



# Planning Commission Staff Report

**To:** City of Fergus Falls Planning Commission  
**Respectfully Submitted:** Andrew Bremseth, City Administrator  
**Date:** November 27, 2023  
**Subject:** C-2023-4 – 124 West Oriole Drive (Franklin & Stanley LLC)

## REQUESTED ACTION

Approve a Conditional Use Permit (CUP) for an independent home-birth midwifery practice to be located in an R-2 zone at 124 West Oriole Drive.

## GENERAL INFORMATION

<b>Applicant</b>	Franklin & Stanley LLC	<b>Planning Commission Hearing</b>	December 5, 2023
<b>Property Owner</b>	KASKA Properties LLC	<b>City Council Meeting</b>	December 18, 2023
<b>Address</b>	124 West Oriole Drive	<b>Application Date</b>	November 15, 2023
<b>Parcel Number(s)</b>	71002991392000	<b>60-Day Expiration Date</b>	January 14, 2024
<b>Zoning</b>	R-2		

## BACKGROUND

### Site Information & Current Conditions

The property located at 124 West Oriole Drive was most recently used as a residential long-term care facility. This property has been listed for sale and the applicant is interested in this space for a new midwifery practice. This property is located in an R-2 zone.

### Adjacent Zoning

This parcel is surrounded by R-2 zoning.

### Adjacent Uses

Residential Homes surround the subject property.

### Proposed Project

Ann Hintz dba Franklin & Stanley LLC is interested in purchasing the property at 124 West Oriole Drive to utilize this home as an independent out-of-hospital home-birth midwifery practice. There are no alterations planned for the exterior of the property, ensuring it remains harmonious with the existing neighborhood.

### Public Notification & Comments

A notice of the public hearing was published in the *Daily Journal* on November 25, 2023. A copy of the public hearing notice was mailed to 42 property owners within 350' on November 21, 2023. As of this report (11/28/23), one call has been received. This call was inquiring about parking needs of the new use and whether or not that create an impact on the neighborhood.

## PROPOSED FINDINGS

§154.019(D) of the City Code states the Planning Commission shall recommend a conditional use permit and the Council may issue conditional use permits if it finds that the use at the proposed location meets the following criteria:

1. Will not be detrimental to or endanger the public health, safety, or general welfare of the neighborhood or the city.  
The proposed use will not be detrimental to or endanger the neighborhood. The existing use is similar in nature to the proposed use. **Criteria Met**
2. Will be harmonious with the general and applicable specific objectives of the comprehensive plan and code provisions.  
The city does not have a comprehensive plan.
3. Will be designed, constructed, operated and maintained so as to be compatible or similar in an architectural and landscape appearance with the existing or intended character of the general vicinity and will not change the essential character of that area, nor substantially diminish or impair property values within the neighborhood.  
The home will continue to be used as a healthcare type facility, with no planned exterior changes. The home in its existing condition has been part of the neighborhood for over 20 years. **Criteria Met**
4. Will be served adequately by existing (or those proposed in the project) essential public facilities and services, including streets, police and fire protection, drainage, structures, refuse disposal, water and sewer systems and schools.  
Infrastructure is in place at this address. **Criteria Met**
5. Will not involve uses, activities, processes, materials, equipment and conditions of operation that will be hazardous or detrimental to any persons, property or the general welfare because of excessive production of traffic, noise, smoke, fumes, glare or odors.  
No. Applicant stated traffic will be similar to the prior use of this building.  
**Criteria Met**
6. Will have vehicular ingress and egress to the property which does not create traffic congestion or interfere with traffic on surrounding public streets.  
There is an existing 25 ft. x 75 ft. concrete driveway that services the property. Between the driveway and on-street parking spaces, it seems there is adequate parking as to not interfere with traffic or cause congestion. **Criteria Met**
7. Will not result in the destruction, loss or damage of a natural, scenic or historic feature of major importance.  
No. **Criteria Met**

### RECOMMENDED ACTION

Based on the above findings, staff recommends **approval with conditions** of CUP-2023-4.

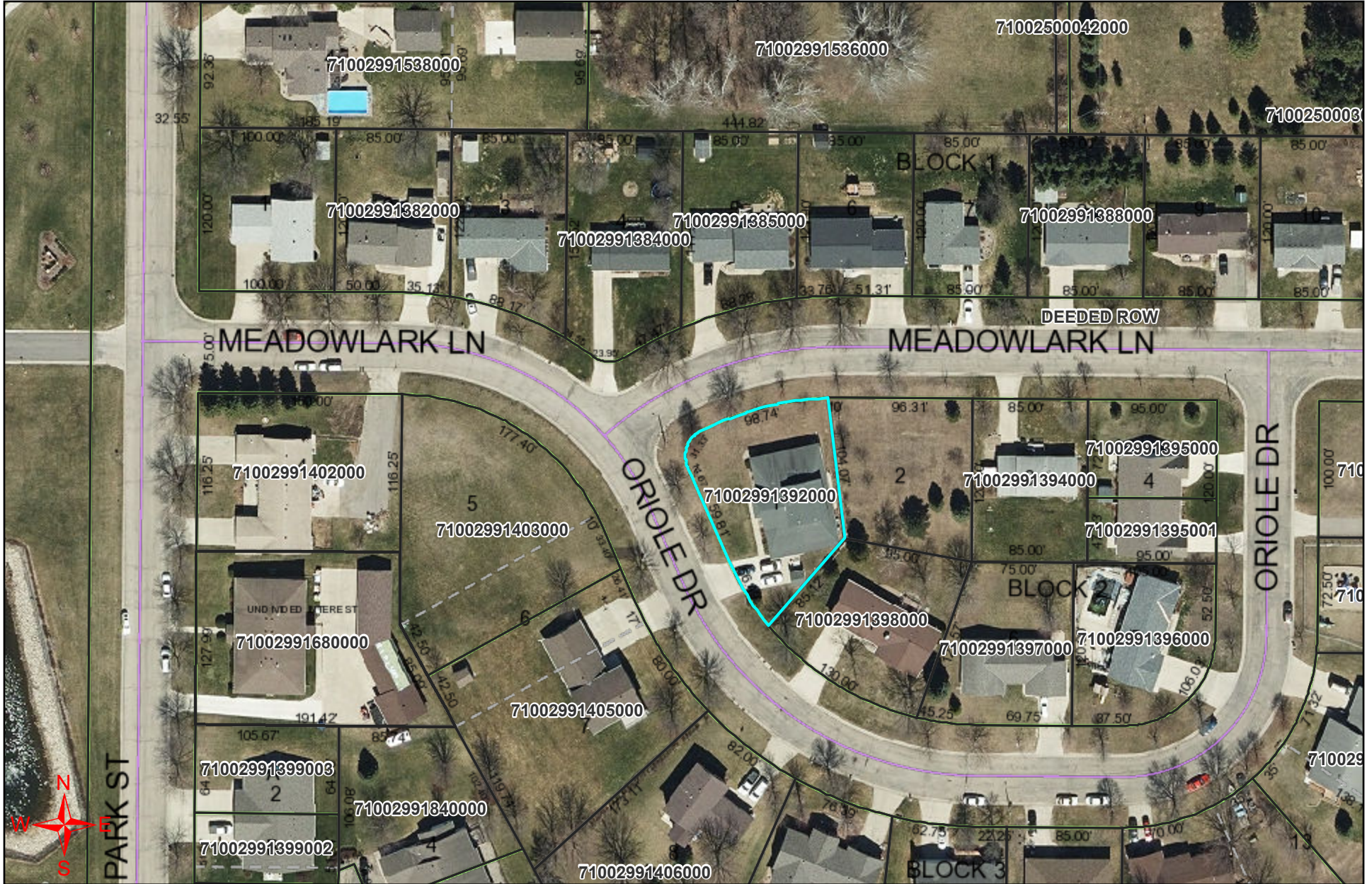
Proposed conditions:

1. The applicant must abide by all applicable building codes and laws (including City ordinances) during the build-out and operation of this facility and acquire and maintain any required licenses or permits.

### ATTACHMENTS

1. Context Map
2. Zoning Map
3. Application & Supporting Materials

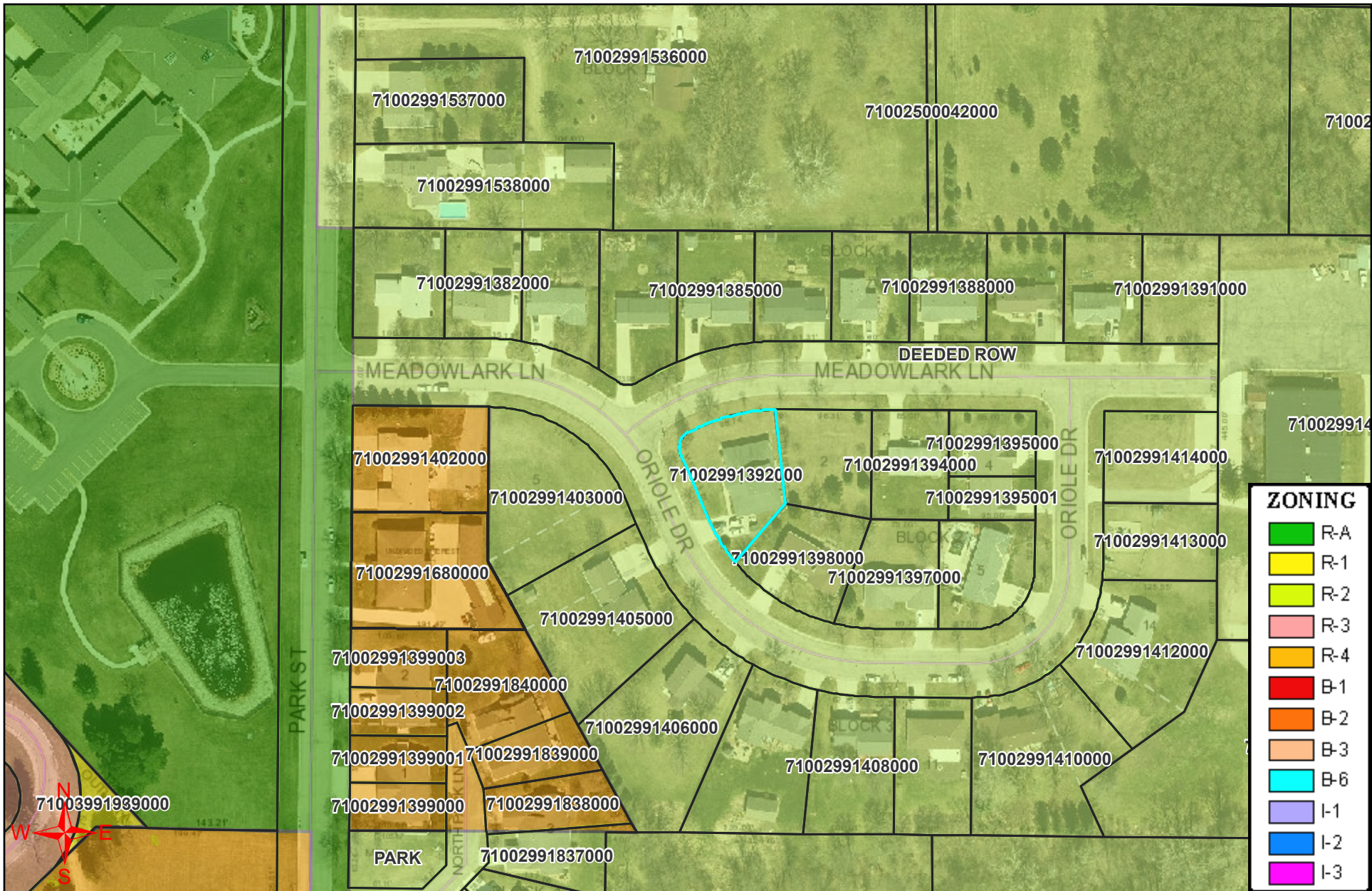
Context Map



1:1,200

Franklin & Staley LLC (Kaska Properties LLC) - 124 West Oriole Drive

This map has been compiled from information on file at the City of Fergus Falls Engineering Department. The City of Fergus Falls makes no representation and assumes no liability for errors, omissions, or inaccuracies contained on this map. This map should not be used for boundary survey information.



1:1,800

## Zoning Map - 124 West Oriole Drive

This map has been compiled from information on file at the City of Fergus Falls Engineering Department. The City of Fergus Falls makes no representation and assumes no liability for errors, omissions, or inaccuracies contained on this map. This map should not be used for boundary survey information.



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### Conditional Use Permit

Application fee should be made payable to The City of Fergus Falls upon submittal of completed application. Please complete the application by typing or printing in ink. Use additional paper if necessary.

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**1. Property Owner Information:**

Company name: KASKA Properties LLC

Last name: Birchem First name: James

Address: 15738 Highway 27 City/State/Zip: Little Falls, MN 56345-6578

Phone number: 320-224-9024 Email address: jimbo@eldercaremn.com

**2. Applicant Information: (if different from above)**

Company name: Franklin & Stanley LLC

Last name: Hintz First name: Ann

Address: 909 Fir Avenue East City/State/Zip: Fergus Falls, MN 56537

Phone number: 920-540-4806 Email address: embracebirthcare@gmail.com

**3. Address(es) of Property Involved: (if different from above)**

124 Oriole Drive West - Fergus Falls, MN 56537

**4. Zoning Designation:** R2 Residential**5. Statement of Intent:** Briefly describe what will be done on or with the property requiring the conditional use approval.

This property has historically been used as a residential long-term care facility. Purchaser would utilize this home as an independent out-of-hospital home-birth midwifery practice.

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**7. Additional Required Information:**

**a. Legal Description and PIN:** Provide the Parcel Identification Number(s)

71002991392000

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**Complete legal description(s) of the property involved or put "see attached"**

Sect-27 Twp-133 Range-043 FIELD'S HILLSIDE TERRACE LOT 1 BLK 2

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**b. Proposed Plans:** A site plan is required. A landscape plan, grading and drainage plan, and other items may be required by the city/planning commission.

**See Attached**

**c. Written Narrative:** The written narrative should thoroughly address the following general items in addition to any specific requirements pertaining to the proposed use, which Section 154.019 (Conditional Use Permit) of the City Code directs the City Council to evaluate during consideration of conditional use applications:

(1) Will not be detrimental to or endanger the public health, safety, or general welfare of the neighborhood or the city?

No.

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(2) Will be harmonious with the general and applicable specific objectives of the comprehensive plan and code provisions?

It will conform well, as there will be no real exterior changes to this facility.

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(3) Will be designed, constructed, operated and maintained so as to be compatible or similar in an architectural and landscape appearance with the existing or intended character of the general vicinity and will not change the essential character of that area, nor substantially diminish or impair property values within the neighborhood?

The property already conforms to the neighborhood, and as there will be no real exterior changes to this facility, it will remain harmonious.

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(4) Will be served adequately by existing (or those proposed in the project) essential public facilities and services, including streets, police and fire protection, drainage, structures, refuse disposal, water and sewer systems and schools?

Yes - existing services are anticipated to be adequate.

(5) Will not involve uses, activities, processes, materials, equipment and conditions of operation that will be hazardous or detrimental to any persons, property or the general welfare because of excessive production of traffic, noise, smoke, fumes, glare or odors?

There will be nothing hazardous about the proposed use and traffic will be similar to the prior use of this building as an assisted living facility.

(6) Will have vehicular ingress and egress to the property which does not create traffic congestion or interfere with traffic on surrounding public streets?

Access to the property is provided by a 25 x 75 concrete driveway, which along with some on-street parking, should be adequate for the intended use of this property.

(7) Will not result in the destruction, loss or damage of a natural, scenic or historic feature of major importance?

No.

**8. Signature(s):** By signing below, you attest that the information above and attached is true and correct to the best of your knowledge.

Property Owner: James Birchem Date: 11/10/23  
Applicant: Ann Hintz Date: 11/10/23



B. Site Plan

See attached GIS image of property. No alterations are planned for this parcel / property.



To whom it may concern,

We understand you have questions and concerns, and are happy to provide more information about our proposed birth center.

**Number of employees & Hours of Operation:**

- The birth center will have approximately 4-5 employees, made up of midwives, doulas, birth assist/nurses, and administrative staff.
- Most employees would work during regular business hours, from 9:00 AM to 5:00 PM Monday through Thursday to see patients/clients for prenatal care appointments, postpartum, and Gyn-care visits. Midwives generally have alternating days for clinic, and on-call schedules.
- A small number of employees would be on-call to provide care for clients who are giving birth at night or on weekends. (3 Staff attend each birth)

**Off-street parking:**

- The birth center would have 6 -8 Drive-way off street dedicated parking spaces for clients and staff.
- **Angled Parking:** Angled parking allows for more efficient use of parking space, accommodating more vehicles in a designated area. This can be particularly beneficial for the birth center, where clients may arrive with support persons or family members.
- **Spaced Appointment Times:** Scheduling appointments with adequate spacing between clients can reduce the number of vehicles vying for parking spaces simultaneously. This can help alleviate congestion and ensure that clients have convenient parking options when they arrive.
- **Limited Street Parking:** Designating a limited number of street parking spaces for the birth center during daytime hours can provide additional options for clients and visitors while minimizing disruption to the neighborhood.
- **Expanding the Driveway:** Expanding the driveway in the future can significantly increase the center's parking capacity, addressing any potential parking shortages as the center's clientele grows.
- **Maintaining Home-like Aesthetics:** Preserving the home-like aesthetics of the property is essential for maintaining a welcoming and comfortable environment for clients and families.

**Length of stays:**

- Patients/Clients would typically arrive at the birthing center when they are in active labor.
- The length of labor varies from woman to woman, but typically is between 6 and 10 hours.
- Patients/Clients stay at the birthing center for 2-4 hours after giving birth.
- We anticipate having approximately **4-6** births per month the first year, and 10-12 at year 3-5.

**Transfer STATS:**

- The birth center estimates that it will have an average of 2-3 EMS transfers per month.
- The quality of care in birth centers has remained consistent. "The National Birth Center Study," published in 1989, reported on prospective, descriptive data of 11,814 women admitted for labor at 84 birth centers. One woman in six (15.8 %) was transferred to a hospital of which 2.4 % were emergency transfers. Of the women admitted to labor in the birth center, 84.2% gave birth in the center. The cesarean section rate was 4.4 percent. There were no maternal deaths. The overall intrapartum and neonatal mortality rate was 1.3 per 1000 births. The rates of infant mortality were similar to those reported in large studies of low-risk hospital birth.<sup>1</sup>
- "The National Birth Center Study II" (NBCS II), published in 2013, reported on 15,574 women who planned and were eligible for birth center birth at the onset of labor. Four percent were

transferred to a hospital before admission to the birth center, 12% were transferred in labor after admission and 84% gave birth at the birth center. Regardless of birth setting, 93% of women enrolled for birth center care had a spontaneous vaginal birth. There were no maternal deaths. Less than 2% of birth center transfers were emergent. The intrapartum fetal mortality rate for women admitted to the birth center in labor was 0.47/1000. The neonatal mortality rate was 0.40/1000 excluding anomalies. It is noteworthy that two decades lapsed between these two large studies, yet the outcomes are remarkably similar<sup>2</sup>

- The cesarean section rate for women receiving care in birth centers averages 6.1%, approximately one half that in studies of low risk, in-hospital births.<sup>2</sup>

#### **EMS:**

- Holding in-service meetings with Ringdahl Ambulance to discuss collaborative non-emergent transfers is a proactive step we plan to take towards ensuring a smooth and efficient process for both the birth center and the ambulance service. This collaboration will help to minimize noise and disruptions in the neighborhood while ensuring that mothers and babies receive timely and quality care.
- **Establishing clear communication protocols:** Discuss how the birth center and ambulance service will communicate with each other regarding non-emergent transfers. This includes establishing notification procedures, sharing patient information, and coordinating transportation arrangements.
- **Optimizing dispatch and response times:** Identify ways to streamline the dispatch and response process for non-emergent transfers. This could involve prioritizing non-emergent calls, having dedicated standby ambulances, or utilizing alternative transportation options.
- **Minimizing noise disruptions:** Discuss strategies for minimizing noise during non-emergent transfers. This could include using lights only, avoiding late-night transfers when possible, and using designated routes that avoid sensitive areas.
- **Ensuring patient safety and comfort:** Emphasize the importance of patient safety and comfort during transfers. This includes providing appropriate patient care, using comfortable transportation vehicles, and minimizing transfer times.
- **EMS sirens will only be used in emergency situations.**

#### **Additional Information:**

- We are committed to being a good neighbor and will work with the community to address any concerns.
- We will implement a traffic management plan to minimize any impact on local traffic.
- We will encourage patients and staff to carpool, bike, or walk whenever possible, if not on immediate call for birthing families.

We believe that our birthing center will be a valuable asset to the community. We are committed to providing high-quality care in a safe and welcoming environment.

#### **References**

1. Rooks, J., et al., "Outcomes of Care in Birth Centers: The National Birth Center Study", *New England Journal of Medicine*, 321:1804-1811, (December 28), 1989
2. Stapleton SR, Osborne C, Illuzzi J. Outcomes of care in birth centers: Demonstration of a durable model. *Journal of Midwifery and Women's Health*. 2013.

- Hill I, Dubay L, Courtot B, et al. Strong Start for Mothers and Newborns Evaluation: Year 5 Project Synthesis, Vol 1. Washington, DC: Urban Institute; 2018. <https://downloads.cms.gov/files/cmmt/strongstart-prenatal-finalevalrpt-v1.pdf>.

## **Traffic Management Plan for a Freestanding Birth Center**

### **Purpose**

The purpose of this traffic management plan is to ensure the safe and efficient flow of traffic around the freestanding birth center, minimizing disruptions to the surrounding neighborhood and providing a smooth experience for patients, staff, and visitors.

### **Scope**

This plan applies to all vehicles entering, exiting, or parked at the freestanding birth center, including patient vehicles, staff vehicles, delivery vehicles, and emergency vehicles.

### **Objectives**

The objectives of this plan are to:

- Prioritize the safety of patients, staff, and visitors
- Minimize disruptions to the surrounding neighborhood
- Ensure the smooth flow of traffic around the birth center
- Provide clear and consistent signage for all drivers
- Establish procedures for handling emergency situations

### **Procedures**

#### **Parking**

- Designated parking areas will be provided for patients, staff, and visitors.
- Patient parking will be located closest to the entrance of the birth center.
- Staff parking will be located in the front two/three spaces (Shed moved) to minimize congestion.
- Visitor parking will be located in on the street adjacent to the birth center to minimize congestion and improve safety.
- Vehicles parked illegally or in a way that obstructs traffic will be towed.

#### **Traffic Flow**

- Vehicles entering the birth center will use the designated entrance and exit points.
- Delivery vehicles will follow a designated route to avoid disruption to patient care.
- Emergency vehicles will have unrestricted access to the birth center.

#### **Signage**

- Clear and consistent signage will be placed throughout the area to direct traffic and inform drivers of parking regulations.
- Signs will be visible from a distance

## **Communication**

- Staff will be trained on the traffic management plan and procedures.
- Signs will be posted throughout the birth center to inform patients and visitors of the traffic plan.
- Regular communication with the surrounding neighborhood will be maintained to address any concerns.

## **Emergency Procedures**

- In the event of an emergency, emergency vehicles will have unrestricted access to the birth center.
- Staff will be trained on emergency procedures to ensure the safe evacuation of patients, staff, and visitors.

## **Review and Evaluation**

- This traffic management plan will be reviewed and evaluated annually or more frequently as needed.
- Feedback from staff, patients, and the surrounding neighborhood will be considered during the review process.
- Necessary revisions will be made to the plan to ensure its effectiveness.



## AABC PRESS KIT

### What is a Birth Center?

- The birth center is an innovation in the delivery of care to healthy, pregnant people and families. It is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.
- Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center.
- The birth center respects and facilitates a person's right to make informed choices about their health care and their baby's health care based on her values and beliefs. The pregnant person's family, as they define it, is welcome to participate in the pregnancy, birth, and the postpartum period.
- Birth centers include a team of highly qualified professionals from midwifery, nursing, obstetrics, family medicine, pediatrics, nutrition, social work, physical fitness, childbirth, and parenting education.
- Birth center midwifery providers include Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs).

### The Birth Center Experience

- Over thirty years of data demonstrate that care provided by midwives in birth centers following the national Standards for Birth Centers<sup>i</sup> results in excellent outcomes for mothers and babies.
- Birth centers improve health of mothers and babies by improving the quality of care, reducing caesareans and other poor outcomes, and saving health care dollars. ii,iii,iv

- Strong Start for Mothers and Newborns demonstrated that when freestanding birth centers provide maternity services for women and infants who are Medicaid or CHIP beneficiaries:
  - Preterm and low birth weight births were reduced by half
  - Breastfeeding initiation and duration increased
  - Caesareans were reduced by more than half
  - Women and infants received safe, quality care that costs less and uses fewer resources<sup>3,v</sup>

## Birth Center Savings

Strong Start and other studies of birth center care demonstrate cost savings from lower caesarean rates and fewer medical interventions, and from reductions in preterm, low birthweight births when births occur in the birth center.<sup>2,3,4,vi</sup>

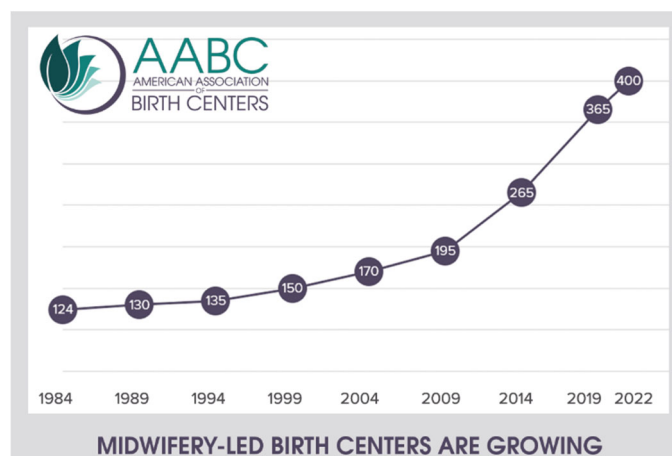
- Estimated Medicaid savings caesareans prevented per 10,000 births \$4.35 million<sup>2,6</sup>
- Estimated savings reduction in preterm births per 10,000 births \$24.25 million<sup>2,6</sup>
- Strong Start participant costs were \$2010 less per mother-baby pair for 1st year of life<sup>5</sup>

## Birth Centers Growth

There are currently 400 birth centers in 40 states and DC (Feb 2022). The number of midwifery-led birth centers has more than doubled in the last decade and continues to grow.

Additionally, data from the CDC National Center for Vital Statistics shows a steady increase in the number of birth center births. From 2010-2020, the annual number of birth center births doubled.

During the same period, the annual number of U.S. births decreased by more than 10%.<sup>vii</sup>



## About the American Association of Birth Centers

The American Association of Birth Centers (AABC) is a multidisciplinary membership organization comprised of birth centers, individuals and organizations that support the birth center model. Members include certified nurse-midwives (CNMs), certified professional midwives (CPMs), physicians, nurses, and childbearing families. Founded in 1983, AABC is dedicated to developing

quality holistic services for childbearing families that promote self-reliance and confidence in birth and parenting in the wellness model of care.

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<sup>i</sup> American Association of Birth Centers. (2017). *Standards for Birth Centers*. Perkiomenville, PA: Author

<sup>ii</sup> Stapleton SR, Osborne C, and Illuzzi J. Outcomes of Care in Birth Centers: Demonstration of a Durable Model. *JMWH*.58, (1), pages 3–14, Jan/Feb 2013. <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>

<sup>iii</sup> Alliman, J., Stapleton, S.R., Wright, J., Bauer, K., Slider, K., Jolles, D. (2019). Strong Start in birth centers: Sociodemographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*. 46: 234-243. doi:10.1111/birt.12433. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/birt.12433>.

<sup>iv</sup> Dubay, L., Hill, I., Garrett, B., Blavin, F., Johnston, E., Howell, E., ... & Cross-Barnet, C. (2020). Improving birth outcomes and lowering costs for women on Medicaid: impacts of 'strong start for mothers and newborns' an evaluation of the federal strong start for mothers and newborns program's impact on birth outcomes and costs for medicaid-covered women. *Health Affairs*, 39(6), 1042-1050.

<sup>v</sup> Hill I, Dubay L, Courtot B et al. (2018) Strong Start for Mothers and Newborns Evaluation: Year 5 Project Synthesis, Vol 1. <https://downloads.cms.gov/files/cmml/strongstart-prenatal-finalevalrpt-v1.pdf>.

<sup>vi</sup> Washington State Healthcare Authority (2016). Reimbursement of births performed at birth centers. Clinical Quality Transformation. Olympia, WA. <https://www.hca.wa.gov/assets/program/2eshb-2376-birth-centers.pdf>

<sup>vii</sup> U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics Information. <http://www.cdc.gov/nchs/births.htm>