

RFP RESPONSE FORM – BLAINE MANOR

(If you operate more than one facility, you may complete a separate response form for each location)

| General Information | Answer/Explanation |
|--|--|
| Company name | TanaBell Health Services, Inc. |
| Company address | 190 W. Burnside Chubbuck, ID 83202 |
| Company web page | www.tanabell.com |
| Contact person responsible for answering this RFP – Name, Telephone, Email | Troy V. Bell, 208-221-0481 troy@tanabell.com |
| Existing Program Information | Answer/Explanation |
| Type of ownership | C Corp for Profit |
| Structure of parent corporation, joint ventures, subsidiaries, partnerships or other relevant relations | C Corp Delaware Company based in Pocatello/ Chubbuck Idaho |
| Number of years in the market | 3 Years |
| Facility location(s) | Pocatello, ID |
| Program Participation (patient mix) | Medicare 70% Medicaid 20% Private 10% |
| Resident and Family Councils | Both available |
| Medicare Certified – Y, N | Y |
| Medicaid Certified – Y, N | Y |
| Number of certified beds | 41 |
| Employees | 91 |
| Number in Administration | 7 |
| Number of RNs | RNs 6 LPNs 9 |
| Number of CNAs | CNAs 52 |
| Total Number of Employees | 91 Employees |
| Five Star Rating System (August 2012) | |
| Overall Rating | 4 |
| Health Inspections Rating | 5 |
| Nursing Home Staffing Rating | 4 |
| Quality Measures Rating | 2 |
| Complaints, Incidents, and Lawsuits Provide information regarding complaints, incidents, and lawsuits for the past 5 years. | None |
| Proposed Blaine County Program | Answer/Explanation |
| Type of ownership | TanaBell Licensee/ Lessee |
| Structure of parent corporation, joint ventures, subsidiaries, partnerships or other relevant relations | TanaBell Licensee/ Lessee |
| Explain desired partnership with Blaine County | Levy needed to build AL and support operations |
| Other services – such as assisted living | Yes |
| Facility location(s) | Current Blaine Manor location |
| Program Participation (patient mix) | Accept all residents |

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|------------------------------|--|
| Resident and Family Councils | Yes |
| Medicare Certified – Y, N | Y |
| Medicaid Certified – Y, N | Y |
| Number of certified beds | ___25___ Skilled Nursing and ___40___ AL |
| Employees | |
| Number in Administration | TBD |
| Number of RNs | TBD |
| Number of CNAs | TBD |
| Total Number of Employees | TBD |
| Documents | Please note if document is attached |
| Current business plan | |
| Proposed business plan | |
| State licenses | |
| Other documents | |