



## 2026 Iowa Certificate of Need (CON) Application

Instructions: 1. Complete all the sections below. 2. Provide concise, evidence-based responses, with supporting documentation or data as needed. 3. Reference Iowa Code 10A.714, as needed, to complete the application. 4. Upload additional documentation, as needed.

### Primary Contact

Administrator Danielle Grove

### Primary Contact Employer

### Primary Contact Email

dgrove@ensignservices.net

### Facility Name

Crystal Heights Care Center

### Facility Address

1514 High Ave W, Oskaloosa, Iowa 52577

### Project Title

Increase in Nursing Facility Bed Capacity to 85 Beds (no construction)

### Project Type

Change in bed capacity less than 10% or 10 beds over 2 years (no construction)

### Would you like to request a summary review?

No

## 1. Applicant and Facility Overview

### a. Project Purpose and Objectives:

CHCC requests a Certificate of Need to add 13 nursing facility (NF) beds to its current 72-bed NF license (#165570), increasing total capacity to 85 beds. The addition responds to sustained demand for Intermediate Care Facility (ICF)-level placements, including residents with behavioral health needs, dementia, and complex medical conditions. Objectives include: reduce waitlists, avoid out-of-county placements, support timely hospital and behavioral program discharges, and maintain appropriate cohorting/staffing for higher-acuity residents in Mahaska County and contiguous counties.

### b. Relationship to Long-Range Development Plan:

The project aligns with CHCC's strategic plan to serve higher-acuity long-term care residents and optimize existing infrastructure. The modest capacity increase leverages current space without new construction, strengthening the continuum of care on campus.

### c. Description of Proposed Service/Program:

Add 13 NF beds within the existing licensed premises for ICF-level long-term care, dementia care, and behavioral health support. Scope includes interdisciplinary care planning, behavioral supports, dementia-

informed programming, and complex medical management. Intended outcomes: improved access, reduced transfers, shorter acute lengths of stay, and better care continuity.

**d. Target Population: Specify geographic and demographic areas.**

Geography: Mahaska County and contiguous counties (Jasper, Marion, Poweshiek, Keokuk, Wapello, Monroe). Demographics: primarily elderly and disabled adults requiring ICF-level and dementia/behavioral supports; payer mix includes Medicare, Medicaid, and private pay.

**e. Relation to Existing Provider Network: Summarize relationship with other health care providers/services in the region.**

CHCC receives referrals from hospitals, managed care organizations (MCOs), and neighboring facilities. The additional beds will relieve capacity constraints and reduce out-of-county placements while maintaining cooperative relationships.

**f. Funding Sources and Financial Resources: Identify and document sources of funding and financial viability.**

Capital: No new construction is required; project leverages existing infrastructure. Any minor equipment or furnishings will be funded from operating reserves. Financial viability supported by existing operations and payer mix.

**Current # of Beds (if changing)**

72

**Current bed type (if changing)**

nursing facility

**Requested # of Beds (if changing)**

85

**Requested bed type (if changing)**

nursing facility

**Document Upload**

Certified Bed Utilization statistics.pdf

## 2. Community Need and Service Gaps

**a. Description of Need:**

County average NF occupancy is approximately 91%, with contiguous counties ranging from 69% to 92%, and an average across the seven-county market exceeding the 85% benchmark. CHCC's own occupancy averaged 83% in 2025 with 68 residents at the time of the waiver review, underscoring active throughput and sustained demand for ICF-level placements.

**b. Assessment of Existing Services and Gaps:**

High county and regional occupancy rates indicate limited availability of appropriate placements, particularly for dementia and behavioral health needs. The proposed addition addresses documented referral demand and reduces the need for out-of-area placements.

**c. Alternatives Analysis:**

Alternatives considered: status quo (maintain current capacity), divert to other counties, or pursue new construction. Given immediate demand and available space, an in-place capacity increase without construction is the most cost-effective and timely option.

**d. Accessibility Considerations:**

The project reduces travel burden for families in Mahaska and neighboring rural counties and improves timely access from regional hospitals.

**e. Community Input/Support:**

Crystal Heights Care Center serves a medically vulnerable rural population with limited alternatives for

long-term care, Memory Care, and skilled nursing services. Current occupancy exceeds 90%, and demographic projections show accelerating growth in the 75+ population. Adding 13 beds (for a total of 85) will improve access to care, reduce hospital discharge delays, expand dementia-capable placement capacity, and ensure continuity of services for families in Mahaska County and surrounding rural communities. This expansion aligns with Iowa HHS CON criteria regarding demonstrated need, community benefit, and the prevention of access barriers in rural regions.

**Document Upload (if needed)**

Medical Director Letter.pdf

2 Letter.pdf

**f. Non-discriminatory Access:**

Services are offered without discrimination, consistent with federal and state requirements, including access for both allopathic and osteopathic practitioners.

### **3. Impact on Existing Providers**

**a. Impact Assessment:**

The 13-bed increase is modest and targeted to higher-acuity ICF-level need, minimizing duplication risk. By easing hospital discharge bottlenecks and reducing out-of-county placements, the project complements rather than displaces other providers.

**b. Community and Economic Impact: Broader system effect and value-added to the community.**

Expanded capacity supports local employment stability, reduces uncompensated hospital days related to delayed placement, and retains healthcare spending within the county.

**c. Efficiency in Use of Resources: Shared/cooperative arrangements to maximize efficiency.**

CHCC will leverage existing infrastructure and staffing models, with selective hiring to support added census; collaborates with regional providers for specialty services.

### **4. Financial and Operational Feasibility**

**a. Financial Projections and Feasibility:**

Please see attached document

**Document Upload (3-year budget projections)**

CHCC Pro Forma.pdf

**b. Staffing and Operations:**

Incremental FTEs planned across nursing, CNAs, activities, social services, and dietary to support up to 85 residents; staffing ratios maintained per Iowa regs and CMS guidelines. Training emphasis on dementia-informed care and behavioral supports.

**c. Short and Long-term Viability:**

Demand indicators (county/regional occupancy >85%) and payer mix support sustainable operations; ongoing quality and survey performance (4-star overall on Care Compare) underpin stability.

### **5. Community and Economic Impact**

**a. Community Engagement:**

CHCC will continue outreach to families, referral partners, and community agencies; feedback incorporated via QAPI and resident/family councils.

**b. Resource Availability:**

Management team and clinical leadership in place; incremental hiring plan will be phased as census grows; alternative uses of resources considered within campus continuum.

**c. Organizational Relationships:**

Established relationships with local hospitals, behavioral health providers, therapy vendors, and MCOs; telehealth specialty consults as needed.

## **6. Project Planning**

**a. Project Timeline:**

- CON submission: February 2026
- Anticipated decision: Q2 2026
- Bed licensure update and operational readiness: within 30–60 days of approval
- Full implementation: within 90 days of CON approval

**b. Innovative Components:**

Dementia-informed programming; behavioral support protocols; use of existing footprint to accelerate access with minimal capital outlay.

**c. Regulatory Compliance:**

Operations comply with Iowa Code 10A.714 and Iowa Code 135C.35A (moratorium waiver), CMS Conditions of Participation, and DIAL licensure requirements.

## **7. Special Criteria for Specific Services:**

**a. Alternative Consideration (10A.714(2)(a)):**

Practical alternative chosen: use existing space—no construction—sharing/modernization considered and implemented as practicable.

**b. Utilization of Similar Facilities (10A.714(2)(b)):**

Regional occupancy exceeds 85%, indicating efficient use and ongoing need.

**c. Construction/Modernization (10A.714(2)(c)):**

no construction

**d. Access Concerns (10A.714(2)(d)):**

Without added beds, serious access constraints persist for ICF-level and dementia/behavioral residents.

**e. UIHC Special Role (10A.714(3)):**

n/a

**Signature**

*Danielle Grove*

**Additional Supporting Documents Upload**  
Waiver Accepting.pdf