	253.2	250.8	247.3	262.6	293.8	300.1	309.9
Other Assets	2.5	4.9	4.3	4.5	4.5	4.5	4.5
Total Assets	\$ 715.8	\$ 741.4	\$ 766.8	\$ 834.2	\$ 831.6	\$ 831.0	\$ 827.7
Liabilities and Net Assets							
Current Portion of Long Term Debt	\$ 6.0	\$ 5.9	\$ 6.8	\$ 8.0	\$ 7.7	\$ 9.1	\$ 6.7
Other Current Liabilities	124.7	126.1	128.7	144.9	147.1	150.2	153.6
Other Liabilities	191.8	212.9	215.9	280.7	280.7	280.7	280.7
Long Term Debt	86.0	106.0	109.1	110.6	103.0	93.9	87.2
Total Liabilities	408.6	452.9	460.6	544.2	538.5	533.9	528.3
Net Assets	307.3	288.6	306.2	289.9	293.1	297.2	299.5
Total Liabilities and Net Assets	\$ 715.8	\$ 741.4	\$ 766.8	\$ 834.2	\$ 831.6	\$ 831.0	\$ 827.7
Current Ratio (Liquidity Ratio) (X)	1.45	1.51	1.55	1.48	1.52	1.51	1.54
Benchmark (Premier median)	2.23	1.92	1.92	1.92	1.92	1.92	1.92
Covenant	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Debt Service Coverage Ratio	6.60	4.50	4.02	3.57	3.75	3.61	4.42
Benchmark (Fitch median)	3.5	3.8	3.8	3.8	3.8	3.8	3.8
Covenant	1.25	1.25	1.25	1.25	1.25	1.25	1.25
Debt-to-Capitalization Ratio	NA	32%	32%	35%	33%	30%	29%
Benchmark (Fitch median)	42%	41%	41%	41%	41%	41%	41%

Source: CNE Forecasts; ratios derived from CNE Forecasts





RI Department of Health

License Application and instructions for

HOSPITALS

RI General Laws Chapter 23-17-10

Licensee Name: _____

Licensee Number: _____

Reason for application (Please check all that apply):

1. Initial Licensure
2. Change of address - current license number: _____
3. Change of ownership - current license number: _____
4. Licensee Name Change to: _____



State of Rhode Island and Providence Plantations
Department of Health

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your license/permit will not be issued. Please use a ball point pen.
- Each application shall be accompanied by a non-refundable, non-returnable application fee of sixteen thousand nine hundred dollars (\$16,900.00) per facility plus an additional fee of one hundred twenty dollars (\$120.00) per licensed bed, made payable to the *Rhode Island General Treasurer*.
- Sign the completed application and return to:
Rhode Island Department of Health
3 Capitol Hill, Room 306
Providence, RI 02908-5097
- If you have any questions concerning this application, call the office of Facilities Regulations at (401) 222-2566.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

You must attach:

- a. A current printed list of all direct and indirect owners whether individual partnership, limited partnership, limited liability company, or corporation with percent of ownership for the licensed entity and any parent organization or affiliation. If a corporation, this list must also include all officers, directors and other persons of any subsidiary corporation owning stock.
- b. For Initial:
 - i. By-Laws of the Corporation;
 - ii. By-Laws of the Medical Staff;
 - iii. Check for appropriate license fee.
- c. For Renewal - (If no amendments were made in the last year, please include a statement to that effect with application):
 - i. Amendments to By-Laws of the Corporation;
 - ii. Amendments to By-Laws of the medical staff;
 - iii. The most recent Hospital Annual Report;
 - iv. A copy of accreditation approval (i.e., TJC, CARF, AOA) and/or accreditation inspection report (If no changes/inspections/correspondence regarding your accreditation since the last renewal, please include a statement to that effect with application);
 - v. A copy of the most recent CAP report;
 - vi. Check for appropriate license fee.
- d. For Change of Address:
 - i. Local municipality planning board/zoning approval;
 - ii. State Fire Marshall's Office/local fire authority occupancy approval;

Attachments: Any/all attachment(s) with this application must be labeled and stapled separately and securely affixed to this application.

Postage: The amount of postage required for mail delivery will vary depending upon the total weight of your attachment(s) and application. Please be careful to include the appropriate postage necessary to mail your completed application.



State of Rhode Island and Providence Plantations
Department of Health

Please complete the following:

Federal Provider Number: (Leave blank if N/A)	Federal Provider Number: _____
License Sub-Type: Please select one	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
If charitable institution/nonprofit, please complete the following:	Date established: _____ Special Charter: Yes _____ No _____
Type of Hospital (Please select one)	General Hospital _____ Psychiatric Hospital _____ Other (Specify) _____
Compliance with Conditions of Approval (Please check yes or no).	This facility/agency is in compliance with all conditions of approval (i.e. relative to Certificate of Need, Change of Effective Control, Initial Licensure and/or Licensure renewal). Yes _____ No _____
Facility Name: Please provide the name of the facility (as known to the public).	Name: _____
Facility Contact Person: Please provide the name and telephone number of a person we can contact concerning this facility.	Name: _____ Phone Number: _____
Facility Mailing Information: Please provide the mailing information for all communication regarding this license. (Not published on HEALTH website).	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Address City, State, Zip Code _____ Address Country _____ Phone: _____ Fax: _____ Email Address: _____



State of Rhode Island and Providence Plantations
 Department of Health

<p>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Ownership Type:</p> <p>Please check ONE</p>	<p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Governmental Entity <input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Partner</p>
<p>Ownership Information: (Licensee)</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____ (License Holder)</p> <p>DBA: _____</p> <p>Contact person: _____</p>
<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>



**State of Rhode Island and Providence Plantations
Department of Health**

<p>Parent Organization, Group Affiliation:</p> <p>Please complete this section if there is any parent organization, group affiliation or other entity that is on the top of the Facility/agency control</p>	<p>Corporation Type _____</p> <p>Contact person _____</p> <p>Name of Organization _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Land/Building Info:</p> <p>If the owner of the land and building is other than the operator of this agency/facility, please complete the following:</p>	<p>Name: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone : _____</p>
<p>Accreditation (Please complete for all that apply)</p>	<p>TJC ___ Yes ___ No Date of survey _____ Term of accreditation _____ years</p> <p>AOA ___ Yes ___ No Date of survey _____ Term of accreditation _____ years</p> <p>CARF ___ Yes ___ No Date of survey _____ Term of accreditation _____ years</p> <p>CAP ___ Yes ___ No Date of survey _____ Term of accreditation _____ years</p>
<p>Does the hospital have a PPS excluded Psychiatric Unit?</p>	<p>Yes _____ No _____</p> <p>If yes, please complete the following:</p> <p>Related Provider Number: _____</p> <p>Number of beds: _____</p>
<p>Does the hospital have a PPS excluded Rehabilitation Unit?</p>	<p>Yes _____ No _____</p> <p>If yes, please complete the following: Related Provider Number: _____ Number of beds: _____</p>
<p>Does the hospital have a federal certification as a Psychiatric Hospital?</p>	<p>Yes _____ No _____</p> <p>If yes, please complete the following: Federal Provider Number: _____ Number of beds: _____</p>
<p>Does the hospital offer Stroke Prevention and Treatment services?</p>	<p>Yes _____ No _____</p>



State of Rhode Island and Providence Plantations
Department of Health

Does the hospital have a program for Esophageal and/or Pancreatic Cancer Surgery?	Yes _____ No _____																																																																																
Bed Capacity and Complement as of: _____ (Please complete the following sections relative to the hospital's licensed bed capacity and number of beds actually in use)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">I. Adult Medical Surgical Beds</td> <td style="width:20%; text-align: center;"># of Beds Licensed</td> <td style="width:20%; text-align: center;"># of beds in use</td> </tr> <tr> <td> A. ICE/CCU</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> B. Short Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> C. Long Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> D. Substance Abuse</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> E. Cooperative Care</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> F. Total (Sum of A-E)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>II. Obstetrics Beds</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>III. Pediatric Beds</td> <td></td> <td></td> </tr> <tr> <td> A. ICU</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> B. Short Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> C. Long Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> D. Total (Sum of A-C)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>IV. Psychiatric Beds</td> <td></td> <td></td> </tr> <tr> <td> A. Intensive</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> B. Short Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> C. Long Term</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> D. Total (Sum of A-C)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>V. Rehabilitation Beds</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>VI. Other inpatient (Please list specific category)</td> <td></td> <td></td> </tr> <tr> <td> A. _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> B. _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> C. _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td> D. Total (Sum A-C)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>VII. Total Beds (Sum of I-F, II, III-D, IV-DE, V and VI-D)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>VIII. Bassinets</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	I. Adult Medical Surgical Beds	# of Beds Licensed	# of beds in use	A. ICE/CCU	_____	_____	B. Short Term	_____	_____	C. Long Term	_____	_____	D. Substance Abuse	_____	_____	E. Cooperative Care	_____	_____	F. Total (Sum of A-E)	_____	_____	II. Obstetrics Beds	_____	_____	III. Pediatric Beds			A. ICU	_____	_____	B. Short Term	_____	_____	C. Long Term	_____	_____	D. Total (Sum of A-C)	_____	_____	IV. Psychiatric Beds			A. Intensive	_____	_____	B. Short Term	_____	_____	C. Long Term	_____	_____	D. Total (Sum of A-C)	_____	_____	V. Rehabilitation Beds	_____	_____	VI. Other inpatient (Please list specific category)			A. _____	_____	_____	B. _____	_____	_____	C. _____	_____	_____	D. Total (Sum A-C)	_____	_____	VII. Total Beds (Sum of I-F, II, III-D, IV-DE, V and VI-D)	_____	_____	VIII. Bassinets	_____	_____	<p>Please attach a listing of the licensed bed capacity by hospital unit. Also indicate beds in use (equal to or less than the licensed capacity) by Hospital Unit.</p>	
I. Adult Medical Surgical Beds	# of Beds Licensed	# of beds in use																																																																															
A. ICE/CCU	_____	_____																																																																															
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VIII. Bassinets	_____	_____																																																																															



State of Rhode Island and Providence Plantations
 Department of Health

<p>Please identify the number of Emergency Department Treatment stations/stretchers/beds.</p>	<p>A. General treatment _____</p> <p>B. Cardiac _____</p> <p>C. Trauma _____</p> <p>D. Orthopedic _____</p> <p>E. OB/GYN _____</p> <p>F. Observation (if separately designated) _____</p> <p>G. Urgent Care/Express/Fast Track _____</p> <p>H. Other (please specify):</p> <p style="margin-left: 20px;">a. _____</p> <p style="margin-left: 20px;">b. _____</p> <p style="margin-left: 20px;">c. _____</p> <p>I. Total (Sum of A-H) _____</p>
<p>Total number of Hospital Premises:</p> <p>_____</p>	<p>Please identify all <u>premises</u> covered by the Hospital License, the name by which each is known, its certificate number, the services provided, and whether or not the premises were reviewed during your last Accreditation Survey. The first premises listed should be the main hospital building (or campus). Be sure to list <u>all</u> premises, including off-campus labs and drawing stations. (Add additional sheets as needed).</p>

<p>Premises Name _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone : _____ Fax: _____ E-mail: _____</p> <p>Name of contact person: _____</p> <p>Days/Hours of operation: _____</p> <p>Service(s) provided: _____</p> <p>_____</p> <p>_____</p> <p>Reviewed during last Accreditation Survey? _____ Yes _____ No</p> <p>If the owner of the land and building is other than the operator of the facility, please complete the following:</p> <p>Name of Owner: _____</p> <p>Address: _____</p> <p>Address City, State, Zip Code _____</p>
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State of Rhode Island and Providence Plantations
Department of Health

<p>Premises Name _____</p> <p>Premises Certificate Number: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone : _____ Fax: _____ E-mail: _____</p> <p>Name of contact person: _____</p> <p>Days/Hours of operation: _____</p> <p>Service(s) provided: _____</p> <p>_____</p> <p>Reviewed during last Accreditation Survey? _____ Yes _____ No</p> <p>If the owner of the land and building is other than the operator of the facility, please complete the following:</p> <p>Name of Owner: _____</p> <p>Address: _____</p> <p>Address City, State, Zip Code _____</p>
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State of Rhode Island and Providence Plantations
Department of Health

<p>Premises Name _____</p> <p>Premises Certificate Number: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone : _____ Fax: _____ E-mail: _____</p> <p>Name of contact person: _____</p> <p>Days/Hours of operation: _____</p> <p>Service(s) provided: _____</p> <p>_____</p> <p>Reviewed during last Accreditation Survey? _____ Yes _____ No</p> <p>If the owner of the land and building is other than the operator of the facility, please complete the following:</p> <p>Name of Owner: _____</p> <p>Address: _____</p> <p>Address City, State, Zip Code _____</p>
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State of Rhode Island and Providence Plantations
Department of Health

Premises Name _____
Premises Certificate Number: _____
Address Line 1 _____
Address Line 2 _____
Address Line 3 _____
Address City, State, Zip Code _____
Phone : _____ Fax: _____ E-mail: _____
Name of contact person: _____
Days/Hours of operation: _____
Service(s) provided: _____

Reviewed during last Accreditation Survey? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the owner of the land and building is other than the operator of the facility, please complete the following:
Name of Owner: _____
Address: _____
Address City, State, Zip Code _____
Please list all laboratories (name, address, CLIA # and RI License number) to which the hospital refers tests: (Add additional sheets as needed).
Lab Name: _____
Address: _____
Address City, State, Zip Code _____
CLIA #: _____ RI License # _____
Lab Name: _____
Address: _____
Address City, State, Zip Code _____
CLIA #: _____ RI License # _____
Lab Name: _____
Address: _____
Address City, State, Zip Code _____
CLIA #: _____ RI License # _____



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Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____
Lab Name: _____ Address: _____ Address City, State, Zip Code _____ CLIA #: _____ RI License # _____



State of Rhode Island and Providence Plantations
 Department of Health

Acknowledgements

I am aware of Chapter 23-17-10 of the General Laws of Rhode Island, 1956, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of this facility.

I acknowledge that authorized representative of the Licensing Agency shall, in conformity with the authority continued under Chapter 23-17-10 of the General Laws of Rhode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, including all records of any facility/residence.

FEIN Number:
 (Federal Employer Identification Number)

Note: If you are a sole proprietor this number may be your Social Security Number.

Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Please provide below SSN/FEIN for this license:

SSN/F.E.I.N. Number: _____

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature of Authorized Person

Date of Signature
 (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended.



RI Department of Health

License Application and instructions for

Home Nursing Care Provider

RI General Laws Chapter 23-17-10

Licensee Name: _____

Licensee Number: _____

Reason for application (Please check all that apply):

1. Initial Licensure
2. Change of address: What is your current license number: _____
3. Change of ownership: What is your current license number: _____
4. Licensee Name Change



State of Rhode Island and Providence Plantations
 Department of Health

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your license/permit will not be issued. Please use a ball point pen.
- The fee for this application is \$650. If this application reflects a change of location, there is no fee.
- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash.
- Sign the completed application and return to:

Rhode Island Department of Health
 3 Capitol Hill, Room 306
 Providence, RI 02908-5097.

- If you have any questions concerning this application, call the office of Facilities Regulations at (401) 222-2566.
- Please answer all questions. Indicate any changes to current or missing information. Do not leave blanks. Incomplete forms will be returned to you and your license/permit will not be issued. Please use a ball point pen.
- If you have any questions concerning this renewal application, call the office of **Facilities Regulations** at (401) 222-2566.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

You must attach a current printed list of all direct and indirect owners whether individual partnership, limited partnership, limited liability company, or corporation with percent of ownership. If a corporation, this list must also include all officers, directors and other persons of any subsidiary corporation owning stock.

Attachments: If you have been requested to submit attachment(s) with this application, please label and staple each separate attachment and securely affix any and all attachments to this application.

Postage: The amount of postage required for mail delivery will vary depending upon the total weight of your attachment(s) and application. Please be careful to include the appropriate postage necessary to mail your completed application.

Please complete the following information:

HAA Provider Number: (If your agency is certified as a Home Health Agency please provide your Federal Provider number. Leave blank if N/A.)	HHA Provider Number: _____
License Sub-Type: Please select one	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Compliance with Conditions of Approval Please check yes or no.	This facility/agency is in compliance with all conditions of approval (i.e. relative to Certificate of Need, Change of Effective Control, Initial Licensure and/or Licensure renewal). <input type="checkbox"/> Yes <input type="checkbox"/> No



State of Rhode Island and Providence Plantations
Department of Health

<p>Agency Name:</p> <p>Please provide the name of the agency (as known to the public).</p>	<p>Name: _____</p>
<p>Agency Contact Person:</p> <p>Please provide the name and telephone number of a person we can contact concerning this agency.</p>	<p>Name: _____</p> <p>Phone Number: _____</p>
<p>Agency Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p> <p>(Not published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Agency Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Branch Office Information:</p>	<p>Home Nursing Care Providers operating under a single license may establish branch offices under that same single license. To establish a branch office, you must provide all of the information requested. If you have more than one branch office, please copy this section as needed and attach to this application.</p> <p>Branch Type: <input type="checkbox"/> Home Nursing Care <input type="checkbox"/> Home Care (Please select one)</p> <p>Branch Contact Name: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address Line 4 _____</p> <p>Phone Number: _____</p>



State of Rhode Island and Providence Plantations
 Department of Health

<p>Ownership Type:</p> <p>Please check ONE</p>	<p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Partnership</p>
<p>Ownership Information:</p> <p>Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>
<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Parent Organization, Group Affiliation:</p> <p>Please complete this section if there is any parent organization, group affiliation or other entity that is on the top of the Facility/agency control</p>	<p>Corporation Type _____</p> <p>Name of Organization _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Land/Building Info:</p> <p>If the owner of the land and building is other than the operator of this agency/facility, please complete the following:</p>	<p>Name: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p>



State of Rhode Island and Providence Plantations
Department of Health

<p>Region/Geographic Area: (Please check all areas to be served)</p>	<p><input type="checkbox"/> Washington <input type="checkbox"/> Newport <input type="checkbox"/> Bristol <input type="checkbox"/> Providence <input type="checkbox"/> Kent</p>																																				
<p>Services Provided: Please check which services are provided by your employees or through written agreement with others.</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">By Employees</th> <th align="center">Per Agreement</th> <th align="center">Not Provided</th> </tr> </thead> <tbody> <tr> <td>Nursing Care:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Physical Therapy:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Occupational Therapy:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Speech Therapy:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Home Health Aide:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Medical Social Work:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Homemaker:</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Other: List Additional Services</td> <td colspan="3">_____</td> </tr> </tbody> </table>		By Employees	Per Agreement	Not Provided	Nursing Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home Health Aide:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Social Work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homemaker:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: List Additional Services	_____		
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<p>Homemaker Training Program:</p>	<p>Do you provide a Homemaker Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please attach the following information:</p> <ol style="list-style-type: none"> 1. Credentials/resume of individual providing training. 2. Curriculum for Homemaker Training Program 3. Copy of final exam 4. Sample of any certificate to be awarded. 																																				



**State of Rhode Island and Providence Plantations
Department of Health**

Acknowledgements

I am aware of Chapter 23-17-10 of the General Laws of Rhode Island, 1956, as amended, and the standards, rules and regulations prescribed there under, which regulate the operation of this facility.

I acknowledge that authorized representative of the Licensing Agency shall, in conformity with the authority continued under Chapter 23-17-10 of the General Laws of Rhode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, including all records of any facility/residence.

FEIN Number:
(Federal Employer Identification Number)

Note: If you are a sole proprietor this number may be your Social Security Number.

Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Please provide below SSN/FEIN for this license:

SSN/F.E.I.N. Number:

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature of Authorized Person

Date of Signature (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended.