

# MARYLAND HEALTH CARE COMMISSION

## Approval of Acquisitions with Conditions

March 19, 2026  
(Corrected April 16, 2026)

Nancy Lane, PDA  
2016 Cameron Street, #201  
Raleigh, North Carolina 27605

- RE: Acquisition of Real Property of Eight Nursing Homes in the Maryland Potomac Region
- Anchorage Healthcare Center – OHI Asset (MD) Salisbury, LLC (126 beds)
  - Clinton Healthcare Center – PV Realty – Clinton, LLC (267 beds)
  - Forestville Healthcare Center – OHI Asset (MD) Forestville, LLC (162 beds)
  - Ft Washington Health Center – Livingston Asset Co., LLC (150 beds)
  - Kensington Healthcare Center – PV Realty-Kensington LLC (140 beds)
  - Marley Neck Health and Rehabilitation Center – Mneck Asset Ownership, LLC (95 beds)
  - Silver Spring Healthcare Center – New Hampshire Asset Co., LLC (92 beds)
  - South River Healthcare Center – OHI Asset (MD) Edgewater, LLC (111 beds)

### ACQUISITION DESCRIPTION

This order authorizes the acquisition of the real property of the above identified nursing homes by the entities identified in Appendix 1, subject to conditions.

### ORDER

- I. The Maryland Health Care Commission reviewed the Staff Report and based on the analysis and record **ORDERED** on March 19, 2026 that the acquisitions are approved with the following conditions:
  1. Within 90 days of the contract execution, the buyers must submit a Quality Improvement Plan for the Commission staff's approval that is consistent with the [CMS Quality Assurance and Performance Improvement \(QAPI\) plan](#) for each acquired facility in collaboration with the operations and bed rights owners. The Plans must include actions to eliminate documented harm tags and a detailed budget of planned quality improvement investments. If a facility has an overall rating below three (3) stars in the CMS Nursing Home Compare rating system, the plan must include measurable performance improvement goals to raise quality scores and associated quality metrics to an overall rating of 3 stars.

- a. Each facility's plan, budget, and updates shall be single, consolidated submissions by the operations-acquiring entity, and should utilize the reporting format provided by the Commission, if one is provided. Commission staff will review the submitted Plans and budget and may recommend revisions prior to approval.
    - b. Buyers shall submit status updates on the Plan, including current expenditures on quality improvement, to the Commission every six months for the next three years, which the Commission may make public, in whole or in part.
    - c. The facility shall make demonstrable progress towards quality improvement to satisfy the terms of this condition.
  2. Within 90 days of contract execution, buyers and affiliated entities must disclose any individuals that have a financial stake or managerial authority in both the applicant and any company that contracts with an acquired facility. Each disclosure shall identify: the name of the contracting entity, the services provided and associated fees, the individuals holding the financial interest and the value of the interest. If the payment for a specific contracted service exceeds fair market value, or upon the Commission's request, buyers must provide the Commission with adequate justification for the payment. Buyers shall update this information on an annual basis as part of the post-acquisition report required by COMAR 10.24.20.06C(1).
  3. For any facilities for which a waiver request was denied in whole or part, buyers must submit a detailed plan for how the applicant intends to eliminate or further reduce the resident rooms containing more than two beds within 90 days of contract execution.
  4. If the applicant fails to meet any conditions on bed waiver approvals or conditions of the acquisition, the applicant may be subject to fines, penalties, and/or revocation of bed waivers.
- II. In consideration of the applicants' requests for waivers of the requirement to fully eliminate all rooms with more than two beds for Clinton Healthcare Center, Forestville Healthcare Center, and Marley Neck Health & Rehabilitation Center, as well as Staff's Report and analysis, the Commission further **ORDERED**:
1. That the waiver request for **Clinton Healthcare Center** is **PARTIALLY APPROVED** and the facility must further eliminate 11 triple rooms within 3 years of acquisition approval but may retain 18 multi-bedded rooms, subject to the following conditions:
    - a. The facility must continue to provide services for in-house dialysis, and behavioral health care managed by a nurse practitioner.; and

- b. The facility must maintain 80% Medicaid participation rate;
2. The waiver request for **Forestville Healthcare Center** is APPROVED and the facility may retain 27 multi-bedded rooms, subject to the following conditions:
  - a. The facility must maintain 80% Medicaid participation rate; and
3. The waiver request for **Marley Neck Health & Rehabilitation Center** is APPROVED and the facility may retain 2 multi-bed rooms, subject to the other conditions in this order.

### **PROPOSED CHANGES TO THE APPROVED PROJECT**

Before making any changes to the facts in the acquisition applications approved by the Commission, the acquirers must notify the Commission in writing and receive Commission approval of each proposed change.

### **FACILITIES LICENSURE BY MDH**

This application approval with conditions does not constitute a license or replace any approvals required by the Office of Health Care Quality (OHCQ) or others within the Maryland Department of Health (MDH). The acquirers must provide OHCQ and MDH with all information required for facility licensure.

### **NOTIFICATION OF ACQUISITION COMPLETION**

Within 15 days following the completion of the acquisition, send notice of completion to the Maryland Health Care Commission and the OHCQ.

### **ANNUAL STATUS REPORTS**

In accordance with COMAR 10.24.20.06, on or before July 1 immediately following the acquisitions of the nursing homes in these transactions and each year for 3 years thereafter the buyers shall provide the Commission annual status reports (Appendix 2). A report template for the annual reporting will be forthcoming. The due date of the first annual report is July 1, 2027.

### **SUBMISSION SCHEDULE**

<b>Date</b>	<b>Submission</b>
90 Days After Contract Execution	<ul style="list-style-type: none"><li>• Single, consolidated Quality Improvement Plan including plan, budget, and updates for each acquired facility submitted by the operations-acquiring entity in collaboration with the real property owners;</li></ul>
Approximately June 30, 2026	<ul style="list-style-type: none"><li>• Overlapping interest disclosure for each acquired facility; and</li></ul>

	<ul style="list-style-type: none"> <li>Plan to eliminate or reduce multi-bedded rooms for each facility denied or partially denied multi-bed waiver.</li> </ul>
<p>9 months after contract execution</p> <p>Approximately January 2027, depending on closing date</p>	<ul style="list-style-type: none"> <li>Single, consolidated Quality Improvement Plan update for each facility</li> </ul>
<p>July 1, 2027</p>	<ul style="list-style-type: none"> <li>Annual Report required by COMAR 10.24.20.06 for each acquired facility, which shall include updates to the Quality Improvement Plan for each acquired facility, submitted by the operations-acquiring entity in collaboration with the real property owners, and overlapping interest disclosure update for each acquired facility.</li> </ul>
<p>January 2, 2028</p>	<ul style="list-style-type: none"> <li>Single, consolidated Quality Improvement Plan update for each facility</li> </ul>
<p>July 1, 2028</p>	<ul style="list-style-type: none"> <li>Annual Report required by COMAR 10.24.20.06 for each acquired facility, which shall include updates to the Quality Improvement Plan for each acquired facility, submitted by the operations-acquiring entity in collaboration with the real property owners, and overlapping interest disclosure update for each acquired facility.</li> </ul>
<p>January 2, 2029</p>	<ul style="list-style-type: none"> <li>Single, consolidated Quality Improvement Plan update for each facility</li> </ul>
<p>July 1, 2029</p>	<ul style="list-style-type: none"> <li>Annual Report required by COMAR 10.24.20.06 for each acquired facility, which shall include updates to the Quality Improvement Plan for each acquired facility, submitted by the operations-acquiring entity in collaboration with the real property owners, and overlapping interest disclosure update for each acquired facility.</li> </ul>

**PURCHASE PRICE**

Appendix 3 contains the purchase price for the real property of each facility.

**ACKNOWLEDGEMENT OF RECEIPT**

Acknowledgement of your receipt of this approval stating acceptance of its terms and conditions, is required within thirty (30) days.

**MARYLAND HEALTH CARE COMMISSION**



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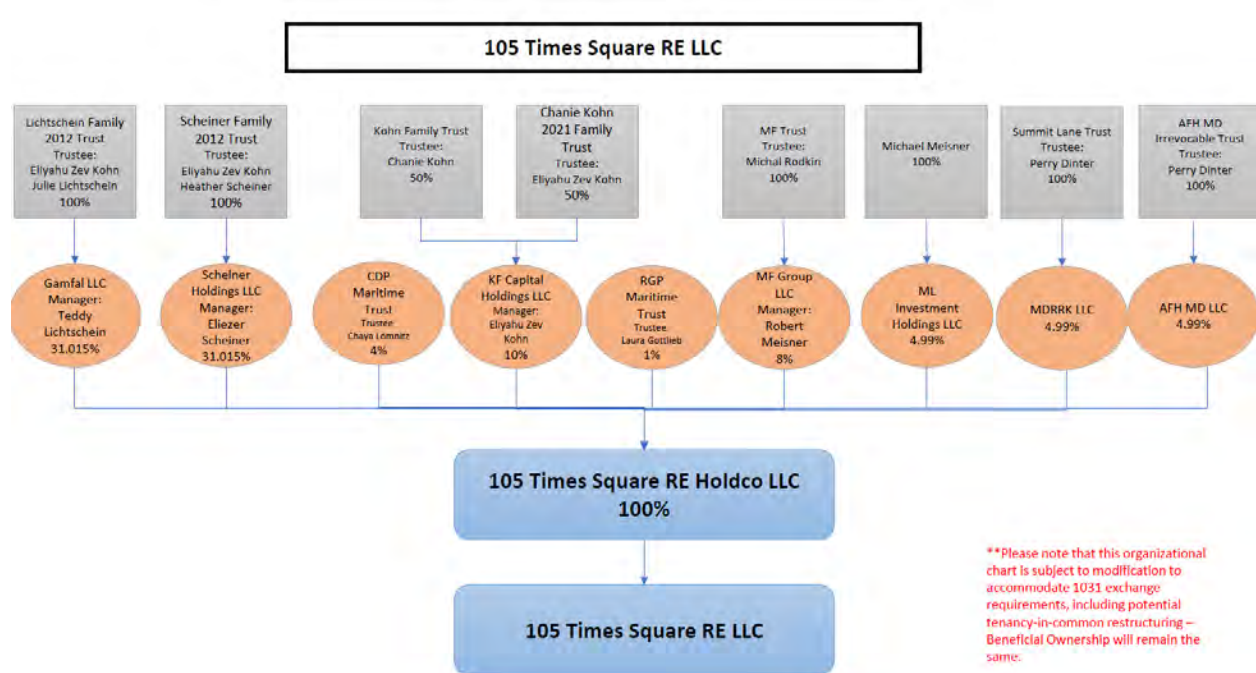
Douglas Jacobs, MD, MPH  
Executive Director

cc: Meena Seshamani, MD, Ph.D. Health Secretary  
Carmel Roques, Secretary of Aging  
Tia Witherspoon, Office of Health Care Quality  
Anthony G. Brown, Attorney General  
Karrie Craig, State Long-Term Care Ombudsman  
Matthew McConaughy, MPH, Health Officer, Wicomico County  
Jacqueline E. Somerville, Psy.D., LCPC, Health Officer, Prince George's County  
Kisha Davis, M.D., Health Officer, Montgomery County  
Tonii Gedin, M.D., Health Officer, Anne Arundel County  
Wynee Hawk, Director, Health Planning, MHCC  
Alexandra Bryden, Chief of Staff, MHCC  
Jeanne Marie Gawel, Chief of Facility Planning, MHCC  
Heather Reed, Office of Health Care Quality, MDH  
Catherine Victorine, Program Manager, MHCC  
Deanna Dunn, Health Care Facilities Coordinator, MHCC  
Alexa Bertinelli, Assistant Attorney General  
Caitlin Tepe, Assistant Attorney General

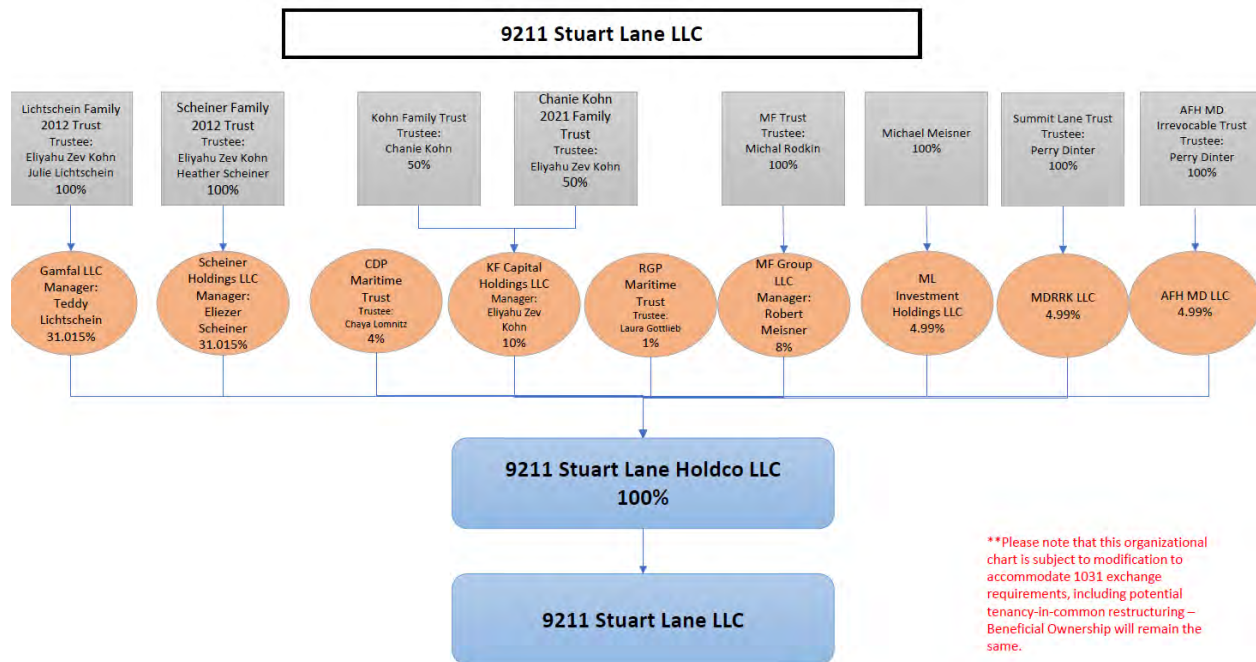
**APPENDIX 1**

**Potomac Region**

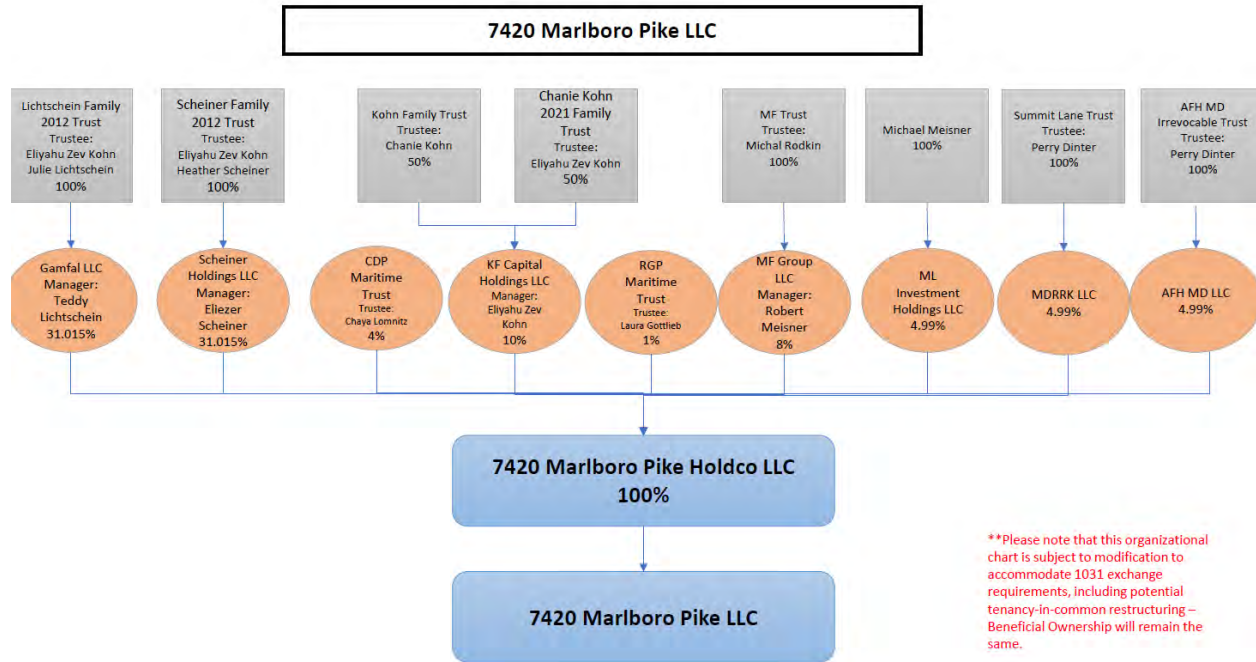
**Anchorage Healthcare Center**



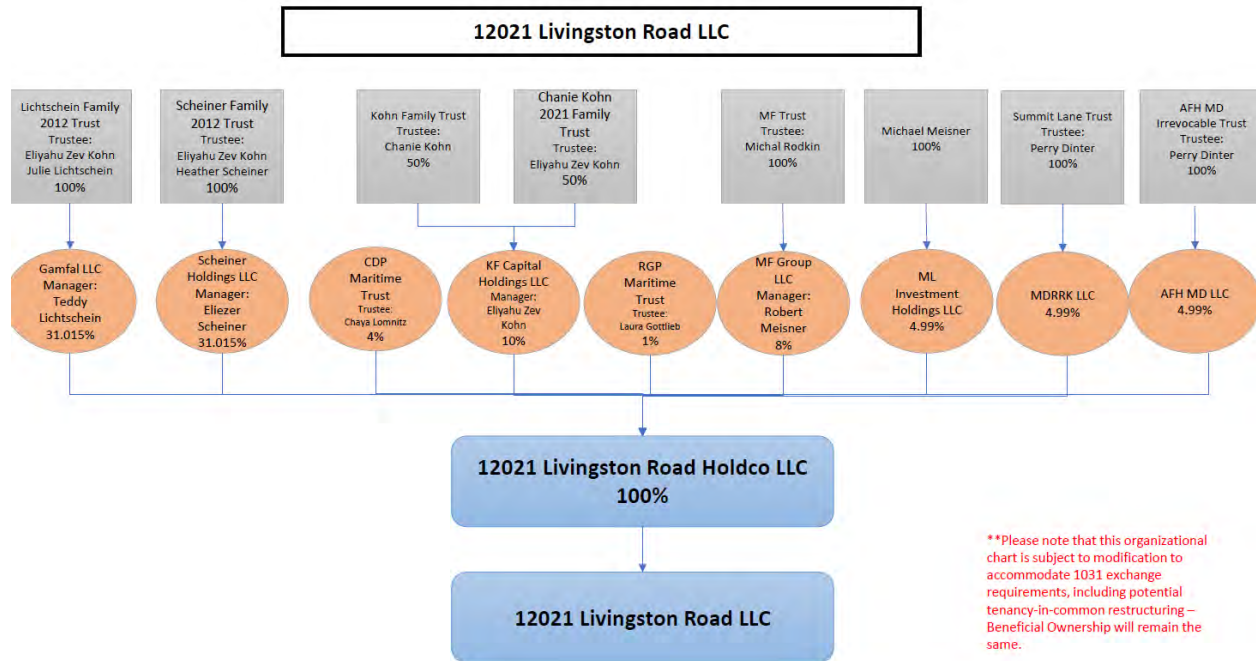
**Clinton Healthcare Center**



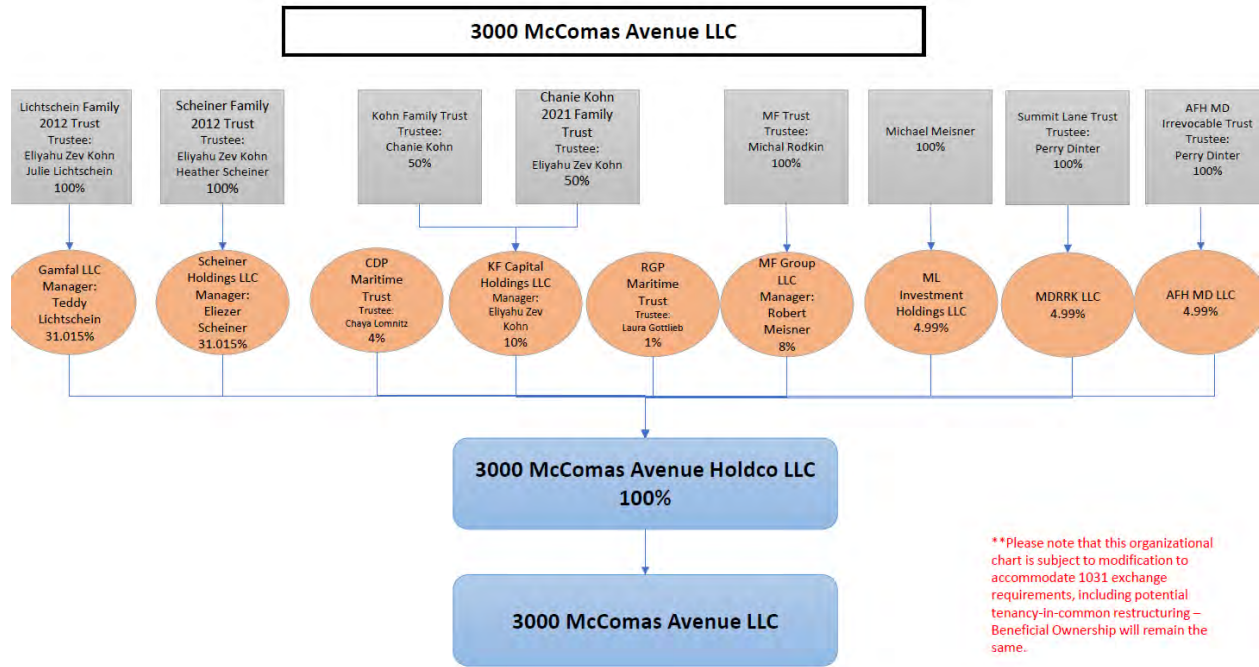
**Forestville Healthcare Center**



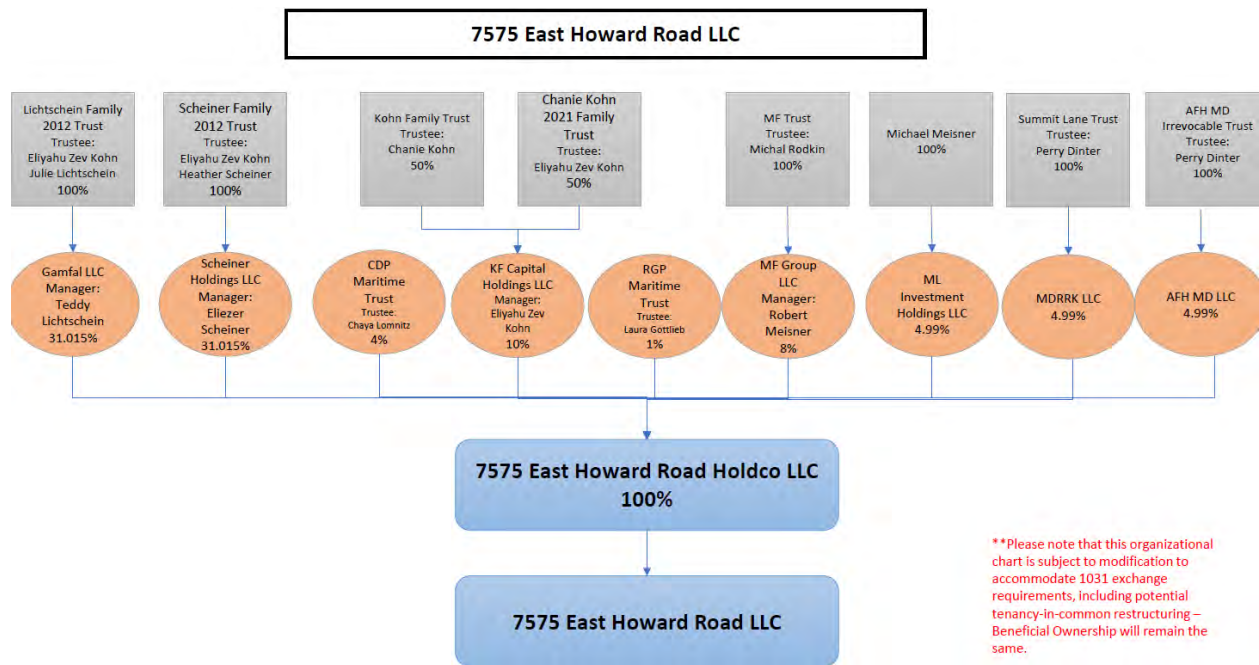
**Ft. Washington Healthcare Center**



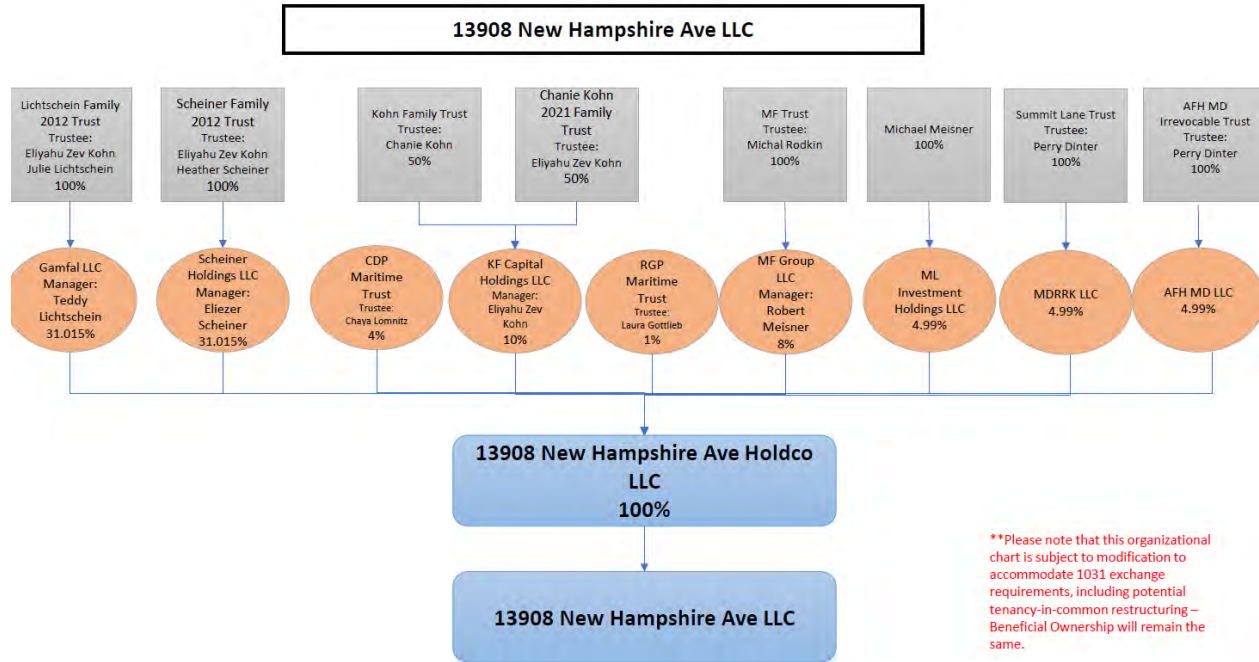
### Kensington Healthcare Center



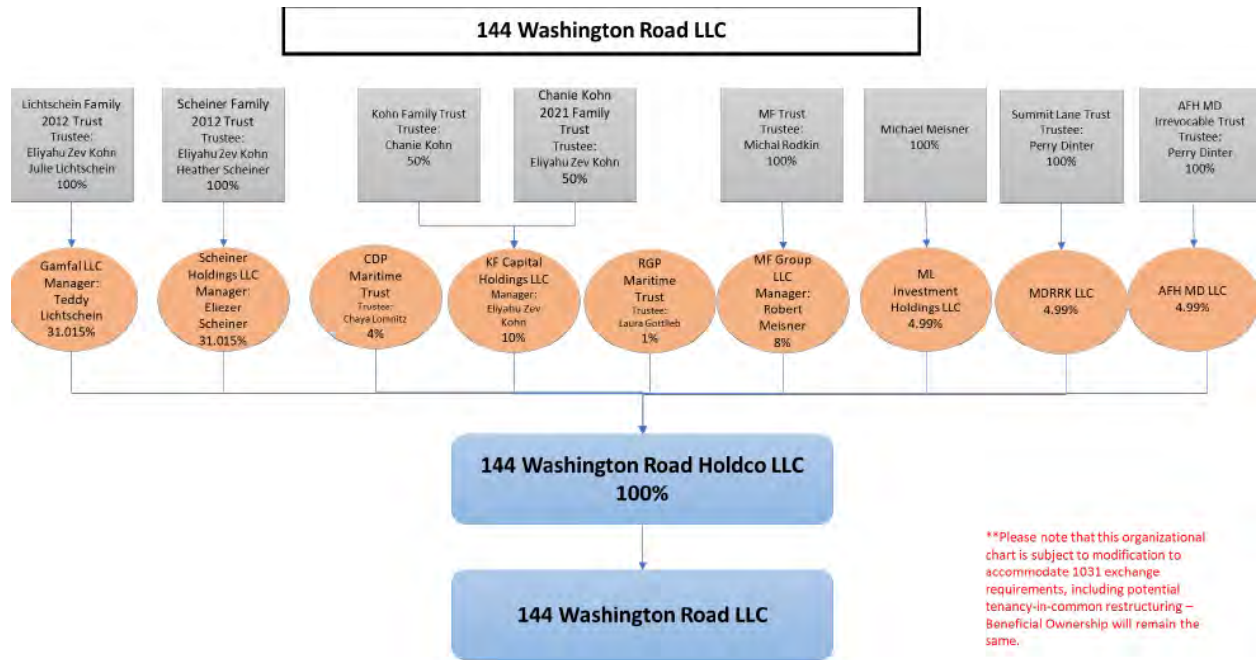
### Marley Neck Health & Rehabilitation



### Silver Spring Healthcare Center



### South River Healthcare Center



## APPENDIX 2

### MD COMAR 10.24.20.06

#### COMAR 10.24.20.06C

(1) On or before July 1 immediately following the acquisition of a nursing home and each year for 3 years thereafter, the person that acquired the nursing home shall submit a report to the Commission that includes the following information from the prior calendar year:

**a. Financial metrics. Financial performance statements, audits and reports, including a copy of the most recent annual operating budget, which shall specify:**

- i. Net operating revenue;
- ii. Total operating expenses;
- iii. Net income;
- iv. Occupancy levels.

**b. Ownership Information**

- i. Identification of all operating entities, license holders, affiliates and related parties in which the person has an ownership or control interest of 5% or more and that provides any service, facility, or supply to the nursing home;
- ii. An updated ownership chart including ownership interests in other facilities for each owner, identifying any changes from the chart submitted in the application;
- iii. A list of an organizational chart for all related entities that provide any service, facility, or supply to the acquired nursing home.

**c. Regulatory Compliance**

- i. A status report on the progress made toward the elimination of resident rooms containing more than two beds;
- ii. Any citations, deficiencies or corrective action plans;

- iii. Status of any conditions on the nursing home's license.

**d. Staffing Metrics**

- i. The ratio of direct care staffing to residents;
- ii. The hours of bedside care per licensed bed per day;
- iii. Any changes in staffing including the increase or decrease in the utilization of licensed or certified staff;
- iv. Staff turnover, retention strategy and staffing agency utilization.

**e. Clinical Metrics**

- i. Clinical outcomes such as rates of falls, pressure ulcers, infections, and hospitalizations, including the percent of Hospital Admissions and Readmissions;
- ii. Infection survey results obtained from the Office of Health Care Quality;
- iii. Quality improvement initiatives; (iv) Resident and family satisfaction surveys.

**f. Any other information requested by the Commission.**

**APPENDIX 3****Facility Name, Address, Medicare/Medicaid Number, Bed Count and Purchase Price**

Name and Address	Medicare/Medicaid #	Jurisdiction/HPR Beds and %	Beds/Price/Number of Admissions/Operating Revenue Last Year	Triple/Quad Beds
Anchorage Healthcare Center 105 Times Square Salisbury, MD 21804	Medicare – 215339 Medicaid – 420839100	Jurisdiction 126 beds and 23.7% HPR 247 beds and 8%	126 \$25,777,332 181 \$13,821,829	N/A
Clinton Healthcare Center 9211 Stuart Lane Clinton, MD 20735	Medicare – 215231 Medicaid – 411115000	Jurisdiction 579 beds and 18.3% HPR 579 beds and 12.7%	267 \$54,623,394 434 \$26,529,351	111 triple 12 quad
Forestville Healthcare Center 7420 Marlboro Pike Forestville, MD 20747	Medicare – 215020 Medicaid – 414431700	Jurisdiction 579 beds and 18.3% HPR 579 beds and 12.7%	162 \$33,142,390 287 \$19,753,501	93 triple 0 quad
Fort Washington Health Center 12021 Livingston Road Fort Washington, MD 20744	Medicare – 215146 Medicaid – 414429500	Jurisdiction 579 beds and 18.3% HPR 579 beds and 12.7%	150 \$30,687,300 316 \$20,339,389	0 triple 48 quad
Kensington Healthcare Center 3000 McComas Avenue Kensington, MD 20895	Medicare – 215043 Medicaid – 411117600	Jurisdiction 222 beds and 3.5% HPR 222 beds and 3.5%	140 \$28,641,480 129 \$18,318,935	N/A
Marley Neck Health & Rehabilitation Center 7575 East Howard Road	Medicare – 215138 Medicaid – 414427900	Jurisdiction 206 beds and 9.2% HPR 845 beds and 6.1%	95 \$19,435,290 374 \$14,077,904	0 triple 8 quad

Glen Burnie, MD 21061				
Silver Spring Healthcare Center 13908 New Hampshire Ave. Silver Spring, MD 20904	Medicare – 215065 Medicaid – 414428700	Jurisdiction 222 beds and 3.5% HPR 222 beds and 3.5%	92 \$18,821,544 167 \$9,129,665	0 triple 16 quad
South River Healthcare Center 144 Washington Road Edgewater, MD 21037	Medicare – 215297 Medicaid – 414425200	Jurisdiction 206 beds and 9.2% HPR 845 beds and 6.1%	111 \$22,708,602 280 \$16,363,827	N/A