



Health and Human Services

## Certificate of Need Extension Request

Certificate of Need extensions are required for projects not completed within one year from the original approval. According to our records this project has not been completed. Please complete this form and submit it no less than 30 days prior to the expiration of your Certificate of Need - either original approval date or most recent extension date. If this project has been completed, or will be completed by the expiration of the approval, please inform this office and include the completion date and final dollar total for the project. Thank you for your cooperation.

**Applicant**

Accordius Health at St Mary dba Ivy at Davenport

**Address**

800 E Rusholme St, Davenport, Iowa 52803

**County**

Scott

**Project Description**

We are planning to add 15 beds back to our facility

**Originally Approved Project Cost**

\$150,000.00

**New Project Cost - if applicable**

\$500,000.00

**Cost Overrun information**

641 IAC 202.14(2) - An increase in the actual cost of the project over and above that originally approved shall automatically generate a rereview by the council if the increase exceeds the originally approved amount by:

- a. Fifteen percent for projects up to \$999,999.99;
- b. Twelve percent for projects from \$1,000,000.00 to \$4,999,999.99;
- c. Eight percent for projects \$5,000,000.00 and over.

An increase in the approved cost that falls below the above percentages shall be reported to the department.

**Original Approval Date - Date the CON meeting was held.**

5/1/2024

**Do you have a cost overrun?**

No

**Original Completion Date**

10/1/2025

**Projected Completion Date**

11/5/2026

**Length of Extension Requested - Up to 12 months**

12 Months (maximum allowable)

**Describe the work completed to date and the work yet to be completed.**

We have done the architectural designs and we have finally received a quote.

We were waiting for the financial situation to turn around at the facility and we feel that we have achieved that objective. Originally the cost was expected to be much lower as we were already licensed for the 90 beds.

The work that needs to be done is to update the rooms, widen the bathrooms, change some general aspects to make the rooms ADA compliant.

We were waiting on more stability with the building and funding but that has all been achieved and we are confident that we are ready to get this going and completed.,

**Explain any completion delays from the date projected in your application and describe what those delays have been.**

The completion of the project was delayed primarily due to funding and coordination factors. We experienced initial delays while securing the necessary funding and ensuring operational stability at the facility. Additionally, the architectural design process and approvals from both the city and county took longer than anticipated, as aligning all parties and obtaining the required clearances required extensive coordination.

At this point, all architectural designs and floor plans have been fully approved, funding is secured, and all preparatory steps have been completed. The project is now ready to proceed without further delay.

**Have any aspects of your project changed since approval (projected costs, number of beds, services, ownership, location, etc.)? If so, please explain.**

No, at this point this has not changed.

**On what date(s) did you sign (or do you anticipate signing) necessary contracts and/or financing agreements. Please provide a list.**

We did not sign any new financing or contracts.

**How much of the approved amount have you spent to date?**

\$85,000.00

**Provide a breakdown of all expenditures.**

This was all for architectural designs and planning

**Name**

Chaim Hyman

**Title**

CEO

**Date of form completion**

11/6/2025

**Phone**  
(305) 494-6165

**Email**  
[ryan@ivyhealthcaregroup.com](mailto:ryan@ivyhealthcaregroup.com)

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