

**Fahrney-Keedy Home & Village**

**Disclosure Statement**

**April 30,2025**

**NOTE:** THE ISSUANCE OF A CERTIFICATE OF REGISTRATION DOES NOT CONSTITUTE APPROVAL, RECOMMENDATION, OR ENDORSEMENT OF THE FACILITY BY THE DEPARTMENT OF AGING, NOR IS IT EVIDENCE OF, OR DOES IT ATTEST TO, THE ACCURACY OR COMPLETENESS OF THE INFORMATION SET FORTH IN THIS DISCLOSURE STATEMENT.

## TABLE OF CONTENTS

Name and Address .....	1
Description of Facility .....	1
Organizational Structure .....	1-4
Organizational Status .....	5
Organizational Affiliation.....	5
Description of All Fees .....	5-6
Operating Reserve Requirement .....	7
Investment Policy.....	5
Financial Audit.....	5
Cash Flow Statement .....	7
Governance Structure.....	8
Description of Services.....	9
Renovation and Expansion Plans.....	9-10
Internal Grievance Procedure.....	10-11

**Disclosure Statement**

*[For purposes of this Disclosure Statement, “Provider” shall mean any person who undertakes to provide continuing care and who is (i) the owner or operator of a Facility or (ii) an applicant for or the holder of a certificate of registration. “Facility” shall mean a physical plant in which continuing care is provided in accordance with Human Services Article of the Annotated Code of Maryland.]*

1. Name & Address of Provider:      **Fahrney-Keedy Memorial Home, Inc.  
8507 Mapleville Road  
Boonsboro, Maryland 21713-1818  
Washington County**

2. Name & Address of Facility:      **Fahrney-Keedy  
8507 Mapleville Road  
Boonsboro, Maryland 21713-1818  
Washington County**

3. Description of Facility:

**Fahrney-Keedy Memorial Home, Inc. is a non-profit charitable organization founded in 1905 by the Church of the Brethren that operates sixty-five (65) independent living units, consisting of forty-one (41) cottages and twenty-four (24) apartments, 50 (fifty) assisted living units, one-hundred one (101) Nursing beds – of which 20 beds are certified as continuing care beds, a medical adult day care facility serving up to 40 clients daily, and a residential service agency serving the greater Hagerstown community . Fahrney- Keedy was founded for charitable and benevolent purposes, its mission being to provide loving and compassionate continuing care and other services that will enrich the spiritual, emotional and physical lives of the aging in a Christian, home- like environment. The owner of the land is Fahrney-Keedy Memorial Home, Inc.**

4. Name and Address of any parent or subsidiary group of the Facility:  
**Not Applicable.**

5. Please indicate the organizational structure of the Provider:

  X   *Corporation*

Name: **Fahrney-Keedy Memorial Home, Inc.**

State of incorporation: **Maryland**

Name of CEO: **Stephen Coetzee, CEO/President**

N/A *Limited Liability Company*

Name: \_\_\_\_\_

State of formation: \_\_\_\_\_

Name of CEO: \_\_\_\_\_

N/A *Partnership*

Names of the General Partners\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*For each general partners that is a corporation or limited liability company, please provide the state of incorporation or formation and the name of the CEO.

State governing formation of the partnership: \_\_\_\_\_

Name of primary individual responsible for managing the partnership: \_\_\_\_\_

N/A *Unincorporated Association*

Names of Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State governing the association: \_\_\_\_\_

Name of the primary individual responsible for managing the association: \_\_\_\_\_

N/A *Trust*

Name of Trustee: \_\_\_\_\_

Names of the Owners of the Beneficial Interest in the Trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State governing the trust: \_\_\_\_\_

Name of primary individual responsible for overseeing the trust's activities: \_\_\_\_\_

6. Is the Provider qualified, or does it intend to qualify, as a tax-exempt organization under the Internal Revenue Code? **Yes, provider is qualified under Section 501(c)(3).**

7. Is the Provider affiliated with a religious, charitable, or other nonprofit organization? **Yes, the Church of the Brethren.**

If you answered yes above, please describe the extent to which the nonprofit organization is responsible for the financial and contractual obligations of the Provider.

**Church of the Brethren is not responsible for the Provider's obligations.**

8. Provide a description of all fees, including entrance fees, health care fees, and periodic fees, collected by the Provider from subscribers, setting forth the amount and the frequency of the fees charged during each of the previous 5 years. If the Facility has been in operation less than 5 years, please provide this description for each year that the Facility has been in operation.

**FK offers an entrance fee model under a Type C fee-for-service residency agreement. The Residency Agreement remains the same. In addition to the entrance fee, residents are billed monthly for a service fee that includes the following services: water and sewer, trash removal, snow removal, chaplain services, mowing of the lawns, repair and replacement of appliances, and repairs to the residence. Property taxes are billed separately for independent living residences, except for Ausherman Apartments.**

**Ancillary services not included in the monthly maintenance fee include the following:**

**Nursing services in the cottage, meal plans, non-routine maintenance, landscaping, transportation. For a full list of additional items and costs please see attachment A**

**A refund or health care credit may be available to you. A. If you live in your residence for less than four years and leave, either by death or by choice, you will be due a partial refund. After five years there is no cash refund.**

**B. A lump-sum credit may be available for use in**

**Assisted Living or in Nursing Care (maximum 80%) depending upon the number of months you lived in Independent Living. Carefully read the Residency Agreement for the conditions that must be satisfied before Fahrney-Keedy is required to pay the Entrance Fee refund. Please see ATTACHMENT A (Schedule of Fees) for specific Entrance Fees and Monthly Fees for Independent Living, Assisted Living and Nursing Care with up to five years of costs.**

**Additional services are available for a fee such as dining, housekeeping, personal maintenance, etc.**

**Fahrney Keedy does not assess a non-optional parking fee for any of its community members.**

9a. Describe any and all steps the Provider has taken, and/or will take, to comply with the operating reserve requirement described in Sections 10-420-423 of the Human Services Article (HSA) of the Annotated Code of Maryland, namely, that the Provider demonstrate appropriate efforts to set aside operating reserves equal to twenty five percent (25%) of the Provider's net operating expenses (for the most recent fiscal year for which a certified financial statement is available).

**As of December 31, 2024 and 2023, the reserve was \$2,881,683 and \$2,727,651, respectively. This amount is calculated using total CCRC operating expenses as of the previous year (\$23,463,786 and \$20,346,577 for the 2024 and 2023 calculations respectively), less depreciation and amortization (\$1,328,057 and \$1,310,884 for the 2024 and 2023 calculations, respectively), to arrive at net operating expenses of \$18,442,773 and \$17,475,963, for the 2024 and 2023 calculations respectively.**

9b. Describe the Provider's investment policy with respect to the required operating reserves, including how often the reserve fund investment is reviewed and by whom (the reserves must be maintained in a reasonably liquid form).

**The oversight of the investment of the operating reserves is performed by the Finance Committee, including the Chief Financial Officer, on a monthly basis to assure that the reserves are maintained in a reasonably liquid form, such as money market funds, investment grade bonds and U.S. Government securities. The review is completed with each monthly close of the financial reports and presented to the financial committee and/or full board at its board and committee meetings.**

10. Please attach to this form a copy of the Provider's most recent certified financial statement obtainable under generally accepted accounting principles.

**See ATTACHMENT B – Audited Financial Report, Year ending December 31, 2023**

11. Please provide a description of the long-term financing for the Facility.

Fahrney-Keedy currently has 8 long term financing notes provided through USDA. These notes have provided long term financing for capital improvement projects which include the following areas:

Waster water treatment facility upgrades

Water tower and treatment facilities

Memory Care expansion and renovation

Community Center/Adult Day service center addition

Infrastructure development for planned independent living expansion

These notes represent all of the long term financing currently in place for the community.

12. Please describe the financial arrangements made to address the renewal and replacement of the buildings and improvements at the facility such as the establishment of a renewal and replacement fund.

**Fahrney-Keedy maintains a capital construction account that it utilizes to address capital improvements as needed.**

13. If the Facility has not reached 85% occupancy of independent living units, please attach a summary of the feasibility study. N/A

14. Please attach a cash flow forecast statement for the current and the next 2 fiscal years of the Provider.

**See ATTACHMENT C – Cash Flow Statement**

15a. Provide below the names and occupations of the officers, directors, trustees, or managing or general partners of the Provider and indicate which of these persons hold a 10% or greater equity or beneficial interest in the Provider, and what the amount and nature of that financial interest is.

Stephen Coetzee, President/CEO  
Melanie Anders, Chief Clinical Officer  
RKL- Erin Wolfe, CFO- Virtual  
Heather Barnes, VP of Finance

No officer has any beneficial interest in the organization.

15b. Please provide in the chart below the name and address of any professional service firm, association, trust, partnership, company, or corporation in which a person identified in item 14 above has a 10% or greater financial interest and which is anticipated to provide goods, premises, or services to the Facility or the Provider of a value of \$10,000 or more within any fiscal year, including a description of the goods, premises, or services and their anticipated cost to the Facility or Provider. (Note: The disclosure of salary, wage, or benefit information of employees of the Provider is not required). Attach additional pages if necessary.

Name of Professional Services Firm, Association, Trust, Partnership, Company, or Corporation	Address	Description of goods, premises or services	Anticipated cost to the Facility or Provider
	NONE		

15c. Please provide as an attachment to this form a description of any matter in which an individual identified in item 15a above

(i) has been convicted of a felony or pleaded nolo contendere to a felony charge, if the felony involved fraud, embezzlement, fraudulent conversion, or misappropriation of property; or **NONE**

(ii) has been held liable or enjoined in a civil action by final judgment if the civil action involved fraud, embezzlement, fraudulent conversion, or misappropriation as a fiduciary; or **NONE**

(iii) has been subject to an effective injunctive or restrictive order of a court of record or, within the past 10 years, had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency, arising out of or relating to business activity or health care, including actions affecting a license to operate any facility or service for aging, impaired, or dependent persons. **NONE**

16. If the Facility is or will be managed on a day-to-day basis by a person other than an individual directly employed by the Provider, please provide the name of the proposed manager or management company and a description of the business experience, if any, of the manager or company in the operation or management of similar facilities. **N/A**

17. Please provide a description of the form of governance of the Provider, including the composition of the governing body:

**Fahrney-Keedy is governed by a fifteen member Board of Directors. A community member representative is noted as a full voting member of the Board of Directors. Currently the Board has 3 community members as voting members on the board of directors.**

**Leslie Hart, Board Chair, Business Development Specialist**  
**David Lyles, Developer/Construction**  
**Carrie Adams, Healthcare**  
**Mary Bowman, Retired- Healthcare**  
**Colleen Randall, financial advisor**  
**Sue Graff, Nurse Educator**  
**Elizabeth Reeder, Community Member**  
**Starla Ward, Financial**  
**David Gonzalez, Physician**  
**Jackie Draper, Attorney**  
**Charles Angle, Realtor**  
**Barbara Bussard, Community Member**  
**Kathy Morrissey, Registered Nurse**

18. Is the Provider authorized to be issued a certificate of registration?

If so, please provide below a description of the conditions under which the provider may be issued a certificate of registration and may use escrowed deposits, and a statement of the amount of the subscriber's deposit that may be used on issuance of a certificate of registration.

**Not Applicable.**

19. Please provide a description of the services provided or proposed to be provided at the Facility under the continuing care agreement, including the extent to which health related services are furnished, and indicate whether services are indicated in the agreement as included in the basic fee(s) and which services are offered at an extra charge.

In addition to the entrance fee, residents are billed monthly for a service fee that includes the following services: water and sewer, trash removal, snow removal, chaplain services, mowing of the lawns, repair and replacement of appliances, and repairs to the residence. Property taxes are billed separately for independent living residences, except for Ausherman Apartments.

**Ancillary services not included in the monthly maintenance fee include the following:**

Nursing services in the cottage, meal plans, non-routine maintenance, landscaping, transportation.

**See ATTACHMENT D - Summary of services included in the monthly service fee and summary of services not included in the monthly service fee.**

20. Please describe below any renovation or expansion of the Facility during the preceding fiscal year or proposed for the current fiscal year, regardless of whether this renovation or expansion is subject to review by the Maryland Department of

Aging.

**PRECEDING FISCAL YEAR THROUGH 12/31/2023**

**Fahrney-Keedy Memorial Home, Inc. is planning a cottage expansion project. The community has chosen to close it's current preliminary certificate of registration on a 36 unit expansion project and will be applying for a smaller expansion under it's current certificate of registration.**

21. **INTERNAL GRIEVANCE PROCEDURE**

**Fahrney-Keedy Memorial Home, Inc. has established an internal grievance procedure to address resident grievances. A resident, A group of residents, or Fahrney-Keedy Memorial, Inc collectively may submit a grievance in writing to:**

**President/CEO – Fahrney-Keedy Memorial Home, Inc.  
8507 Mapleville Road  
Boonsboro, MD 21713**

**Fahrney-Keedy Memorial Home, Inc. will send a written acknowledgment to the resident within five days after receipt of the written grievance. Fahrney-Keedy Memorial Home, Inc. will assign personnel to investigate the grievance. A resident who files a written grievance is entitled to a meeting with management of Fahrney-Keedy Memorial Home, Inc., within 30 days after receipt of the written grievance, in order to present the grievance. Fahrney-Keedy Memorial Home, Inc., will provide a response within 45 days after receipt of the written grievance as to the investigation and resolution of the grievance.**

**Within 30 days after Fahrney-Keedy Memorial Home, Inc. provides its response to the grievance, a resident, or a group of residents or Fahrney-Keedy Memorial Home, Inc. may seek mediation through one of the community mediation centers in the State or another mediation provider. If a resident, or a group of residents or Fahrney-Keedy Memorial Home, Inc. seeks mediation under the preceding sentence, the mediation shall be nonbinding and the resident, or a group of residents or Fahrney-Keedy Memorial Home, Inc. may be represented by counsel.**

22. You may provide as an attachment any other material information concerning the Facility or the Provider that you may wish to include as part of this Disclosure Statement.

**NONE**

23. Fahrney-Keedy Memorial Home, Inc. utilizes separate assisted living and separate nursing care agreements for all residents. If an independent living resident requires assisted living or nursing care services at Fahrney-Keedy, a separate agreement from the one signed for a cottage or apartment will need to be executed. The separate assisted living and separate nursing care agreements are not required to be reviewed or approved by the Maryland Department of Aging for compliance with the continuing care laws or conformity with Fahrney-Keedy's continuing care agreement. Those agreements are reviewed by the Office of Health Care Quality of Maryland.

24. Fahrney-Keedy Utilizes a type C agreement for all of it's Independent living community members. The entrance fee assessed is not held in escrow as the refundability of the entrance fee is contingent upon

resale of the occupied unit. Fahrney Keedy utilizes a 5 year declining refund model.

**NOTE:** Provider acknowledges its obligation under Section 10-426 of the Human Services Article (HSA) of the Annotated Code of Maryland to conduct a meeting, at least quarterly, of all of its subscribers, at which an authorized officer of the Provider shall present a summary of the Provider's operations, significant changes from the previous year, and the goals and objectives for the next year. The governing body of the Provider shall make provisions to receive and answer questions from subscribers at the meeting.

Furthermore, the Provider has arranged to have at least one subscriber as a member of its governing body.

Provider has in place a Resident Association, which meets at least once every other month. The Association is set up to inform the subscribers of significant changes to the Provider Operations and to hear and address subscribers' concerns.

Provider hereby acknowledges that this Disclosure Statement shall be amended if, at any time, in the opinion of the Provider or the Department of Aging, an amendment is necessary to prevent the Disclosure Statement from containing any material misstatement or omission of a material fact.

Provider notes that it does not impose a surcharge on any subscribers. [Under Maryland law, a "surcharge" is a separate and additional charge, other than a second person entrance fee, imposed simultaneously with the entrance fee that may be required of some but not all subscribers because of a condition or circumstance that applies only to those subscribers.]