

The Expanding Role of Big Finance In Long-Term Care: What It Says About Profitability And Resident Well-Being

By Ed Dudensing

**“The best way to solve any problem is to
remove its root cause.”**

“Knowledge is power.”

**Big Finance Ownership Of
Long-Term Care Facilities**

Private Equity

REITs

**Big Finance Ownership Of
Long-Term Care Facilities**

Private Equity

REITs

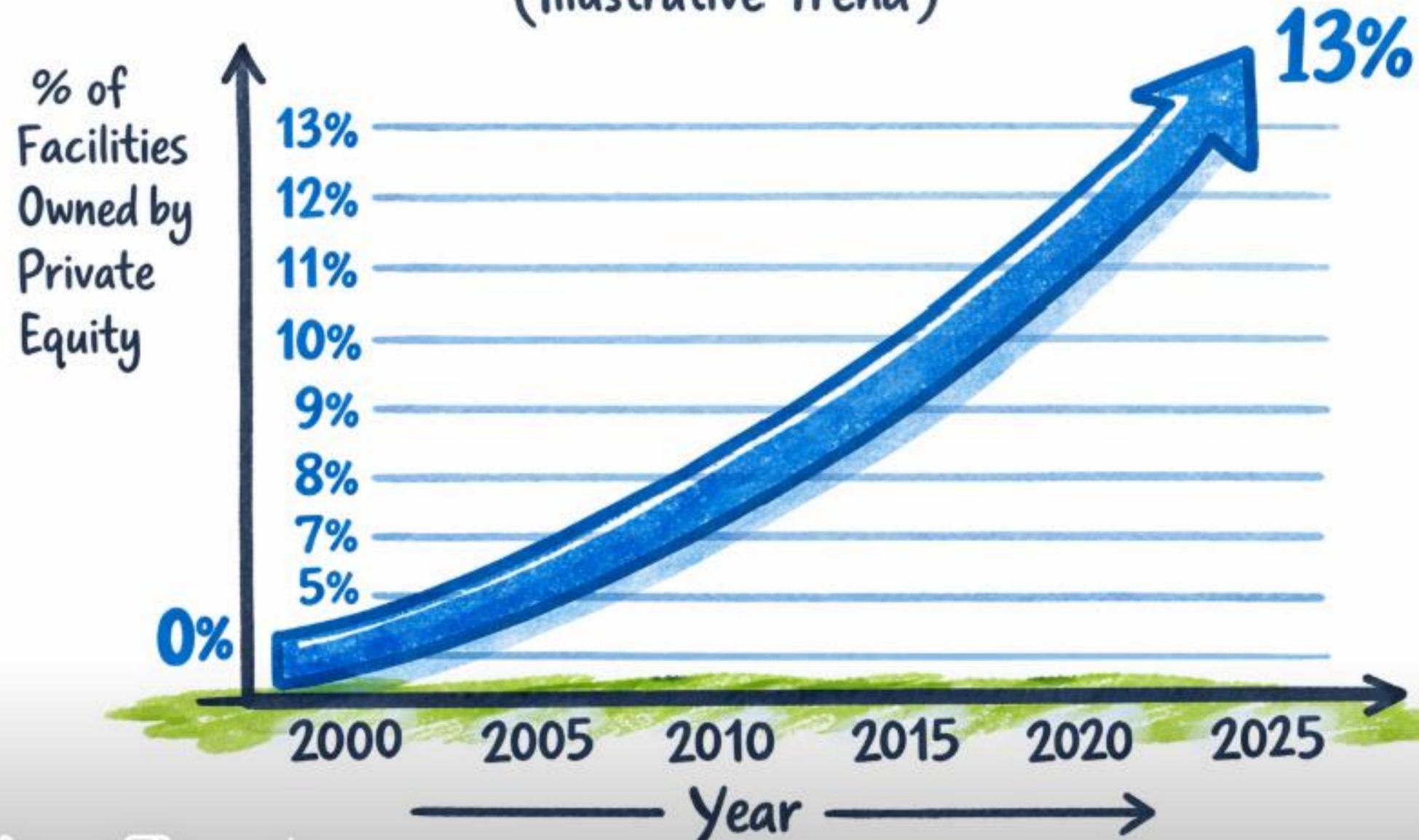
Private Equity

What is private equity?

Private equity is a type of investment where firms pool capital to invest in companies that are not publicly traded on a stock exchange. These firms actively manage the companies they invest in, often through strategies like leveraged buyouts or growth equity investments, with the goal of improving the company's performance and selling it later for a profit. 

Private Equity – Ownership Trends

PE Ownership of Long-Term Care Facilities (Illustrative Trend)



Private Equity

Additional:

- Private equity invested \$200 billion on health care acquisitions in 2021 alone, and has invested \$1 trillion in the past decade
- Current federal administration has weakened prior efforts to bring greater transparency to long-term care ownership making hard data regarding the true extent of private equity ownership more difficult to secure

REITs

Impact on quality of care

- Private equity has been associated with a 10% increase in the short-term mortality rates of Medicare patients, increased emergency department visits, increased hospitalizations and increased government spending.
- Private equity owned facilities had a 12% percent decline in registered nursing hours and a 14% percent increase in deficiency scores after acquisition.

Source: Charlene Harrington, *Wealth Extraction From a Nursing Home Chain With Individual, Private Equity and Real Estate Owners* (2025)

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REITs

What is a REIT?

A REIT, or Real Estate Investment Trust, is a company that owns, operates, or finances income-producing real estate. REITs allow individuals to invest in a portfolio of properties like apartments, shopping malls, or office buildings without the hassle of directly owning and managing them, and they can be bought and sold on major stock exchanges like stocks. This structure makes real estate investment more accessible and liquid for individual investors. 

REITs – Ownership Trends

THE GREY WAVE OPPORTUNITIES IN U.S. SENIORS HOUSING

APRIL 2024

Ownership of seniors housing is fragmented nationally. The National Investment Center (NIC) estimates there are 1.14 million seniors housing units in the U.S. across Independent Living, Assisted Living and Memory Care formats. The 25 largest institutional portfolios own about 445,000 units, or 39% of the total. REITs comprise the largest ownership segment with nearly 230,000 units or 20% of the total private pay seniors housing market. Welltower (WELL) is the largest owner with 127,000 wholly-owned units across three countries, including 93,000 in the U.S., followed by Ventas (VTR) with 82,000 wholly-owned units, including 66,000 in the U.S. Together these two REITs account for nearly 70% of REIT owned seniors housing assets.

REITs – Ownership Trends

According to JAMA, REITs own about **12% of all skilled nursing assets as of 2021**, equating to about 1,870 facilities.

According to the National Investment Center, REITs own approximately **20% of the total private pay seniors housing market (e.g., assisted living facilities)**.

Private Equity

Impact on quality of care

- REIT owned facilities have been found to have a material decline in RN hours and substantial increase in deficiency scores after acquisition.
- Research on the impacts of REIT ownership is only beginning and has been hampered by the lack of transparency relating to long-term care ownership

Source: Charlene Harrington, *Wealth Extraction From a Nursing Home Chain With Individual, Private Equity and Real Estate Owners* (2025)

Is long-term care ownership and operation profitable?



Just Ask the Experts. The Fact that the
**MOST SOPHISTICATED FINANCIAL OPERATORS IN
THE WORLD ARE INCREASING THEIR
INVESTMENT IN LONG-TERM CARE TELLS YOU
ALL YOU NEED TO KNOW.**

**Big Finance Ownership Of
Long-Term Care Facilities**

Private Equity

REITs

Private Equity



Skilled nursing homes and “private equity” go together like oil and water

The Three Key Things About Private Equity:

1. Their Main Goal Is To Maximize Profits
2. They Are Actively Involved In The Operation, Not Passively
3. They Are Short-Term Investors, 5-7 Year Hold Period



Profits Over Patient Care

Concrete Plan To Liquidate

Corporate Micro-
Managing Of SNFs

Project Olive Tree

Misappropriation (Desecration)

Installation Of Achi Yaffe

Scorecards For Profits

Corporate Cuts Staffing

Bonuses For Profits. Period.

All Focused On Money

The Nanci Problem

The Nick Problem

Profits Over Patient Care

Concrete
Plan To
Liquidate

Plum - Strategy Meeting

February 14, 2017

PropCo Sale in Q4 2017 (Pre-tax)

GI PARTNERS

PropCo sale in Q4 generates \$179M in cash after debt paydown

OpCo Sale in Q4 2020

GI PARTNERS

Depending on the use of proceeds from the PropCo sale (distributed versus reinvested), we would anticipate the ultimate sale of the both entities to result in a MOIC to investors of 1.7-2.1x based on the equity value of \$371.5M at the time of the GI transaction

EXHIBIT

58 – 156,168-
169

tabbies



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What Happened (And Really DID Happen) In 2017

GI The
Micro-
Manager

From: Naveed Hakim [mailto:naveed@plum.com]
Sent: Monday, July 24, 2017 11:48 AM
To: Howard Park; Alexander Fraser; Dave Kreter; Keith Collins; Elaine Liu; Achi Yaffe; Dennis Sweeney
Cc: Mark Ballif; Paul Hubbard
Subject: Plum: Weekly Census Update 7-24-17

From: Naveed Hakim [mailto:naveed@plum.com]
Sent: Monday, July 24, 2017 11:48 AM
To: Howard Park; Alexander Fraser; Dave Kreter; Keith Collins; Elaine Liu; Achi Yaffe; Dennis Sweeney
Cc: Mark Ballif; Paul Hubbard
Subject: Plum: Weekly Census Update 7-24-17

Summary of census changes:

- Overall census up 5 due to ongoing Medicare and Managed Care stabilization
- Skilled census flat (up 6)
 - Skilled census stable but off its highs; impacted by leadership changes, facilities with admissions limitations, and seasonality

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Project Olive Tree

Olive Tree Initiatives Pipeline of Savings Realization

■ Company to action material component of Olive Tree savings in Q3 with realization on such savings to occur by end of 2017

| | | (a) | (b) | (c) | (a+b+c) | | |
|--------------------------------------|--------------------------------------|------------------------|---|---|-------------------------------|--|--------------------------------------|
| | Savings Captured / In Run Rate (\$M) | Savings Actioned (\$M) | Est. Additional Savings in Progress (\$M) | Est. Additional Available Savings (\$M) | Total Estimated Savings (\$M) | Estimated Quarter to Capture >90% of Savings | Key Dependencies / Issues to Resolve |
| Corporate | | | | | | | |
| Benefits Redesign | \$2.5 | \$2.5 | | | \$2.5 | Q3 2017 | |
| Plum Support Group Optimization | \$2.4 | \$3.3 | \$2.0 | \$0.3 | \$5.6 | Q3 2017 | Mandates required going forward |
| 3rd Party Spend Review / Remediation | \$0.8 | \$0.8 | \$0.4 | \$0.5 | \$1.7 | Q4 2017 | |
| Self Insurance | \$0.0 | | | \$4.5 | \$4.5 | Q4 2018 | Ability to control / improve results |
| Facility | | | | | | | |
| Facility Optimization | \$0.0 | \$4.8 | \$4.8 | – | \$9.6 | Q4 2017 | |
| Procurement | \$0.0 | \$0.1 | \$3.0 | \$1.8 | \$4.9 | Q4 2017 | Buy-in on categories of acute spend |
| Administrator Bonus | \$0.0 | | -- | \$1.0 | \$1.0 | Q1 2018 | Change management |
| Payroll and AP Centralization | \$0.0 | | | \$1.2 | \$1.2 | Q4 2018 | Resource allocation |
| Bad Debt | \$0.0 | | | \$3.5 | \$3.5 | Q4 2018 | |
| Admissions / Discharge | TBD | | | | | | |
| Scheduling Process Improvement | TBD | | | | | | |
| Workers Compensation | TBD | | | | | | |
| Total | \$5.7 | \$11.5 | \$10.2 | \$12.8 | \$34.5 | | |

PLUM HEALTHCARE GROUP | AUGUST 30, 2017 | CONFIDENTIAL | 10

PCCC 032786

EXHIBIT
58 - 739



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Q4 2015
PLUM SNF Ranking
 Based on DI% of Revenue
 Key Metric & Blood Panel Variance to Plan, and Variance vs. Last Quarter

Blood Sport

Congrats to Doug Hawkins who is running the highest occupancy so far! He might want to sleep with one eye open as he has some competition breathing down his neck.

All about controlling costs

| DI% Rank | Facility | DI % | Medicare \$PPD | Rev \$PPD | Medicare Census | Total Census | Mix% | Rev (\$K) | DI (\$K) | DI % of Total |
|----------|---------------|-------|----------------|-----------|-----------------|--------------|-------|-----------|----------|---------------|
| 1 | Vasona Crk | 25.0% | \$ 815.27 | \$ 440.46 | 33.0 | 141.4 | 41.7% | 5,729.5 | 1,431.5 | 8% |
| 2 | Lincoln Mdw | 22.1% | \$ 768.35 | \$ 373.71 | 21.7 | 92.2 | 32.1% | 3,170.9 | 701.1 | 4% |
| 3 | Arlington Grd | 21.4% | \$ 628.20 | \$ 496.26 | 42.0 | 94.0 | 76.5% | 4,290.7 | 916.4 | 5% |
| 4 | H.Palms | 20.8% | \$ 571.75 | \$ 274.79 | 16.4 | 92.5 | 35.4% | 2,339.0 | 487.1 | 3% |
| 5 | McKinley | 20.7% | \$ 759.96 | \$ 424.27 | 21.3 | 78.9 | 49.0% | 3,078.5 | 636.8 | 4% |
| 6 | Westgate Grd | 18.9% | \$ 538.70 | \$ 267.14 | 35.3 | 135.4 | 28.9% | 3,327.7 | 630.0 | 3% |
| 7 | Pine Creek | 18.6% | \$ 776.84 | \$ 395.55 | 20.0 | 93.2 | 47.6% | 3,391.8 | 630.7 | 4% |
| 8 | Crystal Cove | 18.4% | \$ 627.57 | \$ 396.33 | 26.0 | 85.2 | 48.1% | 3,107.6 | 573.0 | 3% |
| 9 | Garden City | 18.1% | \$ 609.24 | \$ 392.66 | 14.3 | 96.4 | 59.8% | 3,482.1 | 631.7 | 4% |
| 10 | White Bloss. | 17.9% | \$ 795.05 | \$ 366.07 | 21.9 | 149.7 | 30.6% | 5,042.2 | 901.9 | 5% |
| 11 | W.Slope | 17.0% | \$ 736.40 | \$ 351.61 | 22.2 | 96.0 | 27.7% | 3,106.5 | 526.9 | 3% |
| 12 | Roseville | 16.7% | \$ 778.87 | \$ 336.36 | 28.7 | 164.1 | 28.3% | 5,076.7 | 847.8 | 5% |
| 13 | Redlands | 16.6% | \$ 627.53 | \$ 305.05 | 15.5 | 73.1 | 52.1% | 2,051.8 | 340.7 | 2% |
| 14 | University | 16.6% | \$ 593.56 | \$ 314.23 | 17.2 | 82.2 | 34.4% | 2,377.5 | 393.8 | 2% |
| 15 | Cypress Ridge | 16.4% | \$ 705.13 | \$ 333.88 | 18.8 | 93.7 | 28.5% | 2,878.7 | 473.4 | 3% |

| Blood Panel Actuals | | | | |
|---------------------|-------------|-------------------|--------------------|-------------|
| Nursing \$PPD | Non-Nursing | Non-Anc. Op. Exp. | Therapy Anc. \$PPD | Non-Therapy |
| \$ 92.71 | \$ 45.82 | \$ 42.32 | \$ 106.53 | \$ 41.39 |
| \$ 78.45 | \$ 31.07 | \$ 46.14 | \$ 111.33 | \$ 52.55 |
| \$ 80.02 | \$ 45.10 | \$ 55.67 | \$ 92.01 | \$ 46.38 |
| \$ 60.55 | \$ 38.38 | \$ 36.88 | \$ 49.49 | \$ 23.44 |
| \$ 84.79 | \$ 50.02 | \$ 56.30 | \$ 88.76 | \$ 55.52 |
| \$ 55.32 | \$ 20.91 | \$ 44.75 | \$ 95.16 | \$ 33.51 |
| \$ 89.87 | \$ 44.41 | \$ 49.62 | \$ 82.34 | \$ 52.37 |
| \$ 79.67 | \$ 40.55 | \$ 61.32 | \$ 88.97 | \$ 39.36 |
| \$ 83.91 | \$ 38.81 | \$ 44.29 | \$ 90.54 | \$ 32.04 |
| \$ 86.84 | \$ 43.88 | \$ 37.40 | \$ 92.04 | \$ 32.56 |
| \$ 73.69 | \$ 39.81 | \$ 56.26 | \$ 86.44 | \$ 37.87 |
| \$ 89.64 | \$ 35.38 | \$ 35.61 | \$ 125.26 | \$ 41.47 |
| \$ 67.46 | \$ 39.54 | \$ 37.40 | \$ 38.76 | \$ 25.69 |
| \$ 69.30 | \$ 39.94 | \$ 40.38 | \$ 78.79 | \$ 43.43 |
| \$ 81.98 | \$ 43.94 | \$ 36.96 | \$ 95.90 | \$ 52.48 |

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For Profits

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Bonuses For Profits.
Period.

All Focused On
Money

The Nanci
Problem

The Nick
Problem



Achi Yaffe
Install

PRIVATE & CONFIDENTIAL

STATEMENT OF WORK

- Achi Yaffe installed as “Initiative Co-Owner”

FROM: HOWARD PARK, ALEXANDER FRASER, DAVE KRETER, ACHI YAFFE

- “Initiative” Is Project Olive Tree

SUBJECT: OPERATIONAL RESOURCE ENGAGEMENT AT PLUM

- \$40,000 per month; Yaffe spends 5 hrs per week

As a follow-up to ongoing Project Olive Tree conversations, we have discussed how the GI Partners Portfolio Operations Group (“GI Portfolio Resources”) can support the analysis and execution of certain operating initiatives at Plum. Pursuant to the Management Services Agreement (“MSA”) among Plum Healthcare Group, LLC



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Profits Over Patient Care

Score
Cards
For
Profits

1. **Restructuring:** Plan and drive implementation of a cost reduction program
Deliver \$20+ million savings at corporate and the facilities by the end of FY2017

2. **Clinical:** Maintain best-in-class clinical results (vs. Ensign and other industry benchmarks)
Maintain high skilled mix at or above [x]%, steady occupancy rates at [x]%, and growth in the existing facilities of 2-3% per year

3. **Labor:** Develop and implement an approach to labor management by the end of FY2017 to help offset the ongoing nursing shortage and impact from minimum wage increase in CA
Achieve and maintain labor expenses margins of [x]%

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What Happened (And Really DID Happen) In 2017

Labor Scenarios & Rules of Thumb

\$ in Thous

Nursing

Reg Wages

OT/DT Wage

Total Wage

Benefits

Total Cost

- Rule of thumb: every 0.1NHPPD equates to ~\$5.8M

- Nursing OT/DT at 4% would save ~\$3.4M against current run-rate

(\$5,773)

(\$3,356)

EXHIBIT

59 - 1027

tabbies



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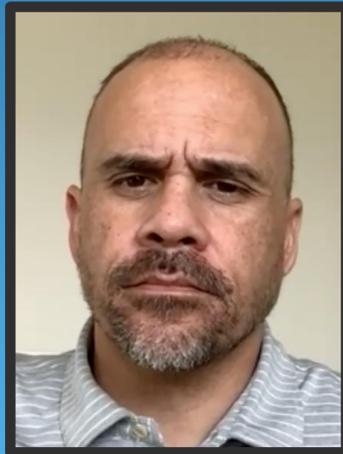
The Nanci Problem

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Profits Over Patient Care

Bonuses
For
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WHO are you giving incentives to?



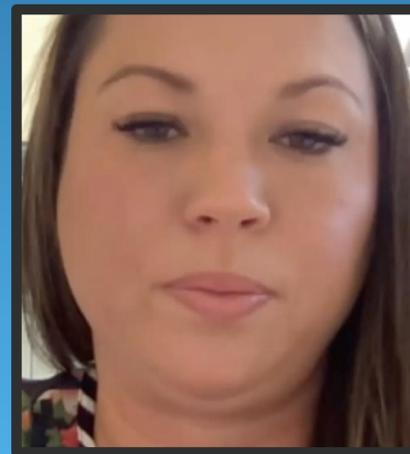
Tuifua
Administrator

YES



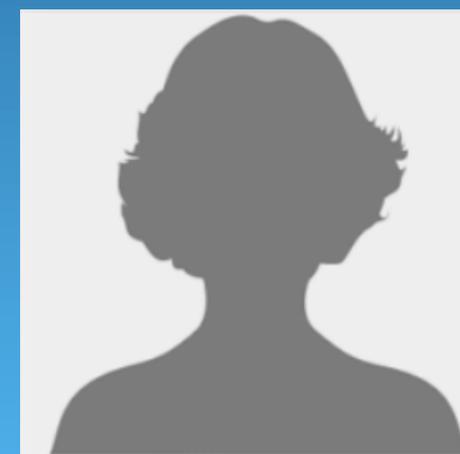
Cabanyog
Marketing

YES



Young
Admissions

YES



Fields
Business Office

YES

Profits Over Patient Care

NOT

WHO are you giving incentives to?

Bonuses
For
Profits.
Period.

Certified Nursing Assistants?

NO

Licensed Vocational Nurses?

NO

Registered Nurses?

NO

Supervising Nurses?

NO

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Profits Over Patient Care

Reception

From: Mark Ballif <mark@plum.com> on behalf of Mark Ballif
Sent: Monday, May 29, 2017 7:41 AM
To: Dave Kreter
Cc: Howard Park; Dennis J. Sweeney; Paul Hubbard
Subject: Re: Nanci Wilson: Proposed Position and Change in Compensation

Thanks for the response Dave. We don't want to have to spend an additional dollar given the current state of affairs. However, two things are true here: (1) as committed as she is to Plum we need to induce her to take this role--pay on par with peers is an important factor here; (2) making a small incremental investment in Nanci will have a strong impact on our ability to be paid appropriately for the care we provide. This is an area of improvement that is vital to our recovery. Small investment, meaningful return.

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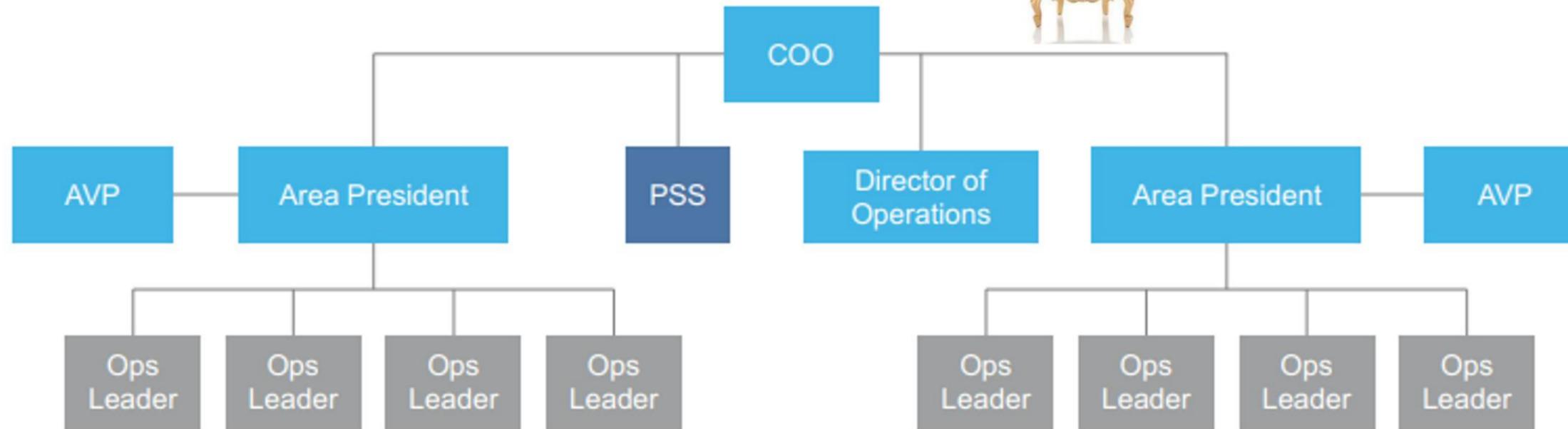
The Nick
Problem

Profits Over Patient Care

Executive Operational Structure

Starting Dec. 2016

- Executive operational structure is reduced from 12 FTE to 6 FTE



- Operational Executives Outside Facilities
- Operational Leaders Within a Facility

63 Facility Administrators

EXHIBIT
59 - 919

The real real.



GI pushing for things
that weren't in patients
best interests



2016 Didn't Meet
Financial Expectations So
2017 They Were Doing
Everything They Could



Yes I was concerned
about what GI was
doing to Plum



I was being
pressured to do
things for savings

Private Equity

Take Home

Private equity ownership of long-term care facilities is DANGEROUS

**Big Finance Ownership Of
Long-Term Care Facilities**



Private Equity

REITs

The fork in the road

REITs

REIT Structures

RIDEA/TRS

Triple Net Leases



REITs

RIDEA & TRSs

- RIDEA = REIT Investment Diversification and Empowerment Act
- TRSs = Taxable REIT subsidiaries

**Brave new world of REIT control
& profit-taking**

REITs

RIDEA & TRSs

- **RIDEA REIT Owner has COMPLETE CONTROL over all profits generated by the facility; they can and do extract those moneys**
- **RIDEA REIT Owner has COMPLETE CONTROL over the budget; they require Owner approve for any deviation from the budget of more than 5%**
- **RIDEA REIT Owner has COMPLETE CONTROL over management company that runs the day to day operations.**

REITs

How did this change the landscape of the industry? Instead of just underwriting (<https://www.enhanceseniorliving.com/underwriting-senior-living-investments/>) a steady rent payment and annual escalation, REITs could analyze and underwrite larger shifts in operations and income. This is critical for value-add projects where there is material upside

REITs

growth from enhanced operations. Instead of the standard 2-3% rent escalations in a triple-net lease structure, the REITs can benefit from the market rent increases (or rent adjustments), occupancy increases, and overall operational improvement and efficiencies. This has led to normalized income growth well above the 2-3% range. For example, during the second quarter of 2014, Ventas (VTR) reported their U.S. RIDEA portfolio (called their seniors housing operating portfolio) experienced income growth of 6.6% on a year-over-year,

REITs

FUNDAMENTAL MISALIGNMENT

REITs

Take Home Re RIDEA/TRSs

REIT owned long-term care facilities with the RIDEA/TRSs structure are under the thumb of REIT operatives and advocates, attorneys, and consumers need to understand this

The fork in the road

REITs

REIT Structures

RIDEA/TRS

Triple Net Leases



REITs – Triple Net Leases

REITs

What do they have to do to be exempt from federal income tax?

REIT



To be exempt from federal income tax, a REIT must:

✓ Pay at least 90% of its gross income to its shareholders

✓ Have at least 100 shareholders, with no more than 5 shareholders holding 51% of its stock

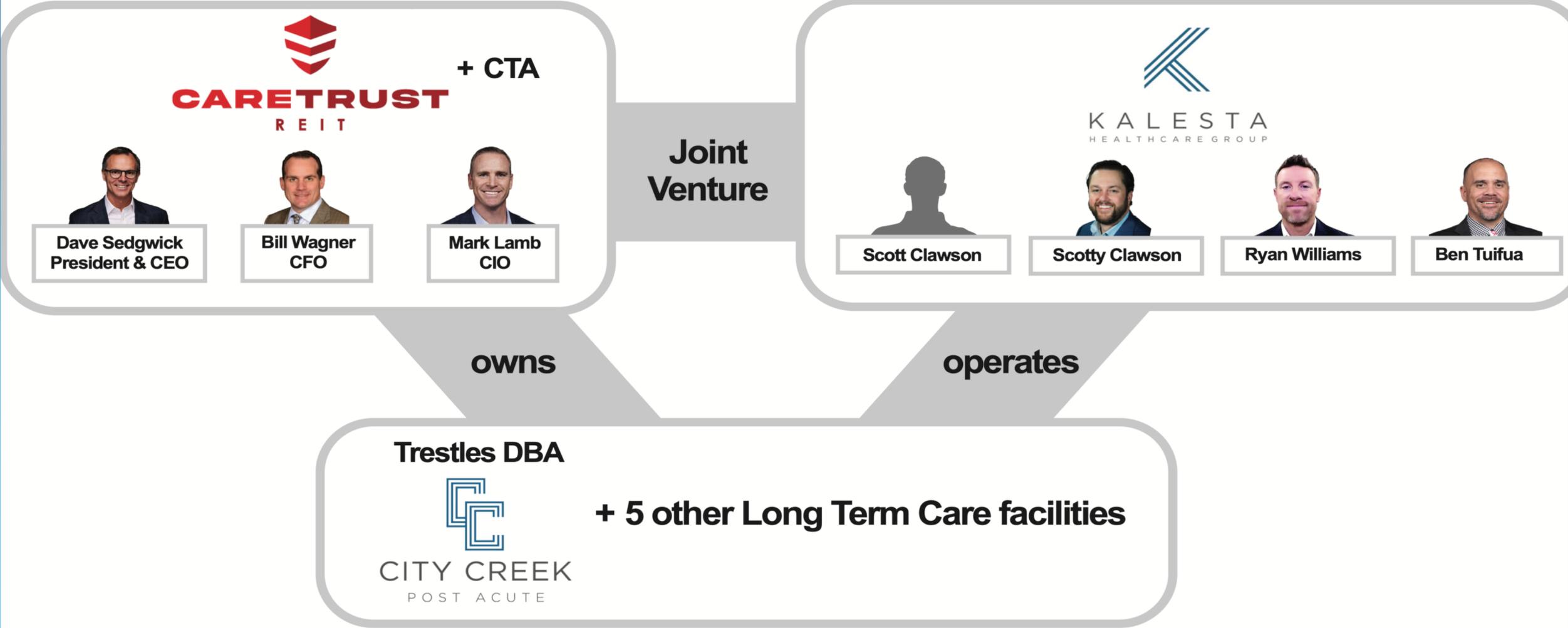
✓ Be managed by a board of trustees

✓ Invest at least 75% of its assets in real estate & cash

✓ Make at least 95% of its gross income from real estate & real estate activities

REITs – Triple Net Leases

CareTrust REIT & Kalesta How have they expanded their enterprise?



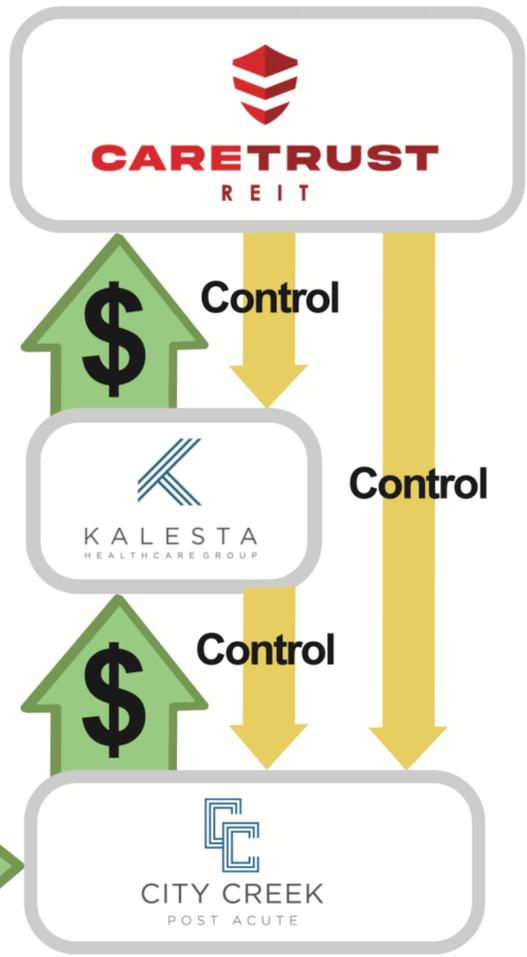
REITs – Triple Net Leases

CareTrust How does it control City Creek Post Acute?

Even though CareTrust is not allowed to control nursing homes, CareTrust has control over the operations of City Creek Post Acute by:

- monitoring how care is delivered
- taking an artificially high rent, knowing it will deprive residents of money needed for their care
- imposing specific financial requirements on Kalesta in its operation of City Creek Post Acute
- holding the right to take over City Creek Post Acute & all of its profits.

 **Medicare**
Taxpayer money



REITs – Triple Net Leases

CareTrust How does it control its operators?



October 1, 2019 emails between Kalesta's Scotty Clawson & CareTrust's Mark Lamb

From: Mark Lamb
Sent: Tue, 1 Oct 2019 17:30:09 +0000
To: Scott Clawson
Cc: Scott Clawson; Ben Tuifua; Ryan Williams
Subject: RE: Saints/Modesto: Operator Prorations

I took jai off, for reasons that shall remain between us.

Yeah, get your arms around these three and I'm sure something will shake loose with PLUM in the next 12 to 24 months.

From: Scott Clawson <scottclawson@gmail.com>
Sent: Tuesday, October 1, 2019 10:28 AM
To: Mark Lamb <mlamb@caretrustreit.com>
Cc: Jai <jai@srshealthlaw.com>; Scott Clawson <scott@kalestahc.com>; Ben Tuifua <ben@kalestahc.com>; Ryan Williams <ryan@kalestahc.com>
Subject: Re: Saints/Modesto: Operator Prorations

We are a little bored to be honest... Can we buy Plum yet??

😊

On Oct 1, 2019, at 10:16 AM, Mark Lamb <mlamb@caretrustreit.com> wrote:
Jai,
I'm concerned that the guys are "Engrossed" in closings today? They should be old veterans by now having soft closed Our Lady over a 9 month period and returned a few weeks back - this should be old hat to them!
Yeah, post closing is fine on the prorations.
MDL

From: Jai <jai@srshealthlaw.com>
Sent: Tuesday, October 1, 2019 9:59 AM
To: James Callister <jcallister@calaversa.com>; scottclawson@gmail.com
Cc: Mark Lamb <mlamb@caretrustreit.com>; Preston Fealger <prestonfealger@calaversa.com>; Scott Clawson <scott@kalestahc.com>; Ben Tuifua <ben@kalestahc.com>; Ryan Williams <ryan@kalestahc.com>
Subject: RE: Saints/Modesto: Operator Prorations

James,
I spoke with Scott a short while ago and at St. Francis, the current operator (Watfey) does not pre bill any of the ALJ residents and typically the invoices to residents are sent out on the 2nd of each month.

EX 1781 - 1
CareTrust Buke0007789

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Sent: Tuesday, October 1, 2019 10:28 AM
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Subject: RE: Saints/Modesto: Operator Prorations

I took Jai off, for reasons that shall remain between us.

Yeah, get your arms around these three and I'm sure something will shake loose with PLUM in the next 12 to 24 months.

On the day of purchase, Kalesta owner, Scott Clawson is bored and wants to be awarded Plum buildings. In response, Chief Investment Officer, Mark Lamb tells Kalesta to manage the buildings to the pro forma and CareTrust will reevaluate in a year.

REITs – Triple Net Leases

CareTrust How does it manage Kalesta?



August 17, 2020
Email from Kalesta
corporate owners to
building administration

From: Ryan Williams <ryw@kalesta.com>
To: Ruthy Blankenfeld <rblanken@kalesta.com>; Zach Tyson <ztyson@kalesta.com>; Travis Clawson <tclawson@kalesta.com>
Subject: Financials
Sent: Monday, August 17, 2020 3:46 PM

Ryan,

Everything looks pretty normal. But there were a couple of things I wanted to ask you or Mich about.

-The ADRN wage is showing up as 131 instead of the usual 71.
-Legal fees from April for 5k, not sure what this was for.
-Accounting + Auditing in April for 3.5k. Not sure what this is for.

Also, as a side note (than finished training Ajay, our new Facility Rehab director in July and he started officially Aug 1.

We will continue our focus on better managing our PPD. Gemma, Jet, and Sian will help on the floor more frequently to help keep these numbers where they need to be. We need to get our census to the sweet spot of 83.

-Travis

From: Ryan Williams <ryw@kalesta.com>
Sent: Monday, August 17, 2020 3:46 PM
To: Ruthy Blankenfeld <rblanken@kalesta.com>; Zach Tyson <ztyson@kalesta.com>; Travis Clawson <tclawson@kalesta.com>
Subject: Financials

Gents – I have a call with Care Trust tomorrow to discuss each of your building's June results. Can you please send a quick email back bulleting (with a small explanation) any outliers in census, labor, operational expenses, and ancillary? It will help me navigate questions they have that I might not be fully aware of.

Thanks guys,

Ryan Williams | Co-Founder
Kalesta HealthCare Group
714.941.2248
ryw@kalesta.com

Gents – I have a call with Care Trust tomorrow to discuss each of your building's June results. Can you please send a quick email back bulleting (with a small explanation) any outliers in census, labor, operational expenses, and ancillary? It will help me navigate questions they have that I might not be fully aware of. Thanks guys, [Ryan Williams]

We will continue our focus on better managing our PPD. Gemma, Jet, and Sian will help on the floor more frequently to help keep these numbers where they need to be. We need to get our census to the sweet spot of 83. [Travis Clawson]

Caretrust has an Asset Management department whose role it is to manage CareTrust's buildings. The Asset Management department has frequent meetings with operators to review each building's census, staffing, and expenses. If a building is off-track on the Pro Forma, then the operator has to explain to CareTrust how it will get back on track.

**Big Finance Ownership Of
Long-Term Care Facilities**



Private Equity

REITs

The Expanding Role of Big Finance In Long-Term Care: What It Says About Profitability And Resident Well-Being

By Ed Dudensing