

09-030

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR PERMIT

ORIGINAL

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JUL 08 2009

Facility/Project Identification

HEALTH FACILITIES  
PLANNING BOARD

Facility Name: Addison Rehabilitation & Living Center		
Street Address: 1754-1760 Capital Street		
City and Zip Code: Elgin 60124		
County: Kane	Health Service Area: VIII	Health Planning Area: Kane

Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Elgin Property, LLC
Address: 910 Skokie Boulevard, Northbrook, Illinois 60062
Name of Registered Agent: Glenn Lefkowitz
Name of Chief Executive Officer: Glenn Lefkowitz
CEO Address: 910 Skokie Boulevard, Suite 225, Northbrook, Illinois 60062
Telephone Number (847)229-3400

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Charles H. Foley
Title: Health Care Consultant
Company Name: Charles H. Foley & Associates, Inc.
Address: 1638 South MacArthur Boulevard, Springfield, Illinois 62704
Telephone Number: (217) 544-1551
E-mail Address: foley.associates@sbcglobal.net
Fax Number: (217) 544-3615

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Charles P. Sheets
Title: Attorney at Law
Company Name: Polsinelli Shughart
Address: 180 N. Stetson, Suite 4525, Chicago, Illinois 60601
Telephone Number: (312) 873-3605
E-mail Address: csheets@polsinelli.com
Fax Number: (312) 873-2951

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: <b>Addison Rehabilitation &amp; Living Center</b>		
Street Address: <b>1754-1760 Capital Street</b>		
City and Zip Code: <b>Elgin 60124</b>		
County: <b>Kane</b>	Health Service Area: <b>VIII</b>	Health Planning Area: <b>Kane</b>

**Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: <b>Addison Rehabilitation &amp; Living Center LLC</b>
Address: <b>910 Skokie Boulevard, Northbrook, Illinois 60062</b>
Name of Registered Agent: <b>Glenn Lefkovitz</b>
Name of Chief Executive Officer: <b>Glenn Lefkovitz</b>
CEO Address: <b>910 Skokie Boulevard, Suite 225, Northbrook, Illinois 60062</b>
Telephone Number <b>(847)229-3400</b>

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Telephone Number: <b>(312) 873-3605</b>
E-mail Address: <b>csheets@polsinelli.com</b>
Fax Number: <b>(312) 873-2951</b>

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance]

Name: <b>Aaron Mann</b>
Title: <b>Senior Managing Director</b>
Company Name: <b>Apex HealthCare Solutions</b>
Address: <b>1668 Checker Road, Long Grove, Illinois 60047</b>
Telephone Number: <b>(877) 860-2739 X467</b>
E-mail Address: <b>aaron@senior-living.org</b>
Fax Number: <b>(847) 215-5033</b>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <b>Elgin Property, LLC</b>
Address of Site Owner: <b>910 Skokie Boulevard, Northbrook, Illinois 60062</b>
Street Address or Legal Description of Site: <b>1754-1760 Capital Street, Elgin, Illinois 60124</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: <b>Addison Rehabilitation &amp; Living Center, LLC</b>
Address: <b>910 Skokie Boulevard, Suite #225, Northbrook, Illinois 60062</b>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois certificate of good standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Flood Plain requirements of Executive Order #5, 2006.
<b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.
<b>APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**DESCRIPTION OF PROJECT**

**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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**2. Project Outline**

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care	120				
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**3. Narrative Description**

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Applicant's, Elgin Property, LLC (ownership entity) and Addison Rehabilitation and Living Center, LLC (Operating entity/licensee) are proposing to establish a 120 bed nursing skilled nursing facility with ALL private rooms. The physical plant will consist of three floors each with two resident wings. Each wing will have its own living/dining/activity space that will create autonomous neighborhoods. The building to be located at 1754-1760 Capital Street, Elgin, Kane County, Illinois 60124-7890 will be comprised of 61,196 gross square feet of space with an estimated project cost of \$14,127,348.

This project is classified as **SUBSTANTIVE** as this project it is for the establishment of the General Long-Term Care category of service and not a construction project that is solely and entirely limited in scope as identified in the 77 IAC 1110.40.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$22,320	\$13,680	\$36,000
Site Survey and Soil Investigation	\$3,224	\$1,976	\$5,200
Site Preparation	\$62,000	\$38,000	\$100,000
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$6,725,997	\$4,122,385	\$10,848,382
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$672,600	\$412,239	\$1,084,838
Architectural/Engineering Fees	\$184,965	\$113,365	\$298,330
Consulting and Other Fees	\$41,540	\$25,460	\$67,000
Movable or Other Equipment (not in construction contracts)	\$558,00	\$342,000	\$900,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$320,540	\$196,460	\$517,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$167,771	\$102,827	\$270,598
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$8,758,956</b>	<b>\$5,368,392</b>	<b>\$14,127,348</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$1,751,791	\$1,073,678	\$2,825,470
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$7,007,165	\$4,294,714	\$11,301,848
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$8,758,956</b>	<b>\$5,368,392</b>	<b>\$14,127,348</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price:	\$ <u>1,269,114</u>	
Fair Market Value:	\$ _____	

The project involves the establishment of a new facility or a new category of service  
 Yes     No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ (1,311,877).

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): December 2011

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.

**State Agency Submittals**

Are the following submittals up to date as applicable:

<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits

### Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON CLINICAL</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME: The Addison Rehabilitation &amp; Living Center</b>			<b>CITY: Elgin</b>		
<b>REPORTING PERIOD DATES:</b> From: _____ to: _____					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care				<b>+120</b>	<b>+120</b>
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>				<b>+120</b>	<b>+120</b>

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist), and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of ELGIN PROPERTY, LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*[Handwritten Signature]*

SIGNATURE

GLENN LEFKOVITZ  
PRINTED NAME

MANAGER  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 11 day of June 2009

SIGNATURE

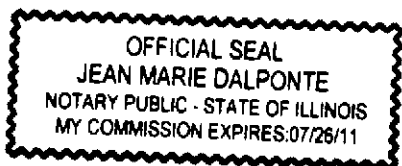
\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

*Jean Marie DalPonte*  
Signature of Notary

Seal



\_\_\_\_\_  
Signature of Notary

Seal

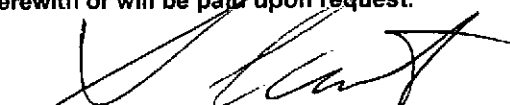
\*Insert EXACT legal name of the applicant

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist), and
- o in the case of a sole proprietor, the individual that is the proprietor.

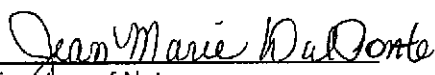
This Application for Permit is filed on the behalf of ADDISON REHABILITATION & LIVING CENTER LLC  
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



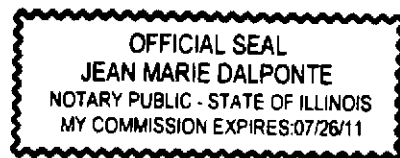
\_\_\_\_\_  
 SIGNATURE  
 GLENN LEFKOVITZ  
 PRINTED NAME

\_\_\_\_\_  
 MANAGER  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 11 day of June 2009

  
 Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

\_\_\_\_\_  
 SIGNATURE  
 PRINTED NAME

\_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary

Seal

### SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFPB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFPB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

For projects involving modernization, describe the conditions being upgraded. For facility projects, include statements of age and condition and regulatory citations. For equipment being replaced, include repair and maintenance records.

**NOTE: The description of the "Purpose of the Project" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.**

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### **ALTERNATIVES**

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
  - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing bed space that results in excess square footage.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and

HFPB-revised - March 2, 2009a

- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFPB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**I. Criterion 1110.1730 - General Long Term Care**

1. Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:	Indicate # of beds changed by action(s):				
	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
<input checked="" type="checkbox"/> General Long Term Care	+120				
<input type="checkbox"/>					
<input type="checkbox"/>					

2. READ the applicable review criteria outlined below and **SUBMIT ALL** required information, as applicable to the project:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				



APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(e)(2) - Maldistribution	X				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		
1110.1730(f)(2) & (3) - Documentation			X		
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110,1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X		X	X

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

APPLICABLE REVIEW CRITERIA	ATTACHMENT NUMBER
Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	33
Planning Area Need - Service to Planning Area Residents	34
Planning Area Need - Service Demand - Establishment of Category of Service	35
Planning Area Need - Service Demand - Expansion of Existing Category of Service	36
Planning Area Need - Service Accessibility	37
Description of Continuum of Care	38
Components	39
Documentation	40
Description of Defined Population to be Served	41
Documentation of Need	42
Documentation Related to Cited Problems	43
Unnecessary Duplication of Services	44
Maldistribution	45
Impact of Project on Other Area Providers	46

Deteriorated Facilities	47
Documentation	48
Utilization	49
Staffing Availability	50
Facility Size	51
Community Related Functions	52
Zoning	53
Assurances	54

**T. Financial Feasibility**

This section is applicable to all projects subject to Part 1120.

**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?  
 Yes  No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

**A. Criterion 1120.210(a), Financial Viability**

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

**OWNERSHIP ENTITY-ELGIN PROPERTY, LLC.**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2013
Current Ratio				6.7
Net Margin Percentage				23.51%
Percent Debt to Total Capitalization				69%
Projected Debt Service Coverage				1.65
Days Cash on Hand				736
Cushion Ratio				1.79

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

FORECASTED VIABILITY RATIOS WORKSHEET  
LTC FACILITY OWNER

2013

CURRENT RATIO

- 1. CURRENT ASSETS \$1,565,550
- 2. CURRENT LIABILITIES \$233,648
- 3. CURRENT RATIO 6.70  
(LINE 1 DIVIDED BY LINE 2)

NET MARGIN PERCENTAGE

- 4. NET INCOME OR (LOSS) \$368,648
- 5. NET OPERATING REVENUE \$1,567,976
- 6. NET MARGIN PERCENTAGE 23.51%  
(LINE 4 DIVIDED BY LINE 5)

DEBT SERVICE COVERAGE RATIO

- NET INCOME(LOSS)+DEPR+ \$1,445,760
- 7. INTEREST+AMORTIZATION \$873,818
- 8. PRINCIPAL + INTEREST
- 9. DEBT SERVICE COVERAGE RATIO 1.65  
(LINE 7 DIVIDED BY LINE 8)

NO

DEBT CAPITALIZATION RATIO

- 10. LONG TERM DEBT \$10,874,515
- 11. LONG TERM DEBT + EQUITY \$15,778,378
- 12. DEBT CAPITALIZATION RATIO 69%  
(LINE 10 DIVIDED BY LINE 11)

DAYS CASH

- 13. CASH AND INVESTMENTS \$1,565,550
- 14. OPER EXPENSE LESS DEPR/365 \$2,125.92
- 15. DAYS CASH ON HAND(LINE13/LINE 14) 736

CUSHION RATIO

- 16. CASH AND INVESTMENTS \$1,565,550
- 17. MAX ANNUAL DEBT SER \$873,818
- 18. CUSHION (LINE 16/LINE 17) 1.79

**T. Financial Feasibility**

This section is applicable to all projects subject to Part 1120.

**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes  No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

**A. Criterion 1120.210(a), Financial Viability****1. Viability Ratios**

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

**OPERATOR-ADDISON REHABILITATION & LIVING CENTER LLC**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2013
Current Ratio				2.08
Net Margin Percentage				28%
Percent Debt to Total Capitalization				0
Projected Debt Service Coverage				0
Days Cash on Hand				74.9
Cushion Ratio				N/A

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

**2. Variance**

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

FORECASTED VIABILITY RATIOS WORKSHEET  
 120 BED LONG-TERM CARE FACILITY OPERATOR  
 2013

<u>CURRENT RATIO</u>	
1. CURRENT ASSETS	\$1,567,346
2. CURRENT LIABILITIES	\$752,931
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	2.08
<u>NET MARGIN PERCENTAGE</u>	
4. NET INCOME OR (LOSS)	\$4,208,273
5. NET OPERATING REVENUE	\$15,029,150
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	28.00%
<u>DEBT SERVICE COVERAGE RATIO</u>	
NET INCOME(LOSS)+DEPR+	
7. INTEREST+AMORTIZATION	\$5,285,385
8. PRINCIPAL + INTEREST	\$0
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	N/A
<u>DEBT CAPITALIZATION RATIO</u>	
10. LONG TERM DEBT	\$0
11. LONG TERM DEBT + EQUITY	\$2,605,424
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0.00%
<u>DAYS CASH</u>	
13. CASH AND INVESTMENTS	\$1,854,557
14. OPER EXPENSE LESS DEPR/365	\$24,754
15. DAYS CASH ON HAND(LINE13/LINE 14)	74.9
<u>CUSHION RATIO</u>	
16. CASH AND INVESTMENTS	\$1,854,557
17. MAX ANNUAL DEBT SER	\$0
18. CUSHION (LINE 16/LINE 17)	N/A

**T. Financial Feasibility**

This section is applicable to all projects subject to Part 1120.

**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?  
 Yes  No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

**A. Criterion 1120.210(a), Financial Viability**

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

**OWNER & OPERATOR-COMBINED**

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2013
Current Ratio				4.99
Net Margin Percentage				30.45%
Percent Debt to Total Capitalization				59.15%
Projected Debt Service Coverage				7.83
Days Cash on Hand				141.4
Cushion Ratio				3.9

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each. Insert the worksheets after this page.

2. Variance

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

FORECASTED VIABILITY RATIOS WORKSHEET  
 120 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR  
 2013

<u>CURRENT RATIO</u>	
1. CURRENT ASSETS	\$4,923,906
2. CURRENT LIABILITIES	\$986,579
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	4.99
<u>NET MARGIN PERCENTAGE</u>	
4. NET INCOME OR (LOSS)	\$4,576,921
5. NET OPERATING REVENUE	\$15,029,150
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	30.45%
<u>DEBT SERVICE COVERAGE RATIO</u>	
NET INCOME(LOSS)+DEPR+	\$6,846,201
7. INTEREST+AMORTIZATION	\$873,818
8. PRINCIPAL + INTEREST	
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	7.83
<u>DEBT CAPITALIZATION RATIO</u>	
10. LONG TERM DEBT	\$10,874,515
11. LONG TERM DEBT + EQUITY	\$18,383,803
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	59.15%
<u>DAYS CASH</u>	
13. CASH AND INVESTMENTS	\$3,420,107
14. OPER EXPENSE LESS DEPR/365	\$24,190
15. DAYS CASH ON HAND(LINE13/LINE 14)	141.4
<u>CUSHION RATIO</u>	
16. CASH AND INVESTMENTS	\$3,420,107
17. MAX ANNUAL DEBT SER	\$873,818
18. CUSHION (LINE 16/LINE 17)	3.9



**REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**  
(continued)

**B. Criterion 1120.210(b), Availability of Funds**

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$2,825,470 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

\$0 Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

\$0 Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

\$11,301,878 Debt Financing (indicate type(s) Cambridge HUD Mortgage)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

\$0 Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

\$0 Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

\$0 Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\$14,127,348 TOTAL FUNDS AVAILABLE

**C. Criterion 1120.210(c), Operating Start-up Costs (SEE ATTACHMENT 75)**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes  No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

APPEND DOCUMENTATION AS ATTACHMENT 75, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**U. Economic Feasibility**

This section is applicable to all projects subject to Part 1120.

**SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**

**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes  No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes  No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing?  Yes  No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

**B. Criterion 1120.310(c), Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$177.27		61,196				\$10,848,382		\$10,848,382
Contingency	\$ 17.73		61,196				\$ 1,084,838		\$ 1,084,838
<b>TOTALS</b>	<b>\$195.00</b>		<b>61,196</b>				<b>\$11,933,220</b>		<b>\$11,933,220</b>

\* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:

**REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**  
(continued)

- a. that the lowest net cost available has been selected; or
- b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

**D. Criterion 1120.310(d), Projected Operating Costs**

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

Salaries	\$3,611,953	Year of Target Utilization	CY2013
Supplies	\$ 638,587	Patient Days per Year	39,420
Welfare & Benefits	\$ 605,175	Resultant Cost per Patient Day	\$123.18
Total Direct Costs	\$4,855,715		

**E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs**

Is the project classified as a category B project? Yes  No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

Depreciation	\$ 423,369	Year of Target Utilization	CY2013
Interest	\$ 666,529	Patient Days per Year	39,420
Property Tax	\$ 122,216	Capital Cost per Patient Day	\$ 30.93
Rent	\$ 0		
Other	\$ 7,160		
Total Annual Capital Cost	\$1,219,273		

**F. Criterion 1120.310(f), Non-patient Related Services**

Is the project classified as a category B project and involve non-patient related services? Yes  No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

APPEND DOCUMENTATION AS ATTACHMENT 76 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification	30-31
2	Site Ownership	
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32
4	Flood Plain Requirements	33-34
5	Historic Preservation Act Requirements	35-36
6	Description of Project	
7	Project and Sources of Funds Itemization	37
8	Cost Space Requirements	38
9	Discontinuation	
10	Background of the Applicant	39-52
11	Purpose of the Project	53
12	Alternatives to the Project	54-236
13	Size of the Project	237-258
14	Project Service Utilization	259
15	Unfinished or Shell Space	260
16	Assurances for Unfinished/Shell Space	261
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	<b>Categories of Service:</b>	
19	Planning Area Need	
20	Service Demand - Establishment of Category of Service	
21	Service Demand - Expansion of Existing Category of Service	
22	Service Accessibility - Service Restrictions	
23	Unnecessary Duplication/Maldistribution	
24	Category of Service Modernization	
25	Staffing Availability	
26	Assurances	
	<b>Service Specific:</b>	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
32	Non-Hospital Based Ambulatory Surgery	
	<b>General Long Term Care:</b>	
33	Planning Area Need	262-271
34	Service to Planning Area Residents	272-273
35	Service Demand-Establishment of Category of Service	274-283
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	284-286
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
42	Documentation of Need	
43	Documentation Related to Cited Problems	
44	Unnecessary Duplication of Service	287-295
45	Maldistribution	296
46	Impact of Project on Other Area Providers	297-298
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	299-301
51	Facility Size	302
52	Community Related Functions	303-353
53	Zoning	354-379
54	Assurances	380-381
	<b>Service Specific (continued...):</b>	
55	Specialized Long Term Care	
56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	<b>Clinical Service Areas Other than Categories of Service:</b>	
62	Need Determination - Establishment	
63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
68	Impact of Project on Other Area Providers	
69	Utilization	
70	Deteriorated Facilities	
71	Necessary Expansion	
72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	
	<b>FEC:</b>	
74	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
75	Financial Feasibility	382-390
76	Economic Feasibility	391



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ADDISON REHABILITATION & LIVING CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 27, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0918701832  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JULY A.D. 2009***

*Jesse White*

SECRETARY OF STATE

ATTACHMENT-1



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

ELGIN PROPERTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 01, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0918701796  
Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of JULY A.D. 2009*

*Jesse White*

SECRETARY OF STATE

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

The Applicants of the Addison Rehabilitation & Living Center are Elgin Property, LLC (owner) and Addison Rehabilitation and Living Center, LLC (operator/licensee). Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-Applicant.

ATTACHMENT-3



**Flood Plain Requirements**

Provide documentation regarding compliance with the requirements of the Flood Plain requirements of Executive Order #5, 2006.

Appended as **ATTACHMENT-4A**, is the **Special Flood Hazard Area Determination** from the Illinois Department of Natural Resources, Office of Water Resources. This survey found that the property is **not** located in a Special Flood Hazard Area or a shaded Zone X flood zone.

**ATTACHMENT-4**



## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
<http://dnr.state.il.us>

Pat Quinn, Governor

Marc Miller, Acting Director

March 26, 2009

Gina Kniery  
Charles H. Foley & Associates, Inc.  
1638 So. MacArthur, Blvd.  
Springfield, Illinois 62704

RE: The Addison Rehabilitation & Living Center in Elgin

Dear Ms. Kniery,

Thank you for requesting a floodplain determination for the proposed project for The Addison Rehabilitation & Living Center in Elgin, Illinois to ensure compliance with Illinois Executive Order 5 (2006).

In brief, Executive Order 5 (2006) requires that state agencies which plan, promote, regulate, or permit activities, ensure that all approved projects meet the standards of the state floodplain regulations or the National Flood Insurance Program (NFIP), whichever is more stringent. These standards require that new or substantially improved buildings and other development activities be protected from damage by the 100-year flood event. In addition, no construction activities in the floodplain may cause increases in flood heights or damages to other properties. Most importantly, development activities which are determined to be "critical facilities" must be protected to the 500-year flood elevation. Hospitals are specifically listed as a critical facility.

Based on the information you have provided, **we have determined that this parcel is not located in a designated 100-year floodplain** and therefore does not fall under the requirements of Executive Order 5 (2006).

Should you have any questions or comments regarding this flood hazard determination feel free to contact me at (217) 782-0690.

Sincerely,

Annette Burris, CFM, CLA  
Illinois Department of Natural Resources  
Office of Water Resources  
State Flood Programs

ATTACHMENT-4A

**Historic Resources Preservation Act Requirements**

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

Appended as **ATTACHMENT-5A** is a letter from the Illinois Historic Preservation Agency stating that "our files do not identify any previously recorded historic properties within this proposed project area, nor is the project area within the high probability area for archaeological resources as defined in the state act. Accordingly, this project is EXEMPT pursuant to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/6)."

**ATTACHMENT-5**



**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Kane County  
Elgin  
Between 1754-1760 Capital Street in Capital Corporate Center, Lot 2  
2.775 acres CON - Skilled Nursing Facility/Addison Rehabilitation & Living Center

PLEASE REFER TO: IHPA LOG #047032309

April 2, 2009

Gina Kniery  
Charles H. Foley & Associates, Inc.  
1638 S. MacArthur Blvd.  
Springfield, IL 62704

Dear Ms. Kniery:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state undertakings for their effect on cultural resources. Pursuant to this requirement, we have received information regarding the above referenced project for our comment. Based on the information provided, we understand that no state agency funds will be expended for this proposed project, therefore this project has been classified as a private undertaking Subject to Section 6 of this Act. If state agency funds will be used, please notify us immediately.

According to the information provided concerning the proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

Our files do not identify any previously recorded historic properties within this proposed project area, nor is the project area within the high probability area for archaeological resources as defined in the state Act. Accordingly, this project is EXEMPT pursuant to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/6). An archaeological survey for your above referenced project is not required under STATE law.

Sincerely,

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

AEH

ATTACHMENT-5A

## MISCELLANEOUS PROJECT COSTS

## Preplanning Costs

Pre Design Studies	\$5,000
Legal fees	\$10,000
Flood Plain Appraisal	\$1,000
Accounting & Marketing Studies	\$10,000
Misc. Services	\$10,000

Total \$36,000

## Site Survey

Topographic Survey	\$2,100
Subsoil Drilling and Testing	\$3,100

Total \$5,200

T

## Site Preparation

General Earth Work	\$50,000
Rough Grading	\$25,000
Clearing and Grubbing	\$25,000

Total \$100,000

## Off Site Work

Total \$0

## Consulting and Fees

Con Application Fees	\$12,000
Legal Fees	\$15,000
CON Application Preparation	\$40,000

Total \$67,000

## Other Costs To Be Capitalized

Taxes During Construction	\$44,600
Insurance During Construction	\$23,000
Title And Recording	\$6,000
Organizational Costs	\$10,000
Cost Certification Audit	\$8,000
Loan Costs	\$178,998

Total \$270,598.37

ATTACHMENT-7

## Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>	-	-	-	-	-	-	-
Nursing							
Patient Bedrooms	\$4,986,449			21,600			
Patient Bathrooms	\$1,729,097			7,490			
Nurses Station & Med Prep	\$44,324			192			
Living/Dining/Activity	\$969,587			4,200			
Doctor's Exam	\$35,552			154			
Kitchen/Food Service	\$332,430			1,440			
P.T./O.T.	\$380,909			1,650			
Laundry	\$120,968			524			
Janitor Closets	\$20,777			90			
Clean/Soiled Utility	\$83,107			360			
Beauty/Barber	\$46,171			200			
<b>Total Clinical</b>	<b>\$8,749,371</b>			<b>37,900</b>			
<b>NON CLINICAL</b>							
Office/Administration	\$245,629			1,064			
Employee Lounge	\$92,342			400			
Locker Training	\$147,747			640			
Mechanical/Electrical	\$55,405			240			
Lobby	\$161,598			700			
Storage/Maintenance	\$542,507			2,350			
Corridor/Public Toilets	\$2,698,685			11,690			
Structure & Miscellaneous	\$1,073,933			4,852			
Stair/Elevators	\$360,132			1,560			
<b>Total Non-clinical</b>	<b>\$5,377,977</b>			<b>23,296</b>			
<b>TOTAL</b>	<b>\$14,127,348</b>			<b>61,196</b>			

ATTACHMENT-8

**SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES -  
INFORMATION REQUIREMENTS**

**Criterion 1110.230 - Project Purpose, Background and Alternatives**

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.

There are not any facilities owned or operated by the Applicant. However, it should be noted that there are health care facilities owned or operated by entities related to the Applicant according to 77 IAC 1110.230(a) showing that the Applicant is fit, willing and able, and has the qualifications, background of character, to adequately provide a proper standard of health care service for the community. Copies of the licenses for the listed facilities are appended as **ATTACHMENT-10A**.

Nursing Facilities:

Aurora Rehabilitation and Living Center  
Broomfield Rehabilitation and Nursing Center  
Kolob Regional Care and Rehabilitation Center of Cedar City  
Carver Living Center  
The Arlington Rehabilitation and Living Center  
Pineville Rehabilitation Center  
Kolob Care and Rehabilitation Center of St. George  
Willow Ridge of North Carolina

Supportive Living Facilities:

Aurora Supportive Living LLC  
Jackson Park Supportive Living  
Rockford Supportive Living LLC  
Coles Supportive Living LLC  
Robbins Supportive Living LLC

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

Appended as **ATTACHMENT-10B** is a notarized letter from each of the Applicant entity advising that no Adverse action has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of this application.

3. Authorization permitting HFPB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFPB.

Appended as **ATTACHMENT-10C** is a letter from each of the Applicant entity authorizing access to any documents necessary to verify the information submitted herein.

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

It should be noted that this item is not germane as this Applicant has not submitted any other application during this calendar year.

**ATTACHMENT-10**



**State of Illinois 1930699**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or organization whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

Issued under the authority of  
 The State of Illinois  
 Department of Public Health

EXPIRES DATE <b>05/31/2010</b>	CATEGORY <b>BCBE</b>	ISSUE NO. <b>0040097</b>
<b>LONG TERM CARE LICENSE SKILLED 195</b>		
<b>UNRESTRICTED 195 TOTAL BEDS</b>		

**BUSINESS ADDRESS  
 LICENSEE**

**AURORA MANOR, INC.**  
**AURORA REHAB & LIVING CENTER**  
**1601 NORTH FARNSWORTH AVENUE**  
**AURORA IL 60505**  
**EFFECTIVE DATE: 06/01/09**

The use of this license has a certain restriction. Printed by authority of the State of Illinois 4-087.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1930699  
Department of Public Health  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRES DATE <b>05/31/2010</b>	CATEGORY <b>BCBE</b>	ISSUE NO. <b>0040097</b>
-----------------------------------	-------------------------	-----------------------------

**LONG TERM CARE LICENSE  
SKILLED 195**

**UNRESTRICTED 195 TOTAL BEDS**

05/27/08

**AURORA REHAB & LIVING CENTER  
1601 NORTH FARNSWORTH AVENUE  
AURORA IL 60505**

FEE RECEIPT NO.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 1904579**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

**DAMON T. ARNOLD, M. D.**  
**DIRECTOR**

Issued under the authority of:  
The State of Illinois  
Department of Public Health

EXPIRES DATE 12/25/2009	CATEGORY BGBE	IC NUMBER 0040899
LONG TERM CARE LICENSE 190		
UNRESTRICTED 190 TOTAL BEDS		

**BUSINESS ADDRESS**

**LONG GROVE MANOR, INC.**  
**ARLINGTON REHAB & LIVING CTR**  
**1666 RFD (CHECKER ROAD)**  
**LONG GROVE IL 60047**  
**EFFECTIVE DATE: 12/26/08**

The type of this license has a colonial background. Printed by Authority of the State of Illinois • 4/87 •

**State of Illinois 1904579**  
**Department of Public Health**  
**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

EXPIRES DATE 12/25/2009	CATEGORY BGBE	IC NUMBER 0040899
----------------------------	------------------	----------------------

**LONG TERM CARE LICENSE**  
**190**

**UNRESTRICTED 190 TOTAL BEDS**

11/19/08

**ARLINGTON REHAB & LIVING CTR**  
**1666 RFD (CHECKER ROAD)**  
**LONG GROVE IL 60047**

FEE RECEIPT NO.

STATE OF COLORADO  
**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

BROOMFIELD SKILLED NURSING AND REHABILITATION CENTER  
 12975 SHERIDAN BOULEVARD  
 BROOMFIELD

Is authorized and licensed to engage in business as a  
 Long Term Care Facility

In accordance with the provisions of Colorado law and regulations of  
 the Colorado Department of Public Health and Environment.

02R989

License Number

210

Licensed Bed Capacity



*Glenn H. Schlabs*  
 Glenn H. Schlabs  
 President, State Board of Health

*James B. Martin*  
 James B. Martin  
 Secretary, State Board of Health

From 02/06/2009 Expires 02/05/2010

Type of License:  Renewal  Initial  Amended  Duplicate

LICENSE TO BE FRAMED AND DISPLAYED CONSPICUOUSLY  
 NON-TRANSFERRABLE

UTAH DEPARTMENT OF HEALTH



**LICENSE FOR NURSING CARE FACILITY**

**Name of Facility:** Kolob Regional Care and Rehabilitation

**Address:** 411 West 1325 North, Cedar City, UT 84720

**Administrator:** Glade R. Hamilton

**Owner / Licensee:** Cedar City Associates, LLC

**Manager / Operator:** CC Nursing Home, LLC


**Approved Capacity:** 120 Operational Beds: 120 Skilled: 120

**Date Issued:** June 1, 2007

**License No:** 2007-NCF-9975

**Date of Expiration:** May 31, 2009

**Variance Granted:** No



ALLAN D. ELKINS, BUREAU DIRECTOR

POST IN CONSPICUOUS PLACE


LICENSE NOT TRANSFERABLE

UTAH DEPARTMENT OF HEALTH



**LICENSE FOR NURSING CARE FACILITY**

**Name of Facility:** SG Nursing Home, L.L.C. dba Koloh Care and Rehabilitation of St. George  
**Address:** 178 South 1200 East, St. George, UT 84790  
**Administrator:** Jerald G. Olson  
**Owner / Licensee:** SG Nursing Home, LLC  
**Approved Capacity:** 180 **Operational Beds:** 140 **Banked Beds:** 40 **Skilled:** 156  
**Date Issued:** December 10, 2008 **Date of Expiration:** May 31, 2009  
**License No:** 2008-NCF-21909 **Variance Granted:** No

  
 ALLAN D. ELKINS, ASSISTANT DIRECTOR  
 LICENSE NOT TRANSFERABLE

POST IN A CONSPICUOUS PLACE

**State of North Carolina**  
**Department of Health and Human Services**  
**Division of Health Service Regulation**

*Effective January 01, 2009, this license is issued to*

***Pineville Rehabilitation and Living Center, LLC***

*to operate a nursing facility known as*

***Pineville Rehabilitation and Living Center***

*located in Pineville, Mecklenburg County*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2009.*

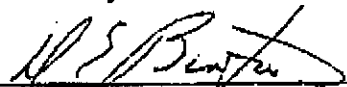
***Facility ID: 923298***

***License Number: NH0521***

***Bed Capacity: 116***

***Nursing Facility Beds 106 / Adult Care Home Beds 10.***

**Authorized by:**



**Secretary, N.C. Department of Health and  
Human Services**



**Director, Division of Health Service Regulation**

**State of North Carolina**  
**Department of Health and Human Services**  
**Division of Health Service Regulation**

*Effective January 01, 2009, this license is issued to*

***Willow Ridge of NC, LLC***

*to operate a nursing facility known as*

***Willow Ridge of NC, LLC***

*located in Rutherfordton, Rutherford County*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2009.*

***Facility ID: 923507***

***License Number: NH0590***

***Bed Capacity: 150***

***Nursing Facility Beds 150***

**Authorized by:**

  
Secretary, N.C. Department of Health and



  
Director, Division of Health Service Regulation

**State of North Carolina**  
**Department of Health and Human Services**  
**Division of Health Service Regulation**

*Effective January 01, 2009, this license is issued to*

***Durham Limited Partnership III***

*to operate a nursing facility known as*

***Carver Living Center***

*located in Durham, Durham County*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2009.*

**Facility ID: 923077**

**License Number: NH0543**

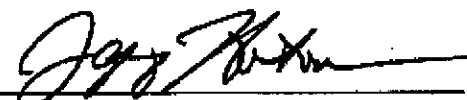
**Bed Capacity: 252**

**Nursing Facility Beds 232 / Adult Care Home Beds 20**

**Authorized by:**

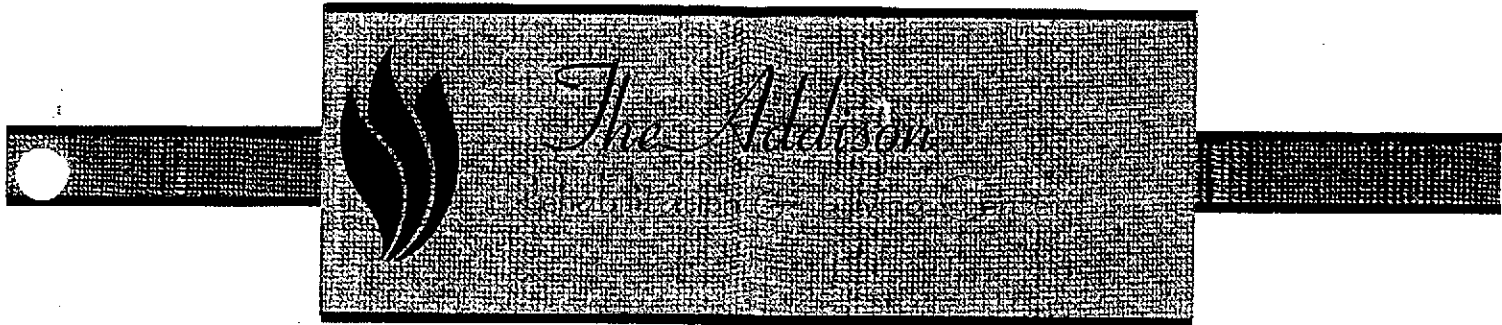


**Secretary, N.C. Department of Health and  
Human Services**



**Director, Division of Health Service Regulation**





June 10<sup>th</sup>, 2009

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

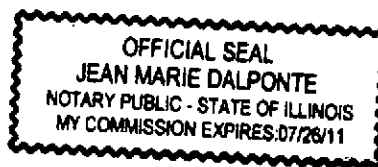
Dear Mr. Mark:

Please be advised that no Adverse action@ as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Subscribed and sworn to me  
this 10 day of June, 2009

Notary Public



ATTACHMENT-10B



# Elgin Property, LLC

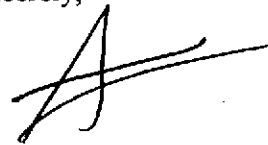
June 10<sup>th</sup>, 2009

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

Please be advised that no Adverse action@ as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

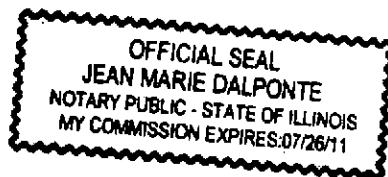
Sincerely,

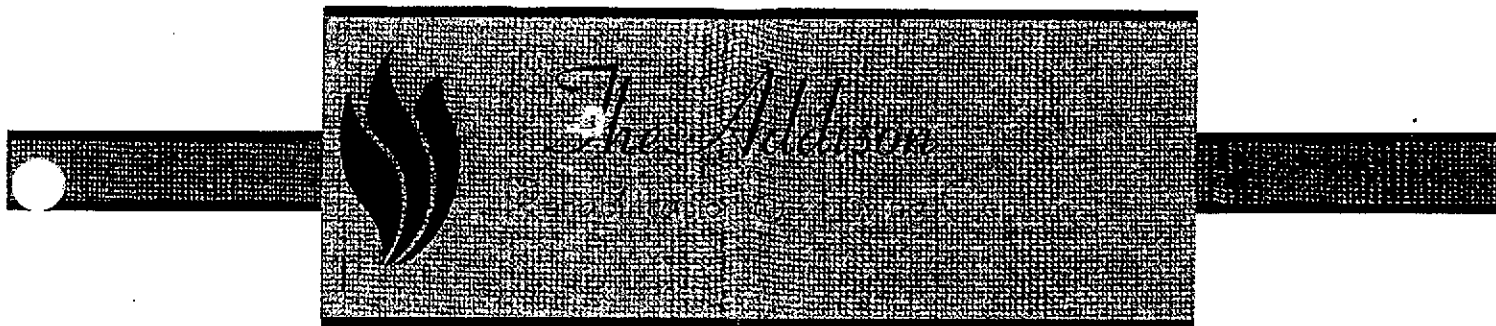


Subscribed and sworn to me  
this 10 day of June, 2009

Notary Public

*Jean Marie DalPonte*





June 10<sup>th</sup>, 2009

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely,

ATTACHMENT-10C

# ELGIN PROPERTY, LLC

June 10<sup>th</sup>, 2009

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely,

A handwritten signature in black ink, consisting of a stylized, cursive letter 'A' followed by a horizontal line extending to the right.

## PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

According to the Long-Term Care Bed Inventory Update March 9, 2008 thru June 15, 2009, Health Service Area (HSA) Eight shows a documented need for 418 additional beds. As of June, 2009 there are only two applications on file (08-083 Greenfields of Geneva and 08-099 Meadowbrook Manor of Geneva). Together these projects are proposing 190 additional nursing care beds leaving an outstanding need for 228 additional beds. Additionally, the need for additional nursing beds in this area is not unique. Kane county is surrounded by Planning Areas 7-A (Northwestern Cook County East to approximately O'Hara Airport) has a need for 903 beds; 7-C (DuPage County) has a need for 611 beds; McHenry County to the North has a need for 316 beds; and Lake County, North and East of Kane County, has a need for 52 beds according to the June 15, 2009 update to the Inventory of Health Care Facilities and Services and Bed Need. This represents an overall need for 2,300 additional beds in the contiguous areas. Thus, the proposed project is addressing this need which will improve accessibility to nursing services in Elgin, the surrounding communities and the Kane County Planning Area.

2. Define the planning area or market area, or other, per the applicant's definition.

The Applicant's primary market area is the Northern third of Kane County, the adjacent most Western portion of Cook County side and the northwestern corner of DuPage County which equates to the 30-minute market area. However, the secondary and overall market area is the Kane County Planning Area.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The Applicant will address the area's demographics and the accessibility issues to necessary health care delivery.

4. Cite the sources of the information provided as documentation.

The Applicant's sources of information to address the aforementioned issues come from the Inventory of Health Care Facilities and Services and Need Determinations 2008, Long-Term Care Services, Long-Term Care Bed Inventory Update March 9, 2008 thru June 15, 2009, demographics as provided by the Illinois Department of Commerce and Economic Opportunity, demographics as provided by Scan/US, Inc., the Illinois Long-Term Care Profiles-Calendar Year 2007, the Long-Term Care Facility Questionnaire for 2007 and the Illinois Department of Health Care and Family Services' facility Cost Reports.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

Through the construction of the proposed facility this project will, in a small part, address the gross outstanding need for additional nursing beds in the Kane County, HSA 7A and 7C Planning Areas.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

The Applicant's goal is to complete the various approvals for, the construction of, and the opening of the Subject facility in a timeframe outlined within this application. Ultimately, it is the Applicant's goal to reach and maintain a 90% or greater utilization rate by the second full year of operation.

**ATTACHMENT-11**

## ALTERNATIVES

1) The alternatives to the proposed project include:

This project presents a unique situation that has arisen in pockets of areas around the State of Illinois in terms of health planning. The dichotomy is that within the Kane County Planning Area there is currently a large outstanding need for 418 additional nursing care beds according to the latest June 15, 2009 *Illinois Department of Public Health* (hereafter known as IDPH), *Long-Term Care Facility Updates to Inventory of Health Care Facilities and Services and Need Determinations*. However, at the same time, the State's latest available information (*IDPH, Long-Term Care Questionnaire Data for 2007*) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (*77 Illinois Administrative Code, Chapter II, Section 1100.660.c.*). In trying to balance these two issues, the Applicant has tried to identify all need indicators as presented in the Health Facilities Planning Board rules for this criterion which are to determine that the proposed project is the most effective or least costly alternative. Having to be the most effective alternative, in and of itself, would be an indicator of need. The comparison of alternatives shall include but not be limited to: issues of cost, patient access, quality, and financial benefits. Therefore, these are also need indicators. From those need indicators several alternatives to the project as proposed were explored. All alternatives that were considered include, "do nothing", "establish an assisted/supportive living facility", and the "project as proposed". It should be noted that all alternatives are limited based on the inadequate long-term care resources of the Kane County Planning Area as the large outstanding need for nursing beds is derived from this area.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

A discussion of the alternative of "DO NOTHING" is provided below:

Issues of Cost:

This alternative would allow the status quo to continue and would have a zero cost in terms of a capital expenditure versus the cost of the proposed project which is \$14,127,348.

Patient Access:

The consequence of the status quo would be: a continued large need for additional nursing care beds in the planning area; increasing area utilization rates; encouraged obsolescence of existing structures; limited competition; and a limited number of nursing care beds for a growing senior population in an area of the State that is one of the fastest growing counties.

As cited, the State has updated its *Inventory of Health Care Facilities and Services and Need Determinations for Long-Term Care effective March 19, 2008*. This calculation of need shows that the Kane County Planning Area is under bedded by 418 nursing care beds. A copy of the State's Bed Need Calculation is appended as **ATTACHMENT-33**. Furthermore, supporting the bed need is the burgeoning demographic situation. Appended as **ATTACHMENT-12A** is a chart that provides the population estimates and projections from the Illinois Department of Commerce and Economic Opportunity for Kane County along with the five surrounding counties and for the State of Illinois. A recap of all population statistics are

provided as Table I and Table II. Table I is the population estimates and projections as used

TABLE I

Illinois Health Facilities Planning Board Inventory of Health Care Facilities and Services and Need Determinations				
State/ County	Age Group	2005	2015	% (+/-) 2010-2015
Kane	All	488,500	572,300	17.2%
	65+	39,400	59,200	50.3%
	75+	19,100	23,700	24.1%

by the Health Facilities

Planning Board in their need  
determination calculation.

Table II provides the population  
estimates and projections as  
given by the Illinois Department  
of Commerce and Economic  
Opportunity (hereafter know as  
DCEO). The DCEO provides a  
detailed population breakdown

TABLE II

		IDCEO					
State/ County	Age Group	2005	2010	% (+/-) 2005-2010	2015	% (+/-) 2005-2015	% (+/-) 2010-2015
Kane	All	459,164	516,914	12.6%	572,277	24.6%	10.7%
	65+	38,858	46,618	20.0%	59,144	52.2%	26.9%
	75+	18,700	20,983	12.3%	23,665	26.6%	12.8%
		IDCEO					
State/ County	Age Group	2005	2010	% (+/-) 2005-2010	2015	% (+/-) 2005-2015	% (+/-) 2010-2015
6-Co. area	All	2,548,186	2,735,738	7.4%	2,885,202	13.2%	5.5%
	65+	235,518	275,501	17.0%	336,914	43.1%	22.3%
	75+	115,079	125,501	9.1%	138,499	20.4%	10.4%
		IDCEO					
State/ County	Age Group	2005	2010	% (+/-) 2005-2010	2015	% (+/-) 2005-2015	% (+/-) 2010-2015
Illinois	All	12,875,035	13,279,091	3.1%	13,748,695	6.8%	3.8%
	65+	1,550,281	1,658,029	7.0%	1,889,689	21.9%	14.0%
	75+	784,527	804,549	2.6%	840,003	7.1%	4.4%

Source: [http://www2.illinoisbiz.biz/popProj/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls)

by county. Therefore, in addition to Kane County's population statistics, also included is a 6-county area which represents Kane County and all surrounding counties, i.e., DeKalb, Kendall, Lake, McHenry, and DuPage. Finally, for means of perspective included are the State of Illinois's population figures. This data illustrates that Kane County is expected to have unprecedented growth through Calendar Year 2015 as compared to the high growth rate of the 6-County area and the modest but continued increase statewide.

TABLE III

Scan/US 30-Minute Travel Time Demographics				
State/ County	Age Group	2008	2013	% (+/-) 2008-2013
30-min	All	1,475,292	1,568,176	6.3%
	65+	144,280	176,861	22.6%
	75+	64,228	69,585	8.3%

Source: 2008 Scan/US Estimates & 2013 Scan/US Projections

The final chart (Table III) shows the population projections for the 30-minute market area with includes portions of the surrounding counties. You will notice that

these demographics are the most modest of projections and yet they still show unprecedented growth. Specifically, the over 65 and over 75 age cohorts are expected to increase by 22.6 and 8.3 percent respectively. These age cohorts dictate the majority of the needs through the State's own bed need methodology. Thus, it appears that there is more than sufficient population and, in fact, increasing a population to support this project.



On the reverse side of the situation, the State's latest inventory utilized 2005 facility statistics to include total number of licensed beds (2,609 nursing beds). The latest update to the inventory (June 15, 2009 update) showed 2,530 existing nursing beds. Therefore, there has not been any alleviation to the under bedded situation of the planning area (it should be noted that Project Number 05-064 for the establishment of a new facility is not yet built, however, its proposed number of beds is included in both the inventory and its update). It should also be noted that there are currently five Supportive Living facilities operational in Kane County and one in McHenry County. Asbury Gardens in North Aurora which opened May 5, 2003, has 156 residents in 150 apartments. Aurora S.L. in Aurora opened November 12, 2004, has 91 residents in 136 apartments. Heritage Woods of Batavia which opened August 22, 2003 is fully occupied with 154 residents in 148 apartments. Eden Supportive Living-North Aurora was opened and certified August 5, 2008. Heritage Woods of South Elgin, has 99 units and was opened and certified June 17, 2009. Finally, on July 23, 2008 Heritage Woods of McHenry was opened and certified and it has 99 units. Given the opening dates of each supportive living facility, it would appear that each has already been absorbed by the market. It should also be noted that the Supportive Living Program is now closed to new applications (projects) for this market area. Enclosed as documentation is the informational notice from the Illinois Department of Healthcare and Family Services regarding this program with the limiting location requirements (refer to **ATTACHMENT-12B**).

Also affecting patient access is the utilization of area facilities. The Applicant has identified, via a 30-minute travel time study, a 30-minute market contour. There are 25 existing nursing facilities within the 30-minute market contour that are occupied at an average rate of 83.2%. Additionally, there appears to be two projects which have been granted new permits for construction. All of these beds are already counted within the State's inventory. However, according to the latest 2007 Illinois Department of Public Health Long-Term Care Facilities profiles (see **ATTACHMENT-12C**) there appears to be 78 existing beds that are not even set-up

(refer to the facility information chart appended as **ATTACHMENT-12D**). Removing the beds not ever set-up from the inventory, the occupancy rate for the identified area increases to over 85%. Other issues effecting accessibility to the long-term nursing care service are: limited Medicare and Medicaid certified beds; average facilities' age of existing providers; the average size (gross square feet per bed) of existing nursing facilities; and limited number of skilled nursing beds. These issues effecting accessibility are outlined in the chart appended as **ATTACHMENT-12D**. Specifically, 24% of the licensed bed capacity is not certified for Medicare and 28% are not Medicaid Certified thus creating an access issue for those general geriatric residents in need of those services. The average age of the existing provider's physical environment is over 23 years old. Of the sixteen providers (through the Illinois Department of Healthcare and Family Services Facility Cost Reports) who reported the facility's gross square footage, the average gross square footage per licensed bed equates to approximately 326 gross square feet per bed. This is 100 square foot per bed less than the current Illinois Health Facilities Planning Board standards of 414 gross square footage per bed and 400 square feet per bed less than the proposed 77 IAC 1110 Appendix B allowable square footage. Finally, approximately 7% of the total nursing beds are not Skilled (SNF) beds but rather they are licensed for Intermediate Care (ICF). Even though ICF beds are included in nursing bed count, the reality is that a skilled patient cannot occupy a licensed ICF bed which further restricts and limits access to the needed skilled beds. It is understood for the Planning Board's purpose a nursing bed is a nursing bed regardless of whether or not it is licensed as skilled. This level of care is internally segregated for specific programming. This information is indicative of the reality of nursing bed inaccessibility to area residents. Given the large outstanding need for additional nursing care beds, the relatively high existing utilization, and the apparent issues to accessibility to the existing nursing beds, the alternative to "Do Nothing" would be irresponsible for this Applicant.

Quality:

The alternative of "Do Nothing" does not improve quality of care, arguable, this alternative encourages obsolescence of the existing providers and does nothing to encourage providers to improve their facility's physical plant condition to keep up which the public easily perceives as a quality operation. The traditional nursing homes of yesterday have only a minimum number of private rooms with the balance being two, three, and four bed wards. In this traditional environment, it is often found that two resident rooms, whether private, semiprivate, or a ward type room, share a single restroom. Therefore, it is possible for up to eight persons to share single bathroom. These older, more institutional buildings are usually designed around back-to-back nurses' stations each with 75 nursing beds to each station. Therefore, although the need for this project is not at all based on improved quality of care, the alternative of "do nothing" would appear to have a negative impact on overall quality or at least appearance of quality.

Financial Benefits:

This alternative represents zero cost in-terms of capital costs. However, there does not appear to be any financial benefits to this alternative. By doing nothing, there is not a possibility of any potential return on investment. Furthermore, by doing nothing, there is no benefit to the community or market area in terms of improved accessibility or chance for improved quality nor would this alternative address the bed need as identified by the State.

**ESTABLISH AN ASSISTED/SUPPORTIVE LIVING FACILITY**

To explore the alternative of establishing a supportive/assisted living facility is the next logical consideration as the "do nothing" alternative was found to be not viable.

Issues of Cost:

Appended as **ATTACHMENT-12B**, is a copy of the Illinois Department of Healthcare and Family Services' Informational Notice announcing the reopening, on a limited basis, of the SLF program for new applications. Since Kane County is not listed by the Department as a

target area for development, there is not an issue of cost for this alternative. There is no assurance by the Department of Healthcare and Family Service that this geographical area would support additional SLF residences anytime within the near future. This Department designates certain geographic areas in the State for all future developments.

Patient Access:

The only way that the Applicant would consider this alternative would be under the context of a full continuum of care retirement community (CCRC) which is another trend of future growth in the long-term care industry. A CCRC campus includes independent living, assisted living/supportive living or even sheltered care, and nursing care level in all of their forms. However, the cornerstone of a CCRC is the nursing unit. This type of comprehensive environment allows residents to age-in-place so when they become most frail and vulnerable they do not have to leave their "home", i.e., the CCRC campus, for nursing services. The Health Facilities Planning Board has adopted rules that would allow a five to one ratio of campus beds to nursing beds, thus, attempting to address the need for only 120 beds of the 418 beds identified as needed for the potential elderly residents, the Applicant would also have to build 600 independent and assisted/Supportive living (or sheltered care units). The CCRC variances through the State's own rules are contrary to open accessibility for general geriatric residents.

Assisted/Supportive living is not a direct substitute for Skilled nursing care. It is, however, an integral part of the long-term care continuum and now that there is a reimbursement mechanism, i.e., the Supportive Living Program, this program has appropriately placed a small percentage of persons who traditionally went to an area nursing home under Medicaid into the less institutional setting of Supportive living. This has had an effect on the utilization rates of nursing facilities, however, the assisted and supportive living programs have been absorbed into the Health Facilities Planning Board's nursing bed need methodology through the overall lower existing facilities utilization which is one of the main components of the

need calculation.

There are two major issues in addressing this alternative. The first is that there are currently five Supportive Living facilities operational in Kane County and one in McHenry County. Asbury Gardens in North Aurora which opened May 5, 2003, has 156 residents in 150 apartments. Aurora S.L. in Aurora opened November 12, 2004, has 91 residents in 136 apartments. Heritage Woods of Batavia which opened August 22, 2003 is fully occupied with 154 residents in 148 apartments. Eden Supportive Living-North Aurora was opened and certified August 5, 2008. Heritage Woods of South Elgin, has 99 units and was opened and certified June 17, 2009. Finally, on July 23, 2008 Heritage Woods of McHenry was opened and certified and it has 99 units. Given the opening dates of each supportive living facility, it would appear that each has already been absorbed by the market. One additional facility has been approved by HFS. The site is Fox River SLF in Aurora. The Department of Public Health's Assisted Living Program lists four Assisted living facilities, Brighton Gardens of St. Charles, Delnor Senior Living in St. Charles, The Holmstad in Batavia, and Provena Fox Knoll in Aurora. However, it has been the long standing organizational policy for the Applicant, through its related facilities, to provide residents in Medicaid service without discrimination. As cited under criterion 1110.230, Background of Applicant, the Applicant has 5 related Medicaid operated Supportive Living Facilities in Illinois. With HFS not accepting new proposals for SLF's in this area, this alternative is not viable. Refer to **ATTACHMENT-12C** for a copy of the facility profiles for Aurora Rehabilitation and Living Center in Aurora and The Arlington Rehabilitation and Living Center in Long Grove shows that 100 percent of their licensed capacity is Medicaid Certified. It should be noted that these are the only related Long-Term Care Nursing facilities related in Illinois.

The second major issue in addressing this alternative is the existing bed need calculation which shows a large outstanding need for nursing care services. It is important to understand that this bed need methodology has incorporated the (current) utilization rates (2005

total patient days) from each nursing facility in the Planning Area, i.e., Kane County. However, as illustrated in **ATTACHMENT-12E**, the total licensed capacity is at 85% which is high compared to the State average of 78.3% based on the 2007 statewide profile also provide herein. The area facility use rates, that appear to be relatively high (85%), is only one component. The other is the projected population. This specific Planning Area has a very high growth rate (refer to **ATTACHMENT-12A**). Thus, there is a legitimate need for additional nursing beds. As such, this alternative does not address improving patient access for nursing care. Therefore, this alternative is not viable.

Additionally, the need for additional nursing services in Kane County (418 nursing beds) is not an isolated incident. Kane county is surrounded by Planning Areas 7-A (Northwestern Cook County East to approximately O'Hara Airport) has a need for 903 beds; 7-C (DuPage County) has a need for 611 beds; McHenry County to the North has a need for 316 beds; and Lake County, North and East of Kane County, has a need for 52 beds according to the June 15, 2009 update to the Inventory of Health Care Facilities and Services and Bed Need. This represents an overall need for 2,300 additional beds in the contiguous areas. This large bed need is indicative of the population increase for each of these areas.

Quality:

This alternative has no positive bearing on quality for nursing homes as it does not address the need for nursing care. Rather, this alternative is similar to the "do nothing" alternative in that it encourages obsolescence of the existing providers by not increasing competition. Healthy competition usually encourages providers to improve their facility's physical plant conditions. Therefore, in terms of quality, this alternative is not a viable option.

Financial Benefits:

There is no cost to this alternative since HFS will not accept applications for additional facilities in the proposed market area. There are also no financial benefits to this alternative. By essentially doing nothing, there is not a possibility of any potential return on investment.

Furthermore, by doing nothing, there is no benefit to the community or market area in terms of improved accessibility or chance for improved quality nor would this alternative address the need for additional nursing care beds in this area.

However, this alternative would appear to be more expensive when comparing a recently file Supportive Living Facility application with that of the proposed project. The specific project to be located in Blue Island, Illinois (a near South side Chicago community) has a project cost of \$15,900,000 for 104 units. This equates to \$152,885 per unit. The Applicant's project has a project cost of \$14,127,348 for 120 beds. This equates to \$117,728 per bed. Therefore, the Supportive Living Facility alternative could cost 33% more per bed/unit than the proposed project. It should be noted that much of this stems from the square footage requirements of the programs. Currently, the Planning Board's standard for gross square foot is 414 with the Applicant building nearly 510 gross square feet per bed. The Supportive Living Program requires each resident room to equate to 300 square feet and the facility and amenity space is in addition to that. Therefore the total gross square foot size could be more than double the unit requirement.

#### **PROJECT AS PROPOSED**

This Applicant is extremely knowledgeable on the proposed market area. The Applicant has two related nursing care facilities, one in Aurora, Kane County and the other in Long Grove, Lake County. Additionally, the Applicant has five Supportive Living Facilities in the greater Chicagoland area: Aurora Supportive Living, Jackson Park Supportive Living, Rockford Supportive Living, Coles Supportive Living, and Robbins Supportive Living. The Applicant's commitment to the Medicaid residents in the Chicagoland area, through its existing nursing and supportive living facilities is unparalleled. As a local provider, the Applicant knows firsthand the reality of the bed need as identified by the Health Facilities Planning Board's need methodology. Thus, the Applicant has put forth the project as proposed.

Issues of Cost:

This is the most expensive alternative explored by this Applicant. This project is projected to cost \$14,127,348. However, this is also the only alternative to address patient access, quality, and potential financial benefits.

Patient Access:

One of the by-products of a State Certificate of Need program is protection for existing providers from open market competition. Therefore, it becomes more important that the regulatory process heeds their own methodology to ensure accessibility for all residents. The need methodology incorporates the existing facility occupancy rates through the use rate that is applied in the calculation. This methodology is also the only forward looking indicator of need as it applies the existing utilization (historical data) to the projected population, which is a 10 year projection to Calendar Year 2015. Therefore, it would appear that more weight should be given this indicator than any other.

Given the outstanding need for additional beds in this and the adjacent Planning Area and the rather overall high utilization of all existing facilities to include supportive and nursing care facilities alike, patient accessibility which equates to patient health care needs not being met will diminish profoundly should no new construction for additional beds take place. It should be noted that this facility will not be able to admit its first resident until 2012. The State's need methodology is only projecting through 2015, which means that we are currently approximately half way through the 10 year projection cycle. Given the above, this is the only viable alternative to improve patient access.

Quality:

This project in no way has based the need for the project on improved quality. However, in a regulated environment, competition is limited from the open market. One of the benefits of an open market system is the encouragement of competitiveness which equates to always providing a state-of-the-art facility in terms of both quality service and physical plant. The



funding on long-term care facilities today includes a capital reimbursement; however, there is a cap on that rate which negates any increases a new facility could realize over existing providers. Therefore, for long-term care, the focus of the Board must lean more toward ensuring accessibility which, in turn, will encourage providers to continue improving the existing facilities.

Financial Benefits:

The most important benefit to the cost of this project is the ability to improve accessibility for the general geriatric residents of this market area. This alternative addresses only part (120 beds) of the State's outstanding need for 418 beds in the Kane County or of the need for 2,300 additional nursing beds in the five contiguous Planning Areas. Finally, with the rather high existing utilization rates of area providers, this appears to be the only viable option.

UTILIZATION OF AREA FACILITIES

This project presents a unique situation to this Health Facilities Planning Board. On one side of the equation, there are, based on historic utilization data from IDPH other facilities with underutilized nursing beds. On the other side, the uniqueness of this situation is that even with the historical use rate, the growth of the elderly population is large enough to create a substantial need for additional beds for the projected year 2015. It is not the intent of this Applicant to utilize all of the bed need as identified, but to provide long-term nursing care services as it can (150 of the total 418 beds needed) to the burgeoning elderly population growth within this market contour but most specifically to the seniors of Kane County Planning Area. Thus, based on the State's demographic data and the further projections provided by the Applicant's Scan/US study, the projected need could easily fill all existing and proposed beds. Additionally, the area utilization rate of area existing facilities is 83.2% for licensed capacity and 85.2% for peak set-up capacity. Upon project completion the planning area will still show a need for 298 additional beds. Therefore, the alternative of utilizing other area facilities or resources to meet the needs identified in your project is not germane. It should be noted that there are two other Certificate of Need applications on file with the Department at the time of

this writing. The two projects are (08-083 Greenfields of Geneva and 08-099 Meadowbrook Manor of Geneva). Together these projects are proposing 190 additional nursing care beds which still leave an outstanding need to include all three projects for 78 additional beds in the Kane County Planning Area.

#### PROPOSING A PROJECT OF GREATER OR LESSER SCOPE AND COST

This project is for the establishment of a 120 bed skilled nursing care facility. The Applicant did evaluate the alternatives of greater and lesser scopes and cost. However, lesser scopes typically resulted in higher cost per beds as efficiencies could not be as appropriately realized. Projects of larger scale in terms of beds and overall square footage were also analyzed. Efficiencies that could be realized were outweighed by the institutional feel and function of a larger project.

#### DEVELOPING ALTERNATIVE SETTINGS

This project is proposing to establish a 100% private room skilled care facility. Skilled care requires continuous restorative nursing, observation, and other services under professional direction with medical supervision. The only alternative to this is a more acute care setting or continuous (24-hour) home health care by a nurse. This project presents a more cost effective approach to long-term skilled nursing care than either alternative setting. The nearest hospital based nursing unit is Memorial Medical Center in Woodstock, a 40-bed facility that has an average length of stay of 15 days as compared to the area's average length of stay of 153 days. This is indicative of a short term more acute care rehabilitative type of resident. This facility also reported on its facility profile (**ATTACHMENT-12C**) an average daily rate of \$590 as compared to the area's average daily rates of \$176 and \$211 respectively for double and single occupancy units. The alternative of utilizing home health care appears to also be a more costly alternative. Additionally, this requires one-on-one care that more greatly utilizes the precious resource of professional health care staff.

- 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

The alternative of the "Project as Proposed" is based on the identified bed need and the overwhelming growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care. However, there are indicators of quality such as physical plant environments being current and state-of-the-art. The evidence of this is two-fold; first, the average size of each facility on a per bed basis and the second is the average age of the facilities. These issues are indicators or evidence of a more traditional institutional physical plant design and layout that minimizes square footage and amenities. The proposed project is proposing an all private bed facility which is contrary to the Department's minimum standards that only requires three percent of the beds to be private. Each of the Applicant's resident rooms will have its own bathroom. This is also contrary to the minimum standards as it allows two rooms to share a bathroom. The Applicant is proposing to create two autonomous neighborhoods on each of the structures three floors averaging 20 residents per neighborhood. These amenities require square footage that is not typical in facilities even five years old. The average age of the facilities is 23 years and this is conservative given that many of the facilities utilized the calendar year 1988 since that is as far back as records indicated utilization. The average size of the existing providers equates to 326 square feet per bed for those who reported square footage to the Illinois Department of Healthcare and Family Services on the facilities' cost reports. The Applicant is proposing 61,196 gross square feet or 510 gross square feet per bed on a 120 bed home. While this is efficient square footage as compared to the proposed standard for long term care that is up to 715 square feet per bed the Applicant has the square footage as compared to the existing facilities to create a more homelike environment for its residents. Thus, the proposed service will provide a higher quality of life which allows

for greater flexibility and individuality and privacy that can also contribute to the quality of care. It should be noted that this item in no way denies the quality of care of the existing providers but rather only questions the quality of life of residents in the more traditional environments.

**ATTACHMENT-12**

Facility Name	City	County/Area	General Nursing Care			Sheltered Care		
			Beds	2005 Patient Days	Beds	2005 Patient Days		
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	47,801	0	0		
<b>Planning Area Totals</b>			<b>2,609</b>	<b>753,126</b>	<b>162,105</b>	<b>24,426</b>		

Health Service Area: 008	AGE GROUPS	2005 HSA Estimated Population		2005 HSA Minimum Use Rates		2005 HSA Maximum Use Rates	
		2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates		
0-64 Years Old	498,820	1,376,000	362.5	217.5	580.0	580.0	
65-74 Years Old	278,763	65,900	4,230.1	2,538.1	6,768.1	6,768.1	
75+ Years Old	1,510,697	57,800	26,136.6	15,682.0	41,818.6	41,818.6	

2005 PSA Patient Days	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	2015 PSA Planned Average Daily Census	2015 PSA Planned Bed Need (90% Occ.)
0-64 Years Old	165,547	368.6	217.5	513,100	189,139	189,139	2,948
65-74 Years Old	98,734	4,863.7	2,538.1	35,500	172,663	172,663	2,948
75+ Years Old	488,845	25,594.0	15,682.0	23,700	606,577	606,577	2,948
<b>Planning Area Totals</b>				<b>968,379</b>	<b>2,653.1</b>	<b>2,653.1</b>	<b>339</b>

1) Projected abandonment of 918 beds to residential shall be based on ng.carefac facility  
 2) Determined 4 nursing care beds, total now 208 nursing care beds, 1/01/09  
 3) Determined 415 care beds, total now 99 beds, 1/01/09

State/County	Age Group	2005	2010	2015	2020	2025	2030
DeKalb	All	95,427	101,735	108,233	114,992	120,664	124,200
	65+	8,857	9,394	10,594	12,510	15,172	17,896
	75+	4,653	4,708	4,811	5,289	6,271	7,640
	85+	1,402	1,625	1,717	1,772	1,882	2,158
DuPage	All	930,482	948,549	958,778	1,010,323	1,026,713	1,034,039
	65+	86,809	110,734	133,018	163,604	196,131	223,184
	75+	49,043	52,240	56,488	68,629	86,114	108,031
	85+	15,391	18,855	20,818	23,386	26,409	32,388
Kane	All	459,164	516,914	572,277	630,563	688,645	719,403
	65+	38,858	46,818	59,144	74,899	91,214	108,115
	75+	18,700	20,983	23,665	28,924	37,658	47,379
	85+	5,883	7,285	8,177	9,138	10,346	12,732
Kendall	All	61,418	68,588	73,748	78,694	83,471	85,060
	65+	5,256	6,449	7,836	9,591	11,954	14,289
	75+	2,426	2,736	3,096	3,894	4,842	5,907
	85+	601	741	837	950	1,109	1,464
Lake	All	703,760	762,918	794,851	820,250	863,245	873,024
	65+	61,497	71,894	86,400	103,621	126,689	147,543
	75+	29,490	32,738	35,859	42,240	53,400	65,532
	85+	8,264	10,564	12,477	13,484	15,404	18,017
McHenry	All	297,935	337,034	377,315	407,931	434,286	443,398
	65+	24,141	30,412	39,922	50,623	64,646	78,064
	75+	10,767	12,098	14,582	18,756	25,028	31,727
	85+	2,734	3,176	4,015	4,432	5,381	7,215
Illinois	All	12,875,035	13,279,091	13,748,695	14,316,487	14,784,968	15,138,849
	65+	1,550,281	1,858,029	1,869,689	2,201,461	2,567,497	2,883,470
	75+	784,527	804,549	840,003	938,745	1,125,122	1,353,163
	85+	230,002	289,850	298,054	314,336	342,525	402,311

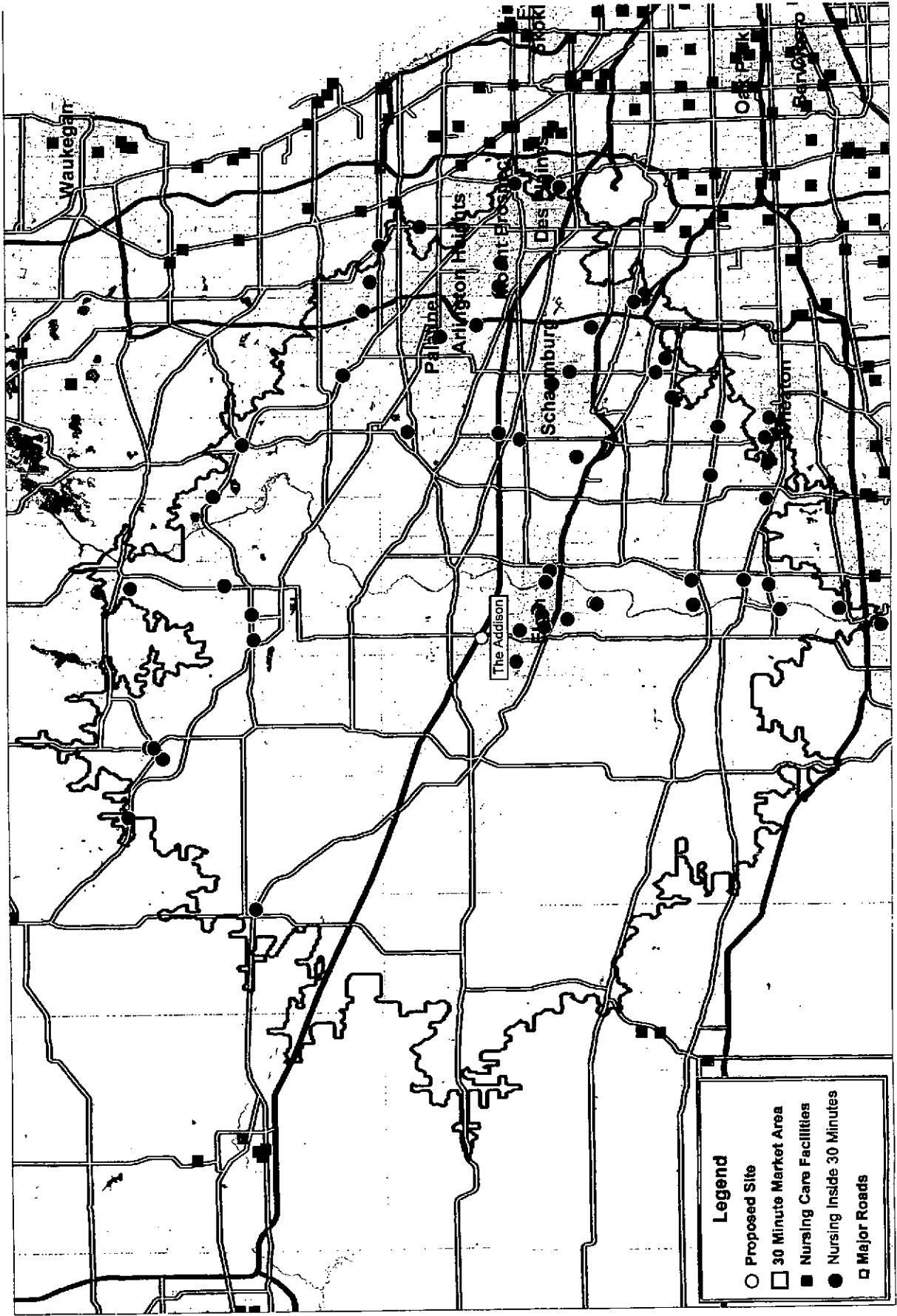
Source: [http://www2.illinoisbiz.biz/popProj/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls)

State/County	Age Group	2005	2010	2015	2020	2025	2030
Kane and Surrounding Counties	All	2,548,186	2,735,738	2,885,202	3,082,753	3,197,024	3,239,124
	65+	235,518	275,501	336,914	414,648	505,808	587,031
	75+	115,079	125,501	138,489	167,732	213,309	264,216
	85+	34,275	42,246	48,041	53,180	60,531	74,974

Source: [http://www2.illinoisbiz.biz/popProj/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls)

# The Addison

Laurel Research Associates



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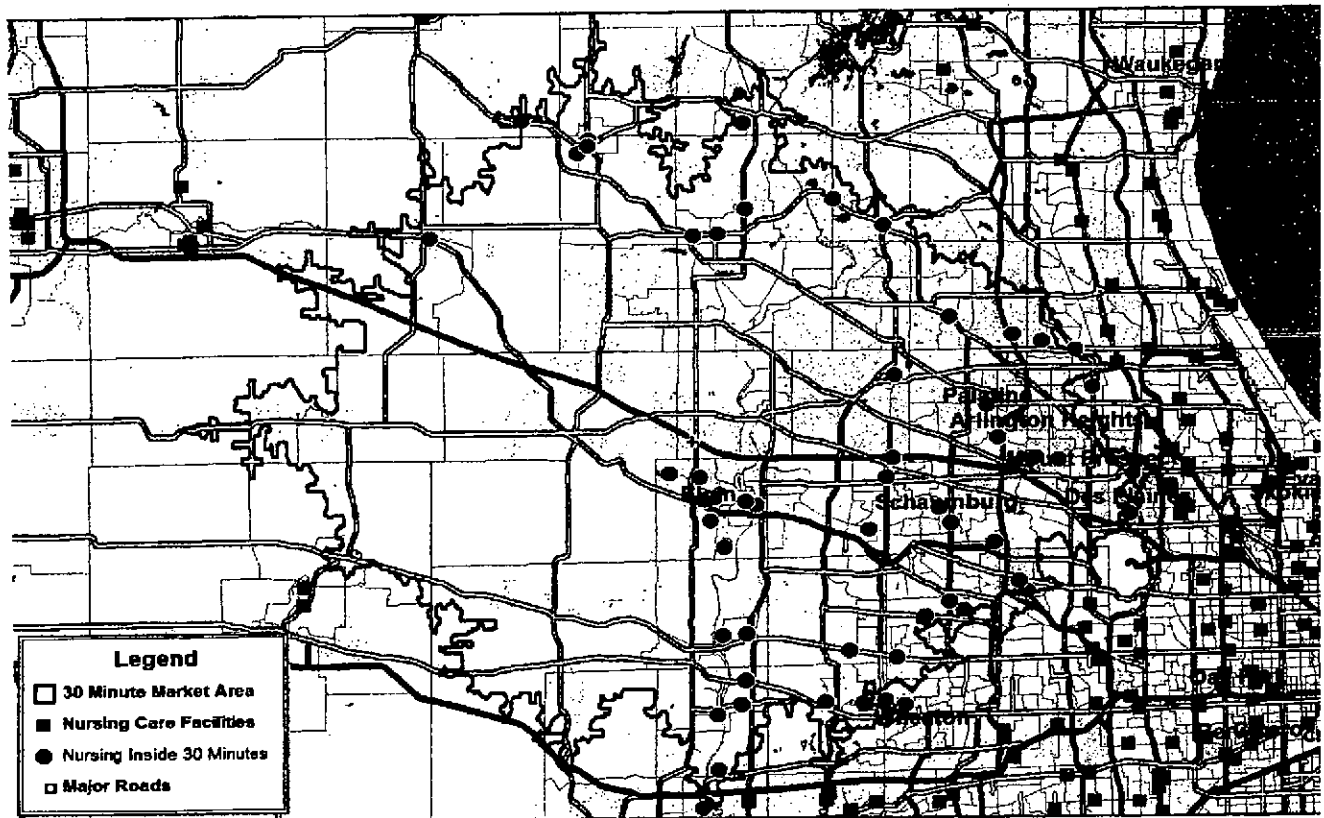
06/25/09

Proposed Site With 30 Minute Market Area and Existing Facilities

# MapFacts Demographic Trends: 2000/2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009



**Legend**

- 30 Minute Market Area
- Nursing Care Facilities
- Nursing Inside 30 Minutes
- ▣ Major Roads

	2000 Census		2008 Estimates		2013 Projections	
<b>Population</b>	1,321,911		1,475,292		1,568,176	
In Households	1,309,369	99.1%	1,462,860	99.2%	1,555,778	99.2%
In Families	1,135,684	85.9%	1,292,269	87.6%	1,375,851	87.7%
In Non-Families	173,685	13.1%	170,591	11.6%	179,928	11.5%
In Group Quarters	12,542	0.9%	12,432	0.8%	12,398	0.8%
<b>Males</b>	656,885		737,100		785,951	
Median Age (Male)	34.5		35.9		37.1	
<b>Females</b>	665,029		738,191		782,224	
Median Age (Female)	36.7		37.8		38.9	
<b>Households</b>	468,823		511,662		538,159	
Families	345,318	73.7%	369,834	72.3%	383,906	71.3%
Non-Families	123,506	26.3%	141,827	27.7%	154,253	28.7%
<b>Average Household Size</b>	2.8		2.9		2.9	
Average Family Size	3.3		3.5		3.6	
Average Non-Family Size	1.4		1.2		1.2	
<b>Average Household Income</b>	\$83,901		\$92,339		\$101,579	
<b>Median Household Income</b>	\$68,404		\$85,923		\$96,634	
<b>Per Capita Income</b>	\$29,968		\$32,484		\$35,305	

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates  
Scan/US, Inc.



# Key Demographic Profile: 1990/2000

The Addison  
30-Min Market Area

Scan/US, Inc.  
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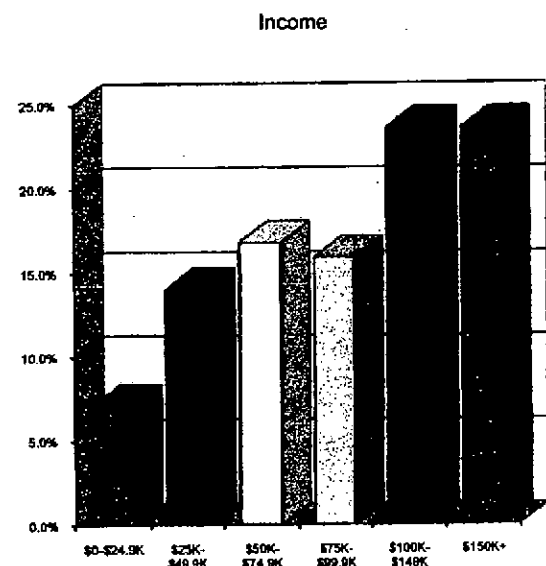
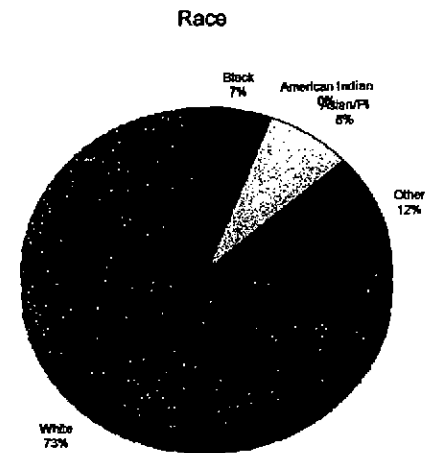
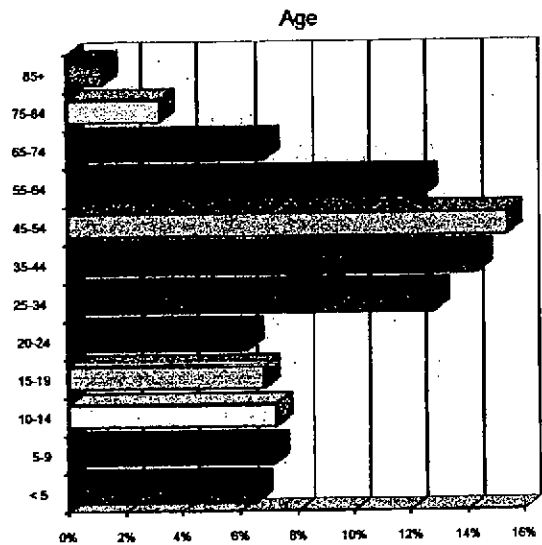
	1990 Census		2000 Census		1990 - 2000 Change	
<b>Population</b>	1,080,812		1,321,911		241,099	22.3%
Group Quarters	11,458	1.1%	12,542	0.9%	1,084	9.5%
<b>Population By Race</b>						
White	993,947	92.0%	1,123,847	85.0%	129,900	13.1%
Black	19,684	1.8%	31,507	2.4%	11,824	60.1%
American Indian/Alaskan	1,557	0.1%	2,571	0.2%	1,015	65.2%
Asian/Pacific Islander	39,803	3.7%	80,668	6.1%	40,865	102.7%
Other Race	25,822	2.4%	60,563	4.6%	34,741	134.5%
<b>Hispanic Origin</b>	62,643	5.8%	155,970	11.8%	93,327	149.0%
<b>Diversity Index</b>	18		29		11	58.7%
<b>Population By Age</b>						
< 18 Years	292,159	27.0%	367,157	27.8%	74,998	25.7%
18 - 64 Years	699,158	64.7%	835,547	63.2%	136,389	19.5%
65+ Years	89,496	8.3%	119,181	9.0%	29,685	33.2%
<b>Median Age</b>	32.6		35.6		2.9	9.0%
<b>Population In Households</b>	1,069,354		1,309,369		240,015	22.4%
In Families	952,120	89.0%	1,135,684	86.7%	183,564	19.3%
In Non-families	117,234	11.0%	173,685	13.3%	56,451	48.2%
<b>Households</b>	382,157		468,823		86,667	22.7%
Families	288,726	75.6%	345,318	73.7%	56,591	19.6%
With Kids	154,941	53.7%	189,947	55.0%	35,007	22.6%
Non-family	93,431	24.4%	123,506	26.3%	30,075	32.2%
<b>Average Household Size</b>	2.8		2.8		0.0	-0.2%
<b>Average Family Size</b>	3.3		3.3		0.0	-0.3%
<b>Average Non-family Size</b>	1.3		1.4		0.2	12.1%
<b>Population, 16+ In Labor Force</b>	619,066		718,880		99,814	16.1%
Employed	598,884	96.7%	694,782	96.6%	95,898	16.0%
White Collar	407,260	68.0%	479,908	69.1%	72,648	17.8%
Blue Collar	191,625	32.0%	214,875	30.9%	23,251	12.1%
<b>Average Household Income</b>	\$55,236		\$80,501		\$25,265	45.7%
<b>Median Household Income</b>	\$48,500		\$68,488		\$19,988	41.2%
<b>Total Housing Units</b>	399,149		482,031		82,882	20.8%
Occupied	382,157	95.7%	468,823	97.3%	86,667	22.7%
Owner-Occupied	286,304	74.9%	370,540	79.0%	84,236	29.4%
Renter-Occupied	95,855	25.1%	98,285	21.0%	2,430	2.5%
<b>Average Home Value</b>	\$151,157		\$211,660		\$60,503	40.0%
<b>Median Home Value</b>	\$143,447		\$195,221		\$51,774	36.1%
<b>Average Contract Rent</b>	\$580		\$777		\$197	33.9%
<b>Median Contract Rent</b>	\$570		\$780		\$209	36.7%

# Demographic Summary: 2013

Scan/US, Inc.  
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The Addison  
30-Min Market Area

<b>Population</b>	<b>1,568,176</b>	
In Group Quarters	12,398	0.8%
<b>Race:</b> White	1,149,100	73.3%
Black	116,190	7.4%
American Indian	2,129	0.1%
Asian	117,989	7.5%
Pacific Islander	1,336	0.1%
Other/Multi-Racial	181,432	11.6%
<b>Hispanic Origin</b>	299,856	19.1%
<b>Sex:</b> Male	785,951	50.1%
Female	782,224	49.9%
<b>Age:</b> < 5 Years	102,474	6.5%
5-9 Years	110,634	7.1%
10-14 Years	112,901	7.2%
15-19 Years	107,264	6.8%
20-24 Years	97,612	6.2%
25-34 Years	200,968	12.8%
35-44 Years	223,860	14.3%
45-54 Years	241,402	15.4%
55-64 Years	194,189	12.4%
65-74 Years	107,276	6.8%
75-84 Years	50,018	3.2%
85+ Years	19,567	1.2%
<b>Median Age</b>	38.0	
<b>Households</b>	538,159	
Average Household Size	2.9	
<b>Family Households</b>	383,906	71.3%
Average Family Size	3.6	
<b>Non-Family Households</b>	154,253	28.7%
Average Non-Fam HH Size	1.2	
<b>Households by Income</b>		
\$0 - \$24,999	38,052	7.1%
\$25,000 - \$49,999	75,466	14.0%
\$50,000 - \$74,999	90,462	16.8%
\$75,000 - \$99,999	85,660	15.9%
\$100,000 - \$149,999	126,904	23.6%
\$150,000+	121,599	22.6%
<b>Average HH Income</b>	\$101,579	
<b>Median HH Income</b>	\$96,634	
<b>Per Capita Income</b>	\$35,305	
<b>Vehicles Available</b>	1,078,166	
Average Vehicles/HH	2.0	
<b>Total Housing Units</b>	589,210	
Owner Occupied	447,737	76.0%
Renter Occupied	90,422	15.3%
Vacant	51,052	8.7%



Source: 2013 Projections  
Scan/US, Inc.

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# Income By Age Update: 2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
<b>Total Households</b>	<b>519,218</b>		<b>546,513</b>		<b>27,295</b>	
<b>Householder, &lt; 25 Years</b>	<b>16,347</b>	<b>3.1%</b>	<b>17,241</b>	<b>3.2%</b>	<b>894</b>	<b>0.0%</b>
< \$10,000	1,662	10.2%	1,609	9.3%	-53	-0.8%
\$10,000-\$19,999	1,374	8.4%	1,292	7.5%	-82	-0.9%
\$20,000-\$29,999	1,752	10.7%	1,529	8.9%	-223	-1.8%
\$30,000-\$39,999	2,233	13.7%	2,168	12.6%	-65	-1.1%
\$40,000-\$49,999	2,194	13.4%	2,036	11.8%	-158	-1.6%
\$50,000-\$59,999	1,216	7.4%	1,478	8.6%	262	1.1%
\$60,000-\$74,999	1,803	11.0%	1,701	9.9%	-102	-1.2%
\$75,000-\$99,999	1,567	9.6%	1,780	10.3%	213	0.7%
\$100,000-\$124,999	1,288	7.9%	1,583	9.2%	295	1.3%
\$125,000-\$149,999	606	3.7%	931	5.4%	325	1.7%
\$150,000-\$199,999	370	2.3%	618	3.6%	248	1.3%
\$200,000 +	282	1.7%	516	3.0%	234	1.3%
<b>Median Income</b>	<b>\$48,454</b>		<b>\$54,664</b>		<b>\$6,210</b>	
<b>Householder, 25 - 34 Years</b>	<b>84,077</b>	<b>16.2%</b>	<b>83,371</b>	<b>15.3%</b>	<b>-706</b>	<b>-0.9%</b>
< \$10,000	1,878	2.2%	1,674	2.0%	-204	-0.2%
\$10,000-\$19,999	2,850	3.4%	2,485	3.0%	-365	-0.4%
\$20,000-\$29,999	4,907	5.8%	3,781	4.5%	-1,126	-1.3%
\$30,000-\$39,999	6,953	8.3%	5,976	7.2%	-977	-1.1%
\$40,000-\$49,999	7,907	9.4%	6,383	7.7%	-1,524	-1.7%
\$50,000-\$59,999	8,388	10.0%	8,817	10.6%	429	0.6%
\$60,000-\$74,999	12,040	14.3%	9,861	11.8%	-2,179	-2.5%
\$75,000-\$99,999	15,914	18.9%	15,559	18.7%	-355	-0.3%
\$100,000-\$124,999	9,398	11.2%	10,017	12.0%	619	0.8%
\$125,000-\$149,999	5,739	6.8%	7,208	8.6%	1,469	1.8%
\$150,000-\$199,999	4,622	5.5%	6,545	7.9%	1,923	2.4%
\$200,000 +	3,481	4.1%	5,065	6.1%	1,584	1.9%
<b>Median Income</b>	<b>\$72,402</b>		<b>\$80,718</b>		<b>\$8,316</b>	
<b>Householder, 35 - 44 Years</b>	<b>120,545</b>	<b>23.2%</b>	<b>112,357</b>	<b>20.6%</b>	<b>-8,188</b>	<b>-2.7%</b>
< \$10,000	1,832	1.5%	1,462	1.3%	-370	-0.2%
\$10,000-\$19,999	2,658	2.2%	2,104	1.9%	-554	-0.3%
\$20,000-\$29,999	4,423	3.7%	3,191	2.8%	-1,232	-0.8%
\$30,000-\$39,999	6,507	5.4%	5,095	4.5%	-1,412	-0.9%
\$40,000-\$49,999	8,577	7.1%	6,418	5.7%	-2,159	-1.4%
\$50,000-\$59,999	9,222	7.7%	8,714	7.8%	-508	0.1%
\$60,000-\$74,999	14,585	12.1%	10,826	9.6%	-3,759	-2.5%
\$75,000-\$99,999	22,795	18.9%	19,984	17.8%	-2,811	-1.1%
\$100,000-\$124,999	17,754	14.7%	16,416	14.6%	-1,338	-0.1%
\$125,000-\$149,999	11,251	9.3%	12,161	10.8%	910	1.5%
\$150,000-\$199,999	10,460	8.7%	12,973	11.5%	2,513	2.9%
\$200,000 +	10,481	8.7%	13,013	11.6%	2,532	2.9%
<b>Median Income</b>	<b>\$90,242</b>		<b>\$100,684</b>		<b>\$10,441</b>	

# Income By Age Update: 2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
<b>Total Households</b>	<b>519,218</b>		<b>546,513</b>		<b>27,295</b>	
<b>Householder, 45 - 54 Years</b>	<b>124,755</b>	<b>24.0%</b>	<b>127,972</b>	<b>23.4%</b>	<b>3,217</b>	<b>-0.6%</b>
< \$10,000	1,618	1.3%	1,362	1.1%	-256	-0.2%
\$10,000-\$19,999	2,251	1.8%	1,805	1.4%	-446	-0.4%
\$20,000-\$29,999	3,742	3.0%	2,766	2.2%	-976	-0.8%
\$30,000-\$39,999	5,252	4.2%	4,320	3.4%	-932	-0.8%
\$40,000-\$49,999	6,978	5.6%	5,585	4.4%	-1,393	-1.2%
\$50,000-\$59,999	7,869	6.3%	7,894	6.2%	25	-0.1%
\$60,000-\$74,999	12,930	10.4%	10,294	8.0%	-2,636	-2.3%
\$75,000-\$99,999	21,779	17.5%	20,421	16.0%	-1,358	-1.5%
\$100,000-\$124,999	19,636	15.7%	19,521	15.3%	-115	-0.5%
\$125,000-\$149,999	14,092	11.3%	16,217	12.7%	2,125	1.4%
\$150,000-\$199,999	13,809	11.1%	18,343	14.3%	4,534	3.3%
\$200,000 +	14,799	11.9%	19,444	15.2%	4,645	3.3%
<b>Median Income</b>	<b>\$102,416</b>		<b>\$114,172</b>		<b>\$11,756</b>	
<b>Householder, 55 - 64 Years</b>	<b>89,290</b>	<b>17.2%</b>	<b>105,513</b>	<b>19.3%</b>	<b>16,223</b>	<b>2.1%</b>
< \$10,000	1,653	1.9%	1,694	1.6%	41	-0.2%
\$10,000-\$19,999	2,482	2.8%	2,410	2.3%	-72	-0.5%
\$20,000-\$29,999	3,731	4.2%	3,333	3.2%	-398	-1.0%
\$30,000-\$39,999	4,716	5.3%	4,657	4.4%	-59	-0.9%
\$40,000-\$49,999	5,896	6.6%	5,572	5.3%	-324	-1.3%
\$50,000-\$59,999	6,069	6.8%	7,094	6.7%	1,025	-0.1%
\$60,000-\$74,999	9,277	10.4%	8,625	8.2%	-652	-2.2%
\$75,000-\$99,999	14,309	16.0%	15,645	14.8%	1,336	-1.2%
\$100,000-\$124,999	12,378	13.9%	14,288	13.5%	1,910	-0.3%
\$125,000-\$149,999	9,282	10.4%	12,416	11.8%	3,134	1.4%
\$150,000-\$199,999	8,830	9.9%	13,543	12.6%	4,713	2.9%
\$200,000 +	10,667	11.9%	16,236	15.4%	5,569	3.4%
<b>Median Income</b>	<b>\$97,048</b>		<b>\$109,314</b>		<b>\$12,266</b>	
<b>Householder, 65 - 74 Years</b>	<b>47,092</b>	<b>9.1%</b>	<b>61,085</b>	<b>11.2%</b>	<b>13,993</b>	<b>2.1%</b>
< \$10,000	1,455	3.1%	1,726	2.8%	271	-0.3%
\$10,000-\$19,999	3,123	6.6%	3,588	5.9%	465	-0.8%
\$20,000-\$29,999	3,941	8.4%	4,068	6.7%	127	-1.7%
\$30,000-\$39,999	4,168	8.9%	4,783	7.8%	615	-1.0%
\$40,000-\$49,999	4,157	8.8%	4,578	7.5%	421	-1.3%
\$50,000-\$59,999	3,807	8.1%	5,162	8.5%	1,355	0.4%
\$60,000-\$74,999	5,061	10.7%	5,501	9.0%	440	-1.7%
\$75,000-\$99,999	6,652	14.1%	8,460	13.8%	1,808	-0.3%
\$100,000-\$124,999	4,793	10.2%	6,435	10.5%	1,642	0.4%
\$125,000-\$149,999	3,413	7.2%	5,239	8.6%	1,826	1.3%
\$150,000-\$199,999	2,921	6.2%	5,196	8.5%	2,275	2.3%
\$200,000 +	3,601	7.6%	6,349	10.4%	2,748	2.7%
<b>Median Income</b>	<b>\$71,969</b>		<b>\$82,264</b>		<b>\$10,294</b>	

# Income By Age Update: 2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
<b>Total Households</b>	<b>519,218</b>		<b>546,513</b>		<b>27,295</b>	
<b>Householder, 75+ Years</b>	<b>37,112</b>	<b>7.1%</b>	<b>38,974</b>	<b>7.1%</b>	<b>1,862</b>	<b>0.0%</b>
< \$10,000	2,219	6.0%	2,117	5.7%	-102	-0.3%
\$10,000-\$19,999	4,682	12.6%	4,380	11.8%	-302	-0.8%
\$20,000-\$29,999	4,312	11.6%	3,612	9.7%	-700	-1.9%
\$30,000-\$39,999	3,741	10.1%	3,603	9.7%	-138	-0.4%
\$40,000-\$49,999	3,071	8.3%	2,820	7.6%	-251	-0.7%
\$50,000-\$59,999	2,612	7.0%	2,948	7.9%	336	0.9%
\$60,000-\$74,999	3,227	8.7%	2,951	8.0%	-276	-0.7%
\$75,000-\$99,999	4,369	11.8%	4,710	12.7%	341	0.9%
\$100,000-\$124,999	2,969	8.0%	3,371	9.1%	402	1.1%
\$125,000-\$149,999	2,032	5.5%	2,644	7.1%	612	1.6%
\$150,000-\$199,999	1,750	4.7%	2,632	7.1%	882	2.4%
\$200,000 +	2,128	5.7%	3,186	8.6%	1,058	2.9%
<b>Median Income</b>	<b>\$55,816</b>		<b>\$65,441</b>		<b>\$9,625</b>	

# Demographic Trends: 2000/2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

	2000 Census		2008 Estimates		2013 Projections	
<b>Population</b>	<b>1,321,911</b>		<b>1,475,292</b>		<b>1,568,176</b>	
In Households	1,309,369	99.1%	1,462,860	99.2%	1,555,778	99.2%
In Families	1,135,684	85.9%	1,292,269	87.6%	1,375,851	87.7%
In Non-Family Households	173,685	13.1%	170,591	11.6%	179,928	11.5%
In Group Quarters	12,542	0.9%	12,432	0.8%	12,398	0.8%
<b>Race:</b>						
White	1,123,847	85.0%	1,141,586	77.4%	1,149,100	73.3%
Black	31,503	2.4%	83,386	5.7%	116,190	7.4%
American Indian	2,572	0.2%	2,379	0.2%	2,129	0.1%
Asian	80,259	6.1%	105,324	7.1%	117,989	7.5%
Pacific Islander	415	0.0%	943	0.1%	1,336	0.1%
Other/Multi-Racial	83,316	6.3%	141,674	9.6%	181,432	11.6%
<b>Hispanic Population</b>	<b>158,226</b>	<b>12.0%</b>	<b>243,990</b>	<b>16.5%</b>	<b>299,856</b>	<b>19.1%</b>
<b>Labor Force: Pop, 16+ Years</b>	<b>993,820</b>	<b>75.2%</b>	<b>1,129,690</b>	<b>76.6%</b>	<b>1,219,707</b>	<b>77.8%</b>
In Armed Forces	260	0.0%	375	0.0%	397	0.0%
Employed	694,657	69.9%	777,048	68.8%	836,540	68.6%
Unemployed	23,998	2.4%	41,651	3.7%	45,411	3.7%
Not In Labor Force	274,905	27.7%	310,615	27.5%	337,360	27.7%
<b>Education: Pop, 25+ Years</b>	<b>851,839</b>	<b>64.4%</b>	<b>960,435</b>	<b>65.1%</b>	<b>1,037,283</b>	<b>66.1%</b>
No HS Diploma	103,643	12.2%	90,488	9.4%	82,612	8.0%
HS Graduate	202,392	23.8%	248,465	25.9%	280,367	27.0%
College, No Degree	196,216	23.0%	186,767	19.4%	181,414	17.5%
Associate Degree	56,892	6.7%	77,275	8.0%	91,013	8.8%
College Degree	199,572	23.4%	239,394	24.9%	267,244	25.8%
Graduate/Professional Degree	93,123	10.9%	118,047	12.3%	134,634	13.0%
<b>Households</b>	<b>468,823</b>		<b>511,662</b>		<b>538,159</b>	
Families	345,318	73.7%	369,834	72.3%	383,906	71.3%
With Children	188,776	40.3%	198,583	38.8%	203,798	37.9%
Non-Families	123,506	26.3%	141,827	27.7%	154,253	28.7%
With Children	1,134	0.2%	1,137	0.2%	1,028	0.2%
<b>Average Size:</b>						
Household	2.8		2.9		2.9	
Family	3.3		3.5		3.6	
Non-Family	1.4		1.2		1.2	
<b>Households by Persons:</b>						
1	100,475	21.4%	119,784	23.4%	132,893	24.7%
2	144,170	30.8%	136,685	26.7%	131,690	24.5%
3+	224,158	47.8%	255,167	49.9%	273,561	50.8%
<b>Total Housing Units:</b>	<b>482,187</b>		<b>548,260</b>		<b>589,210</b>	
Vacant	13,364	2.8%	36,598	6.7%	51,052	8.7%
Owned	370,538	76.8%	419,757	76.6%	447,737	76.0%
Rented	98,285	20.4%	91,905	16.8%	90,422	15.3%
<b>Vehicles Available</b>	<b>878,649</b>		<b>1,000,449</b>		<b>1,078,166</b>	
Average Vehicles/HH	1.9		2.0		2.0	

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates

Scan/US, Inc.

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# Demographic Trends: 2000/2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

		2000 Census		2008 Estimates		2013 Projections	
<b>Total Households</b>		<b>468,823</b>		<b>511,662</b>		<b>538,159</b>	
<b>Total Aggregate Income (\$Mil)</b>		<b>\$39,614.7</b>		<b>\$47,924.0</b>		<b>\$55,364.5</b>	
<b>Per Capita Income</b>		<b>\$29,968</b>		<b>\$32,484</b>		<b>\$35,305</b>	
<b>Households</b>	<b>&lt; \$10,000</b>	14,137	3.0%	12,133	2.4%	11,461	2.1%
<b>By</b>	<b>\$10,000 - \$14,999</b>	12,204	2.6%	7,480	1.5%	6,762	1.3%
<b>Income:</b>	<b>\$15,000 - \$19,999</b>	13,678	2.9%	11,539	2.3%	10,870	2.0%
	<b>\$20,000 - \$24,999</b>	16,610	3.5%	12,774	2.5%	8,958	1.7%
	<b>\$25,000 - \$29,999</b>	18,098	3.9%	13,445	2.6%	12,814	2.4%
	<b>\$30,000 - \$34,999</b>	21,169	4.5%	16,416	3.2%	14,394	2.7%
	<b>\$35,000 - \$39,999</b>	21,574	4.6%	16,383	3.2%	15,479	2.9%
	<b>\$40,000 - \$49,999</b>	44,693	9.5%	38,138	7.5%	32,780	6.1%
	<b>\$50,000 - \$59,999</b>	46,239	9.9%	38,638	7.6%	41,500	7.7%
	<b>\$60,000 - \$74,999</b>	65,853	14.0%	58,087	11.4%	48,962	9.1%
	<b>\$75,000 - \$99,999</b>	79,946	17.1%	86,674	16.9%	85,660	15.9%
	<b>\$100,000 - \$124,999</b>	48,762	10.4%	67,445	13.2%	70,882	13.2%
	<b>\$125,000 - \$149,999</b>	24,041	5.1%	45,678	8.9%	56,022	10.4%
	<b>\$150,000 - \$199,999</b>	21,720	4.6%	42,207	8.2%	58,904	10.9%
	<b>\$200,000 - \$249,999</b>	7,085	1.5%	15,570	3.0%	23,408	4.3%
	<b>\$250,000+</b>	12,988	2.8%	29,023	5.7%	39,288	7.3%
<b>Average</b>	<b>Household</b>	<b>\$83,901</b>		<b>\$92,339</b>		<b>\$101,579</b>	
<b>Income:</b>	<b>Family</b>	<b>\$94,475</b>		<b>\$105,222</b>		<b>\$116,878</b>	
	<b>Non-Family</b>	<b>\$54,334</b>		<b>\$58,750</b>		<b>\$63,517</b>	
<b>Median</b>	<b>Household</b>	<b>\$68,404</b>		<b>\$85,923</b>		<b>\$96,634</b>	
<b>Income:</b>	<b>Family</b>	<b>\$77,568</b>		<b>\$97,903</b>		<b>\$110,692</b>	
	<b>Non-Family</b>	<b>\$44,700</b>		<b>\$56,316</b>		<b>\$62,944</b>	
<b>Households</b>	<b>&lt; \$10,000</b>	15,695	3.3%	13,241	2.6%	12,501	2.3%
<b>By</b>	<b>\$10,000 - \$14,999</b>	12,165	2.6%	7,569	1.5%	6,890	1.3%
<b>Disposable</b>	<b>\$15,000 - \$19,999</b>	16,086	3.4%	13,209	2.6%	12,019	2.2%
<b>Income:</b>	<b>\$20,000 - \$24,999</b>	21,266	4.5%	16,238	3.2%	12,275	2.3%
	<b>\$25,000 - \$29,999</b>	25,526	5.4%	19,359	3.8%	17,901	3.3%
	<b>\$30,000 - \$34,999</b>	27,126	5.8%	20,931	4.1%	19,569	3.6%
	<b>\$35,000 - \$39,999</b>	29,431	6.3%	24,131	4.7%	20,791	3.9%
	<b>\$40,000 - \$49,999</b>	63,003	13.4%	53,802	10.5%	54,235	10.1%
	<b>\$50,000 - \$59,999</b>	60,874	13.0%	53,433	10.4%	45,193	8.4%
	<b>\$60,000 - \$74,999</b>	76,037	16.2%	80,282	15.7%	78,455	14.6%
	<b>\$75,000 - \$99,999</b>	61,349	13.1%	87,050	17.0%	92,597	17.2%
	<b>\$100,000 - \$124,999</b>	26,214	5.6%	49,738	9.7%	63,367	11.8%
	<b>\$125,000 - \$149,999</b>	13,215	2.8%	26,533	5.2%	37,484	7.0%
	<b>\$150,000 - \$199,999</b>	9,472	2.0%	20,680	4.0%	30,755	5.7%
	<b>\$200,000 - \$249,999</b>	3,605	0.8%	8,144	1.6%	11,599	2.2%
	<b>\$250,000+</b>	7,732	1.6%	17,293	3.4%	22,511	4.2%
<b>Disposable Aggregate (\$Mil)</b>		<b>\$30,304.3</b>		<b>\$38,766.4</b>		<b>\$44,151.2</b>	
<b>Disposable Average Income</b>		<b>\$64,639</b>		<b>\$75,766</b>		<b>\$82,041</b>	
<b>Disposable Median Income</b>		<b>\$55,572</b>		<b>\$68,146</b>		<b>\$75,856</b>	

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates  
Scan/US, Inc.

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# Demographic Trends: 2000/2008/2013

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

	2000 Census		2008 Estimates		2013 Projections	
<b>Total Population</b>	<b>1,321,911</b>		<b>1,475,292</b>		<b>1,568,176</b>	
< 5 Years	101,048	7.6%	107,375	7.3%	102,474	6.5%
5 - 9 Years	105,481	8.0%	108,010	7.3%	110,634	7.1%
10 - 14 Years	101,610	7.7%	108,082	7.3%	112,901	7.2%
15 - 19 Years	89,644	6.8%	102,867	7.0%	107,264	6.8%
20 - 24 Years	72,244	5.5%	88,509	6.0%	97,612	6.2%
25 - 34 Years	198,037	15.0%	195,191	13.2%	200,968	12.8%
35 - 44 Years	239,771	18.1%	233,113	15.8%	223,860	14.3%
45 - 54 Years	187,743	14.2%	228,663	15.5%	241,402	15.4%
55 - 64 Years	107,114	8.1%	159,185	10.8%	194,189	12.4%
65 - 74 Years	64,886	4.9%	80,052	5.4%	107,276	6.8%
75 - 84 Years	40,308	3.0%	44,931	3.0%	50,018	3.2%
85+ Years	13,983	1.1%	19,297	1.3%	19,567	1.2%
<b>Median Age</b>	<b>35.6</b>		<b>36.8</b>		<b>38.0</b>	
<b>Population, Female</b>	<b>665,029</b>	<b>50.3%</b>	<b>738,191</b>	<b>50.0%</b>	<b>782,224</b>	<b>49.9%</b>
< 5 Years	49,061	7.4%	52,378	7.1%	49,824	6.4%
5 - 9 Years	51,401	7.7%	53,175	7.2%	54,077	6.9%
10 - 14 Years	49,579	7.5%	52,558	7.1%	55,521	7.1%
15 - 19 Years	42,203	6.3%	48,780	6.6%	51,883	6.6%
20 - 24 Years	34,143	5.1%	41,899	5.7%	46,216	5.9%
25 - 34 Years	97,893	14.7%	95,650	13.0%	97,617	12.5%
35 - 44 Years	120,610	18.1%	115,837	15.7%	110,357	14.1%
45 - 54 Years	94,847	14.3%	114,500	15.5%	120,070	15.3%
55 - 64 Years	54,535	8.2%	80,674	10.9%	97,866	12.5%
65 - 74 Years	35,390	5.3%	42,448	5.8%	56,454	7.2%
75 - 84 Years	24,971	3.8%	26,668	3.6%	28,711	3.7%
85+ Years	10,378	1.6%	13,617	1.8%	13,624	1.7%
<b>Median Age (Females)</b>	<b>36.7</b>		<b>37.8</b>		<b>38.9</b>	
<b>Population, Male</b>	<b>656,885</b>	<b>49.7%</b>	<b>737,100</b>	<b>50.0%</b>	<b>785,951</b>	<b>50.1%</b>
< 5 Years	51,987	7.9%	54,997	7.5%	52,650	6.7%
5 - 9 Years	54,080	8.2%	54,836	7.4%	56,558	7.2%
10 - 14 Years	52,031	7.9%	55,524	7.5%	57,380	7.3%
15 - 19 Years	47,441	7.2%	54,087	7.3%	55,381	7.0%
20 - 24 Years	38,101	5.8%	46,610	6.3%	51,396	6.5%
25 - 34 Years	100,144	15.2%	99,541	13.5%	103,352	13.1%
35 - 44 Years	119,161	18.1%	117,276	15.9%	113,503	14.4%
45 - 54 Years	92,896	14.1%	114,163	15.5%	121,333	15.4%
55 - 64 Years	52,579	8.0%	78,511	10.7%	96,323	12.3%
65 - 74 Years	29,497	4.5%	37,604	5.1%	50,822	6.5%
75 - 84 Years	15,337	2.3%	18,264	2.5%	21,307	2.7%
85+ Years	3,605	0.5%	5,679	0.8%	5,942	0.8%
<b>Median Age (Males)</b>	<b>34.5</b>		<b>35.9</b>		<b>37.1</b>	



# Demographic Profile: 2008

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

<b>Population</b>	1,475,292		<b>Total Aggregate Income (\$Mil)</b>	\$47,924.0
In Households	1,462,860	99.2%	<b>Per Capita Income</b>	\$32,484
In Families	1,292,269	87.6%	<b>Household Income:</b>	
In Non-family Households	170,591	11.6%	< \$10,000	12,133 2.4%
In Group Quarters	12,432	0.8%	\$10,000 - \$14,999	7,480 1.5%
			\$15,000 - \$19,999	11,539 2.3%
			\$20,000 - \$24,999	12,774 2.5%
<b>Race: White</b>	1,141,586	77.4%	\$25,000 - \$29,999	13,445 2.6%
Black	83,386	5.7%	\$30,000 - \$34,999	16,416 3.2%
American Indian	2,379	0.2%	\$35,000 - \$39,999	16,383 3.2%
Asian	105,324	7.1%	\$40,000 - \$49,999	38,138 7.5%
Pacific Islander	943	0.1%	\$50,000 - \$59,999	38,638 7.6%
Other/Multi-Racial	141,674	9.6%	\$60,000 - \$74,999	58,087 11.4%
<b>Hispanic Population</b>	243,990	16.5%	\$75,000 - \$99,999	86,674 16.9%
			\$100,000 - \$124,999	67,445 13.2%
<b>Labor Force: Pop, 16+ Years</b>	1,129,690		\$125,000 - \$149,999	45,678 8.9%
In Armed Forces	375	0.0%	\$150,000 - \$199,999	42,207 8.2%
Employed	777,048	68.8%	\$200,000 - \$249,999	15,570 3.0%
Unemployed	41,651	3.7%	\$250,000+	29,023 5.7%
Not In Labor Force	310,615	27.5%		
			<b>Aggregate Household Income (\$Mil)</b>	\$47,246.3
<b>Education: Pop, 25+ Years</b>	960,435		<b>Aggregate Family Income (\$Mil)</b>	\$38,914.5
No HS Diploma	90,488	9.4%	<b>Aggregate Non-Family Income (\$Mil)</b>	\$8,332.3
HS Graduate	248,465	25.9%		
College, No Degree	186,767	19.4%	<b>Average Household Income</b>	\$92,339
Associate Degree	77,275	8.0%	<b>Average Family Income</b>	\$105,222
College Degree	239,394	24.9%	<b>Average Non-Family Income</b>	\$58,750
Graduate/Professional Degree	118,047	12.3%		
			<b>Median Household Income</b>	\$85,923
<b>Households</b>	511,662		<b>Median Family Income</b>	\$97,903
Families	369,834	72.3%	<b>Median Non-Family Income</b>	\$56,316
Non-Families	141,827	27.7%		
			<b>Disposable Household Income</b>	
<b>Average Size: Household</b>	2.9		< \$10,000	13,241 2.6%
Family	3.5		\$10,000 - \$14,999	7,569 1.5%
Non-Family	1.2		\$15,000 - \$19,999	13,209 2.6%
			\$20,000 - \$24,999	16,238 3.2%
<b>Total Housing Units</b>	548,260		\$25,000 - \$29,999	19,359 3.8%
Vacant	36,598	6.7%	\$30,000 - \$34,999	20,931 4.1%
Owned	419,757	76.6%	\$35,000 - \$39,999	24,131 4.7%
Rented	91,905	16.8%	\$40,000 - \$49,999	53,802 10.5%
			\$50,000 - \$59,999	53,433 10.4%
<b>Persons In Households: 1</b>	119,784	23.4%	\$60,000 - \$74,999	80,282 15.7%
2	136,685	26.7%	\$75,000 - \$99,999	87,050 17.0%
3-4	178,129	34.8%	\$100,000 - \$124,999	49,738 9.7%
5+	77,038	15.1%	\$125,000 - \$149,999	26,533 5.2%
			\$150,000 - \$199,999	20,680 4.0%
<b>Vehicles Available</b>	1,000,449		\$200,000 - \$249,999	8,144 1.6%
Average Vehicles/HH	2.0		\$250,000+	17,293 3.4%
<b>Vehicles Per Household: 0</b>	20,003	3.9%	<b>Aggregate Disposable Income (\$Mil)</b>	\$38,766.4
1	143,387	28.0%	<b>Average Disposable Income</b>	\$75,766
2	231,416	45.2%	<b>Median Disposable Income</b>	\$68,146
3+	116,841	22.8%		

Source: 2008 Scan/US Estimates  
Scan/US, Inc.

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Page 1 of 2  
www.ScanUS.com

# Demographic Profile: 2008

The Addison  
30-Min Market Area

Scan/US, Inc.  
06/25/2009

Total Population	1,475,292	
< 5 Years	107,375	7.3%
5 - 9 Years	108,010	7.3%
10 - 14 Years	108,082	7.3%
15 - 19 Years	102,867	7.0%
20 - 24 Years	88,509	6.0%
25 - 34 Years	195,191	13.2%
35 - 44 Years	233,113	15.8%
45 - 54 Years	228,663	15.5%
55 - 64 Years	159,185	10.8%
65 - 74 Years	80,052	5.4%
75 - 84 Years	44,931	3.0%
85+ Years	19,297	1.3%

Median Age 36.8

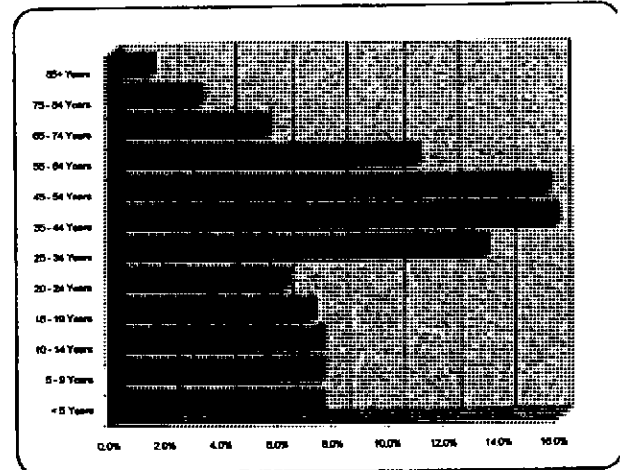
Population, Female	738,191	50.0%
< 5 Years	52,378	7.1%
5 - 9 Years	53,175	7.2%
10 - 14 Years	52,558	7.1%
15 - 19 Years	48,780	6.6%
20 - 24 Years	41,899	5.7%
25 - 34 Years	95,650	13.0%
35 - 44 Years	115,837	15.7%
45 - 54 Years	114,500	15.5%
55 - 64 Years	80,674	10.9%
65 - 74 Years	42,448	5.8%
75 - 84 Years	26,668	3.6%
85+ Years	13,617	1.8%

Median Age/Female 37.8

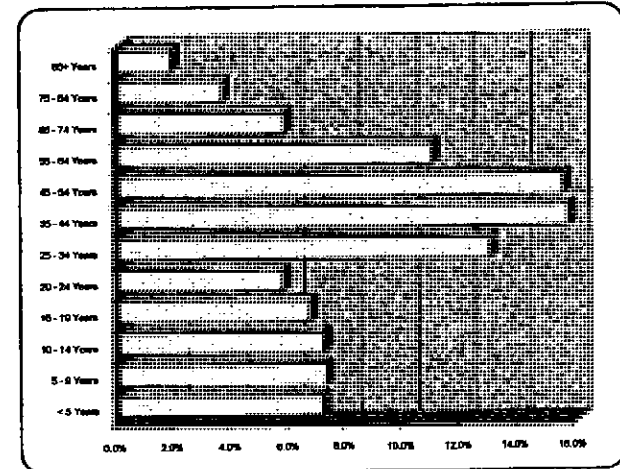
Population, Male	737,100	50.0%
< 5 Years	54,997	7.5%
5 - 9 Years	54,836	7.4%
10 - 14 Years	55,524	7.5%
15 - 19 Years	54,087	7.3%
20 - 24 Years	46,610	6.3%
25 - 34 Years	99,541	13.5%
35 - 44 Years	117,276	15.9%
45 - 54 Years	114,163	15.5%
55 - 64 Years	78,511	10.7%
65 - 74 Years	37,604	5.1%
75 - 84 Years	18,264	2.5%
85+ Years	5,679	0.8%

Median Age/Male 35.9

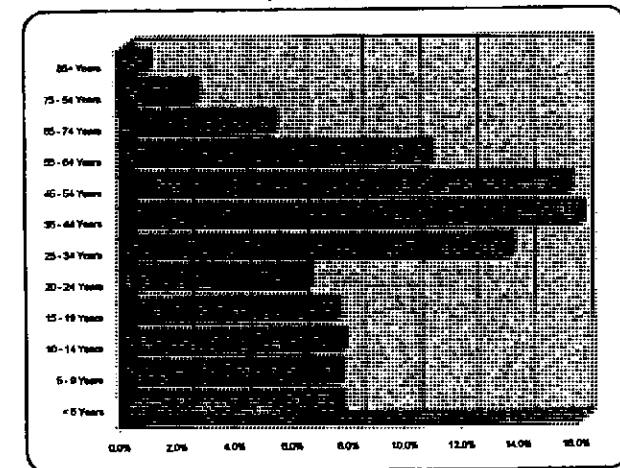
Total Population



Population, Female



Population, Male



201 South Grand Avenue East  
Springfield, Illinois 62763-0002

Telephone: (217) 782-0545  
TTY: (800) 526-5812

## INFORMATIONAL NOTICE

DATE: August 12, 2008  
TO: Interested Parties  
RE: Applications for the Supportive Living Program

Governor Blagojevich and the Department of Healthcare and Family Services (HFS) are pleased to announce that HFS will be accepting applications for the Supportive Living Program (SLP) in targeted geographic areas. SLP is an alternative to nursing home care for persons 65 years of age and older and persons with physical disabilities who are 22 to 64 years of age. Both private paying citizens and those covered under Medicaid can participate in the program. Supportive living facilities (SLFs) combine apartment-style housing with personal care and other services. Residents can live independently and take part in decision-making. Participants have a private apartment with a kitchen, private bathroom and a lockable entrance. Services provided in an SLF include personal care, medication management, meals, 24-hour emergency response, housekeeping, laundry, activities and health related services. Each resident is assessed and participates in the development of an individualized service plan based on his/her needs and preferences. Currently there are 100 operational SLFs statewide with approximately 7,800 apartments. Additionally, 47 more facilities with approximately 4,000 apartments are approved and in various stages of development.

HFS will begin accepting applications for the Supportive Living Program from August 15, 2008 through January 15, 2009. Applications will be reviewed and evaluated by the Department pursuant to the rules and regulations pertaining to the Supportive Living Program, found at 89 Ill. Adm. Code 146, including any subsequent amendments and successors thereto.

At this time, submissions for senior developments will be accepted for projects serving individuals in the geographic areas listed below. Applications for SLFs serving persons with physical disabilities age 22-64 may be submitted to serve individuals in any location. Any changes to the areas under consideration will be posted in the same manner.

**Geographic Areas for SLFs Serving Senior Citizens:**  
City of Chicago Community Areas

1. North Park, Albany Park, Lincoln Square Uptown
2. Rogers Park Edgewater
3. Englewood, West Englewood
4. Irving Park, Avondale, Logan Square
5. West/East Garfield Park, Austin

E-mail: [hfs.webmaster@illinois.gov](mailto:hfs.webmaster@illinois.gov)

ATTACHMENT-12B  
Internet: <http://www.hfs.illinois.gov/>

Cook County Area

1. Chicago Heights/Lynwood
2. Lansing
3. Bellwood
4. Blue Island

Collar Counties and Downstate Areas

1. Lake County
2. Macon County
3. East St. Louis area
4. Belleville area
5. Fulton, McDonough, Schuyler Counties

For more information about the SLP and/or to obtain an application, visit [www.sfillinois.com](http://www.sfillinois.com) or call 217/524-0372. Thank you for your interest in the program.



Theresa A. Eagleson, Administrator  
Division of Medical Programs

IDPH Facility ID	Facility Name	Facility Address	City	Zip Code	# of Licensed Nursing Beds	Travel Time Adjusted 77 IAC-1100.510(d)	Drive Distance
6014237	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	3.5	2.2
6003392	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60124	50	5.8	3.0
6012827	Sherman West Court		Elgin		120	8.9	4.0
6005847	Asia Care Center of Elgin	134 North McLean Boulevard	Elgin	60123	102	8.1	4.0
6004758	Manor Care - Elgin	50 North Jane Drive	Elgin	60123	203	9.2	4.0
6000277	Manor Care - Elgin	180 South State Street	Elgin	60123	88	10.4	5.2
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177	208	12.7	7.3
6008718	South Elgin Rehab & Hlthcare Ctr	746 Spring Street	South Elgin	60177	90	12.7	7.8
6008902	Heritage Manor-Elgin	355 Raymond Street	Elgin	60120	94	13.8	6.0
6001398	Alden-Poplar Creek Rehab & Care	1543 Barrington Road	Hoffman Estates	60194	217	18.4	11.5
New Permit	Assisi HCC at Clare Oaks (3)		Barlett		120	18.4	12.3
6012975	Lexington of Streamwood (1)	815 East Irving Park Road	Streamwood	60107	224	21.9	13.6
New Permit	Church Street Station Skilled Nsg (2)		Hanover Park		150	21.9	14.0
6002299	Crystal Pines Rehab & HCC	335 North Illinois Avenue	Crystal Lake	60014	114	23.0	13.5
6003735	Alden Estates of Barrington, Inc.	1420 South Barrington Road	Barrington	60010	190	23.0	14.4
6007439	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174	120	24.2	13.9
6011803	Fountains at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012	97	25.3	18.2
6014698	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174	109	25.3	14.3
6002978	Fair Oaks Health Care Center	471 W. Terra Cotta Avenue	Crystal Lake	60014	46	25.3	12.9
6002208	Covenant Health Care Center	831 Batavia Avenue	Batavia	60510	99	26.5	16.6
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194	250	27.6	16.3
6000327	Manor Care - Rolling Meadows	4225 Kirchoff Road	Rolling Meadows	60008	155	27.6	18.9
6014633	Rosewood Care Center Inverness		Inverness		142	27.8	16.5
6012553	Lexington of Schaumburg	675 South Roselle Road	Schaumburg	60193	214	28.8	17.8
6001713	Wood Glen Nursing & Rehab Ctr	30 West 300 North Avenue	West Chicago	60185	207	28.8	16.5
6003503	Provena Geneva Care Center	1101 East State Street	Geneva	60134	107	28.8	15.7
6003180	Florence Nursing Home	548 East Grant Highway	Marengo	60152	62	28.8	19.7
6008171	Batavia Rehab & Healthcare Ctr.	920 Fabyan Parkway	Batavia	60510	53	31.1	18.7
6009310	Hearthstone Manor	520 North Seminary Avenue	Woodstock	60098	75	32.2	20.9
6001754	Church Creek	1200 West Central Road	Arlington Heights	60005	56	32.2	20.0
6000228	Manor Care-Arlington Heights	715 West Central Road	Arlington Heights	60005	151	32.2	20.2
6012688	Manor Care - Elk Grove Village	1920 Nierge Road	Elk Grove Village	60007	190	32.2	18.7
6000020	Arlington Rehab & Nursing Ctr	31 West Central	Roselle	60172	82	32.2	19.2
6010138	Woodstock Residence	308 McHenry Avenue	Woodstock	60098	115	32.2	20.8
6007520	Plum Grove of Palatine	24 South Plum Grove Road	Palatine	60067	69	33.4	21.9
6008565	Shelling Oak	P.O. Box 367	Island Lake	60042	70	33.4	21.1
6013981	Memorial Medical Center-South St	527 West South Street	Woodstock	60098	40	33.4	20.8
6005698	The Moorings Health Center	761 Old Barn Lane	Arlington Heights	60005	116	34.5	21.8
6011993	Lexington Health Care Center	165 South Bloomingdale Rd	Bloomington	60108	166	34.5	16.8
6011753	Windsor Park Manor	124 Windsor Park Drive	Carol Stream	60188	80	35.7	21.7
6005912	Provena McAuley Manor	400 West Sullivan Road	Aurora	60508	87	35.7	21.6
6008304	Alden Terrace of McHenry Rehab	803 Royal Drive	McHenry	60050	316	35.7	21.7
6014138	Lexington of Lake Zurich	900 South Rand Road	Lake Zurich	60047	214	35.7	21.7
6009605	North Aurora Care Center	310 Barbary Road	North Aurora	60542	129	36.8	21.4
6005714	Alden-Long Grove Rehab/HCC Ctr	Box 2308 RFD Old Hicks Rd	Long Grove	60047	249	36.8	22.2
6009542	Valley Hi Nursing Home	2408 Hartland Road	Woodstock	60098	127	36.8	28.1
6000469	Alden-Valley Ridge Rehab & Care	275 East Army Trail Road	Bloomington	60108	207	38.0	26.5
6009872	West Chicago Terrace	928 Joliet Road	West Chicago	60185	120	38.0	20.8
6006837	Oakton Pavilion	1660 Oakton Place	Des Plaines	60018	294	39.1	24.8
6000485	Arbor of Itasca	535 South Elm	Itasca	60143	144	39.1	24.4
6001002	West Suburban Care Center	311 Edgewater Drive	Bloomington	60108	259	39.1	20.1
6009435	Wauconda Healthcare & Rehab	178 Thomas Court	Wauconda	60084	125	39.1	23.0
6014344	Arlington Rehab & Living Ctr	1686 Checker Road	Long Grove	60047	190	39.1	24.6
6005284	Lee Manor	1301 Lee Street	Des Plaines	60018	262	40.3	24.6
6014369	Lexington Health Care-Wheeling	730 West Hintz Road	Wheeling	60090	223	40.3	25.8
6008361	Wynscape	2160 Manchester Road	Wheaton	60187	209	40.3	23.9
6014195	Claremont Rehab & Living Ctr	150 North Welland Road	Buffalo Grove	60089	200	40.3	27.6
6002812	DuPage Convalescent Center	400 N County Farm Road	Wheaton	60187	508	40.3	23.7
6014757	Alden Des Plaines Rehab/HCC	1221 East Golf Road	Des Plaines	60016	110	41.4	24.9
6005334	Windfield Woods	28 West 141 Liberty Road	Winfield	60190	138	42.8	23.8
6008983	Wheaton Care Center	1325 Manchester Road	Wheaton	60167	123	43.7	24.8
					9,171		

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
www.mapquest.com

(1) Received permission on 6/03/08 to decrease number of nursing care beds from 224 to 214.  
(2) P-08-048 altered to reduce the approved number of nursing care beds from 237 to 150 effective 6/12/07.  
(3) P-05-002 issued to construct a facility with 120 nursing care beds and 33 sheltered care beds effective 8/5/05. Licensed on 6/2/08.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CENTER OF ELGIN ELGIN

ROSEWOOD CARE CENTER OF ELGIN  
2335 ROYAL BOULEVARD  
ELGIN, IL 60123  
Reference Numbers Facility ID 6014237  
Health Service Area 008 Planning Service Area 009

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Other	Private Pay	Charity	TOTALS
Nursing Care	28	28	0	2	58	0	114
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>28</b>	<b>28</b>	<b>0</b>	<b>2</b>	<b>58</b>	<b>0</b>	<b>114</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic	0	0	0	0	0
Hispanic Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPNs	13.00
Certified Aides	64.00
Other Health Staff	10.00
Non-Health Staff	45.00
<b>TOTALS</b>	<b>149.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
44.2%	17.4%	0.0%	1.1%	37.3%	0.0%	0.0%
3,811,739	1,498,210	0	98,487	3,215,474	0	0
<b>TOTALS</b>						
8,024,910						

Facility Notes: Name changed from Rosewood Care Center at Elgin.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CENTER OF ELGIN ELGIN

ROSEWOOD CARE CENTER OF ELGIN  
2335 ROYAL BOULEVARD  
ELGIN, IL 60123  
Reference Numbers Facility ID 6014237  
Health Service Area 008 Planning Service Area 009

**ADMISSION RESTRICTIONS**

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggressive/Anti-Social	1
Chronic Alcoholism	3
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	10
Medicare Recipient	7
Mental Illness	1
Non-Ambulatory	0
Non-Verbal	33
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal/Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	12
No Restrictions	10
<b>TOTALS</b>	<b>114</b>

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	Admissions	Discharges
Nursing Care	120	120
Skilled Under ZZ	478	478
Intermediate DD	0	0
Sheltered Care	114	114
<b>TOTALS</b>	<b>712</b>	<b>712</b>

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	139	124	135	114	41
Skilled Under ZZ	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Sheltered Care	0	0	0	0	0
<b>TOTAL BEDS</b>	<b>139</b>	<b>124</b>	<b>135</b>	<b>114</b>	<b>41</b>

**FACILITY UTILIZATION - 2007**

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Occ. Pct.	Peak Beds Set Up
Nursing Care	1007	1217	22121	44325	87.4%	80.0%	80.0%
Skilled Under ZZ	0	0	0	0	0.0%	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%	0.0%
Sheltered Care	0	0	0	0	0.0%	0.0%	0.0%
<b>TOTALS</b>	<b>1007</b>	<b>1217</b>	<b>22121</b>	<b>44325</b>	<b>87.4%</b>	<b>80.0%</b>	<b>80.0%</b>

Note: Reported restrictions removed by 7/1






**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKILLED UNDER ZZ		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	9	60	0	0	0	0	0	0	9	60	69
<b>TOTALS</b>	<b>24</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>90</b>	<b>114</b>

# MAPQUEST

Total Time: 3 minutes    Total Distance: 2.20 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD. | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                        | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S.                 | 1.8 mi |
|  | 4: Turn LEFT onto ROYAL BLVD.                            | 0.3 mi |
|  | 5: End at 2355 Royal Blvd Elgin, IL 60123-4716           |        |

**B: 2355 Royal Blvd, Elgin, IL 60123-4716**

Total Time: 3 minutes    Total Distance: 2.20 miles

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Facility Name & ID Number: Rosewood Care Ctr of Elgin  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 43,268 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedules XII-A. See instructions.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground; (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable)  
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.

XI OWNERSHIP COSTS:

A. Land

1	2	3	4
Use	Square Feet	Year Acquired	Cost
1	Schedule N/A	3	1
2			2
3	TOTALS	3	3

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Rosewood Care Center of Elgin  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Bed*	FOR BHF USE ONLY	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
		1994	\$	\$	25-40	\$	\$	\$
4	139		4,829,673			128,067	128,067	1,622,180
5								
6								
7								
8								
9	Improvement Type**							
10	Landscaping	1996	4,792		25	192	192	2,307
11	Hot Water Booster	1994	661		10			661
12	Boiling Sign	1994	1,827		10			1,827
13	Walk-in Cooler	1994	5,231		10			5,231
14	Salad Prep Sink	1994	1,966		10			1,966
15	Exhaust Hood	1994	7,104		10			7,104
16	Worktable with Sink	1994	1,003		10			1,003
17	Port & Pan Sink	1994	3,053		10			3,053
18	Signage	1994	5,796		10			5,796
19	Addition to Phone System	1994	3,218		10			3,218
20	Interior Sign	1994	7,506		10			7,506
21	Windows/Panels	1994	818		10			818
22	Water Heaters	1994	3,162		10			3,162
23	Emergency Generator	1994	1,283		10			1,283
24	Carpet	1994	27,491		10			27,491
25	Wallpaper/Painting	1994	7,303		10			7,303
26	Telephone	1994	16,500		10			16,500
27	Shower Room Repairs	2002	7,550		10			7,550
28	Seal Parking Lot	2004	5,600		10	560	560	2,613
29	Sinks	2006	942		2	942		7,536
30	Console Heat Pansys	2006	10,355		20	518	518	624
31	Mint Blinds	2006	6,337		10	634	634	792
32	Replacement Parts for Sprinkler System	2006	2,510		5	418	418	418
33		2007	5,875		15	163	163	163
34								
35								
36								

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Rosewood Care Ctr of Elgin

XI. OWNERSHIP COSTS (continued)

R. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Bed#	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									
5									
6									
7									
8									
9	Improvement Type**								
10	Flooring in 2100 Hall		2008	4,131	197	7	197		197
11									
12	Building improvements made by Lessor 12/1/07-6/30/08								
13	Seal and Stripe parking lot		2008	3,000					
14	Pipe Filings		2008	3,451					
15	Cooling Tower		2008	96,723					
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total  
SEE ACCOUNTANT'S COMPILATION REPORT

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 APOSTOLIC CHRISTIAN RESTHAVEN ELGIN

APOSTOLIC CHRISTIAN RESTHAVEN  
2750 WEST HIGHLAND AVENUE  
ELGIN, IL 60124

Reference Numbers Facility ID 8000392  
Health Service Area 008 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private	Charity	TOTALS
Nursing Care	0	20	0	0	0	27	0	47
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	0	20	0	0	0	27	0	47

RESIDENTS BY RACE/ETHNICITY GROUPS

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	47	0	0	0	0	47
TOTALS	47	0	0	0	0	47

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	31.00
Other Health Staff	3.00
Non-Health Staff	22.00
TOTALS	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
0.0%	30.5%	0.0%	0.0%	69.5%	0.0%
0	789,849	0	0	1,794,889	30,814
TOTALS	789,849	0	0	1,794,889	30,814

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 APOSTOLIC CHRISTIAN RESTHAVEN ELGIN

APOSTOLIC CHRISTIAN RESTHAVEN  
2750 WEST HIGHLAND AVENUE  
ELGIN, IL 60124

Reference Numbers Facility ID 8000392  
Health Service Area 008 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTALS
Neoplasms	1																				1
Endocrine/Metabolic	3																				3
Blood Disorders	0																				0
Nervous System Non Alzheimer	3																				3
Alzheimer Disease	7																				7
Mental Illness	20																				20
Developmental Disability	0																				0
Circulatory System	4																				4
Respiratory System	1																				1
Digestive System	0																				0
Genitourinary System Disorders	0																				0
Sex Disorders	0																				0
Musculo-skeletal Disorders	0																				0
Injuries and Poisonings	0																				0
Other Medical Conditions	0																				0
Non-Medical Conditions	0																				0
TOTALS	47																				47

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
50	15	19	47

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LICENSED BEDS	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
50	50	47	3	0	50

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Unlicensed Beds	Peak Beds
Nursing Care	0	0.0%	0.0%	0.0%	17890	98.0%
Skilled Under 22	0	0.0%	0.0%	0.0%	0	0.0%
ICF/DD	0	0.0%	0.0%	0.0%	0	0.0%
Skilled Care	0	0.0%	0.0%	0.0%	0	0.0%
TOTALS	0	0.0%	0.0%	0.0%	17890	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	0	0	0	1	0	1
60 to 74	0	2	0	0	0	2	2
75 to 84	3	0	0	0	3	0	3
85+	3	28	0	0	3	28	29
TOTALS	9	33	0	0	9	33	42






BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Unlicensed Beds	Peak Beds
Nursing Care	0	0.0%	0.0%	0.0%	17890	98.0%
Skilled Under 22	0	0.0%	0.0%	0.0%	0	0.0%
ICF/DD	0	0.0%	0.0%	0.0%	0	0.0%
Skilled Care	0	0.0%	0.0%	0.0%	0	0.0%
TOTALS	0	0.0%	0.0%	0.0%	17890	98.0%

# MAPQUEST

Total Time: 5 minutes    Total Distance: 3.02 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |   |        |
|---|---|--------|
|  | <b>1:</b> Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|  | <b>2:</b> WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|  | <b>3:</b> Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 2.1 mi |
|  | <b>4:</b> Turn LEFT onto HIGHLAND AVE.                                      | 0.8 mi |
|  | <b>5:</b> End at 2750 W Highland Ave Elgin, IL 60124-4202                   |        |

**B: 2750 W Highland Ave, Elgin, IL 60124-4202**

Total Time: 5 minutes    Total Distance: 3.02 miles

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Facility Name & ID Number: Apostolic Christian Reshaven

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 22,600 B. General Construction Type: Exterior 80% Brick/20% Cedar Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 Eighteen (18) congregate housing units (apartments) are attached to the nursing home. Utilities are separately metered and costs are handled separately.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which It is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4
Use	Square Feet	Year Acquired	Cost	
1			\$	1
2				2
3	<b>TOTALS</b>		\$	3

SEE ACCOUNTANTS' COMPILATION REPORT

4	5	6	7	8	9				
Bed*	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	49	1985	1985	2,025,975	50,649	40	50,649		1,181,464
5		1986	1986	10,064	252	40	252		5,665
6		1987	1987	67,246	1,681	40	1,681		36,142
7	1	1988	1988	91,817	2,295	40	2,295		47,051
8		1999	1999	74,929	1,873	40	1,880	(493)	14,187
9	Improvement Type**			24,667		15			24,667
10	Land Improvements - General Land Improvements	1985	1985	4,800		15			4,800
11	Land Improvements - General Land Improvements	1986	1986	2,069		15			2,069
12	Land Improvements - General Land Improvements	1989	1989	590		15			590
13	Land Improvements - General Land Improvements	1990	1990	3,525		15			3,525
14	Land Improvements - Parking Lot Seal Coating	1992	1992	26,596		15			26,595
15	Land Improvements - Court Yard	1997	1997	15,126	1,008	15	1,008		11,511
16	Land Improvements - Front Court Yard	1997	1997	16,291	1,086	15	1,086		17,308
17	Land Improvements - Black Topping	2001	2001	5,200	347	15	347		2,514
18	Land Improvements - Parking Lot	2001	2001	2,095	139	15	139		1,013
19	Land Improvements - Sidewalk to Parking Lot	2005	2005	5,315	354	15	354		1,211
20	Building Improvements - General Building Improvements	1987	1987	8,559		20			8,654
21	Building Improvements - General Building Improvements	1988	1988	28,461	712	20	712		28,460
22	Building Improvements - General Building Improvements	1989	1989	500	25	20	25		492
23	Building Improvements - General Building Improvements	1990	1990	6,091	305	20	305		5,622
24	Building Improvements - General Building Improvements	1991	1991	6,846	342	20	342		5,890
25	Building Improvements - General Building Improvements	1992	1992	13,749	687	20	687		11,339
26	Building Improvements - Air Conditioner	1992	1992	1,331	67	20	67		1,102
27	Building Improvements - Light Fixture	1994	1994	885	44	20	44		636
28	Building Improvements - Curtains	1995	1995	1,944		10			1,944
29	Building Improvements - Carpeting Music Room	1995	1995	1,332		10			1,332
30	Building Improvements - Carpeting Music Room	1995	1995	2,989		10			2,989
31	Building Improvements - Carpet on Walls	1995	1995	6,262		10			6,262
32	Building Improvements - Wallpaper	1995	1995	3,703		10			3,703
33	Building Improvements - Drapes	1995	1995	884		10			884
34	Building Improvements - Carpeting Office	1995	1995	1,344		10			1,344
35	Building Improvements - Wallpaper and Drapes	1996	1996	540		10			540
36	Building Improvements - Drapes in Lobby	1996	1996	412		10			411

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Total beds on this schedule must agree with page 1.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 Building Improvements - Carpeting Lobby	1996	5,853		10			5,853
38 Building Improvements - Sound System Lobby	1996	809	40	20	40		510
39 Building Improvements - Drapes in Lobby	1996	182		10			181
40 Building Improvements - Code Alert	1997	1,164		10			1,162
41 Building Improvements - Pado Door	1998	2,100	105	20	105		1,129
42 Building Improvements - Automatic Door	1998	2,029	101	20	101		1,072
43 Building Improvements - Carpeting Music Room	1998	2,671	157	10	157		2,671
44 Building Improvements - Kitchen Air Conditioner	1999	9,567	408	20	468		4,581
45 Building Improvements - Cabinets and Parts	1999	699	35	20	35		341
46 Building Improvements - Carpeting Two Offices	1999	1,225	66	20	66		646
47 Building Improvements - Dining Room Blinds	1999	656	33	20	33		302
48 Building Improvements - Garbage Disposal	2000	1,975	99	20	99		848
49 Building Improvements - Faucets	2001	2,372	119	20	119		908
50 Building Improvements - Grease Trap	2001	3,769	189	20	189		1,444
51 Building Improvements - Door Shades	2001	562	28	20	28		206
52 Building Improvements - Damper	2001	710	36	20	36		254
53 Building Improvements - Door for PT. Room	2001	600	30	20	30		213
54 Building Improvements - Drapes Employee Dining Room	2002	653	33	20	33		223
55 Building Improvements - Drapes Resilient Rooms	2002	1,207	65	20	65		441
56 Building Improvements - Electromagnetic Front Doors	2003	1,717	86	20	86		308
57 Building Improvements - Air Conditioning	2003	3,100	155	20	155		840
58 Building Improvements - Fire Dampers	2003	2,160	108	20	108		558
59 Building Improvements - Steam Table Restoration	2004	3,700	185	20	185		909
60 Building Improvements - Hot Water Coil Replacement	2004	3,408	170	20	170		824
61 Building Improvements - Activity Room Sheelving	2004	1,850	93	20	93		447
62 Building Improvements - Exit Door Alarms At Service Entrance	2004	994	49	20	49		223
63 Building Improvements - Smoke Detectors With Office Window	2004	953	48	20	48		202
64 Building Improvements - Hot Water Heaters	2005	8,650	433	20	433		1,694
65 Building Improvements - Fire Doors and Wiring	2005	3,230	161	20	161		538
66 Building Improvements - 3 Wings Security Door Systems	2005	6,600	330	20	330		1,045
67 Building Improvements - Duct Detectors	2005	1,167	58	20	58		180
68 Building Improvements - Smoke Dampers	2005	4,607	230	20	230		710
69 Building Improvements - Smoke Detectors	2005	5,159	258	20	258		774
70 TOTAL (lines 4 thru 69)		\$ 2,548,345	\$ 65,834		\$ 65,341	\$ (493)	\$ 1,489,354

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 2,548,345	\$ 65,834	15	\$ 65,341	\$	\$ 1,489,354	1
Building Improvements - RN Station Cabinets and Counters	2006	12,126	809	15	809		2,088	2
Building Improvements - A/C Condenser for Kitchen	2006	2,800	187	15	187		467	3
Building Improvements - RN Station Carpeting	2006	3,700	740	5	740		1,665	4
Building Improvements - Replace Windows & Labor	2005	28,966	724	40	724		2,645	5
Building Improvements - Replace Windows	2006	24,955	624	40	624		1,456	6
Building Improvements - Elevator Motor	2008	3,846	80	20	80		80	7
Building Improvements - Generator	2008	2,510	42	5	42		42	8
								9
								10
								11
								12
								13
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								32
								33
<b>TOTAL (lines 1 thru 33)</b>		\$ 2,627,248	\$ 69,040		\$ 68,547	\$ (493)	\$ 1,497,797	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SHERMAN WEST COURT ELGIN

SHERMAN WEST COURT  
1850 LARVIN AVENUE  
ELGIN, IL 60123  
Facility ID 8012827  
Health Service Area 008 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	10	0	1	51	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>36</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>51</b>	<b>0</b>	<b>100</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Is.	0	0	0	0	0
White	89	0	0	0	99
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
49.5%	4.0%	0.0%	6.3%	39.3%	0.1%
4,083,198	400,721	0	518,410	3,224,570	55,098
<b>TOTALS</b>	<b>8,205,899</b>	<b>0</b>	<b>518,410</b>	<b>3,224,570</b>	<b>55,098</b>

7/27/2007 Discontinued 8 Sheltered Care beds and added 8 Nursing Care beds; facility now authorized for 120 Nursing Care beds.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SHERMAN WEST COURT ELGIN

SHERMAN WEST COURT  
1850 LARVIN AVENUE  
ELGIN, IL 60123  
Facility ID 8012827  
Health Service Area 008 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	TOTALS
Aggressive/Alc-Socrel	1																				1
Chronic Alcoholism	1																				1
Developmentally Disabled	1																				1
Cruz Addiction	0																				0
Medicaid Recipient	0																				0
Mental Illness	1																				1
Neurological Disorder	0																				0
Developmental Disability	0																				0
Cerebral Palsy	0																				0
Respiratory System	0																				0
Other Medical Conditions	0																				0
Orthopedic System	0																				0
Cardiovascular System Disorders	0																				0
Skin Disorders	0																				0
Musculoskeletal Disorders	0																				0
Injuries and Poisonings	0																				0
Other Medical Conditions	0																				0
Non-Medical Conditions	0																				0
<b>TOTALS</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Pat. Days	Occ. Pct.	Medicaid	Medicare	Medicaid Certified	Medicare Certified	Peak Beds Set Up	Peak Beds Oct. Pct.
Nursing Care	120	120	108	120	100	20	20	78.0%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DO	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
<b>TOTALS</b>	<b>120</b>	<b>120</b>	<b>108</b>	<b>120</b>	<b>100</b>	<b>20</b>	<b>20</b>	<b>78.0%</b>

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Pat. Days	Occ. Pct.	Medicaid	Medicare	Medicaid Certified	Medicare Certified	Peak Beds Set Up	Peak Beds Oct. Pct.
Nursing Care	11467	59.2%	2185	29.8%	20513	34185	34185	78.0%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0.0%
Intermediate DO	0	0.0%	0	0.0%	0	0	0	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0	0	0.0%
<b>TOTALS</b>	<b>11467</b>	<b>59.2%</b>	<b>2185</b>	<b>29.8%</b>	<b>20513</b>	<b>34185</b>	<b>34185</b>	<b>78.0%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007








AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DO	Sheltered	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Grand Total
Under 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
60 to 74	1	0	0	0	0	0	0	0	0	0	0	0	0	2	
65 to 74	10	0	0	0	0	0	0	0	0	0	0	0	0	10	
75 to 84	15	27	0	0	0	0	0	0	0	0	0	0	0	42	
85+	4	36	0	0	0	0	0	0	0	0	0	0	0	40	
<b>TOTALS</b>	<b>31</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>	

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

# MAPQUEST

Total Time: 6 minutes    Total Distance: 4.04 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 3.0 mi |
|  | 4: Turn LEFT onto FOOTHILL RD.                                       | 0.7 mi |
|  | 5: Turn RIGHT onto N AIRLITE ST.                                     | 0.0 mi |
|  | 6: Turn LEFT onto LARKIN AVE.  | 0.2 mi |
|  | 7: End at 1950 Larkin Ave Elgin, IL 60123-5843                       |        |

**B: 1950 Larkin Ave, Elgin, IL 60123-5843**

Total Time: 6 minutes    Total Distance: 4.04 miles

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Facility Name & ID Number Sherman West Court  
**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 40,260 B. General Construction Type: Exterior Brick Frame Wood/Masonry Number of Stories One

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

E. Facilities checking (a) or (b) must complete Schedule XI-C or Schedule XII-B. See instructions.  
 (Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)

F. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: N/A  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Resident Care	115,500	1991	\$ 504,179
2				
3	TOTALS	115,500		\$ 504,179

SEE ACCOUNTANTS' COMPILATION REPORT

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Facility Name & ID Number	FOR BIUF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	5	6	7	8	9	10	11	12	13
4 Beds* 120		1991	1991	\$ 2,486,860	\$ 62,171	40	\$ 62,171		\$ 1,069,867
5									
6									
7									
8									
9	Improvement Type**								
10	Building Improvements	1991	1991	99,031		5			99,031
11	Building Improvements	1991	1991	219,089		10			219,089
12	Building Improvements	1991	1991	205,843	10,864	15		(10,864)	205,843
13	Building Improvements	1991	1991	826,676	41,334	20	41,334		711,288
14	Building Improvements	1991	1991	91,155	3,646	25	3,646		62,743
15	Building Improvements	1991	1991	21,960		10		(2)	21,960
16	Building Improvements	1991	1991	3,398		15			3,398
17	Building Improvements	1992	1992	22,980		10			22,980
18	Building Improvements	1992	1992	2,000	69	15	69		2,000
19	Building Improvements	1993	1993	962		5			962
20	Building Improvements	1993	1993	13,219		10			13,219
21	Building Improvements	1993	1993	3,730	250	15	250		3,625
22	Building Improvements	1993	1993	14,525	50	20	76	676	10,528
23	Building Improvements	1994	1994	6,951	348	20	348		4,695
24	Carpet Tiles	1995	1995	1,500		10	(225)	(225)	1,500
25	Sliding Doors	1996	1996	3,345		10			3,345
26	Resurface Parking Lot	1996	1996	4,800		5			4,800
27	Corneiling	1997	1997	3,930		5			3,930
28	Carpeting Base	1997	1997	12,580		5			12,580
29	Kretplates	1997	1997	4,165		5			4,165
30	Carpet Living Room	1998	1998	4,340	434	10	434		4,117
31	Cement Board & Ceramic Tile	1999	1999	4,475	438	10	438		4,256
32	Wallpaper	1999	1999	1,819		5			1,819
33	Landscaping	1999	1999	893		5			893
34	Construction contract for new entrance & nursing station	1999	1999	938,914	23,473	40	23,473		208,816
35	Kitchen Wall boards	2000	2000	1,365		5			1,365
36	Parking Lot Improvements	2000	2000	52,250	3,483	30	1,742	(1,741)	13,936
37	Purchasing Department Ceiling Light Fixtures	2000	2000	1,967	197	10	197		1,576

\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sherman West Court  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
37 Carpeting	2002	19,785		5			19,785
38 Wallpaper	2002	19,893		5			19,893
39 Roofing	2001	1,400	140	10	140		910
40 Door	2001	1,125	75	15	75		488
41 Carpeting	2003	5,732	575	5	575		5,732
42 Carpeting	2003	1,855	185	5	185		1,855
43 Wiring for therapy rooms	2003	4,431	443	10	443		2,437
44 HVAC upgrade and testing	2003	52,902	5,527	15	3,527		19,399
45 Fire sprinklers	2003	12,149	607	20	607		3,339
46 HVAC upgrade and testing	2003	31,875	4,389	10	5,188	599	31,240
47 Light fixtures and wiring for cafeteria	2004	3,967	397	10	397		1,786
48 Wallpaper	2004	6,868	1,373	5	1,374		6,183
49 Vent pipe	2004	1,068	214	5	214		963
50 Vinyl base	2004	900	180	5	180		810
51 HVAC upgrade and testing	2004	8,909	70	15	594	594	2,673
52 Door holder	2004	1,046	70	15	70		315
53 Circuit breaker	2004	2,250		15	150	150	675
54 Door plate	2004	2,053		15	137	137	616
55 Sewer line and trap	2004	2,940		15	196	196	884
56 Drapes	2005	5,817	1,162	5	1,163		4,072
57 Carpeting	2005	11,175	2,235	5	2,235		7,821
58 Carpeting	2005	9,400	940	10	940		3,290
59 Light fixtures and wiring	2005	8,667	867	10	867		3,033
60 Sign for dining room	2005	2,039	204	10	204		714
61 Fire system	2005	12,230	815	15	815		2,446
62 Sewer line	2005	2,950	59	25	118	59	413
63							
64 Fire Doors - 4	2006	5,670	189	15	378	189	945
65 Dining room doors/closures	2006	1,785	60	15	119		298
66 Cement sidewalk ramp	2006	1,950	65	15	130	65	325
67 Exit lights - 4	2006	3,600	120	15	240	120	600
68							
69							
70 TOTAL (lines 4 thru 69)		5,321,173	165,858		155,871	(9,987)	2,862,166

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Sberman West Court  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See Instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 5,321,173	\$ 165,838		\$ 155,871	\$ (9,987)	\$ 2,862,166	1
Upgrade firedoors per IDPH specification	2006	6,020	200	15	401	201	1,002	2
Sprinkler installation in attic	2006	4,414	1,835	15	294	(1,541)	735	3
Generator - 150 amp circuit breaker	2006	1,103		20	55	55	138	4
Installation of handrails	2006	6,400		20	320	320	800	5
Sprinkler system air compressor	2007	3,020	(1,005)	5	302	1,307	604	6
5 PTAC units & connections	2007	3,526		15	111	111	272	7
Roof shingles	2007	92,083		15	3,069	3,069	6,137	8
14 Smoke detectors and bases	2007	1,036		15	35	35	70	9
Wallpaper for resident rooms	2007	7,146	5,818	5	715	(5,103)	715	10
Repair dry pipe sprinkler system	2007	3,905	130	15	130		130	11
Hot Water Boiler	2008	17,742		15	591	591	591	12
PTAC Zone/line Heater/Air Conditioners for Resident Rooms	2008	26,069		10	1,303	1,303	1,303	13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30
								31
								32
								33
<b>TOTAL (lines 1 thru 33)</b>		\$ 5,495,437	\$ 172,836		\$ 163,197	\$ (9,639)	\$ 2,874,613	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ASTA CARE CENTER OF ELGIN

ASTA CARE CENTER OF ELGIN  
 134 NORTH MACLEAN BOULEVARD  
 ELGIN, IL 60123  
 Reference Numbers Facility ID 6005647  
 Health Service Area 008 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Other	Private	Charity	TOTALS
Nursing Care	8	74	0	0	0	3	0	85
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	8	74	0	0	0	3	0	85

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/DD	Shelter	TOTALS
Asian	1	0	0	0	0	1
Amer. Indian	0	0	0	0	0	0
Black	6	0	0	0	0	6
Hispanic/Pac. Isl.	0	0	0	0	0	0
White	78	0	0	0	0	78
Race Unknown	0	0	0	0	0	0
Total	85	0	0	0	0	85

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Nurses	20.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expenses as % of Total Net Revenue
31.9%	58.6%	0.0%	2.2%	8.1%	0.0%	0.0%
1,551,314	2,776,194	0	108,301	441,978	0	4,873,783

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ASTA CARE CENTER OF ELGIN

ASTA CARE CENTER OF ELGIN  
 134 NORTH MACLEAN BOULEVARD  
 ELGIN, IL 60123  
 Reference Numbers Facility ID 6005647  
 Health Service Area 008 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Necropsia	2
Endocrine/Metabolic	11
Blood Disorders	0
Nervous System Non Abstracter	4
Admittor Disease	10
Mental Illness	25
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicaid Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Note: Reported restrictions removed by ?	0
TOTALS	85

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK	PEAK	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED	ADMISSIONS AND DISCHARGES - 2007
Nursing Care	102	100	97	100	65	17	82	Residents on 1/1/2007: 85 Total Admissions 2007: 75 Total Discharges 2007: 75 Residents on 12/31/2007: 85
Skilled Under ZZ	0	0	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	0	0	
Skilled Care	0	0	0	0	0	0	0	
TOTAL BEDS	102	100	97	100	85	17	82	

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Licensed Beds	Occ. Pct.	Peak Beds Set Up
Nursing Care	3900	20.0%	18713	50.3%	10558	33174	90.9%
Skilled Under ZZ	0	0.0%	0	0.0%	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0.0%	0.0%
TOTALS	3900	20.8%	18713	50.3%	10558	33174	90.9%







RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER ZZ		INTERMEDIATE DD		SHeltered		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	11	0	0	0	0	0	0	0	11	0
45 to 59	7	6	0	0	0	0	0	0	7	6
60 to 74	10	5	0	0	0	0	0	0	6	7
75 to 84	4	13	0	0	0	0	0	0	10	5
85+	8	10	0	0	0	0	0	0	4	13
TOTALS	44	41	0	0	0	0	0	0	44	41

# MAPQUEST

Total Time: 7 minutes    Total Distance: 3.97 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 2.1 mi |
|  | 4: Turn LEFT onto HIGHLAND AVE.                                      | 1.6 mi |
|  | 5: Turn RIGHT onto N MCLEAN BLVD.                                    | 0.1 mi |
|  | 6: End at 134 N McLean Blvd Elgin, IL 60123-5169                     |        |

**B: 134 N McLean Blvd, Elgin, IL 60123-5169**

Total Time: 7 minutes    Total Distance: 3.97 miles

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Facility Name & ID Number ASTA CARE CENTER OF ELGIN  
 X: BUILDING AND GENERAL INFORMATION:

A. Square Feet: \_\_\_\_\_ Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				\$
2				\$
3	TOTALS			\$

1	2	3	4	5	6	7	8	9	
Bed#*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$ 1,297	\$ 33	39	\$ 33		\$ 381
5				4,142	105	39	105		1,213
6				4,085	104	39	104		1,201
7				616	18	39	18		207
8				2,192	56	39	56		646
9	FLOOR DRAIN	1997	1997	1,020	26	39	26		300
10	INSTALL SHOWER VALVE AND DRAIN	1998	1998	3,961	102	39	102		1,083
11	RE KEY DOOR LOCKS	1998	1998	5,439	139	39	139		1,419
12	NEW AIR VENTS	1999	1999	685	25	27.5	25		239
13	FIRE ALARM SYSTEM	1999	1999	2,474	90	27.5	90		859
14	AWNINGS	1999	1999	9,378	341	27.5	341		3,254
15	SEWAGE EJECTOR PUMP	1999	1999	74	74	27.5	74		706
16	HOT WATER PUMP	1999	1999	3,868	141	27.5	141		1,345
17	FLOORING	1999	1999	4,890	178	27.5	178		1,698
18	ELECTRICAL WORK	2000	2000	16,280	592	27.5	592		5,057
19	MAGNETIC DOOR LOCKS	2000	2000	4,683	170	27.5	170		1,452
20	FIRE SPRINKLER SYSTEM	2000	2000	8,731	317	27.5	317		2,708
21	BOILER	2000	2000	2,682	98	27.5	98		837
22	NURSE STATION	2000	2000	2,000	73	27.5	73		623
23	CONDENSING UNIT	2000	2000	4,708	171	27.5	171		1,461
24	WATER HEATER	2000	2000	2,303	7	7			2,303
25	POWER VENT FOR WATER HEATER	2001	2001	14,041	511	27.5	511		3,854
26	NEW WALLS	2001	2001	6,218	226	27.5	226		1,704
27	HOT WATER PIPING	2001	2001	3,501	127	27.5	127		958
28	DRAPERIES	2001	2001	3,870	141	27.5	141		922
29	EJECTOR PUMP	2002	2002	37,625	1,368	27.5	1,368		8,949
30	ROOF	2002	2002	1,346	49	27.5	49		321
31	COMPRESSOR	2002	2002	2,719	99	27.5	99		647
32	PRESSURE BACK FLOW PREVENTER								
33	FIRE ALARM SYSTEM								
34	RE KEY LOCKS								
35	PATIENT SECURITY SYSTEM								
36									

See Page 12A, Line 70 for total

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 WATER HEATER	2002	\$ 4,864	\$ 177	27.5	\$ 177		\$ 1,158	37
38 NEW PIPE	2002	1,575	57	27.5	57		373	38
39 VINYL FLOORING	2002	17,779		5			17,779	39
40 HANDRAILS, BUMPERS, CORNER	2003	17,903	651	27.5	651		3,608	40
41 SMOKE DAMPERS	2003	1,904	69	27.5	69		382	41
42 DOOR ALARM SYSTEM	2003	3,097	113	27.5	113		626	42
43 SMOKING PORCH	2003	764	28	27.5	28		155	43
44 WALL COVERINGS & PAINTING	2003	26,197	1,055	27.5		(1,055)	26,197	44
45 DIAGNOSIS ROOM	2004	23,267	846	27.5	846		3,832	45
46 VALVE ACTUATOR	2004	3,240	118	27.5	118		477	46
47 HOT WATER HEATER	2004	6,837	248	27.5	248		1,002	47
48 CURTAINS	2005	1,513	174	5	323	149	1,272	48
49 FIRE ALARM SYSTEM	2005	4,026	146	27.5	146		517	49
50 SPRINKLER HEADS	2005	2,530	92	27.5	92		326	50
51 FIRE DOOR	2005	547	20	27.5	20		71	51
52 ASPHALT	2005	6,000	400	15	400		1,417	52
53 ELEVATOR EMERGENCY STOP SWITCH	2006	1,849	67	27.5	67		170	53
54 PARKING LOT	2007	26,200	1,747	15	1,747		2,538	54
55 BOILER	2007	4,245	154	27.5	154		225	55
56 WATER HEATER	2007	6,453	235	27.5	235		342	56
57 NURSE CALL SYSTEM	2007	2,536	92	27.5	92		134	57
58 A/C CONDENSER	2007	5,928	216	27.5	216		315	58
59 5 TON A/C	2007	3,000	109	27.5	109		159	59
60 BLACK TOP AND SEAL THE PARKING LOT	2008	10,700	89	15	89		89	60
61 ROOF	2008	3,800	63	27.5	63		63	61
62 GENERATOR REPAIR	2008	4,578	77	27.5	77		77	62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 348,140	\$ 12,417		\$ 11,511	\$ (906)	\$ 109,671	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MAPLEWOOD CARE ELGIN

MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL 60123  
Reference Numbers Facility ID 8004756  
Health Service Area 008 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	180	0	3	5	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	7	180	0	3	5	0	195

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	195	0	0	0	195

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Medicare	7.5%	88.1%	0.8%	1.0%	24.8%	0.0%	100.0%
Total	538,188	4,755,614	54,370	74,854	1,771,968	0	7,185,992

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPNs	1.00
Certified Aides	43.00
Other Health Staff	7.00
Non-Health Staff	83.00
TOTALS	128.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MAPLEWOOD CARE ELGIN

MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL 60123  
Reference Numbers Facility ID 8004756  
Health Service Area 008 Planning Service Area 049  
Administrator Jim Boyd

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephrastria	0
Endocrine/Metabolic	51
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	84
Developmental Disability	2
Circulatory System	18
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	0
SKN Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	195

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	195	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0
TOTALS	195	195

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Peak	Peak	Available	Medicare	Medicaid	Certified
Licensed Beds	203	203	195	23	203	203
Beds in Use	0	0	0	0	0	0
Medicare	0	0	0	0	0	0
Medicaid	0	0	0	0	0	0
TOTALS	203	203	195	23	203	203

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	1328	61170	82.6%	67756	91.4%
Skilled Under 22	0	0	0.0%	0	0.0%
Intermediate DD	0	0	0.0%	0	0.0%
Sheltered Care	0	0	0.0%	0	0.0%
TOTALS	1328	61170	82.6%	67756	91.4%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	1328	61170	82.6%	67756	91.4%
Skilled Under 22	0	0	0.0%	0	0.0%
Intermediate DD	0	0	0.0%	0	0.0%
Sheltered Care	0	0	0.0%	0	0.0%
TOTALS	1328	61170	82.6%	67756	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007









AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	Total
Under 18	0	0	0	0	0
18 to 44	18	0	0	0	18
45 to 59	20	0	0	0	20
60 to 64	18	0	0	0	18
65 to 74	28	0	0	0	28
75 to 84	14	0	0	0	14
85+	5	0	0	0	5
TOTALS	101	0	0	0	101

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
12/15/2008  
Page 1295 of 2258

# MAPQUEST

Total Time: 8 minutes    Total Distance: 4.04 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |  |   |        |
|--|---|--------|
|   | <b>1:</b> Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|   | <b>2:</b> WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|   | <b>3:</b> Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 2.1 mi |
|   | <b>4:</b> Turn LEFT onto HIGHLAND AVE.                                      | 1.2 mi |
|   | <b>5:</b> Turn RIGHT onto THOMAS MORE DR.                                   | 0.2 mi |
|   | <b>6:</b> Turn LEFT onto LIN LOR LN.  | 0.2 mi |
|   | <b>7:</b> Turn RIGHT onto N JANE DR.  | 0.2 mi |
|  | <b>8:</b> End at 50 N Jane Dr Elgin, IL 60123-5118                          |        |

**B: 50 N Jane Dr, Elgin, IL 60123-5118**

Total Time: 8 minutes    Total Distance: 4.04 miles

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Facility Name & ID Number Maplewood Care  
**X** BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,780 B. General Construction Type: Exterior Brick Frame Number of Stories: \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_  YES  NO  
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use Facility	Square Feet	Year Acquired	Cost
1				262,479
2				
3	<b>TOTALS</b>			<b>262,479</b>

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
				\$	\$		\$	\$	\$
9	Various		1993	98,204		20	3,055	3,055	58,000
10	Various		1994	13,684		20	684	684	10,524
11	Various		1995	5,179		20	259	259	3,487
12	Various		1996	19,800		20	990	990	12,705
13	Various		1997	21,688		20	1,085	1,085	12,850
14	Various		1998	19,077		20	955	955	9,812
15	Various		1999	47,028		20	2,195	2,195	20,578
16	Various		2000	565,082		20	28,254	28,254	249,163
17	Various		2001	72,848		20	3,642	3,642	35,296
18	Various		2002	15,524		20	776	776	8,665
19	Various		2003	22,349		20	1,119	1,119	6,268
20	Various		2004	18,088		20	904	904	4,782
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete.  
See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Mapleswood Care

XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)	5,445,306	15,920		155,580	139,660	2,407,883
68	Related Party Allocations (Pages 12-REP & 12A-REP)	108,134	3,274		3,710	436	50,258
69	Financial Statement Depreciation		86,914			(88,914)	
70	TOTAL (lines 4 thru 69)	\$ 6,463,991	\$ 108,108		\$ 204,634	\$ 96,526	\$ 2,890,272

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 6,463,991	\$ 108,108		\$ 204,634	\$ 96,526	\$ 2,890,272	
1 Tile Shower Room	2005	13,597		20	680		2,493	1
2 Plumbing	2005	6,540		20	327		1,172	2
3 Call System	2005	8,689		20	434		1,702	3
4 Fire Alarm System	2005	31,622		20	1,581		5,534	4
5 Fire Alarm / Elevator	2005	4,930		20	248		866	5
6 Wall Repair	2005	11,575		20	579		1,929	6
7 Fire Alarm System	2005	3,585		20	179		353	7
8 Water Heater	2005	7,718		20	385		1,188	8
9 Heat Exchanger	2005	3,854		20	193		610	9
10 Furnace Burners, Support Plate	2005	1,767		20	88		274	10
11 Furnace Filter Rack	2005	1,506		20	75		276	11
12 Furnace Repair	2005	1,616		20	81		296	12
13 Vinyl Tile	2005	1,684		20	84		288	13
14 Water Stop Valves	2005	2,064		20	103		353	14
15 Sink & Toilet Stop Valves	2005	3,153		20	158		526	15
16 Water Stop Valves	2005	2,663		20	133		422	16
17 Cubicle Curtains	2005	2,505		20	125		407	17
18 Hvac Repair	2005	1,855		20	93		301	18
19 Sink Faucets	2005	2,151		20	108		341	19
20 Hvac Repair	2005	1,691		20	85		268	20
21 Sidewalk	2006	4,500		20	225		656	21
22 Roof	2006	246,800		20	12,340		30,850	22
23 Bathroom Work	2006	12,700		20	635		1,852	23
24 Plumbing Work	2006	2,655		20	133		387	24
25 Bathroom Work	2006	11,675		20	584		1,362	25
26 Bathroom Work	2007	13,435		20	672		1,343	26
27 Fire Dampers	2007	3,065		20	153		268	27
28 Hvac Work	2007	4,050		20	203		338	28
29 Water Heater	2007	7,131		20	357		386	29
30 Lobby Carpet Tile	2007	3,563		20	178		312	30
31 Stop Valves Replacement	2007	3,724		20	186		186	31
32 Heating & Cooling Repair	2007	2,843		20	141		141	32
33 TOTAL (lines 1 thru 35)		\$ 6,854,889	\$ 108,108		\$ 226,180	\$ 118,072	\$ 2,948,378	33
34								34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12B, Carried Forward		\$ 6,894,889	\$ 108,108		\$ 226,180	\$ 118,072	\$ 2,948,378	
Elevator Work	2008	8,500		20	390	390	390	1
Plumbing Work	2008	13,948		20	283	283	283	2
Paving	2008	58,878		20	2,617	2,617	2,617	3
Water Heater	2008	7,918		20	528	528	528	4
Elevator Work	2008	3,060		20	64	64	64	5
Window Treatments	2008	17,623		20	842	842	842	6
Bathroom Renovations	2008	26,200		20	873	873	873	7
Isolation Valves/ Internal Shower Valves	2008	2,713		20	136	136	136	8
								9
								10
								11
								12
								13
								14
								15
								16
								17
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								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30
								31
								32
								33
TOTAL (lines 1 thru 33)		\$ 7,028,729	\$ 108,108		\$ 231,913	\$ 123,805	\$ 2,954,111	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.  
 SEE ACCOUNTANTS' COMPILATION REPORT

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	39	0	4	10	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	19	39	0	4	10	0	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPNs	5.00
Certified Nurses	26.00
Other Health Staff	14.00
Non-Health Staff	29.00
Totals	90.00

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	206
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	1
Aggressive/Abuse-Social	1
Chronic Alcoholism	1
Developmentally Disabled	30
Drug Addiction	0
Medical Recipient	0
Medicaid Recipient	0
Minor Illness	0
Non-Residential	1
Non-Mobility	0
Public Aid Recipient	0
Under 65 Years Old	23
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0
Total	72

DIAGNOSIS

DIAGNOSIS	5
Neoplasms	5
Endocrine/Metabolic	30
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

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Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

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Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
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TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

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TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

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Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
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Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

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Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

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Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ELOIN

MANOR CARE - ELOIN  
180 SOUTH STATE STREET  
ELOIN, IL 60123  
Reference Numbers Facility ID 600277  
Health Service Area 008 Planning Services Area 009

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72







ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Nursing Care	79	236	243	72
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	79	236	243	72

# MAPQUEST

Total Time: 9 minutes    Total Distance: 5.21 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD. | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                        | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S.                 | 0.9 mi |
|  | 4: Turn SLIGHT LEFT onto BIG TIMBER RD/CR-21.            | 2.2 mi |
|  | 5: Turn SLIGHT RIGHT onto N STATE ST/IL-31.              | 2.0 mi |
|  | 6: End at 180 S State St Elgin, IL 60123-6429            |        |

B: 180 S State St, Elgin, IL 60123-6429

Total Time: 9 minutes    Total Distance: 5.21 miles

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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

Facility Name & ID Number: Manorcare at Elgin  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 23,117 B. General Construction Type: Exterior Masonry Frame Steel, Fire Resistant Number of Stories: 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable).  
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ YES  NO

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI OWNERSHIP COSTS:

A. Land.

1	2	3	4
Use	Square Feet	Year Acquired	Cost
Facility		1967	\$ 107,499
		2003	21,361
<b>TOTALS</b>			<b>\$ 128,860</b>

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	73	1967	1965	\$ 562,637	\$ 53,076		\$ 53,076		\$ 903,579
5	7		1991	325,382					
6	8		2003	686,404					
7									
8									
9	Improvement Type**								
10	Current Year Depreciation				131,354		131,354		1,756,095
11			1987	11,654					
12			1988	164,890					
13			1989	26,729					
14			1990	64,209					
15			1991	99,431					
16			1992	69,948					
17			1993	62,901					
18			1994	89,739					
19			1995	141,422					
20			1996	111,267					
21			1997	105,146					
22			1998	338,111					
23			1999	47,350					
24			2000	98,791					
25			2001	70,110					
26	WINDOW TREATMENTS		2002	75,611					
27	COVE BASE		2003	2,265					
28	RISER PIPE REPLACEMENT		2003	3,086					
29	DOORS for resident rooms (1 of 3 pymts.)		2003	94,382					
30	PAINTING, BORDER, VCT FLO		2003	10,500					
31	VWC		2003	1,010					
32	VWC		2003	771					
33	VWC		2003	545					
34	PAINTING AND BORDER		2003	152					
35	PAINTING AND BORDER		2003	463					
36			2003	5,897					
			2003	399					

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 15 DOORS for resident rooms (2 of 3 pvtms.)	2003	7,700					
38 LAUNDRY ROOM DOORS	2003	4,266					
39 NEW ADDITION - Unfated for audit	2003	127,111					
40 NEW ADDITION - Carpet & wallcovering	2003	9,623					
41 NEW ADDITION - Millwork	2003	2,359					
42 VVC FLOORING, PAINTING	2003	15,124					
43 VINYL CEILING & PAINTING	2003	6,274					
44 ADJUST ASSETS 1583 & 1598 CARPET - per audit S/B 2002	2003	5,887					
45 PAINTING AND BORDER	2003	2,372					
46 15 DOORS for resident rooms (3 of 3 pvtms.)	2003	428					
47 TRIM HANDLE (COURTYARD DOOR)	2003	2,650					
48 DOORS	2003	5,745					
49 NEW ADDITION - Soil & concrete testing	2003						
50 NEW ADDITION - Site preparation Per audit include w/Bldg.	2003						
51 OUTSIDE LIGHT	2003	1,782					
52 EXTERIOR DOORS (1 of 3 pvtms)	2003	3,080					
53 EXTERIOR DOORS (2 of 3 pvtms)	2004	2,000					
54 EXTERIOR DOORS (3 of 3 pvtms)	2004	680					
55 DOORS AND KICKPLATES	2004	30,571					
56 WALLCOVERING	2004	869					
57 FLUORESCENT LIGHT FIXTURES	2005	21,157					
58 DOORS AND KICKPLATES	2005	1,190					
59 ARCH & ENGINEERING COST	2005	5,718					
60 OIL & INTEREST Nonallowable per audit	2005						
61 FLOORING 465 003-05C	2005	2,540					
62 WALL COVERING 465 003-05C	2005	1,106					
63 CARPENTRY WORK 465 003-05C	2005	10,452					
64 WINDOWS 465 003-05C	2005	36,400					
65 GENERATOR EMERGENCY LIGHT	2005	1,964					
66 RESURFACE ASPHALT PARKING LOT	2005	23,537					
67 CONSTRUCT STONE WALL & GRADE AREAS	2006	1,110					
68 DOORS (2) HOLLOW METAL	2006	5,272					
69 VINYL FLOORING	2006	3,845					
70 TOTAL (lines 4 thru 69)		\$ 3,571,554	\$ 184,630		\$ 184,630	\$	\$ 2,639,674

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 3,571,554	\$ 184,630		\$ 184,630		\$ 2,639,674	1
2 Overhead & Interest on Renov.	2006	3,122						2
3 Renov. - Concrete Work - Landings, Ramps, & Handrail	2006	24,850						3
4 Renov. - Doors & Frames	2006	35,440						4
5 Renov. - Electrical Work	2006	1,347						5
6 Door at 1st floor Stairwell	2006	1,400						6
7 Flooring	2006	5,090						7
8 Door and Frame	2006	4,235						8
9 Panic hardware on new doors per Life-Safety Survey	2007	3,220						9
10 FENCE	2007	5,000						10
11 PAVING	2007	3,240						11
12 DRAINAGE IN PARKING LOT	2007	39,440						12
13 CARPET	2007	4,315						13
14 SECOND FLOOR DINING RM BQ	2007	5,654						14
15 carpet	2007	1,659						15
16 FLOORING ON FIRST FLOOR	2007	7,830						16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 3,717,596	\$ 184,630		\$ 184,630		\$ 2,639,674	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
759 KANE STREET  
SOUTH ELGIN, IL 60177  
Reference Numbers Facility ID 6002263  
Health Service Area 008 Planning Services Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private	Charity	TOTALS
Nursing Care	21	127	0	0	0	36	0	184
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	21	127	0	0	0	36	0	184

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	Intermediate	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	5	0	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	179	0	0	0	0	179
Race Unknown	0	0	0	0	0	0
Total	184	0	0	0	0	184

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care
30.2%	47.7%	0.0%	0.0%	22.1%	0.0%	0.0%
2,486,068	3,831,930	0	0	1,824,224	0	0
TOTALS	100.0%	8,242,242	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
759 KANE STREET  
SOUTH ELGIN, IL 60177  
Reference Numbers Facility ID 6002263  
Health Service Area 008 Planning Services Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	10
Mental Illness	28
Developmental Disability	0
Circulatory System	33
Respiratory System	23
Digestive System	7
Genitourinary System Disorders	21
Skin Disorders	6
Musculo-skeletal Disorders	6
Injuries and Poisonings	24
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	184

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	145	145
Skilled Under ZZ	165	165
Intermediate DD	126	126
Skilled Care	184	184
TOTALS	620	620

LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Licensed	Beds in Use	Medicaid	Medicaid Certified
Nursing Care	200	189	200	200
Skilled Under ZZ	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	200	189	200	200

PEAK FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds	Bed Up
Nursing Care	6281	40781	12005	59867	78.8%	79.8%
Skilled Under ZZ	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0	0	0.0%	0.0%
TOTALS	6281	40781	12005	59867	78.8%	79.8%








RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under ZZ	Intermediate DD	Skilled Care	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	3	1	4
60 to 64	1	4	0	0	0	0	1	4	5
65 to 74	6	20	0	0	0	0	6	20	26
75 to 84	20	50	0	0	0	0	20	50	70
85+	17	62	0	0	0	0	17	62	79
TOTALS	47	137	0	0	0	0	47	137	184

# MAPQUEST

Total Time: 11 minutes    Total Distance: 7.32 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

	<b>1:</b> Start out going EAST on WESTFIELD DR toward MASON RD.	0.1 mi
	<b>2:</b> WESTFIELD DR becomes MASON RD.	0.0 mi
	<b>3:</b> Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S.	5.0 mi
	<b>4:</b> Turn LEFT onto BOWES RD/CR-17.	1.1 mi
	<b>5:</b> Turn RIGHT onto S MCLEAN BLVD.	0.6 mi
	<b>6:</b> Turn LEFT onto KANE ST.	0.5 mi
	<b>7:</b> End at 759 Kane St South Elgin, IL 60177-1418	

**B: 759 Kane St, South Elgin, IL 60177-1418**

Total Time: 11 minutes    Total Distance: 7.32 miles

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Facility Name & ID Number Tower Hill Healthcare Center  
 X BUILDING AND GENERAL INFORMATION:

A. Square Feet: 41,038 B. General Construction Type: Exterior Frame Number of Stories: \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XI-F-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Resident Care		2000	\$ 150,000
2				
3	TOTALS			\$ 150,000

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	206	2002	2002	\$ 4,259,595	\$	\$ 109,220	\$ 109,220	\$ 1,519,005
5								
6	Allocation from Management Company	1995		49,634		1,418	1,418	17,946
7								
8								
9	Improvement Type**							
10	Nursing Stations		2002	10,000				10,000
11	Carpet		2002	3,239		463	463	2,815
12	Time Recorder		2002	6,505				6,505
13	Fire Alarm System		2003	2,072		296	296	1,777
14	Recooling Tower Pump		2003	2,600		217	217	2,600
15	Hot Water Heater		2003	38,024	1,383	1,901	518	8,555
16	Alarm System		2004	24,807	902	1,240	338	5,882
17	Boiler		2005	19,350	704	968	264	3,386
18	Water softener valves & filter media		2005	9,955	362	498	136	1,742
19	Hardware for 8 doors		2005	5,177	188	259	71	906
20	Wire glass in frames		2005	1,194	43	60	17	209
21	Door alarm system		2005	2,733	99	137	38	478
22	Resurface parking lot		2005	25,256	1,944	1,263	(881)	4,420
23	Elevator door edges		2005	2,400	87	120	33	420
24	Elevator pump		2005	1,450	53	73	20	254
25	Sidewalk		2006	8,700	744	435	(309)	1,088
26	Ceiling Tile & Drywall		2006	4,842	176	282	66	605
27	Sprinkler System		2006	7,600	650	380	(270)	950
28	Boiler		2006	20,659	751	1,033	282	2,582
29	UCP II Keypad		2006	89,925	3,270	4,496	1,226	11,241
30	Plumbing-Backflow Project		2006	2,473	90	124	34	309
31	Cooling Tower & Water Chiller		2006	10,366	777	518	(459)	1,296
32	Closet Doors		2006	5,954	216	298	82	744
33	Chairrail		2006	4,000	145	200	55	500
34	Landscaping		2006	5,980	217	299	82	748
35			2006	60,182	5,146	3,009	(2,137)	7,523
36								

\* Total beds on this schedule must agree with page 2.  
 \*\* Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Tower Hill Healthcare Center  
 XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Paint and Decorate Entire Facility	2007	\$ 14,600	\$ 98	20	\$ 730	\$ 730	\$ 1,094	37
38 Fire alarm	2007	2,696	516	20	135	37	202	38
39 Boiler and valves	2007	14,191	648	20	710	194	1,064	39
40 Tile 88 bathrooms	2007	17,815	1,538	20	891	243	1,336	40
41 Landscaping-Retaining Wall	2007	15,979	1,133	10	799	(739)	1,198	41
42 Landscaping-Paver Walk & Fence	2007	11,475	2,127	20	1,416	15	1,721	42
43 Elevator	2008	56,650	13,650	20	650	(13,000)	650	43
44 Retaining wall	2008	26,000	1,321	20	63	(1,258)	63	44
45 Replace sidewalk-2 squares	2008	2,515	105	20	83	23	83	45
46 Valve	2008	3,300	197	20	250	33	250	46
47 Brick pond	2008	10,000	33,796	20	845	(32,951)	845	47
48 Telephone system	2008	33,796	30	20	98	68	98	48
49 Automatic door opener	2008	3,900		20				49
50								50
51								51
52 Allocation of SW Management - Leasehold improvement	1995	5,295		20	265	265	3,989	52
53 Allocation of SW Management - Leasehold improvement	1996	925		20	46	46	581	53
54 Allocation of SW Management - Leasehold improvement	1997	1,332		20	67	67	930	54
55 Allocation of SW Management - Leasehold improvement	1998	917		20	46	46	493	55
56 Allocation of SW Management - Leasehold improvement	2005	2,546		20	127	127	1,156	56
57 Allocation of SW Management - Leasehold improvement	2005	5,246		20	263	263	923	57
58 Allocation of SW Management - Leasehold improvement	2007	2,981		20	149	149	224	58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 4916,851	\$ 73,106		\$ 137,944	\$ 64,838	\$ 1,632,449	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 South Elgin Rehab & Hibcare Ct SOUTH ELGIN**

South Elgin Rehab & Hibcare Ct  
 746 SPRING STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6005718  
 Health Service Area 008 Planning Service Area 080

**REMEDY BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	REMEDY BY PAYMENT SOURCE				AVERAGE DAILY PAYMENT RATES	
	Medicare	Medicaid	Other Public	Private Insurance	Single	Double
Nursing Care	5	47	0	0	125	119
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>5</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>125</b>	<b>119</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Sheltered	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	5	0	0	0	5
Hispanic/Latino	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care
21.2%	84.3%	0.0%	0.0%	14.5%	0.0%	0.0%
719,355	2,177,722	0	0	480,565	0	0

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 South Elgin Rehab & Hibcare Ct SOUTH ELGIN**

South Elgin Rehab & Hibcare Ct  
 746 SPRING STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6005718  
 Health Service Area 008 Planning Service Area 080

**REMEDY BY PRIMARY DIAGNOSIS**

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Aggressive/Anxi-Social	0	0	0	0	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0	0	0	0	0
Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0
Drug Addiction	0	0	0	0	0	0	0	0	0	0	0
Medication Recipient	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Non-Ambulatory	0	0	0	0	0	0	0	0	0	0	0
Non-Mobile	0	0	0	0	0	0	0	0	0	0	0
Public Aid Recipient	0	0	0	0	0	0	0	0	0	0	0
Under 65 Years Old	0	0	0	0	0	0	0	0	0	0	0
Unable to Self-Medications	0	0	0	0	0	0	0	0	0	0	0
Ventilator Dependent	0	0	0	0	0	0	0	0	0	0	0
Infectious Disease w/ Isolation	0	0	0	0	0	0	0	0	0	0	0
Other Restrictions	0	0	0	0	0	0	0	0	0	0	0
No Restrictions	0	0	0	0	0	0	0	0	0	0	0
<i>Note: Reported restrictions divided by 11</i>											
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>

**LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS**

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Residents on 1/1/2007
Nursing Care	90	80	60	14	177
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Sheltered Care	0	0	0	0	0
<b>TOTAL BEDS</b>	<b>90</b>	<b>80</b>	<b>60</b>	<b>14</b>	<b>180</b>

**FACILITY UTILIZATION - 2007**

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up
Nursing Care	1758	17138	3945	22841	78.2%
Skilled Under 22	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
<b>TOTALS</b>	<b>1758</b>	<b>17138</b>	<b>3945</b>	<b>22841</b>	<b>78.2%</b>







**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 50	9	8	0	0	0	0	0	0	9	8	17
50 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	5	8	0	0	0	0	0	0	5	8	14
<b>TOTALS</b>	<b>28</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>32</b>	<b>60</b>

# MAPQUEST

Total Time: 11 minutes    Total Distance: 7.59 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 5.8 mi |
|  | 4: Turn SHARP LEFT onto HOPPS RD.                                    | 0.5 mi |
|  | 5: HOPPS RD becomes W SPRING ST.                                     | 1.1 mi |
|  | 6: End at 746 W Spring St South Elgin, IL 60177-1424                 |        |

**B: 746 W Spring St, South Elgin, IL 60177-1424**

Total Time: 11 minutes    Total Distance: 7.59 miles

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Facility Name & ID Number South Elgin Rehabilitation & Health Care Center

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 15,469 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization,  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization,  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_ YES  NO

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility	131,116	2005	\$ 467,500
2				
3	TOTALS	131,116		\$ 467,500



B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																							
93		2005	1970	***	\$		\$		\$																							
9	Wheelchair		2006	15,515		25	621	621	1,552																							
10	Backflow Prevention		2006	14,345		25	573	573	1,433																							
11	Walls		2006	3,580		25	142	142	355																							
12	7 Rooms-Floor Replacement, Painting, Wallpaper, Trim Labor		2007	10,400		20	520	520	780																							
13	7 Rooms-Floor Tile Sinks, Supplies, Paint, Wallpaper		2007	5,100		20	255	255	383																							
14	Fire Sprinkler System Repair		2008	2,580		15	86	86	86																							
15	Dry Pipe Valve Accelerator Replacement		2008	8,336		15	281	281	281																							
16	Sprinkler System Repairs		2008	5,156		15	172	172	172																							
17	Water Line Repairs		2008	6,989		15	232	232	232																							
18																																
19																																
20																																
21																																
22																																
23																																
24																																
25																																
26																																
27																																
28	*** Note:																															
29	Facility was purchased as part of a multi-facility																															
30	sale. For purposes of allocating the purchase																															
31	price, appraisers valued the building and land																															
32	at the value of the bare land only. The allocated																															
33	amount appears on page 31 (Sch XI (A) line 1, column 4).																															
34																																
35																																
36																																

See Page 12A, Line 70 for total

\*\*\*Total beds on this schedule must agree with page 2.  
 \*\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HERITAGE MANOR - ELGIN

HERITAGE MANOR - ELGIN  
355 RAYMOND STREET  
ELGIN, IL 60120

Reference Numbers Facility ID 0009902  
Health Service Area 008 Planning Services Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				PRIVATE PAY				TOTALS			
	Medicare	Medicaid	Other	Public	Medicare	Medicaid	Other	Public	Private	Charity	Private	Charity	Private	Charity	TOTALS	
Nursing Care	7	53	0	0	0	16	0	0	0	0	0	0	0	78		
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
<b>TOTALS</b>	<b>7</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>		

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
27.7%	51.2%	0.0%	0.0%	21.1%	0.0%
1,193,320	2,204,577	0	0	807,207	0

EXPENSE AS % OF TOTAL REVENUE

Category	Expense	Total Revenue	%
Medical	4,305,108	4,305,108	100.0%
Charity Care	0	4,305,108	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HERITAGE MANOR - ELGIN

HERITAGE MANOR - ELGIN  
355 RAYMOND STREET  
ELGIN, IL 60120

Reference Numbers Facility ID 0009902  
Health Service Area 008 Planning Services Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephrisms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Hemous System/Non Alcoholic	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	35
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>78</b>

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	79	69
Skilled Under 22	0	70
Intermediate DD	0	78
Sheltered Care	0	0
<b>TOTALS</b>	<b>79</b>	<b>217</b>

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Peak Beds	Beds in Use	Medicare Certified	Medicaid Certified
Nursing Care	94	88	94	94
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTAL BEDS</b>	<b>94</b>	<b>88</b>	<b>94</b>	<b>94</b>

FACILITY UTILIZATION - 2007

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Private	Charity	Total
Nursing Care	2058	20437	59.8%	6400	29783	96.8%
Skilled Under 22	0	0	0.0%	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0.0%
<b>TOTALS</b>	<b>2058</b>	<b>20437</b>	<b>59.8%</b>	<b>6400</b>	<b>29783</b>	<b>96.8%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate DD		Sheltered		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2
75 to 84	4	20	0	0	0	0	0	0	4	20
85+	7	42	0	0	0	0	0	0	7	42
<b>TOTALS</b>	<b>14</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>64</b>

FACILITY UTILIZATION - 2007









BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Private	Charity	Total
Nursing Care	2058	20437	59.8%	6400	29783	96.8%
Skilled Under 22	0	0	0.0%	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0.0%
<b>TOTALS</b>	<b>2058</b>	<b>20437</b>	<b>59.8%</b>	<b>6400</b>	<b>29783</b>	<b>96.8%</b>

# MAPQUEST

Total Time: 12 minutes    Total Distance: 5.98 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |  |  |        |
|--|--|--------|
|   | 1: Start out going EAST on WESTFIELD DR toward MASON RD. | 0.1 mi |
|   | 2: WESTFIELD DR becomes MASON RD.                        | 0.0 mi |
|   | 3: Turn RIGHT onto N RANDALL RD/CR-34 S.                 | 0.9 mi |
|   | 4: Turn SLIGHT LEFT onto BIG TIMBER RD/CR-21.            | 2.2 mi |
|   | 5: Turn SLIGHT RIGHT onto N STATE ST/IL-31.              | 2.2 mi |
|   | 6: Turn LEFT onto NATIONAL ST.                           | 0.4 mi |
|   | 7: Turn RIGHT onto RAYMOND ST.                           | 0.1 mi |
|  | 8: End at 355 Raymond St Elgin, IL 60120-7875            |        |

**B: 355 Raymond St, Elgin, IL 60120-7875**

Total Time: 12 minutes    Total Distance: 5.98 miles

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1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	94			\$ 720,000	\$		\$	\$	4
5									5
6									6
7									7
8									8
9	Improvement Type**								9
10	1989 Improvements	1989		180,739					10
11	1990 Improvements	1990		658,346					11
12	1991 Improvements	1991		4,320					12
13	1992 Improvements	1992		52,989					13
14	1993 Improvements	1993		6,777					14
15	1994 Improvements	1994		54,564					15
16	1995 Improvements	1995		81,347					16
17	Remodel Resident Day Room/Nurses Station	1996		146,394					17
18	Interior Rehab	1997		23,749					18
19	Electric Water Heater	1997		751					19
20	Booster Heater	1997		3,965					20
21	Water Heater and Storage Tank	1997		1,622					21
22		1998		6,485					22
23	Water Heater	1999		4,750					23
24	Code Alert System	1999		1,570					24
25	Resident Room Renotele-Matrolnt and Labor	1999		2,571					25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	C/O Allocation				96,097		10,044	10,044	34
35	Book Depreciation						96,097		35
36									36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 South Wing Remodel - Labor / Materials	2000	14,334						
38 Door	2000	1,535						
39 Dry Chemical Extinguisher	2000	1,746						
40								
41 Water Heater	2001	4,935						
42 Valve Thermometer	2001	4,520						
43 A/C Unit	2001	3,319						
44 Hallway Carpet and Tile Material and Labor	2001	28,843						
45 Wallpaper	2001	2,390						
46 Nurse Call System	2001	21,612						
47								
48 Hallway and Room Carpet and Tile Material	2002	74,513						
49 Labor	2002	68,734						
50 Professional Fees	2002	16,497						
51 Kitchen Pipe	2002	1,330						
52 Shower Repairs	2002	5,063						
53 A/C Unit	2002	5,664						
54 Bathroom Rehab	2002	750						
55 Condenser	2002	1,600						
56 Hallway and Room Carpet and Tile Material -South wing	2002	5,777						
57								
58 Hallway and Room Carpet and Tile Material -South wing	2003	92,993						
59 Exterior Door	2003	320						
60 Parking Lot Sealer	2003	4,369						
61 Door Security	2003	2,160						
62 Ductwork	2003	6,628						
63 compressor	2003	1,195						
64 Blower Unit	2003	1,784						
65								
66								
67								
68								
69								
70 TOTAL (lines 4 thru 69)		2,324,370	96,097		106,141	10,044	1,218,800	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Elgin  
XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 2,324,370	\$ 96,097		\$ 106,141	\$ 10,044	\$ 1,218,800	1
2 Exhaust fan	2005	1,950						2
3 Exterior Doors	2005	2,218						3
4 Compressor	2005	1,608						4
5 Fire Alarm	2006	1,714						5
6 Parking Lot	2006	2,314						6
7 Remodel Corridor - paint	2006	4,028						7
8 Water Main	2006	3,250						8
9								9
10								10
11 Roof	2007	94,451						11
12 Central Corridor paint, tile	2007	49,685						12
13 Plumbing fixtures	2007	2,400						13
14 Rooftop heat/cool unit	2007	5,505						14
15								15
16 A/C Units	2008	19,600						16
17 4 Ton A/C Unit	2008	2,600						17
18 HVAC Rooftop Unit	2008	11,000						18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 2,526,783	\$ 96,097		\$ 106,141	\$ 10,044	\$ 1,218,800	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ALDEN-POPULAR CREEK REHAB & CARE HOFFMAN ESTATES

ALDEN-POPULAR CREEK REHAB & CARE  
 1545 BARRINGTON ROAD  
 HOFFMAN ESTATES, IL 60194  
 Reference Numbers Facility ID 6001388  
 Health Services Area 007 Planning Services Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	105	0	4	23	0	174
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	43	105	0	4	23	0	174

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	TOTALS
Asian	2	0	0	0	0	2
Amer. Indian	2	0	0	0	0	2
Black	1	0	0	0	0	1
Hispanic	0	0	0	0	0	0
White	169	0	0	0	0	169
Race Unknown	0	0	0	0	0	0
Total	174	0	0	0	0	174

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Other Public	Private Insurance	Private Pay	Charity Care
Medicare	43.1%	30.6%	2.0%	10.3%	0.0%
Other Public	5,030,412	4,509,055	298,820	635,090	1,201,409
TOTALS	11,874,778	11,874,778	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ALDEN-POPULAR CREEK REHAB & CARE HOFFMAN ESTATES

ALDEN-POPULAR CREEK REHAB & CARE  
 1545 BARRINGTON ROAD  
 HOFFMAN ESTATES, IL 60194  
 Reference Numbers Facility ID 6001388  
 Health Services Area 007 Planning Services Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	3
Nervous System Non Alzheimer	24
Alzheimer Disease	17
Arterial Hypertension	16
Developmental Disability	2
Circulatory System	26
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	49
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	174

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	167	167
Skilled Under 22	361	361
ICF/DD	374	374
Skilled Care	174	174
TOTALS	1076	1076

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK	IN USE	CERTIFIED
Licensed Beds	217	196	217
Available Beds	174	174	217
Medicare/Medicaid Certified	0	0	0
TOTALS	217	196	217

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Peak Beds Set Up
Nursing Care	12034	40668	7306	83.8%
Skilled Under 22	0	0	0	0.0%
Intermediate DD	0	0	0	0.0%
Skilled Care	0	0	0	0.0%
TOTALS	12034	40668	7306	83.8%

BY LEVEL OF CARE PROMOTED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Peak Beds Set Up
Nursing Care	12034	40668	7306	83.8%
Skilled Under 22	0	0	0	0.0%
Intermediate DD	0	0	0	0.0%
Skilled Care	0	0	0	0.0%
TOTALS	12034	40668	7306	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	1	1	0	0	2
45 to 59	7	5	0	0	12
60 to 74	2	3	0	0	5
75 to 84	5	14	0	0	19
85+	12	53	0	0	65
TOTALS	37	137	0	0	174











Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
 12/15/2008  
 Page 57 of 2256



# MAPQUEST

Total Time: 16 minutes Total Distance: 11.48 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- 
- |   |   |        |
|---|---|--------|
|    | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.                            | 0.2 mi |
|    | 2: Turn LEFT onto ALFT LN.  | 0.1 mi |
|    | 3: Turn LEFT onto N RANDALL RD/CR-34 N.   | 0.2 mi |
|    | 4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | 7.1 mi |
|    | 5: Take the IL-59 exit.   | 0.4 mi |
|    | 6: Turn RIGHT onto IL-59 S/SUTTON RD/NEW SUTTON RD.                               | 0.2 mi |
|    | 7: Turn LEFT onto SHOE FACTORY RD.  | 2.4 mi |
|    | 8: Turn RIGHT onto W HIGGINS RD/IL-72 E.  | 0.2 mi |
|  | 9: Turn SLIGHT RIGHT onto BARRINGTON RD.  | 0.6 mi |
|  | 10: End at 1545 Barrington Rd Hoffman Estates, IL 60169-1018                      |        |
- 

B: 1545 Barrington Rd, Hoffman Estates, IL 60169-1018

Total Time: 16 minutes Total Distance: 11.48 miles

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Facility Name & ID Number: Alden Poplar Creek Rehab & Health Care Center  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.). List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

1. Total Amount Incurred: \_\_\_\_\_

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost
1 Patient Care		62,115	1978	90,580
2				
3 TOTALS		62,115		90,580

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Beeds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation																							
217	Electrical work/decc/construction/fire alarm	1995	1988	9,202,500	230,062	40	230,062		3,022,827																							
	Sink repair/painting/marble work/class/electrician		1988	34,647		5-10			34,647																							
	Install non-slip/village street sign/heater motor		1989	12,814		5-10			12,814																							
	Replace boiler/replace ac unit/replace condenser		1990	17,416		5-15			17,416																							
	Flooring/clean condenser/roto-rooter/sprinkler/pump		1991	11,622		5-15			11,622																							
	HVAC/electrical work/flooring/fan/counter/cabinet		1992	15,458	199	5-25	199		15,657																							
	HVAC/prior credits applied		1993	72,195	1,181	5-20	1,181		73,376																							
	A/C work/electricity repair/HVAC repairs		1994	(5,559)		10-15			(5,559)																							
	Increase lighting levels on first floor		1995	23,105	1,523	5-15	1,523		24,628																							
	Repair and epoxy all shower bases		1996	8,838	589	15	589		9,427																							
	Clean coils to existing NU-AHL		1996	7,164	478	15	478		7,642																							
	Laundry-enclose dryer area, door etc.		1996	7,763	388	10	388		8,151																							
	Realign PT, OY, activity area		1996	11,933	597	20	597		12,530																							
	Repair restrooms 2 entrance monuments		1996	5,014		10			5,014																							
	Remove & replace roof with new		1996	89,573	4,479	20	4,479		94,052																							
	Add alternate boiler phasing standby/back		1996	41,801	2,787	15	2,787		44,589																							
	Change roof exhausts		1996	13,137	876	15	876		14,013																							
	Repair all painted surfaces in soda shop		1996	1,850		5			1,850																							
	Add pantries w/kitchen equip to 1,2,3rd floor		1996	127,492	6,125	20	6,125		133,617																							
	Steger (sprinkler system)		1996	29,000	1,933	15	1,933		30,933																							
	Tri-star install cooler assec.		1997	1,864		5			1,864																							
	Cummins/omni -install pump		1997	4,959		5			4,959																							
	Network environment -repair pipe		1997	8,000		5			8,000																							
	Network environment -repair pipe		1997	6,800		5			6,800																							
	A&B install cable in all rooms		1997	4,680		10			4,680																							

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete!

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)  
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37							
38	1998	1,778		5			1,778
39	1998	4,680		5			4,680
40	1998	8,400	410	10	420		8,400
41	1998	2,330	155	15	155		1,603
42	1998	1,869	124	10	124		1,869
43	1998	1,748,376	47,254	5-20	47,254		515,241
44	1998	13,080	1,199	10	1,199		13,080
45	1999	9,881	494	20	494		4,734
46	1999	1,528	153	10	153		1,427
47	1999	6,502	650	10	650		5,959
48	1999	1,875	125	15	125		1,146
49	1999	1,531	102	15	102		927
50	1999	1,956		5			1,936
51	1999	12,735	849	15	849		7,712
52	1999	5,425	543	10	543		5,425
53	2000	1,863	124	15	124		1,055
54	2000	525		3			525
55	2000	667		3			667
56	2000	714		3			714
57	2000	824		3			824
58	2000	4,440	222	20	222		1,850
59	2000	5,500	275	20	275		2,189
60	2000	4,000	267	15	267		2,357
61	2000	19,311		5			19,411
62	2000	1,500		5			1,500
63	2000	1,864		3			1,864
64	1998	5,760		5			5,760
65							
66							
67							
68							
69							
70	TOTAL (lines 4 thru 69)	\$ 11,770,262	\$ 304,571		\$ 304,571	\$	\$ 4,218,039

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 11,770,262	\$ 304,571		\$ 304,571		\$ 4,218,029	
Equipment Int.-repair driver	2000	926		3			926	1
GT Mechanical-repair cooler and freezer doors	2000	1,530		5			1,530	2
CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
ABC-misc. construction work	2000	5,949		5			5,949	5
Equipment Int.-repair driver	2000	1,036		5			1,036	6
Equipment Int.-repair driver	2000	1,103		5			1,103	7
Equipment Int.-repair driver	2000	1,103		5			1,103	8
Washdown Equipment (repair washers)	2001	572		3			572	9
CAPPS - Plumbing	2001	5,565	557	10	557		4,315	10
Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
CAPPS - Plumbing (plumbing repairs)	2001	1,365		5			1,365	13
Long Elevator (car stations in two elevators)	2001	4,300	370	15	370		2,330	14
Fire Prox (fire alarm control panel upgrade)	2001	1,650	165	10	165		1,196	15
GT Mechanical (laundry exhaust fan for drivers)	2001	2,398		5			2,398	16
The Floor Source (earnings in dining room)	2001	2,866		3			2,866	17
Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		19,552	19
ABC - Misc. Repairs	2002	3,734	373	10	373		2,332	20
Alden Bennett Construction (earnings)	2002	(6,617)		3			(6,617)	21
Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
Capps Plumbing (install new drain)	2002	2,505	251	10	251		1,652	24
GT Mechanical (condenser pump motor)	2002	7,769	777	10	777		5,050	25
Alden Bennett Construction (alarm annunciator)	2002	3,112		5			3,112	26
GT Mechanical (refrigerated motor)	2002	2,565		5			2,565	27
Alden Bennett Construction (chain link gate)	2002	2,287		5			2,287	28
GT Mechanical (replace motor)	2002	3,808	381	10	381		2,413	29
Capps Mechanical (taco pump)	2002	2,500	250	10	250		1,542	30
Plumbing & Sewer handicapped accessible fountains	2002	3,651	365	10	365		2,721	31
New Horizons Communication (phone & faxes install)	2002							32
								33
<b>TOTAL (lines 1 thru 33)</b>		\$ 11,903,254	\$ 310,980		\$ 310,980		\$ 4,298,235	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
1 Totals from Page 12B, Carried Forward		\$ 11,903,264	\$ 310,980		\$ 310,980	\$	\$ 4,298,235
2 Alden Bennett Construction (Automatic door op.equi)	2003	5,785	578	10	578		3,179
3 Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		3,199
4 Alden Bennett Construction (elevator)	2003	2,595	346	5	346		2,595
5 CSI Coker Service (Refrigerator repairs)	2003	5,283	351	5	351		5,283
6 CSI Coker Service (Kitchen eqpt repairs)	2003	2,833	376	5	376		2,833
7 Patten C.A.F. (AMS Billings)(engine repairs)	2003	1,598	238	5	238		1,598
8 GT Mechanical (plumbing repairs)	2003	2,544	423	5	423		2,544
9 Alden Bennett Construction (Carept)(Elevator cab.)	2003	1,437		3			1,437
10 GT Mechanical (plumbing repairs)	2004	2,810	562	5	562		2,763
11 GT Mechanical (plumbing repairs)	2004	1,267	253	5	253		1,244
12 GT Mechanical (plumbing repairs)	2004	4,055	270	15	270		1,260
13 GT Mechanical (plumbing repairs)	2004	4,469	893	5	893		3,944
14 Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		2,468
15 Oak Fire/Security Systems(fire pump&air re)	2004	2,550	310	5	310		2,125
16 System Electric (electrical work)	2005	1,080	216	5	216		738
17 Capps Plumbing (new weighted suspended floars)	2005	1,426	285	5	285		903
18 A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		563
19 Capps Plumbing (new ball valve/3rd floor kitchen sink)	2005	2,185	437	5	437		1,457
20 Door alarm	2005	2,508	376	5	376		752
21 CSI Coker (Dishwasher repair)	2005	3,467	693	5	693		2,657
22 Equipment International (tumbler weldment)	2005	3,656	366	10	366		1,311
23 GT Mechanical (laundry exhaust fan)	2005	3,769	784	5	784		2,953
24 GT Mechanical (laundry exhaust fan)	2005	3,800	760	5	760		2,977
25 GT Mechanical (replace lower motor)	2005	4,558	912	5	912		1,140
26 ABC (windows)	2005	4,786	951	5	951		3,091
27 GT Mechanical (motor repair to AC)	2005	6,216	622	10	622		2,280
28							
29 Long Elevator (new relays, contacts and PC board)	2006	2,354	571	5	571		856
30 ABC (Flagpole, servitors, shower)	2006	2,838	568	5	568		781
31 ABC (Fasco motor, rebuild kit, cables, fanect)	2006	3,167	633	5	633		739
32 Capps Plumbing (new ferrering and JP valves)	2006	4,388	293	15	293		708
33							
34 TOTAL (lines 1 thru 33)		\$ 12,000,583	\$ 325,050		\$ 325,050	\$	\$ 4,356,613

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12C, Carried Forward		\$ 12,000,553	\$ 325,050		\$ 325,050		\$ 4,356,613	
Related Party-Farum, Prof Center Building	1980	10,666		15			10,666	
Leasehold Improvement-Remodeling	1980	16,708		20			16,708	
Leasehold Improvement-Remodeling	1987	864		13			864	
Leasehold Improvement-Tenant Improvement	1988	13,861		10			13,861	
Leasehold Improvement-AMS Remode.	1994	3,097		16	194		2,711	
Leasehold Improvement-Roof	1996	1,092		16	68		884	
Leasehold Improvement-Build Improv	2000	85		3			85	
Leasehold Improvement-Asphalt	2001	149		10	15		107	
Leasehold Improvement-DAL	2002	58		7	58		436	
Leasehold Improvement-Bathroom	2003	1,583		10	157		950	
Leasehold Improvement-Site Renovation	2004	1,982		7	375		1,546	
Leasehold Improvement-Fumbing, Construct, Concrete, Doors, etc	2007	102		5	20		41	
Leasehold Improvement-Sidewalk-City of Chic	2007	94		5	19		37	
Leasehold Improvement-Carpets Superior Install	2007	815		5	116		232	
Leasehold Improvement-Condensing Unit: Suite 14	1980	69		23			69	
Leasehold Improvement-Add-on Improvement, fixture bas	2001	119		5			119	
Leasehold Improvement-Add-on Improvement, lighting bas	2007	22		5	4		6	
Leasehold Improvement-fire extinguisher	2008	392		5	24		24	
Leasehold Improvement-pav la/glasswork/hvac/carpe								
Reduced Party-AMS:								
Leasehold Improvement-Remodeling	1993	5,740		7			5,740	
Leasehold Improvement-Remodeling	2002	4,699		7	671		3,944	
Leasehold Improvement-Remodeling	2003	4,915		7	702		4,110	
Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	
Adj for ABC related party profit	2008	(801)	(11)		(11)		(11)	
<b>TOTAL (lines 1 thru 33)</b>		\$ 12,076,745	\$ 327,695		\$ 327,695		\$ 4,422,114	

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number: Alden Poplar Creek Rehab & Health Care Center  
 XI. OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 12,076,745	\$ 327,695		\$ 327,695		\$ 4,421,114	
2 Lee's Carpet - office carpet	2007	3,153	315	10	315		578	
3 ABC - Parking Lot repair	2007	5,165	516	10	516		602	
4 ABC - new smoke detectors	2007	7,883	789	10	789		1,512	
5 ABC - new door	2007	2,626	263	10	263		482	
6 ABC - new carpet	2007	17,048	1,705	10	1,705		2,984	
7 ABC - new door operator	2007	1,539	154	10	154		810	
8 ABC - new carpet	2007	42,573	4,257	10	4,257		6,740	
9 ABC - new carpet	2007	23,588	2,359	10	2,359		3,532	
10 ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		3,979	
11 ABC - new piping condenset	2007	27,385	2,738	10	2,738		4,107	
12 ABC - new carpet	2007	10,740	1,074	10	1,074		1,011	
13 ABC - Parking Lot repair	2007	9,393	939	10	939		1,017	
14 ABC - Parking Lot repair	2007	4,959	496	10	496		537	
15 ABC - new elevator rails	2007	6,633	663	10	663		718	
16 ABC - new evac signage	2007	4,201	420	10	420		458	
17 ABC - push button security lock	2008	3,050	305	10	305		203	
18 Oak Fire - 1st Fl Nurse call system & annunciator repairs	2008	3,150	315	10	315		210	
19 ABC - new door hardware	2008	4,267	427	10	427		249	
20 Top/Notch - repair compressor	2008	4,057	406	12	338		197	
21 ABC - replace broken plumbing fixture	2008	3,288	329	10	329		82	
22 American Backflow - 1.25 hot laundry RPZ repair	2008	3,480	348	10	348		145	
23 ABC - boiler 1 & 2 repairs	2008	34,937	3,494	20	437		437	
24 ABC - boiler 1 & 2 repairs	2008	5,833	583	10	583		73	
25 ABC - plumbing electricals HVAC repairs sealants	2008	3,360	336	15	224		104	
26 ABC - new window, sun shades, 2nd & 3rd FL	2008	2,644	264	10	264		220	
27 RE Hinges - 30 pressure relief mattresses	2008	4,335	434	5	506		506	
28 ABC - carpet, 2nd & 3rd FL	2008	19,085	1,909	5	318		318	
29 ABC - carpet, 2nd & 3rd FL	2008	20,254	2,025	5	338		338	
30								
31								
32								
33								
34 TOTAL (lines 1 thru 33)		\$ 12,388,890	\$ 350,471		\$ 350,471		\$ 4,454,860	

\*\*Improvement type must be detailed in order for the cost report to be considered complete



Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12E, Carried Forward		\$ 12,388,890	\$ 350,471	10	\$ 350,471		\$ 4,454,860	
2 ABC - new door hardware - alzheimer unit residents	2008	8,225	69	10	69			
3 ABC - sewage pump	2008	16,242		10				
4 ABC - new HVAC motors	2008	6,058		10				
5								
6								
7 White Way Sign - signage	2008	17,495		10				
8 ABC - new asphhalt	2008	9,944		8				
9								
10								
11								
12								
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14								
15								
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17								
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22								
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27								
28								
29								
30								
31								
32								
33								
34 TOTAL (lines 1 thru 33)		\$ 12,446,854	\$ 350,540		\$ 350,540		\$ 4,454,929	

\*\*Improvement type must be detailed in order for the cost report to be considered complete

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LEXINGTON OF STREAMWOOD

LEXINGTON OF STREAMWOOD  
815 EAST IRVING PARK ROAD  
STREAMWOOD, IL 60107  
Reference Numbers Facility ID 8012975  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	114	0	8	12	167
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>33</b>	<b>114</b>	<b>0</b>	<b>8</b>	<b>12</b>	<b>167</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	184
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIALE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	Intermediate DD	Shelter	TOTALS
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>167</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
37.3%	40.0%	0.0%	1.0%	12.8%	0.0%
3,846,749	5,053,085	0	105,304	1,296,277	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LEXINGTON OF STREAMWOOD

LEXINGTON OF STREAMWOOD  
815 EAST IRVING PARK ROAD  
STREAMWOOD, IL 60107  
Reference Numbers Facility ID 8012975  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	3
Other Medical Conditions	66
Non-Medical Conditions	0
<b>TOTALS</b>	<b>167</b>

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

ADMISSIONS AND DISCHARGES - 2007 (Continued)








LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	166	501	560
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTALS</b>	<b>166</b>	<b>501</b>	<b>560</b>

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
Page 1151 of 2258  
12/15/2008

# MAPQUEST

Total Time: 19 minutes Total Distance: 13.56 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 3.4 mi |
|  | 4: Merge onto US-20 E toward ELGIN/CHICAGO.                          | 8.4 mi |
|  | 5: Turn LEFT onto S BARTLETT RD.                                     | 0.7 mi |
|  | 6: Turn RIGHT onto E IRVING PARK RD/IL-19.                           | 1.1 mi |
|  | 7: End at 815 E Irving Park Rd Streamwood, IL 60107-3073             |        |

B: 815 E Irving Park Rd, Streamwood, IL 60107-3073

Total Time: 19 minutes Total Distance: 13.56 miles

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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

Facility Name & ID Number Lexington of Streamwood  
 X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,942 R. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI OWNERSHIP COSTS:**

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Resident Care	30,000	1991	\$ 211,400
2	Allocated from Management Company		2002	\$ 17,607
3	TOTALS	30,000		\$ 229,007

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Streamwood  
 XI. OWNERSHIP COSTS (continued)

	7	3	4	5	6	7	8	9
	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	1991	1991	\$ 5,248,372	\$		\$ 149,952	\$ 149,952	\$ 2,624,161
5	1993	1993	105,236			3,007	3,007	46,604
6	1995	1995	82,650	2,357		2,361	4	31,879
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35								
36								

R. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
37 Kitchen fire protection upgrade	2004	\$ 1,427	\$ 143	10	\$ 143	\$	\$ 678
38 Landscaping	2005	8,495	425	20	425		1,381
39 Kitchen renovation	2005	12,034	602	20	602		1,805
40 Lobby, lounge and reception renovation	2005	37,439	1,872	20	1,872		5,616
41 Therapy room renovation	2005	11,628	581	20	581		1,938
42 Create first floor therapy room	2005	44,781	2,239	20	2,239		8,956
43 Dialysis units	2005	66,426	3,783	20	3,783		12,125
44 Create transitional unit	2005	14,390	725	20	725		2,174
45 Alzheimer's unit renovation	2005	5,910	296	20	296		1,183
46 Basement renovation	2005	46,861	2,328	20	2,328		7,372
47 Landscaping enhancement	2006	3,414	228	15	228		569
48 HVAC	2006	17,125	856	20	856		1,784
49 Door closer	2006	4,446	222	20	222		611
50 Blinds	2006	1,566	313	5	313		652
51 Employee lunch room rehab	2006	2,883	144	20	144		384
52 Storeroom door lock	2006	2,843	142	20	142		355
53 Dialysis Stations	2006	62,832	3,142	20	3,142		8,116
54 Fine dining	2006	7,650	382	20	382		988
55 Automatic door	2006	2,259	113	20	113		254
56 Landscaping	2007	10,606	530	20	530		574
57 Parking lot	2007	2,777	139	20	139		174
58 HVAC	2007	1,501	75	20	75		131
59 Painting Building	2007	16,150	808	20	808		1,144
60 Landscaping	2008	33,747	187	15	187		187
61 Common areas-metal doors	2008	7,055	265	20	265		265
62 Wanderguard	2008	3,882	194	20	194		194
63 1st floor remodel-Carpentry, flooring, electrical, painting	2008	531,230	26,561	27	19,317	19,317	19,317
64 2nd Floor Remodel-Carpentry, Flooring, Electrical, painting	2008	487,332	24,366	27			24,366
65 Remodel special care units-carpentry, electrical, painting	2008	32,914	1,646	27			1,646
66							
67							
68							
69							
70 TOTAL (lines 4 thru 69)		\$ 7,455,553	\$ 57,764		\$ 230,255	\$ 172,491	\$ 3,073,736

SSE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC  
335 NORTH ILLINOIS AVENUE  
CRYSTAL LAKE, IL 60014  
Reference Numbers Facility ID 6002289  
Health Service Area 008 Planning Service Area 111

ADMISSION RESTRICTIONS  
Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Verbalizer Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0  
Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
Hepatitis 0  
Endocrine/Metabolic 0  
Blood Disorders 0  
Nervous System Non-Alzheimer 12  
Alzheimer Disease 0  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 45  
Respiratory System 12  
Digestive System 5  
Conjunctive System Disorders 7  
Skin Disorders 0  
Musculo-skeletal Disorders 25  
Injuries and Poisonings 0  
Other Medical Conditions 0  
Non-Medical Conditions 0  
TOTALS 108

RESIDENTS BY RACIAL/ETHNICITY GROUPING  
Asian 0  
Amer. Indian 0  
Black 0  
Hispanic 0  
White 108  
Race Unknown 0  
TOTALS 108

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE  
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care  
PAYMENT SOURCE: Medicaid, Medicare, Private Pay, Charity Care  
TOTALS: 108

RESIDENTS BY RACIAL/ETHNICITY GROUPING  
RACE: Asian, Amer. Indian, Black, Hawaiian/Pac. Isl., White, Race Unknown  
EMPLOYMENT CATEGORY: Administrators, Physicians, Director of Nursing, Registered Nurses, LPN's, Certified Aides, Other Health Staff, Non-Health Staff  
FULL-TIME EQUIVALENT: 77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)  
Medicare: 30.7%, 1,927,048  
Medicaid: 40.3%, 2,530,284  
Other Public: 0.0%, 0  
Private Insurance: 4.7%, 295,901  
Private Pay: 24.2%, 1,517,654  
TOTALS: 100.0%, 6,270,887

EXPENSE AS % OF REVENUE  
Charity Care: 0.0%  
TOTALS: 100.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC  
335 NORTH ILLINOIS AVENUE  
CRYSTAL LAKE, IL 60014  
Reference Numbers Facility ID 6002289  
Health Service Area 008 Planning Service Area 111

ADMISSION RESTRICTIONS  
Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Verbalizer Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0  
Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
Hepatitis 0  
Endocrine/Metabolic 0  
Blood Disorders 0  
Nervous System Non-Alzheimer 12  
Alzheimer Disease 0  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 45  
Respiratory System 12  
Digestive System 5  
Conjunctive System Disorders 7  
Skin Disorders 0  
Musculo-skeletal Disorders 25  
Injuries and Poisonings 0  
Other Medical Conditions 0  
Non-Medical Conditions 0  
TOTALS 108

RESIDENTS BY RACIAL/ETHNICITY GROUPING  
Asian 0  
Amer. Indian 0  
Black 0  
Hispanic 0  
White 108  
Race Unknown 0  
TOTALS 108

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE  
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care  
PAYMENT SOURCE: Medicaid, Medicare, Private Pay, Charity Care  
TOTALS: 108

RESIDENTS BY RACIAL/ETHNICITY GROUPING  
RACE: Asian, Amer. Indian, Black, Hawaiian/Pac. Isl., White, Race Unknown  
EMPLOYMENT CATEGORY: Administrators, Physicians, Director of Nursing, Registered Nurses, LPN's, Certified Aides, Other Health Staff, Non-Health Staff  
FULL-TIME EQUIVALENT: 77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)  
Medicare: 30.7%, 1,927,048  
Medicaid: 40.3%, 2,530,284  
Other Public: 0.0%, 0  
Private Insurance: 4.7%, 295,901  
Private Pay: 24.2%, 1,517,654  
TOTALS: 100.0%, 6,270,887

EXPENSE AS % OF REVENUE  
Charity Care: 0.0%  
TOTALS: 100.0%

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007: 102  
Total Admissions 2007: 114  
Total Discharges 2007: 110  
Residents on 12/31/2007: 108

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS  
LICENSED BEDS: 114  
PEAK BEDS: 111  
BEDS IN USE: 111  
MEDICARE CERTIFIED BEDS: 114  
MEDICAID CERTIFIED BEDS: 114

FACILITY UTILIZATION - 2007  
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE  
Nursing Care: 5128 (12.3%), 38348 (92.2%)  
Skilled Under 22: 0 (0.0%)  
Intermediate DD: 0 (0.0%)  
Sheltered Care: 0 (0.0%)  
TOTALS: 5128 (12.3%), 38348 (92.2%)

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007  
AGE GROUPS: Under 18, 18 to 44, 45 to 59, 60 to 64, 65 to 74, 75 to 84, 85+  
TOTALS: 108

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007  
AGE GROUPS: Under 18, 18 to 44, 45 to 59, 60 to 64, 65 to 74, 75 to 84, 85+  
TOTALS: 108










RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007  
AGE GROUPS: Under 18, 18 to 44, 45 to 59, 60 to 64, 65 to 74, 75 to 84, 85+  
TOTALS: 108



# MAPQUEST

Total Time: 20 minutes    Total Distance: 13.47 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

	1: Start out going SOUTH on CAPITAL ST toward ALFT LN.	0.2 mi
	2: Turn LEFT onto ALFT LN.	0.1 mi
	3: Turn LEFT onto N RANDALL RD/CR-34 N. Continue to follow N RANDALL RD.	9.1 mi
	4: N RANDALL RD becomes JAMES R RAKOW RD.	1.2 mi
	5: Turn LEFT onto PYOTT RD/CR-V32. Continue to follow CR-V32.	1.0 mi
	6: CR-V32 becomes S MAIN ST.	1.5 mi
	7: Turn RIGHT onto E TERRA COTTA AVE/IL-176.	0.1 mi
	8: Turn LEFT onto ILLINOIS ST.	0.1 mi
	9: End at 335 Illinois St Crystal Lake, IL 60014-3618	

**B: 335 Illinois St, Crystal Lake, IL 60014-3618**

Total Time: 20 minutes    Total Distance: 13.47 miles

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Facility Name & ID Number: Crystal Pines Rehab. & HCC  
 X: BUILDING AND GENERAL INFORMATION:

A. Square Feet: 13,000 B. General Construction Type: Exterior Brick Frame Brick Number of Stories: 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: 457,476  
 2. Number of Years Over Which it is Being Amortized: Various  
 3. Current Period Amortization: 12,973  
 4. Dates Incurred: Various

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility			\$ 574,636
2				
3	TOTALS			\$ 574,636

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4		1981		\$ 2,319,500	\$ 57,987		\$ 57,987		\$ 488,061
5		1999		1,693,459	42,336		42,336		356,332
6									
7									
8									
9	Improvement Type**			60,785	25,021	Various	25,021		260,792
10	2000 Additions	2000		5,987	331	Various	331		4,904
11	2001 Additions	2001		1,940,366	7,764	Various	7,764		63,219
12	2002 Additions	2002		363,921	18,738	Various	18,738		175,739
13	2003 Additions	2003		2,901	290	Various	290		1,451
14	Water Storage Tank	2004		1,080	54	20	54		238
15	Aluminum entry doors	2004		13,190	660	20	660		2,638
16	Tile Hallway	2005		1,370	137	10	137		491
17	Wallcovering	2005		3,744	749	5	749		2,621
18	Paint 30 Rooms	2005		17,250	3,450	5	3,450		12,175
19	Dig out and install path for life safety egress	2005		2,100	140	15	140		432
20	Wire rated doors with hardware	2006		1,030	103	10	103		292
21	Leahly remodel	2006		17,857	1,786	10	1,786		4,613
22	fire rated door	2006		1,330	67	20	67		150
23	Laminate counter tops	2006		4,524	452	10	452		1,018
24	Fire rated door for cafeteria	2007		805	80	10	80		154
25	Hall Shower	2008		5,850	292	10	292		292
26	Gas Piping	2008		2,782	62	15	62		62
27	Mixing Valve	2008		3,950	99	10	99		99
28	Central Shower Room Remodel	2008		15,588	195	20	195		195
29	Dining Room Remodel	2008		10,505	88	20	88		88
30	pipes	2000		1,675	167	10	167		1,396
31	Installation of flagpole	2002		1,131	57	20	57		382
32	asphalt repairs to parking lot	2002		3,440	430	8	430		3,759
33	parking lot lights	2003		4,926	329	15	329		1,970
34	concrete dumpster pad	2004		2,590	173	15	173		806
35	parking lot	2004		74,412	9,302	8	9,302		38,739
36	sign	2004		3,285	328	10	328		1,341

See Page 12A, Line 70 for total

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Crystal Pines Rehab & HCC

XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
cement sidewalk	2007	4,950	707	7	707		942	37
								38
								39
								40
								41
								42
								43
								44
								45
								46
								47
								48
								49
								50
								51
								52
								53
								54
								55
								56
								57
								58
								59
								60
								61
								62
								63
								64
								65
								66
								67
								68
								69
TOTAL (lines 4 thru 69)		5,385,453	172,374		172,374		1,365,291	70










\*\*Improvement type must be detailed in order for the cost report to be considered complete.



# MAPQUEST

Total Time: 20 minutes Total Distance: 14.41 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |   |        |
|---|---|--------|
|    | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.  | 0.2 mi |
|    | 2: Turn LEFT onto ALFT LN.  | 0.1 mi |
|    | 3: Turn LEFT onto N RANDALL RD/CR-34 N.   | 0.2 mi |
|    | 4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll).               | 7.1 mi |
|    | 5: Take the IL-59 exit.   | 0.4 mi |
|    | 6: Turn LEFT onto IL-59 N/SUTTON RD/NEW SUTTON RD.<br>Continue to follow IL-59 N/NEW SUTTON RD. | 5.0 mi |
|    | 7: Turn SLIGHT RIGHT onto DUNDEE RD/IL-68.  | 1.1 mi |
|    | 8: Turn LEFT onto S BARRINGTON RD.  | 0.2 mi |
|  | 9: End at 1420 S Barrington Rd Barrington, IL 60010-5206  |        |

**B: 1420 S Barrington Rd, Barrington, IL 60010-5206**

Total Time: 20 minutes Total Distance: 14.41 miles

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*(Formerly called FHS CHICAGO at GOVERNORS PARK)*

STATE OF ILLINOIS  
# 0946524 Report Period Beginning: 1/1/08 Ending: 12/31/08

Facility Name & ID Number Alden Estates of Barrington  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	150 Bed Facility		2003	\$ 1,206,945
2				
3	TOTALS			\$ 1,206,945

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Bed#	FOR BHF USE ONLY Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	Building Accidents: GL 1705/Inc.	2003	6,933,811	154,917	39	154,917		880,891
5	Renovation: interior: GL 1705/Inc.	2003	4,351,504	111,577	39	111,577		195,260
6	Adj Value For Depreciation: (1.46)	2003	203,498	5,244	39	5,244		26,655
7	Related Party: Rooming	1978	14,056		25			14,056
8	Improvement Type							
9	ABC-Water Heater: GL 1705/Inc.	2004	3,509	417	10	417		9,572
10	Oak Fire and Security-Fire alarm control panel: GL 1705/Inc.	2004	6,400	427	10	427		1,814
11	Oak Fire and Security-Air handler shutdown: GL 1705/Inc.	2004	5,120	208	10	208		884
12	ABC-37 gallon water heater: GL 1705/Inc.	2004	7,274	727	12	727		3,152
13	Top North: Compressor: Kitchen: GL 1705/Inc.	2004	1,603	160	10	160		655
14	Palma Landscapes(food, soil and clay): GL 1704/Inc.	2004	7,388	2,052	12	2,052		9,440
15	Central Sprinklers Auto-repair sprinkler system: GL 1705/Inc.	2005	15,721	1,372	10	1,372		5,488
16	CSAS-replace dry sprinkler: GL 1705/Inc.	2005	3,495	349	10	349		1,339
17	CSAS-replace dry sprinkler: GL 1705/Inc.	2005	1,843	184	10	184		691
18	GT Mechanical-replace fan: GL 1705/Inc.	2005	1,681	168	10	168		644
19	Top North-dishwasher(pump/line): GL 1705/Inc.	2005	4,490	449	10	449		1,322
20	ABC Repair damaged sewer line: GL 1705/Inc.	2005	11,445	1,144	10	1,144		3,528
21	Projector Screen Installation: GL 1705/Inc.	2006	3,674	734	5	734		1,959
22	Replace floor wheel/air handler: GL 1705/Inc.	2006	4,189	419	10	419		978
23	Replace chiller controller: GL 1705/Inc.	2006	5,258	526	10	526		1,227
24	Install cable thru pipes in hallway to each wallplate: GL 1705/Inc.	2006	14,500	725	20	725		1,873
25	Replace boiler expansion tanks: GL 1705/Inc.	2006	4,607	450	20	450		875
26	New Roof: GL 1703/LLC	2006	138,536	13,854	10	13,854		27,973
27	ABC renovation/extension/landscaping: GL 1703/LLC	2007	321,660	21,444	15	21,444		35,147
28	ABC-New doors/frames: GL 1705/Inc.	2007	11,095	740	15	740		1,156
29	ABC-New corner guards for new wall coverings: GL 1704/Inc.	2007	2,645	265	10	265		485
30	ABC-New plumbing in Parlor Room: Inc.	2007	20,504	1,025	20	1,025		2,734
31	New Fire Sprinkler: GL 1705/Inc.	2007	2,791	279	10	279		535
32	Replace fire sprinklers: GL 1705/Inc.	2007	2,887	289	10	289		554
33	American Backflow: replace/repair backflow/drain/etc.: GL 1705/Inc.	2007	2,955	296	10	296		517
34	ABC-Installed new windows: GL 1705/Inc.	2007	3,847	256	15	256		456
35								
36								

See Page 12A, Line 70 for total

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name & ID Number Alden Estates of Barrington

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	2007	11,096	555	20	555		971	37
38				10				38
39	2007	7,263	726	10	726	(0)	1,531	39
40								40
41								41
42								42
43								43
44								44
45	2007	6,998	272	15	272		739	45
46	2007	5,063	506	10	506		801	46
47	2007	31,25	313	10	313		495	47
48	2007	18,391	1,839	10	1,839		2,759	48
49	2007	7,017	702	10	702		1,053	49
50	2007	24,674	2,467	12	2,467		2,906	50
51	2007	26,605	2,661	10	2,661		3,326	51
52	2007	2,976	595	5	595		744	52
53	2007	9,282	928	10	928		1,005	53
54	2007	4,473	447	10	447		484	54
55								55
56	2007	7,938	529	15	529		573	56
57	2007	1,100	73	15	73		73	57
58	2007	24,500	1,633	15	1,633		2,586	58
59								59
60								60
61	2008	2,557	107	20	107		107	61
62	2008	3,780	347	10	347		347	62
63	2008	6,128	1,021	5	1,021		1,021	63
64	2008	4,475	199	15	199		199	64
65	2008	8,330	139	25	139		139	65
66	2008	6,085		25				66
67	2008	3,062		10				67
68								68
69	2008	9,600	533	15	533		533	69
70		12,342,445	338,402		338,402	(0)	1,253,652	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Estates of Barrington  
 XI OWNERSHIP COSTS (continued)

B. Building Depreciations-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12C, Carried Forward		\$ 12,342,445	\$ 338,402		\$ 338,402	(0)	1,253,652	
Related Party-Forum Prof Center Buildings								
Leasehold Improvement-Remodeling	1980	10,666		15			10,666	
Leasehold Improvement-Remodeling	1980	16,708		20			16,708	
Leasehold Improvement-Tenant Improvement	1987	864		13			864	
Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	
Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	
Leasehold Improvement-Build Improv.	1996	1,092	68	16	68		884	
Leasehold Improvement-Appraising	2000	85		3			85	
Leasehold Improvement-DAT	2001	149	15	10	15		107	
Leasehold Improvement-Bathrooms	2002	648	58	7	58		436	
Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	
Leasehold Improvement-Flooring, Construct, Concrete, Doors, etc	2004	1,987	375	7	375		1,546	
Leasehold Improvement-Sidewalks-City of Chic.	2007	102	20	5	20		41	
Leasehold Improvement-Carpets Superior Install	2007	94	19	5	19		37	
Leasehold Improvement-Condensing Unit, Suite 140	2007	813	116	5	116		232	
Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	
Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	
Leasehold Improvement-Add-on Improvement, fire extinguishers	2007	22	4	5	4		6	
Leasehold Improvement-paving/glasswork/hvac/carpet	2008	392	23	5	23		23	
Related Party-AMS:								
Leasehold Improvement-Remodeling	1993	5,740		7			5,740	
Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,914	
Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	
Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	
Adl for ABC related party profit	2008	(126)	(11)		(11)		(11)	
<b>TOTAL (lines 1 thru 33)</b>		\$ 12,419,312	\$ 341,046		\$ 341,046	(0)	1,319,152	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 PROVENA PINE VIEW CARE CENTER ST. CHARLES

PROVENA PINE VIEW CARE CENTER  
 811 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6007439  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	46	0	0	27	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>17</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>90</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	Intermediate DD	Sheltered	TOTALS
Asian	1	0	0	0	1
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	89	0	0	0	89
Other Unknown	0	0	0	0	0
<b>Total</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
1,870,366	2,000,260	0	141,739	2,023,501	0
20.3%	20.7%	0.0%	2.1%	38.9%	0.0%
<b>TOTALS</b>	<b>100.0%</b>	<b>6,742,695</b>	<b>0</b>	<b>0</b>	<b>0</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.70
LPNs	4.75
Certified Aides	29.30
Other Health Staff	0.00
Non-Health Staff	37.00
<b>TOTALS</b>	<b>86.75</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 PROVENA PINE VIEW CARE CENTER ST. CHARLES

PROVENA PINE VIEW CARE CENTER  
 811 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6007439  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Neoplasm	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
*Nervous System Non Alzheimer	0	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	0	1	2	3	4	5	6	7	8	9	TOTALS
Aggressive/Ant-Social	0	0	0	0	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0	0	0	0	0
Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0
Drug Addiction	0	0	0	0	0	0	0	0	0	0	0
Medicaid Recipient	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Non-Ambulatory	0	0	0	0	0	0	0	0	0	0	0
Non-Mobile	0	0	0	0	0	0	0	0	0	0	0
Public Aid Recipient	0	0	0	0	0	0	0	0	0	0	0
Under 65 Years Old	0	0	0	0	0	0	0	0	0	0	0
Unable to Self-Medicate	0	0	0	0	0	0	0	0	0	0	0
Ventilator Dependent	0	0	0	0	0	0	0	0	0	0	0
Infectious Diseases w/ Isolation	0	0	0	0	0	0	0	0	0	0	0
Other Restrictions	0	0	0	0	0	0	0	0	0	0	0
No Restrictions	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up
Nursing Care	120	120	120	360	105
Skilled Under 22	0	0	0	0	285
Intermediate DD	0	0	0	0	270
Sheltered Care	0	0	0	0	90
<b>TOTAL BEDS</b>	<b>120</b>	<b>120</b>	<b>120</b>	<b>360</b>	

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Peak Beds Set Up
Nursing Care	6688	15.3%	11945	85.9%	85.9%
Skilled Under 22	0	0.0%	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0.0%
Sheltered Care	0	0.0%	0	0.0%	0.0%
<b>TOTALS</b>	<b>6688</b>	<b>15.3%</b>	<b>11945</b>	<b>85.9%</b>	<b>85.9%</b>

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up
Nursing Care	6688	15.3%	11945	85.9%	85.9%
Skilled Under 22	0	0.0%	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0.0%
Sheltered Care	0	0.0%	0	0.0%	0.0%
<b>TOTALS</b>	<b>6688</b>	<b>15.3%</b>	<b>11945</b>	<b>85.9%</b>	<b>85.9%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	TOTAL
Under 18	1	0	0	0	1
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	1	0	0	0	1
65 to 74	1	0	0	0	1
75 to 84	8	0	0	0	8
85+	10	0	0	0	10
<b>TOTALS</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>










RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	0	0	1
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	0	0	1
65 to 74	1	0	0	0	0	0	0	0	0	0	1
75 to 84	8	0	0	0	0	0	0	0	0	0	8
85+	10	0	0	0	0	0	0	0	0	0	10
<b>TOTALS</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>

# MAPQUEST

Total Time: 21 minutes    Total Distance: 13.85 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

	1: Start out going EAST on WESTFIELD DR toward MASON RD.	0.1 mi
	2: WESTFIELD DR becomes MASON RD.	0.0 mi
	3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S.	7.7 mi
	4: Turn LEFT onto SILVER GLEN RD/CR-5.	0.9 mi
	5: Turn RIGHT onto IL-31.	4.0 mi
	6: Turn LEFT onto W MAIN ST/IL-64.	0.4 mi
	7: Turn LEFT onto N 5TH AVE/IL-25.	0.7 mi
	8: Turn RIGHT onto ALLEN LN.	0.1 mi
	9: End at 611 Allen Ln St Charles, IL 60174-1355	

**B: 611 Allen Ln, St Charles, IL 60174-1355**

Total Time: 21 minutes    Total Distance: 13.85 miles

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*SOFT NOT PROVIDED FOR YRS 2000-2008*

Facility Name & ID Number Provena Pine View Care Center  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: \_\_\_\_\_ B. General Construction Type: \_\_\_\_\_ Exterior Brick \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories: \_\_\_\_\_ 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-R. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				\$
2				\$
3	TOTALS			\$

(formerly PINE VIEW CARE CENTER)

Facility Name & ID Number: Provena Pine View Care Center  
 STATE OF ILLINOIS # 0043430 Report Period Beginning: 01/01/08 Ending: 12/31/08  
 Page 12

XI. OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Reds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	120								
5									
6									
7									
8									
9	Various		1999	6,570	611	20	611		4,478
10	Various		2000	36,234	1,812	20	1,812		15,399
11	Various		2001	11,485	952	9	952		10,333
12	Various		2002	144,300	9,774	7	9,774		57,720
13	Various		2003	222,442	21,414	9	21,414		123,765
14	Various		2004	9,710	1,600	8	1,600		7,200
15									
16	SEALCOAT PARKING LOTS AN		2005	17,985	1,799	10	1,799		6,295
17	NEW FIRE DAMPER MOTORS		2005	4,688	469	10	469		1,874
18	ROYER W/VIRGINIA FILE T		2005	2,590	120	20	120		478
19	PNEUMATIC OPERATOR PUSH		2005	1,496	150	10	150		524
20									
21	35 REPLACEMENT WINDOWS		2006	29,750	2,975	10	2,975		7,438
22	FIRESTOP BASEMENT WALLS		2006	7,532	753	10	753		1,883
23	10 NEW CONCRETE STEPS W/		2006	4,850	323	15	323		808
24	3 DOORS, HINGES AND LEVE		2006	2,780	185	15	185		463
25	BACK DOOR REPLACEMENT		2006	2,262	113	20	113		283
26									
27	LOADING RAMP IMPROVEMENT		2007	21,500	2,688	8	2,688		4,031
28	FLOOD PREVENTION WORKEX		2007	9,276	928	10	928		1,391
29	WATER SOFTENER EQUIPMENT		2007	8,675	868	10	868		1,301
30	GAZEBO I/ BOXCAR		2007	6,815	454	15	454		682
31	PIPED AND RAVINE 14 OUTI		2007	3,630	263	10	263		545
32	REPAIR KODR WASHING, HV		2007	3,459	346	10	346		519
33	VINYL FLOORING IN FAMILY		2007	1,500	150	10	150		225
34	CARPET AND VINYL BASE FOR 5 RESIDENTS		2007	5,750	1,150	5	1,150		1,150
35									
36									

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Provena Pine View Care Center

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
37							
38	2008	13,934	697	10	1,293	697	697
39	2008	8,338	208	20	417	208	208
40	2008	2,695	168	8	337	168	168
41	2008	8,387	418	10	836	418	418
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70		\$ 597,901	\$ 51,487		\$ 52,979	\$ 1,491	\$ 249,275

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FOUNTAINS AT CRYSTAL LAKE CRYSTAL LAKE

FOUNTAINS AT CRYSTAL LAKE  
1000 EAST BRIGHTON LAKE  
CRYSTAL LAKE, IL 60012  
Reference Numbers Facility ID 6011903  
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	0	2	35	0	62
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	25	0	2	35	0	62

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
35.3%	0.0%	1.1%	63.6%	0.0%
2,482,554	0	77,219	4,482,331	0
TOTALS	TOTALS	TOTALS	TOTALS	TOTALS
100.0%	100.0%	100.0%	100.0%	100.0%
7,042,204	7,042,204	7,042,204	7,042,204	7,042,204

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FOUNTAINS AT CRYSTAL LAKE CRYSTAL LAKE

FOUNTAINS AT CRYSTAL LAKE  
1000 EAST BRIGHTON LAKE  
CRYSTAL LAKE, IL 60012  
Reference Numbers Facility ID 6011903  
Health Service Area 008 Planning Service Area 111

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	2
Mental Illness	1
Non-Ambulatory	0
Non-Middle	0
Public Aid Recipient	5
Under 65 Years Old	4
Unable to Self-Medicare	13
Verbalizer Dependent	3
Infectious Disease w/ Isolation	12
Other Restrictions	0
No Restrictions	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Pat. days	Medicaid	Other	Medicare	Medicaid	CERTIFIED
Nursing Care	97	97	62	35	97	85
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTAL BEDS	97	97	62	35	97	85

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Pat. days	Medicaid	Other	Medicare	Medicaid	CERTIFIED
Nursing Care	10788	30.4%	14407	25175	71.1%	71.1%
Skilled Under 22	0	0.0%	0	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0	0.0%	0.0%
Skilled Care	0	0.0%	0	0	0.0%	0.0%
TOTALS	10788	30.4%	14407	25175	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	9	8	0	0	0	0	17
85+	5	26	0	0	0	0	31
TOTALS	20	42	0	0	0	0	62

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Pat. days	Medicaid	Other	Medicare	Medicaid	CERTIFIED
Nursing Care	10788	30.4%	14407	25175	71.1%	71.1%
Skilled Under 22	0	0.0%	0	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0	0.0%	0.0%
Skilled Care	0	0.0%	0	0	0.0%	0.0%
TOTALS	10788	30.4%	14407	25175	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007








AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	9	8	0	0	0	0	17
85+	5	26	0	0	0	0	31
TOTALS	20	42	0	0	0	0	62



# MAPQUEST

Total Time: 22 minutes Total Distance: 16.20 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |  |        |
|---|--|--------|
|  | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.                   | 0.2 mi |
|  | 2: Turn LEFT onto ALFT LN.   | 0.1 mi |
|  | 3: Turn LEFT onto N RANDALL RD/CR-34 N. Continue to follow N RANDALL RD. | 9.1 mi |
|  | 4: N RANDALL RD becomes JAMES R RAKOW RD.                                | 2.7 mi |
|  | 5: Turn LEFT onto IL-31 N.   | 3.9 mi |
|  | 6: Turn RIGHT onto E BRIGHTON LN.  | 0.1 mi |
|  | 7: End at 1000 E Brighton Ln Crystal Lake, IL 60012-2074                 |        |

B: 1000 E Brighton Ln, Crystal Lake, IL 60012-2074

Total Time: 22 minutes Total Distance: 16.20 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CTR ST. CHARLES ST. CHARLES

ROSEWOOD CARE CTR ST. CHARLES  
 850 DUNHAM ROAD  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6014688  
 Health Service Area 008 Planning Services Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	16	0	0	48	78
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>14</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>48</b>	<b>78</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Sheltered	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	78	0	0	0	78
Other Unknown	0	0	0	0	0
<b>Total</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
42.2%	11.0%	0.0%	2.7%	44.0%	0.0%	100.0%
2,897,513	989,107	0	184,869	2,677,490	0	6,568,979

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CTR ST. CHARLES ST. CHARLES

ROSEWOOD CARE CTR ST. CHARLES  
 850 DUNHAM ROAD  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6014688  
 Health Service Area 008 Planning Services Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	50
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>78</b>

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggressive/Ant-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Mental Illness	1
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<b>TOTALS</b>	<b>4</b>

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Licensed Beds	Beds in Use	Medicare Certified	Medicaid Certified
Nursing Care	109	109	83	33
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTAL BEDS</b>	<b>109</b>	<b>109</b>	<b>83</b>	<b>33</b>

PEAK

LEVEL OF CARE	Peak Beds
Nursing Care	109
Skilled Under 22	0
Intermediate DD	0
Sheltered Care	0
<b>TOTAL PEAK</b>	<b>109</b>

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	83	83
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0
<b>TOTALS</b>	<b>83</b>	<b>83</b>

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total
Nursing Care	6200	6918	14389	27597
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>6200</b>	<b>6918</b>	<b>14389</b>	<b>27597</b>

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Total
Nursing Care	6200	6918	14389	27597
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>6200</b>	<b>6918</b>	<b>14389</b>	<b>27597</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	1	1	0	0	1	1	2
75 to 84	2	3	0	0	2	3	5
85+	5	18	0	0	5	18	23
<b>TOTALS</b>	<b>12</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>64</b>	<b>78</b>












RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	1	1	0	0	1	1	2
75 to 84	2	3	0	0	2	3	5
85+	5	18	0	0	5	18	23
<b>TOTALS</b>	<b>12</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>64</b>	<b>78</b>

# MAPQUEST

Total Time: 22 minutes    Total Distance: 14.33 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|    | 1: Start out going EAST on WESTFIELD DR toward MASON RD.                 | 0.1 mi |
|    | 2: WESTFIELD DR becomes MASON RD.  | 0.0 mi |
|    | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S.     | 3.4 mi |
|    | 4: Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY toward ELGIN/CHICAGO. | 3.8 mi |
|    | 5: Take the ramp toward IL-25.   | 0.1 mi |
|    | 6: Stay STRAIGHT to go onto GRACE ST.                                    | 0.0 mi |
|    | 7: Turn LEFT onto BLUFF CITY BLVD.                                       | 0.1 mi |
|    | 8: Turn RIGHT onto ST CHARLES ST/IL-25. Continue to follow IL-25.        | 2.8 mi |
|  | 9: IL-25 becomes DUNHAM RD/CR-19.  | 2.7 mi |
|  | 10: Turn RIGHT to stay on CR-19/DUNHAM RD.                               | 1.5 mi |
|  | 11: End at 850 Dunham Rd St Charles, IL 60174-1494                       |        |

**B: 850 Dunham Rd, St Charles, IL 60174-1494**

Total Time: 22 minutes    Total Distance: 14.33 miles

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Facility Name & ID Number: Rosewood Care Ctr St Charles  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 40,252 B. General Construction Type: Brick/Veneer Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable)  
None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ YES  NO

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Schedule NA			\$
2				\$
3	TOTALS			\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Roserood Care Ctr St Charles

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
Beds*	FOR BIF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									
5									
6									
7									
8									
9	Improvement Type**								
10	Building Improvements by Lessor 12/1/07 - 6/30/08		2008	118,482					
11	Cooling Tower								
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER  
471 W. TERRA COTTA AVENUE  
CRYSTAL LAKE, IL 60014  
Reference Numbers Facility ID 6002676  
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				OTHER				PRIVATE PAY				CHAIRTY CARE			
	Nursing Care	Skilled Under 22	Intermediate DO	Shelter	Nursing Care	Skilled Under 22	Intermediate DO	Shelter	Nursing Care	Skilled Under 22	Intermediate DO	Shelter	Private Pay	Skilled Under 22	Intermediate DO	Shelter	Private Pay	Skilled Under 22	Intermediate DO	Shelter
TOTALS	4	7	0	0	7	0	0	0	0	0	0	0	23	1	0	0	1	35	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	Intermediate DO	Shelter	Totals
African American	0	0	0	0	0
Asian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
White	0	0	0	0	0
Other	0	0	0	0	0
TOTAL	35	0	0	0	35

RESIDENTS BY RACIAL/ETHNICITY GROUPING (Pivotal Year Data)

ETHNICITY	Nursing	Skilled Under 22	Intermediate DO	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
White	0	0	0	0	0
Other	0	0	0	0	0
TOTAL	35	0	0	0	35

NET REVENUE BY PAYOR SOURCE (Pivotal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
33.0%	9.0%	0.0%	0.9%	57.2%	1.5%	
1,008,525	274,382	0	27,183	1,749,330	47,059	3,059,021

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER  
471 W. TERRA COTTA AVENUE  
CRYSTAL LAKE, IL 60014  
Reference Numbers Facility ID 6002676  
Health Service Area 008 Planning Service Area 111

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Alcoholism	1
Chronic Alcoholism	0
Drug Abuse	0
Drug Abuse/Alcoholism	0
Medicaid Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Abuse	1
Verbal Abuse w/ Isolation	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
TOTALS	35

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions on 1/1/2007	Total Admissions 2007	Discharges on 12/31/2007
Nursing Care	44	64	93
Skilled Under 22	0	0	0
Intermediate DO	0	0	0
Sheltered Care	0	0	0
TOTALS	44	64	93

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Licensed Beds	Beds in Use	Medicare Certified	Medicaid Certified
Nursing Care	46	46	35	11
Skilled Under 22	0	0	0	0
Intermediate DO	0	0	0	0
Sheltered Care	0	0	0	0
TOTALS	46	46	35	11

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	2521	2889	10180	15490	81.7%
Skilled Under 22	0	0	0	0	0.0%
Intermediate DO	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	2521	2889	10180	15490	81.7%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	2521	2889	10180	15490	81.7%
Skilled Under 22	0	0	0	0	0.0%
Intermediate DO	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	2521	2889	10180	15490	81.7%








RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DO		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0
75 to 84	1	11	0	0	0	0	0	0	1	11
85+	4	15	0	0	0	0	0	0	4	15
TOTALS	5	30	0	0	0	0	0	0	5	30

# MAPQUEST

Total Time: 22 minutes    Total Distance: 12.92 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

	1: Start out going SOUTH on CAPITAL ST toward ALFT LN.	0.2 mi
	2: Turn LEFT onto ALFT LN.	0.1 mi
	3: Turn LEFT onto N RANDALL RD/CR-34 N. Continue to follow N RANDALL RD.	9.1 mi
	4: Turn LEFT onto MCHENRY AVE.	1.8 mi
	5: Turn LEFT onto W VIRGINIA ST/US-14.	1.3 mi
	6: Turn RIGHT onto W TERRA COTTA AVE/IL-176.	0.3 mi
	7: End at 471 W Terra Cotta Ave Crystal Lake, IL 60014-3434	

B: 471 W Terra Cotta Ave, Crystal Lake, IL 60014-3434

Total Time: 22 minutes    Total Distance: 12.92 miles

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Facility Name & ID Number FAIR-OAKS HEALTH CARE CENTER  
X-BUILDING AND GENERAL INFORMATION:

A. Square Feet: 27,629 B. General Construction Type: \_\_\_\_\_ Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.). List entity name, type of business, square footage, and number of beds/units available (where applicable)

J. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_ YES  NO   
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI OWNERSHIP COSTS:

A. Land.

	1	2	3	4
Use	Square Feet	Year Acquired	Cost	
1 SNF		1999	\$ 200,000	1
2				2
3 TOTALS			\$ 200,000	3

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number FAIR OAKS HEALTH CARE CENTER

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9
Bed#	FOR BHP USE ONLY Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	1999		\$ 1,238,800	\$ 34,072		\$ 34,072		\$ 319,104
5	2001		3,671	481		481		3,671
6								
7								
8								
9	Improvement Type**							
10	WOODEN FLOORS, CARPETING, LIGHT FIXTURES	2001	39,077	2,546		2,546		34,232
11	FLOORING, PLUMBING, COUNTERTOPS	2003	16,324	1,780		1,780		14,397
12	FIRE ALARM SYSTEM, CARPET, FURNISHINGS	2005	22,694	2,822		2,822		10,239
13	SPRINKLER SYSTEM	2006	72,000	2,880		2,880		8,640
14	UTILITY HOLE, FLOORING, CEILING TILE, ELECTRICAL WORK	2008	26,941	482		482		482
15	LAND IMPROVEMENTS							
16	REMOVE, REPLACE CONCRETE	2000	11,660	686		686		3,376
17	PARKING LOT	2003	15,000	750		750		4,375
18	LAND SCAPING (OAK TREES)	2006	3,450	230		230		337
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								

\*\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Covariant Health Care Center BATAVIA

Covariant Health Care Center  
 831 Batavia Avenue  
 BATAVIA, IL 60510  
 Facility ID 6002208  
 Reference Numbers Health Services Area 068 Planning Services Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Public	Other	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	7	35	0	0	0	55	0	97
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>97</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>97</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Category	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
Medicare	11.9%	15.2%	0.0%	72.7%	0.1%	0.1%
Total	829,382	1,050,769	0	14,008	5,032,559	8,949,684

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPNs	2.70
Certified Aides	41.50
Other Health Staff	2.70
Non-Health Staff	37.50
<b>Totals</b>	<b>103.40</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Covariant Health Care Center BATAVIA

Covariant Health Care Center  
 831 Batavia Avenue  
 BATAVIA, IL 60510  
 Facility ID 6002208  
 Reference Numbers Health Services Area 068 Planning Services Area 089

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	Count
Nephrasms	2
Endocrine/Metabolic	1
Blood Disorders	5
Nervous System, Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	11
Digestive System	3
Genitourinary System	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	17
Other Medical Conditions	15
Non-Medical Conditions	0
<b>TOTALS</b>	<b>97</b>

**ADMISSIONS AND DISCHARGES - 2007**

Category	Count
Readmits on 1/1/2007	96
Total Admissions 2007	99
Total Discharges 2007	97
Residents on 12/31/2007	97

**LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS**

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK
	LICENSED BEDS	BEDS SET-UP	BEDS IN USE	BEDS AVAILABLE
Nursing Care	99	99	97	99
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	48	0	0	48
<b>TOTAL BEDS</b>	<b>148</b>	<b>99</b>	<b>97</b>	<b>99</b>

**FACILITY UTILIZATION - 2007**

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2315	13050	19025	35390	97.7%	97.7%
Skilled Under 22	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>2315</b>	<b>13050</b>	<b>19025</b>	<b>35390</b>	<b>85.3%</b>	<b>97.7%</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0
75 to 84	4	14	0	0	0	0	0	0	4	14
85+	12	86	0	0	0	0	0	0	12	86
<b>TOTALS</b>	<b>16</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>81</b>

**FACILITY OWNERSHIP**

Category	Count
Registered Agent Information	1
Genet D. Erickson	0
1625 Sherman Rd.	1
<b>TOTALS</b>	<b>2</b>

**ADMISSIONS AND DISCHARGES - 2007**







Category	Count
Readmits on 1/1/2007	96
Total Admissions 2007	99
Total Discharges 2007	97
Residents on 12/31/2007	97

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
 Page 476 of 2258  
 12/15/2008

# MAPQUEST

Total Time: 23 minutes    Total Distance: 16.55 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |         |
|---|--|---------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi  |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi  |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 15.0 mi |
|  | 4: Turn LEFT onto W FABYAN PKWY/CR-8 E.                              | 1.4 mi  |
|  | 5: Turn RIGHT onto N BATAVIA AVE/IL-31.                              | 0.1 mi  |
|  | 6: End at 831 N Batavia Ave Batavia, IL 60510-2198                   |         |

**B: 831 N Batavia Ave, Batavia, IL 60510-2198**

Total Time: 23 minutes    Total Distance: 16.55 miles

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Facility Name & ID Number: Covenant Health Care Center-Batavia  
 X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,384 B. General Construction Type: Exterior Masonry Brick Frame          Number of Stories           
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See Instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See Instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
 Ekstam-Assisted Living 62 Units  
 The Holman-Residential Living 275 Units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:  
 1. Total Amount Incurred:          YES  NO   
 2. Number of Years Over Which it is Being Amortized:           
 3. Current Period Amortization:          4. Dates Incurred:         

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility		1980	\$ 85,758
2				\$
3	TOTALS			\$ 85,758

SEE ACCOUNTANTS' COMPILATION REPORT

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Reds*	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	1980	1980	\$	\$	40	\$	\$	\$
99			2,546,788			63,670	63,670	1,846,421
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								

See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

\* Total beds on this schedule must agree with page 2.  
 \*\* Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)  
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 3,034,222	\$ 608,963		\$ 85,142	\$ (523,821)	\$ 2,191,973	
1 Site Work	2005	511,923		20	25,596	17,621	70,382	2
2 Foundation / Slab On Grade	2005	352,412		20	17,621	237,445	949,781	3
3 Building Cost	2005	4,748,904		20	237,445	58,517	234,069	4
4 Job Services	2005	1,170,344		20	58,517	16,054	64,216	5
5 Construction Fee	2005	321,082		20	16,054	3,117	12,370	6
6 Fee And Permits	2005	62,348		20	3,117	753	3,012	7
7 Legal Fees	2005	15,062		20	753	35,964	143,855	8
8 Architect And Engineering Fees	2005	719,275		20	35,964	40,658	162,633	9
9 Property Development	2005	813,163		20	40,658	222	887	10
10 Opening In North Wall	2005	4,436		20	222	828	3,312	11
11 Expansion 2nd Floor Dining Room	2005	16,560		20	828	867	1,735	12
12 New Sidewalks	2007	17,348		20	867	642	1,283	13
13 New Storage Shed	2007	12,337		20	642	3	3	14
14 Angle Ball Valves	2007	61		20	3	141	141	15
15 Backflow Preventors For Blides.	2007	2,817		20	141	33	33	16
16 Bathroom Refurb	2007	666		20	33	16	16	17
17 Building Repairs	2007	315		20	16	688	688	18
18 Cabinets	2007	13,752		20	688	5,313	5,313	19
19 Carpet & Wallpaper For 1st Flo	2007	106,252		20	5,313	487	487	20
20 Conduit For Pen Cabinets In Co	2007	9,737		20	487	1,975	1,975	21
21 Construction Labor	2007	39,492		20	1,975	179	179	22
22 Construction Labor & Materials	2007	3,571		20	179	274	274	23
23 Counter Tops	2007	5,480		20	274	80	80	24
24 Crash Bar And Key Pad Installa	2007	1,593		20	80	28	28	25
25 Custom Countertop	2007	561		20	28	2	2	26
26 Floor Frames	2007	46		20	2	33	33	27
27 Draperies Replaced From Water	2007	660		20	33	4	4	28
28 Drapery Fabric	2007	83		20	4	2	2	29
29 Drapery Installation.	2007	343		20	2	17	17	30
30 Drywall Supplies	2007	15		20	17	1	1	31
31 Electrical Boxes	2007	15		20	1	0	0	32
32 Electrical Supplies	2007	3		20	0	0	0	33
33 TOTAL (lines 1 thru 33)		\$ 11,985,405	\$ 608,963		\$ 532,701	\$ (76,262)	\$ 3,951,367	34

SSE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
1 Totals from Page 12B, Carried Forward		\$ 11,985,405	\$ 608,963		\$ 537,701	\$ (76,262)	\$ 3,951,367
2 Engineering Study For Emergenc	2007	1,510		20	76		76
3 Fiber And Phone Line Connectio	2007	4,137		20	207		207
4 Fiber Lines	2007	676		20	34		34
5 Floor Covering	2007	19,728		20	986		986
6 Grab Bar System	2007	132		7			7
7 Handrail Brackets	2007	16		20	1		1
8 Home Depot Purchase Of Duct	2007	11		20	1		1
9 Hot Water Heater Installation	2007	11,044		20	552		552
10 Hvac Unit For Auditorium	2007	8,057		20	403		403
11 Install Carpet	2007	3,371		20	169		169
12 Install Coral Phone System	2007	24,228		20	1,211		1,211
13 Install Fencing Around Mhc Dum	2007	2,038		20	102		102
14 Install Pon Cabinets, Vaults,	2007	2,185		20	109		109
15 Install Trim Strip	2007	18		20	1		1
16 Insulation	2007	2		20	0		0
17 Kitchen Countertops	2007	89		20	4		4
18 Kitchen, Dining Area, Bath	2007	316		20	16		16
19 Light Fixtures	2007	579		20	29		29
20 Lighting Supplies	2007	1,773		20	89		89
21 Lights And Faucets	2007	121		20	6		6
22 Liquid Rubber On Roof Of Bldg	2007	4,251		20	213		213
23 Lumber And Plumbing Supplies	2007	165		20	8		8
24 Maintenance Dept. Time	2007	48,170		20	2,408		2,408
25 Merrillat Medium Oak	2007	157		20	8		8
26 Misc Paddng	2007	340		20	17		17
27 Patch Work For Main Break	2007	425		20	21		21
28 Patio Door	2007	6,099		20	305		305
29 Perennial Plantings	2007	5,693		20	285		285
30 Plumbing Fixtures	2007	5,539		20	277		277
31 Primed Base Shoe	2007	20		20	1		1
32 Refurb Materials/Supplies	2007	9,850		20	492		492
33 Refurb Temp Shades	2007	81		20	4		4
34 TOTAL (lines 1 thru 33)		\$ 12,146,234	\$ 608,963		\$ 540,742	\$ (68,221)	\$ 3,959,409

\*\* Improvement type must be detailed in order for the cost report to be considered complete.  
SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number  
XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12C, Carried Forward		\$ 12,146,234	\$ 608,963		\$ 540,742	\$ (68,221)	\$ 3,959,409	
Remove Shrubs	2007	821		20	41		41	
Repair Ceiling Front Office	2007	1,006		20	50		50	
Repair Damage To Willow Dining	2007	1,218		20	61		61	
Repair Water Valve	2007	1,130		20	56		56	
Repairs To Sprinkler System In	2007	1,140		20	57		57	
Replace Dining Room Ac	2007	7,340		20	367		367	
Replace Shower Cabinet, ISL FI	2007	1,845		20	92		92	
Restoration From Sprinkler Bre	2007	27,603		20	1,380		1,380	
Roller Shades	2007	77		20	4		4	
Roof Replars-Pm	2007	1,402		20	70		70	
Sd Purchase Sheers/Install	2007	409		20	20		20	
Sealcoating And Striping Park	2007	43,051		20	2,153		2,153	
Shelves	2007	6,331		20	317		317	
Sidesplashes	2007	413		20	21		21	
Tile And Plumbing Supplies	2007	13		20	1		1	
Vanity Tops	2007	929		20	46		46	
Water Valves	2007	22		20	1		1	
Zonelines	2007	867		20	43		43	
Concrete Patch Supplies	2008	2,988		20	149		149	
Mennards Drywall/Siding/Glass	2008	846		20	42		42	
Refurb Labor	2008	2,520		20	116		116	
Security Camera Equipment	2008	1,288		20	64		64	
TOTAL (lines 1 thru 33)		\$ 12,249,294	\$ 608,963		\$ 545,895	\$ (63,068)	\$ 3,964,562	

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FRIENDSHIP VILLAGE SCHAUMBURG SCHAUMBURG

FRIENDSHIP VILLAGE SCHAUMBURG  
 350 WEST SCHAUMBURG ROAD  
 SCHAUMBURG, IL 60194  
 Facility ID: 6003404  
 Reference Numbers: 007 Planning Service Area: 701  
 Health Services Area: 007 Planning Service Area: 701

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	60	0	0	127	0	220
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>33</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>220</b>

**RESIDENTS BY RACE/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic	0	0	0	0	0
White	219	0	0	0	219
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>220</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>220</b>

**RESIDENTS BY ETHNICITY**

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Hispanic	1	0	0	0	1
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>220</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>220</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
30.6%	12.4%	0.0%	0.0%	57.0%	1.2%
5,618,154	2,272,960	0	0	10,478,958	216,228

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 FRIENDSHIP VILLAGE SCHAUMBURG SCHAUMBURG

FRIENDSHIP VILLAGE SCHAUMBURG  
 350 WEST SCHAUMBURG ROAD  
 SCHAUMBURG, IL 60194  
 Facility ID: 6003404  
 Reference Numbers: 007 Planning Service Area: 701  
 Health Services Area: 007 Planning Service Area: 701

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	Count
Nephritis	4
Endocrine/Metabolic	4
Blood Disorders	0
Nervous System Non-Alzheimer	7
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	56
Respiratory System	34
Digestive System	8
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-Skeletal Disorders	20
Injuries and Poisonings	22
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>220</b>

**ADMISSIONS AND DISCHARGES - 2007**

LEVEL OF CARE	Admissions	Discharges
Nursing Care	228	228
Skilled Under 22	493	493
Intermediate DD	501	501
Sheltered Care	220	220

**ADMISSIONS AND DISCHARGES - 2007 (Continued)**

LEVEL OF CARE	Admissions	Discharges
Nursing Care	228	228
Skilled Under 22	493	493
Intermediate DD	501	501
Sheltered Care	220	220

**FACILITY UTILIZATION - 2007**

LEVEL OF CARE	Medicare	Medicaid	Other	Total
Nursing Care	1121	23072	49400	81293
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>1121</b>	<b>23072</b>	<b>49400</b>	<b>81293</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007**

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7
75 to 84	14	49	0	0	0	0	0	0	14	49
85+	24	124	0	0	0	0	0	0	24	124
<b>TOTALS</b>	<b>40</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>180</b>

**ADMISSIONS AND DISCHARGES - 2007 (Continued)**

LEVEL OF CARE	Admissions	Discharges
Nursing Care	228	228
Skilled Under 22	493	493
Intermediate DD	501	501
Sheltered Care	220	220

**FACILITY UTILIZATION - 2007 (Continued)**

LEVEL OF CARE	Medicare	Medicaid	Other	Total
Nursing Care	1121	23072	49400	81293
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>1121</b>	<b>23072</b>	<b>49400</b>	<b>81293</b>











**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007 (Continued)**

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7
75 to 84	14	49	0	0	0	0	0	0	14	49
85+	24	124	0	0	0	0	0	0	24	124
<b>TOTALS</b>	<b>40</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>180</b>

# MAPQUEST

Total Time: 24 minutes    Total Distance: 16.31 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|    | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.                                       | 0.2 mi |
|    | 2: Turn LEFT onto ALFT LN.   | 0.1 mi |
|    | 3: Turn LEFT onto N RANDALL RD/CR-34 N.  | 0.2 mi |
|    | 4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll).            | 7.1 mi |
|    | 5: Take the IL-59 exit.  | 0.4 mi |
|    | 6: Turn RIGHT onto IL-59 S/SUTTON RD/NEW SUTTON RD.<br>Continue to follow IL-59 S/SUTTON RD. | 1.3 mi |
|    | 7: Turn LEFT onto IL-58/GOLF RD.   | 2.5 mi |
|    | 8: Turn RIGHT onto BARRINGTON RD.  | 1.5 mi |
|   | 9: Turn LEFT onto W SCHAUMBURG RD.   | 2.9 mi |
|  | 10: End at 350 W Schaumburg Rd Schaumburg, IL 60194-3464                                     |        |

**B: 350 W Schaumburg Rd, Schaumburg, IL 60194-3464**

Total Time: 24 minutes    Total Distance: 16.31 miles

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Facility Name & ID Number: Friendship Village-Schaumburg  
**X** BUILDING AND GENERAL INFORMATION:

A. Square Feet: 422,975 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-R. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

- List entity name, type of business, square footage, and number of beds/units available (where applicable).
- Bridgewater Place Apartments - Independent Living Apartments - Buildings Separate From SNF
- Crosswell Terrace Garden Homes - Independent Living Homes - Buildings Separate From SNF
- The Willows Assisted Living - Buildings Separate From SNF
- Reflections - Memory Support - Buildings Separate From SNF
- Clinic - 364,449 Square Feet of Space in Building Where SNF is Located
- Home Care - 1,888 Square Feet of Space in Building Where SNF is Located

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1		Approx. 50 Acres	1977	\$ 132,065
2				
3	TOTALS			\$ 132,065

A. Land.

SEE ACCOUNTANTS' COMPILATION REPORT

Bed#	FOR OHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4		1977	1977	\$ 1,760,825	\$ 44,021	40	\$ 44,021		\$
5		1993	1993	1,102,771	27,569	40	27,569		
6		1998	1998	2,934,069	73,352	40	73,352		
7									
8									
9	Improvement type**								
10	Building Improvement	1988	1988	42,300	1,692	25	1,692		
11	Building Improvement	1989	1989	25,957	1,038	25	1,038		
12	Building Improvement	1991	1991	44,385	4,439	10	4,439		
13	Building Improvement	1992	1992	67,028	6,703	10	6,703		
14	Building Improvement	1993	1993	12,057	1,206	10	1,206		
15	Building Improvement	1994	1994	32,598	3,260	10	3,260		
16	Building Improvement	1995	1995	48,710	4,871	10	4,871		
17	Door Alarms for HCC	1996	1996	12,152	1,215	10	1,215		
18	Workshop - Delivery Area (413705)	1997	1997	42,735	4,273	10	4,273		
19	Land Improvement	1977	1977	1,584	106	15	106		
20	Land Improvement	1986	1986	748	50	15	50		
21	Land Improvement	1989	1989	830	55	15	55		
22	Land Improvement	1990	1990	37,501	2,504	15	2,504		
23	Land Improvement	1992	1992	1,555	104	15	104		
24	Land Improvement	1993	1993	1,063	71	15	71		
25	Land Improvement	1994	1994	3,739	251	15	251		
26	Land Improvement	1995	1995	8,395	560	15	560		
27	Road Improvement	1986	1986	1,564	156	10	156		
28	Road Improvement	1987	1987	748	75	10	75		
29	Road Improvement	1988	1988	830	83	10	83		
30	Road Improvement	1989	1989	37,561	3,756	10	3,756		
31	Page 12A			379,427	38,210		38,210		
32	Page 12B			1,655,255	119,911		119,911		
33	Page 12C			253,470	11,641		11,641		
34	Page 12D			25,766				221	
35								1,291	
36	TOTAL (lines 4 thru 35)			\$ 8,535,703	\$ 351,172		\$ 352,684	\$ 1,512	\$

\*\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Bed#	FOR BHF USE ONLY Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	180	1997	1,760,825	44,021	40	44,021		
5	10	1993	1,102,771	27,569	40	27,569		
6	60	1998	1,934,069	73,352	40	73,352		
7								
8								
9	Various	1977	116,955		20			
10	Various	1986	60,910		20			
11	Various	1988	43,130		20			
12	Various	1989	64,518		20			
13	Various	1990	47,436		20			
14	Various	1991	45,448		20			
15	Various	1992	13,719		20			
16	Various	1993	16,879		20			
17	Various	1994	36,357		20			
18	Various	1995	272,667		20			
19	Various	1996	204,229		20			
20	Various	1997	636,288		20			
21	Various	1998	1,051,362		20			
22	Various	1999	274,179		20			
23	Various	2000	266,127		20			
24	Various	2001	1,247,924		20			
25	Various	2002	382,382		20			
26	Various	2003	979,835		20			
27	Various	2004	47,842		20			
28								
29								
30								
31								
32								
33								
34								
35								
36								

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name & ID Number Friendship Village-Schaumburg  
XI. OWNERSHIP COSTS (continued)  
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
1 Totals from Page 12A, Carried Forward	2005	702	362,824	20	362,824		
2 Reinforcement Of A/C Platforms (5074)	2005	450		20			
3 Natural Gas Generator (3251)	2005	15,622		20			
4 Main Dining Room Renovation (112,878)	2005	13,040		20			
5 Air Conditioners (94,218)	2005	18,786		20			
6 Tuck Pointing / Window Replacement (135,740)	2005	24,101		20			
7 Exterior Wood Trim Repairs (174,138)	2005	151		20			
8 Pine Tree / Roger Smith Memorial Garden (10920)	2005	2,875		20			
9 Water Heater Replacement - B&D Pav. (20,770)	2005	14,183		20			
10 Sound System - Hcc	2005	864		20			
11 Wanderguard Transmitters	2005	1,587		20			
12 Donor Recognition Wall (11,464)	2005	89		20			
13 Gas Valve (641)	2005	94		20			
14 Gas Valve And Inducer Motor (679)	2005	131		20			
15 Wiring For Static Pressure Control (950)	2005	119		20			
16 Laundry Chute Door Air Seal (860)	2005	612		20			
17 Replace Existing 4" Dry Valve	2005	443		20			
18 Decorating - 1st Floor, Kitchen, Cooler Room	2005	718		20			
19 A/C Compressor	2005	966		20			
20 Replace "P" Pavilion Compressor On Trane	2005	533		20			
21 Pneumatic Valves Replacement	2005	926		20			
22 Replace 2nd Stage Compressor	2005	576		20			
23 Replace Controller	2005	389		20			
24 Door Holders, Nurse Call Module	2006	21,543		20			
25 Wing E&P Hvac Modifications For Fire Alarm System	2006	88,630		20			
26 Windows	2006	7,141		20			
27 100lb Survey Cap For Facilities	2006	14,071		20			
28 Wing E Nurses Station	2006	504,639		20			
29 Hcc Special Care Phase I	2006	15,377		20			
30 Physical Therapy/Rehab Room Renovation	2006	11,007		20			
31 Hvac - Briarwood	2006	93,320		20			
32 Window Replacements - Briarwood	2006	2,260		20			
33 Overhead Hoisting For Commons Corridor (16,327)	2006	12,451,907	362,824	20	362,824		
34 TOTAL (lines 1 thru 33)							

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Friendship Village-Schaumburg

XI. OWNERSHIP COSTS (construct)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
1 Tables from Page 12K, Carried Forward	2006	\$ 17,451,907	\$ 362,824	20	\$ 362,824		\$
2 E. Pavilion Shower Room And Restroom.	2006	30,622		20			
3 Briarwood Entrance Renovations	2006	11,023		20			
4 C."D." And "E." Pavilion Gutter Replacement (27,793)	2006	3,847		20			
5 Commons Pump/Sprinkler Room Corridor Door (1,225)	2006	1,029		20			
6 Commons Corridor Carpet (2,435)	2006	572		20			
7 Clinic Carpeting (4,132)	2006	471		20			
8 Renovations To Accommodate Dish Machine (3,406)	2006	385		20			
9 Clinic Locks/Hardware (2,783)	2006	687		20			
10 Cooler Door Replacement (4,967)	2006	10,670		20			
11 Infrared Therapy Machine	2006	482		20			
12 Fire Pump Repair	2006	406		20			
13 Install Storm/Screen Doors	2006	351		20			
14 Hvac - Replacing Diffusers	2006	380		20			
15 Hvac - Condenser Repairs	2006	471		20			
16 Hvac Repairs	2006	376		20			
17 Floor Work	2007	388		20			
18 Install 4 New Hdtv Tuners And Mods	2007	364		20			
19 Roof Repairs	2007	7,638		20			
20 Development Costs (57041)	2007	4,571		20			
21 Village Market And Cafe (34136)	2007	10,270		20			
22 Sheffield Dining Room Renovations (76694)	2007	669		20			
23 Sheffield Dining Room Renovations (Design Only) (4955)	2007	1,227		20			
24 Repair Asphalt Drive Along North Road & Striping (2160)	2007	1,261		20			
25 F Wing Circuit Breaker Repair	2007	4,288		20			
26 Bathroom Grab Bars	2007	2,885		20			
27 Install Valves, Tub & Shower	2007	308		20			
28 Repair Broken Sprinkler Heads (2750)	2007	411		20			
29 Repair Leak In Fire System Sprinklers (3069)	2007	605		20			
30 Repairs To Front Entrance (4521)	2007	360		20			
31 Change Combustion Motors And Fan Wheels On Hvac (2689)	2007	350		20			
32 Roof Repairs (2615)	2007	349		20			
33 Roof Repairs (2610)	2007			20			
34 TOTAL (lines 1 thru 33)		\$ 12,549,862	\$ 362,824		\$ 362,824	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ROLLING MEADOWS ROLLING MEADOWS

MANOR CARE - ROLLING MEADOWS  
 4225 KIRCHOFF ROAD  
 ROLLING MEADOWS, IL 60008  
 Reference Numbers Facility ID 6000327  
 Health Services Area 007 Planning Services Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	98	0	1	31	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	22	98	0	1	31	0	120

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	6.00
Certified Aides	31.00
Other Health Staff	14.00
Non-Health Staff	10.00
Totals	80.00

NET REVENUE BY PAVOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expenses as % of Total Net Revenue
49.5%	22.3%	3.0%	2.7%	22.4%	0.0%	100.0%
4,915,491	2,218,104	300,400	271,744	2,220,241	0	9,924,073

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MANOR CARE - ROLLING MEADOWS ROLLING MEADOWS

MANOR CARE - ROLLING MEADOWS  
 4225 KIRCHOFF ROAD  
 ROLLING MEADOWS, IL 60008  
 Reference Numbers Facility ID 6000327  
 Health Services Area 007 Planning Services Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1
Neoplasms	3
Endocrine/Metabolic	8
Stroke Disorders	0
Nervous System Non Alzheimer	23
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	14
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
123	455	458	120

LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS

LEVEL OF CARE	PEAK	PEAK	PEAK	ADMISSIONS AND DISCHARGES - 2007
	SET-UP	USED	AVAILABLE	Residents on 1/1/2007
Nursing Care	155	145	120	123
Skilled Under 22	0	0	0	455
Intermediate DD	0	0	0	458
Sheltered Care	0	0	0	120
TOTAL BEDS	155	145	120	

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Unused Beds	Peak Beds Set Up
	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	11164	19.6%	22141	67.3%	45981	86.9%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0.0%
TOTALS	11164	19.6%	22141	67.3%	45981	86.9%









RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	2	3	5
60 to 64	0	1	0	0	0	0	0	1	1
65 to 74	10	21	0	0	0	0	10	21	31
75 to 84	13	29	0	0	0	0	13	29	42
85+	8	32	0	0	0	0	8	32	40
TOTALS	34	88	0	0	0	0	34	88	120

# MAPQUEST

Total Time: 24 minutes    Total Distance: 18.90 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |   |         |
|---|---|---------|
|  | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.                            | 0.2 mi  |
|  | 2: Turn LEFT onto ALFT LN.  | 0.1 mi  |
|  | 3: Turn LEFT onto N RANDALL RD/CR-34 N.   | 0.2 mi  |
|  | 4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | 15.3 mi |
|  | 5: Merge onto IL-53 N toward NORTHWEST SUBURBS.                                   | 2.5 mi  |
|  | 6: Take the KIRCHOFF RD exit.   | 0.3 mi  |
|  | 7: Turn LEFT onto KIRCHOFF RD.  | 0.2 mi  |
|  | 8: End at 4225 Kirchoff Rd Rolling Meadows, IL 60008-2005                         |         |

B: 4225 Kirchoff Rd, Rolling Meadows, IL 60008-2005

Total Time: 24 minutes    Total Distance: 18.90 miles

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Directions and maps are informational only. We make no warranties on the accuracy of their content, road conditions or route usability or expeditiousness. You assume all risk of use. MapQuest and its suppliers shall not be liable to you for any loss or delay resulting from your use of MapQuest. Your use of MapQuest means you agree to our [Terms of Use](#)

Facility Name & ID Number: Manorcare at Rolling Meadows  
X: BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,523 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization  (c) Rent from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization  (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable).  
N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_ YES  NO

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility		1977	\$ 155,000
2				
3	TOTALS			\$ 155,000

FOR BIF USE ONLY

1	2	3	4	5	6	7	8	9
Beds*	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	1977	1977	\$ 1,350,315	\$ 51,357		\$ 51,357		\$ 1,381,472
5	1990	1990	765,804					
6								
7								
8								
9	Improvements (Current Year Depreciation)							
10				132,491		132,491		1973,812
11	RETIREMENTS							
12		1987	72,749					
13		1987	(44,531)					
14		1988	33,303					
15		1989	74,517					
16		1990	157,389					
17		1991	127,927					
18		1992	107,998					
19		1992	(36,743)					
20		1993	73,889					
21		1994	71,280					
22		1995	236,489					
23		1995	(791)					
24		1996	3,845					
25		1996	2,184					
26		1996	1,737					
27		1996	95,560					
28		1996	7,272					
29		1996	1,240					
30		1996	11,077					
31		1996	5,279					
32		1996	7,005					
33		1996	3,300					
34		1996	1,927					
35		1996	2,156					
36		1996	(4,272)					

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete. See Page 12A, Line 70 for total

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
	3	4	5	6	7	8	9
37 INSTALL HANDRAILS	1997	8,660					
38 WALL GUARDS	1997	2,756					
39 REPLACE CEILING TILES	1997	12,173					
40 REMOVE & INSTALL FIRE DOORS	1997	2,012					
41 INSTALL CLOSET DOORS	1997	10,821					
42 WALLCOVERINGS	1997	4,812					
43 DECORATING	1997	10,594					
44 CARPETING	1997	2,343					
45 FLOORING	1997	11,254					
46 REPAIR ELEVATOR	1997	3,430					
47 ROOFING	1997	1,679					
48 REMODELING-ARCADIA	1997	8,663					
49 CONNECT WATER AND GAS LINES	1997	1,705					
50 CORPORATE OVERHEAD-ARCADIA/DINING	1997	10,515					
51 FACILITY PLAN ALLOC.-ARCADIA/DINING	1997	5,964					
52 REPLACE CLOSET DOORS	1997	12,000					
53 PROFESSIONAL FEES-ARCADIA/DINING	1997	1,390					
54 CEILING TILES	1997	10,349					
55 INSTALL CIRCULATING PUMPS	1997	2,250					
56 BOILER WORK	1997	5,611					
57 WALLPAPER	1997	482					
58 STORAGE SHED	1997	789					
59 REMODELING	1997	(8,489)					
60 C/R 5/31/99 AUDIT ADJ. - CORPORATE O/H	1997	(10,515)					
61 C/R 5/31/99 AUDIT ADJ. - FACILITY PLAN ALLOC	1997	(5,964)					
62 ROOF WORK	1998	53,389					
63 DOORS/WINDOWS	1998	10,090					
64 PLUMBING	1998	3,838					
65 RENOVATE PT & OT ROOMS	1998	4,500					
66 DOOR & WINDOW CASINGS	1998	4,500					
67 GENERAL CONTRACTOR FEES-PT & OT ROOMS	1998	4,316					
68 INSTALL STEEL DOORS	1998	4,224					
69							
70 TOTAL (lines 4 thru 69)		3,315,244	183,848		183,848		3,358,284

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 3,315,244	\$ 183,848		\$ 183,848		\$ 3,358,284	1
ELECTRICAL	1998	754						2
PAINTING/WALLCOVERING	1998	36,239						3
PLUMBING	1998	13,534						4
ELECTRICAL	1998	10,004						5
DEVELOPERS-PT & OT ROOMS	1998	11,097						6
FLOORING/CEILING	1998	985						7
HVAC	1998	37,124						8
DOOR/WINDOW	1998	8,160						9
SIGN	1998	11,862						10
ROOFING	1998	97,570						11
MASONARY	1998	1,499						12
CARPENTRY	1998	1,475						13
FINISH STUDS	1998	26,279						14
GENERAL CONTRACTOR FEES-PT & OT ROOMS	1998	4,601						15
CONCRETE SIDEWALK	1998	1,482						16
FLOORING/CEILING	1999	1,340						17
CARPENTRY	1999	19,278						18
FINISH STUDS	1999	25,000						19
PAINTING/WALLCOVERING	1999	750						20
WINDOW TREATMENTS	1999	525						21
ROOF WORK	1999	6,098						22
C/R 5/3/03 AUDIT ADJ #1-ROOF WORK	1999	(6,098)						23
ROOFING CONTRACT	1999	876						24
C/R 5/3/03 AUDIT ADJ #2-ROOFING CONTRACT	1999	(876)						25
DRAIN/FLASH SCUPPERS/OVERFLOW	1999	1,782						26
ROOFING CONTRACT	1999	6,098						27
C/R 5/3/03 AUDIT ADJ #3-ROOFING CONTRACT	1999	(6,098)						28
BUILDING IMPROVEMENTS-NURSES STATIONS	1999	4,554						29
BUILDING IMPROVEMENTS-NURSES STATIONS	1999	22,150						30
INSTALL CLOSETS	1999	2,895						31
EXIT SIGNS FOR BU	1999	4,810						32
TOTAL (lines 1 thru 33)		\$ 3,655,943	\$ 183,848		\$ 183,848		\$ 3,358,284	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Total from Page 12B, Carried Forward		\$ 3,655,943	\$ 183,848		\$ 183,848	\$	\$ 3,358,284	1
2 VINYL WALLCOVERING	1999	336						2
3 WALLCOVERING	1999	226						3
4 RENOVATE NURSING STATIONS	1999	11,478						4
5 WALLCOVERING	1999	2,245						5
6 DAMPER MOTOR	1999	2,693						6
7 CHART RACK	2000	1,450						7
8 ELECTRICAL FOR A/C UNITS	2000	1,214						8
9 WALLCOVERING	2000	294						9
10 ELECTRICAL FOR A/C UNITS	2000	1,151						10
11 WORK STATIONS BOOKKEEPING & PAYROLL	2000	5,975						11
12 WORK STATIONS	2000	728						12
13 EXTERIOR LIGHTING	2000	19,956						13
14 CEILING TILE, PAINTING, CARPET	2000	1,980						14
15 FENCING	2000	17,820						15
16 FENCING	2000	1,980						16
17 CONCRETE, MASONRY, CARPENTRY	2000	49,335						17
18 CARPET	2000	35,925						18
19 C/R 5/31/03 AUDIT ADJ #4-CARPET	2000	(14,231)						19
20 WALLCOVERING	2000	52,636						20
21 C/R 5/31/03 AUDIT ADJ #5-WALLCOVERING	2000	(466)						21
22 ELECTRICAL	2000	34,947						22
23 C/R 5/31/03 AUDIT ADJ #6-ELECTRICAL	2000	(9,885)						23
24 INTEREST - CONST & GENERAL O/H ARCADIA	2000	74,862						24
25 C/R 5/31/03 AUDIT ADJ #15-CONST & GEN O/H	2000	(74,862)						25
26 ARCADIA RENOVATION	2000	12,075						26
27 C/R 5/31/03 AUDIT ADJ #10-ARCADIA RENOV	2000	(12,075)						27
28 ARCADIA RENO - DRAPES	2001	2,843						28
29 C/R 5/31/03 AUDIT ADJ #11-ARCADIA DRAPES	2001	(184)						29
30 ARCADIA RENO - CARPENTRY	2001	6,748						30
31 C/R 5/31/03 AUDIT ADJ #12-CARPENTRY	2001	(2,200)						31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 3,879,857	\$ 183,848		\$ 183,848	\$	\$ 3,358,284	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: Manors at Rolling Meadows  
 XL OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12C, Carried Forward		\$ 3,879,857	\$ 183,848		\$ 183,848		\$ 3,558,284	
ARCADIA RENO - CONTRACTOR	2001	50,636						
C/R 5/31/03 AUDIT ADJ #13-CONTRACTOR	2001	(25,985)						
ARCADIA RENO - ELECTRICAL	2001	3,560						
BORDER	2001	170						
KITCHEN WALLS AND FLOOR	2002	2,566						
KITCHEN WALLS AND FLOOR	2002	14,796						
DOORS	2002	6,445						
DOORS	2002	1,868						
DOORS	2002	7,740						
PAINTING	2002	204						
CEILING TILE	2002	517						
DUCT WORK AND DAMPERS	2002	8,301						
DOORS AND DRYWALL	2002	9,694						
GENERAL CONSTRUCTION	2002	4,640						
OVERHEAD AND INTEREST	2002	15,405						
CARPENTRY	2002	85,703						
C/R 5/31/03 AUDIT ADJ #7-CARPENTRY	2002	(650)						
VINYL WALL COVERING	2002	10,495						
C/R 5/31/03 AUDIT ADJ #8-VINYL WALL COVERING	2002	(979)						
HVAC-ELECTRIC	2002	12,530						
C/R 5/31/03 AUDIT ADJ #9-RECLASS HVAC-ELECTRIC	2002	(4,808)						
PARKING LOT UPGRADE	2002	17,482						
PARKING LOT UPGRADE	2003	1,943						
METAL DOOR	2003	1,968						
WALL COVERINGS	2003	563						
CARPET	2003	335						
FLOORING & CARPENTRY	2003	100,275						
CARPENTRY	2003	27,714						
DOORS AND FRAMES	2003	24,849						
SPRINKLER SYSTEM	2003	9,660						
DOORS	2004	4,464						
TOTAL (lines 1 thru 33)		\$ 4,271,957	\$ 183,848		\$ 183,848		\$ 3,558,284	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name & ID Number: Monrocare at Rolling Meadows  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1 Tanks from Page 12D, Carried Forward		\$ 4,271,957	\$ 183,848		\$ 183,848				1
2 HERITAGE WING ROOF	2004	10,976							2
3 VWC	2004	291							3
4 VWC	2004	203							4
5 CARPET	2004	659							5
6 FREIGHT ON CARPET	2004	37							6
7 CARPET & BASE	2004	674							7
8 FREIGHT ON CARPET	2004	109							8
9 COVE BASE	2004	5,250							9
10 INSTALL CARPET	2004	3,545							10
11 INSTALL CARPET	2004	4,222							11
12 VWC	2005	(4,222)							12
13 PHONE LINES	2005	1,700							13
14 CABINETS	2005	6,000							14
15 MED ROOM RENOVATION	2005	2,850							15
16 CEILING TILE	2006	10,305							16
17	2006	9,776							17
18	2006	37,276							18
19	2006	3,128							19
20	2006	6,615							20
21	2006	4,400							21
22	2006	19,120							22
23	2006	28,016							23
24	2006	197,182							24
25	2006	62,439							25
26	2006	3,245							26
27	2007	24,160							27
28									28
29									29
30									30
31									31
32									32
33									33
34 TOTAL (lines 1 thru 33)		\$ 4,717,692	\$ 183,848		\$ 183,848		\$ 3,356,284		34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12E, Carried Forward		\$ 4,717,692	\$ 183,848		\$ 183,848		\$ 3,358,284	
1306 TELEPHONE SYSTEM	2007	7,072						2
LIGHT FIXTURES IN CORRI	2007	3,260						3
electrical for steamers	2007	2,760						4
SOFFIT PANELS AROUND BO	2007	5,702						5
FLOORING	2007	3,844						6
METAL DOORS	2007	6,105						7
PRCH PR ADJ 522 023-07C	2007	(33,606)						8
PRCH PR ADJ 522 023-07C	2007	(8,226)						9
2307 INTERIOR RENOV	2007	8,326						10
2307 INTERIOR RENOV	2007	35,606						11
sprinkler heads	2008	10,500						12
5 floor holders	2008	5,793						13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30
								31
								32
								33
TOTAL (lines 1 thru 33)		\$ 4,762,727	\$ 183,848		\$ 183,848		\$ 3,358,284	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CENTER INVERNESS

ROSEWOOD CARE CENTER INVERNESS  
1800 COLONIAL PARKWAY  
INVERNESS, IL 60087  
Reference Numbers Facility ID 6014633  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	18	0	2	53	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	30	18	0	2	53	0	103

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/DD	Skilled	Shelter	Totals
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0	0
White	103	0	0	0	0	0	103
Race Unknown	0	0	0	0	0	0	0
Total	103	0	0	0	0	0	103

RESIDENTS BY ETHNICITY

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
48.5%	5.7%	0.0%	1.3%	44.5%	0.0%
4,106,282	487,150	0	108,981	3,824,872	0

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	37.00
Other Health Staff	30.50
Non-Health Staff	5.00
Totals	98.75

CHARITY CARE EXPENSE AS % OF TOTAL NET REVENUE

TOTALS	Charity Care Expense	Total Net Revenue	Charity Care Expense as % of Total Net Revenue
8,507,293	0	8,507,293	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ROSEWOOD CARE CENTER INVERNESS

ROSEWOOD CARE CENTER INVERNESS  
1800 COLONIAL PARKWAY  
INVERNESS, IL 60087  
Reference Numbers Facility ID 6014633  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Neoplasms	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Nervous System Non Arthritic	0	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	2	0	0	0	0	0	0	0	0	0	2
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	90	0	0	0	0	0	0	0	0	0	90
Respiratory System	7	0	0	0	0	0	0	0	0	0	7
Digestive System	4	0	0	0	0	0	0	0	0	0	4
Genitourinary System	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
TOTALS	103	0	0	0	0	0	0	0	0	0	103

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
97	790	790	103

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	142	142	103	39	58	24
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTAL BEDS	142	142	103	39	58	24

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled Care	0	0.0%	0	0.0%	0	0
TOTALS	1115	52.5%	5388	81.5%	20168	36871














ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTAL
Nursing Care	1115	52.5%	5388	81.5%	20168	36871
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Skilled						

# MAPQUEST

Total Time: 24 minutes Total Distance: 16.53 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |   |        |
|---|---|--------|
|    | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.                            | 0.2 mi |
|    | 2: Turn LEFT onto ALFT LN.  | 0.1 mi |
|    | 3: Turn LEFT onto N RANDALL RD/CR-34 N.   | 0.2 mi |
|    | 4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll). | 7.1 mi |
|    | 5: Take the IL-59 exit.   | 0.4 mi |
|    | 6: Turn RIGHT onto IL-59 S/SUTTON RD/NEW SUTTON RD.                               | 0.2 mi |
|    | 7: Turn LEFT onto SHOE FACTORY RD.  | 2.4 mi |
|    | 8: Turn RIGHT onto W HIGGINS RD/IL-72 E.  | 0.2 mi |
|   | 9: Turn LEFT onto BARRINGTON RD.  | 0.8 mi |
|  | 10: Turn RIGHT onto CENTRAL RD.   | 3.5 mi |
|  | 11: Turn LEFT onto N ROSELLE RD.  | 1.3 mi |
|  | 12: Turn LEFT onto W COLONIAL PKWY.   | 0.1 mi |
|  | 13: End at 1800 W Colonial Pkwy Inverness, IL 60067-1216                          |        |

B: 1800 W Colonial Pkwy, Inverness, IL 60067-1216

Total Time: 24 minutes Total Distance: 16.53 miles

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Facility Name & ID Number: Rosewood Care Ctr Inverness  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 58,690 B. General Construction Type: Exterior Brick Veneer Frame Wood Number of Stories 1  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground; (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.). List entity name, type of business, square footage, and number of beds/units available (where applicable)  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
Use		Square Feet	Year Acquired	Cost
Schedule	N/A			
1				\$
2				\$
3				\$
TOTALS				\$

SEE ACCOUNTANTS' COMPILATION REPORT

1	2	3	4	5	6	7	8	9	
Bed#	FOR BHP USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									
5									
6									
7									
8									
9	Improvement Type**								
10	Building Improvements by the lessor 10/1/07-6/30/08:								
11	Compressors	2008		7,200					
12	Heat Pumps	2008		2,947					
13	Seal and Stripe Parking Lot	2007		6,570					
14	Replace Paving	2007		9,735					
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

See Page 12A, Line 70 for total  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Total beds on this schedule must agree with page 2.  
\*\*Improvement type must be defined in order for the cost report to be considered complete

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LEXINGTON OF SCHAMBURG

LEXINGTON OF SCHAMBURG  
 875 SOUTH ROSELLE ROAD  
 SCHAMBURG, IL 60183

Reference Numbers Facility ID 6012553  
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare			Medicaid			Private Insurance			Charity Care			TOTALS	
	Nursing Care	Skilled Under 22	ICF/DD	Nursing Care	Skilled Under 22	ICF/DD	Private	Insurance	ICF/DD	Private	Charity	Pay	Care	Single
Nursing Care	28	133	0	35	0	0	0	0	0	0	0	0	133	164
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	28	133	0	35	0	0	0	0	0	0	0	0	133	164

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
African American	10	0	0	0	10
Asian	4	0	0	0	4
Black	0	0	0	0	0
Hispanic	102	0	0	0	102
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	31.00
LPN's	6.00
Certified Aides	70.00
Other Health Staff	2.00
Non-Health Staff	60.00
Totals	170.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Expense	Charity Expense as % of Total Net Revenue
33.5%	56.0%	0.0%	1.1%	9.3%	0	0	0.0%
4,297,771	7,178,112	0	141,551	1,044,700	0	0	

Facility Notes: 12/31/2007 Discontinued 10 Nursing Care beds, facility now has 214 Nursing Care beds.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LEXINGTON OF SCHAMBURG

LEXINGTON OF SCHAMBURG  
 875 SOUTH ROSELLE ROAD  
 SCHAMBURG, IL 60183

Reference Numbers Facility ID 6012553  
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	8
Endocrine, Metabolic & Immunity Disorders	1
Blood Disorders	2
Nervous System Non-Alzheimer	12
Alzheimer Disease	11
Mental Illness	32
Developmental Disability	1
Circulatory System	38
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	2
Musculoskeletal Disorders	27
Injuries and Poisonings	11
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	196

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Pat. Days	Admissions	Discharges	Peak Beds Set Up
Nursing Care	214	224	224	92.1%
Skilled Under 22	0	0	0	0.0%
Intermediate DD	0	0	0	0.0%
Skilled Care	0	0	0	0.0%
TOTALS	214	224	224	92.1%

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK BEDS	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	224	18	224
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	214	224	18	224

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Occupied	Percentage
Nursing Care	9408	56859	5911	71878	92.1%	92.1%
Skilled Under 22	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0	0	0.0%	0.0%
TOTALS	9408	56859	5911	71878	92.1%	92.1%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Occupied	Percentage
Nursing Care	9408	56859	5911	71878	92.1%	92.1%
Skilled Under 22	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0	0	0.0%	0.0%
TOTALS	9408	56859	5911	71878	92.1%	92.1%











RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate DD		Skilled Care		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	4	3	7	7
60 to 74	1	3	0	0	0	0	1	3	4	4
75 to 84	4	21	0	0	0	0	4	21	25	25
85+	20	49	0	0	0	0	20	49	69	69
TOTALS	41	155	0	0	0	0	41	155	196	196

**MAPQUEST**

Total Time: 25 minutes    Total Distance: 16.51 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

	1: Start out going SOUTH on CAPITAL ST toward ALFT LN.	0.2 mi
	2: Turn LEFT onto ALFT LN.	0.1 mi
	3: Turn LEFT onto N RANDALL RD/CR-34 N.	0.2 mi
	4: Merge onto I-90 E/JANE ADDAMS MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	7.1 mi
	5: Take the IL-59 exit.	0.4 mi
	6: Turn RIGHT onto IL-59 S/SUTTON RD/NEW SUTTON RD.	0.2 mi
	7: Turn LEFT onto SHOE FACTORY RD.	2.4 mi
	8: Turn RIGHT onto W HIGGINS RD/IL-72 E.	3.8 mi
	9: Turn RIGHT onto N ROSELLE RD.	2.1 mi
	10: End at 675 S Roselle Rd Schaumburg, IL 60193-3100	

**B: 675 S Roselle Rd, Schaumburg, IL 60193-3100**

Total Time: 25 minutes    Total Distance: 16.51 miles

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Facility Name & ID Number Lexington of Schaumburg

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 85,541 B. General Construction Type: Exterior Concrete Block Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A				

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO

If so, please complete the following:

1. Total Amount Incurred: N/A

2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A

4. Dates Incurred: N/A

Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Resident Care	230,000	1988	\$ 211,532
2	Allocated from Management Company			\$ 17,607
3	TOTALS	230,000		\$ 229,139

SEE ACCOUNTANTS' COMPILATION REPORT

4	5	6	7	8	9	FOR BHP USE ONLY		3	4	5	6	7	8	9
						1	2							
Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*	Beds*
205	9													
1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990	1995	1990
6,091,126	146,217	6,091,126	146,217	6,091,126	146,217	6,091,126	146,217	6,091,126	146,217	6,091,126	146,217	6,091,126	146,217	6,091,126
35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
174,032	4,178	174,032	4,178	174,032	4,178	174,032	4,178	174,032	4,178	174,032	4,178	174,032	4,178	174,032
3,260,279	56,398	3,260,279	56,398	3,260,279	56,398	3,260,279	56,398	3,260,279	56,398	3,260,279	56,398	3,260,279	56,398	3,260,279
Improvement Type**														
9	Building improvements	1991	3,521											3,521
10	Building improvements	1992	800											406
11	Land improvements	1992	5,764											4,754
12	Land improvements	1992	5,000											3,875
13	Fan coil units in offices	1996	5,139											1,839
14	Basement rehab	1997	14,697											14,697
15	Brick	1997	1,500											489
16	Dining room rehab	1997	6,422											6,422
17	Painting for repave and restripe	1998	2,777											2,777
18	Wiring	1998	3,667											3,667
19	Retile 2nd and 3rd floor corridors	1998	10,100											10,100
20	Plumbing for HVAC	1998	4,263											2,263
21	Lobby-floor tile	1999	7,478											7,478
22	Wallpaper-labor	1999	9,705											9,705
23	New patio	1999	19,039											11,740
24	New pay phone/wiring	1999	2,975											2,975
25	Roof repairs	2000	9,625											9,625
26	Water heater	2000	6,688											6,688
27	Automatic door	2000	1,300											1,300
28	Rehab project - paint restlet rooms, carpet hallways, and tile	2000	52,760											44,846
29	Water heater and storage tanks	2001	12,102											9,682
30	Garbage area	2001	4,788											4,788
31														
32														
33														
34														
35														
36														

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Schaumburg  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
37 Roof	2002	\$ 25,600	\$ 2,560	10	\$ 2,560	\$	\$ 16,313
38 Facility rehab - paint resident rooms, carpet hallways, and tile	2002	327,253	16,363	20	16,363		120,912
39 Elevator electronic curtain	2002	4,500	450	10	450		2,925
40 Elevator upgrade	2002	5,471	547	10	547		3,556
41 Painting and decorating	2003	13,477	1,348	10	1,348		6,739
42 Electrical improvements	2003	844	42	20	42		214
43 Repave parking lot	2004	28,840	721	40	721		3,184
44 Dining room remodel - paint	2004	11,387	569	20	569		2,657
45 Landscaping	2005	593	30	20	30		102
46 HVAC upgrade	2005	17,734	887	20	887		7,734
47 Generator upgrade	2005	19,650	983	20	983		3,931
48 Window replacement	2005	3,899	195	20	195		650
49 Flooring replacement	2005	1,483	74	20	74		247
50 Lobby, lounge, and reception rehab	2005	27,180	1,359	20	1,359		4,077
51 Therapy room rehab	2005	33,135	1,757	20	1,757		5,563
52 Create first floor therapy room	2005	32,035	1,602	20	1,602		6,132
53 Create transitional care unit	2005	29,170	1,458	20	1,458		4,497
54 Basement renovation	2005	5,996	300	20	300		900
55 Counter tops	2005	845	169	5	169		620
56 Interior signs	2005	4,312	862	5	862		2,794
57 Window treatments	2005	912	182	5	182		623
58 Wall covering	2005	439	88	5	88		286
59 Panel Brick Replacement	2006	17,387	869	20	869		1,883
60 Landscaping Enhancement	2006	7,608	507	15	507		1,141
61 HVAC	2006	12,232	612	20	612		1,275
62 Sink	2006	2,331	117	20	117		311
63 ICU Units	2006	16,379	819	20	819		1,843
64 Employee lunch room rehab	2006	8,127	406	20	406		1,016
65 Dining room rehab	2006	2,357	118	20	118		295
66 Basement renovation	2006	9,465	473	20	473		1,104
67 Oxygen room rehab	2006	2,664	133	20	133		311
68							
69							
70 TOTAL (lines 4 thru 69)		\$ 7,009,938	\$ 53,852		\$ 238,422	\$ 174,570	\$ 3,674,601

\*\*Improvement type must be detailed in order for the cost report to be considered complete. SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Lexington of Schaumburg

XT. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 7,100,938	\$ 53,852		\$ 228,422	\$ 174,570	\$ 3,674,601	
Replace Sidewalk	2007	14,625	731	20	731		1,036	2
Landscaping	2007	15,700	785	20	785		981	3
Emergency A/C	2007	15,545	777	20	777		1,230	4
1st Floor Remodel - Carpentry, Flooring, Plumbing, Paint	2007	676,072	618	40	16,902	16,902	22,536	5
Bathroom Faucets	2007	12,358	444	15	444		669	6
Landscaping	2008	11,950	199	20	199		444	7
Roofing	2008	2,671	28	40	28		28	8
HVAC-Air Inlet	2008	3,790	28	40	28		28	9
HVAC-Spot Cooler	2008	71,077	1,185	40	1,185		1,185	10
Electrical-Fire Panel Upgrade	2008	6,125	306	10	306		306	11
Electrical-Replace Gasket	2008	358,249		27	3,388	3,388	3,388	12
2nd floor remodel-carpentry, painting, plumbing, electrical	2008							13
								14
								15
								16
Land improvements - management company	2002	27,750		15	4,893	5,630	12,819	17
Building - management company	2002	215,891		40	37,331	37,331	37,331	18
HVAC, electrical, security system - management company	2003	2,140		30	377	377	799	19
Key card system - management company	2004	336		20	59	59	74	20
VAV IY controls - management company	2005	102		20	18	18	18	21
Inferior Signs - management company	2006	75		5	11	11	11	22
Building improvements - management company	2008	45		5	9	9	9	23
								24
								25
								26
								27
								28
								29
								30
								31
								32
								33
<b>TOTAL (lines 1 thru 33)</b>		\$ 8,746,139	\$ 58,975		\$ 296,483	\$ 238,295	\$ 3,757,666	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.










SEE ACCOUNTANT'S COMPILATION REPORT



# MAPQUEST

Total Time: 25 minutes Total Distance: 17.78 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |  |  |        |
|--|--|--------|
|   | 1: Start out going EAST on WESTFIELD DR toward MASON RD.                 | 0.1 mi |
|   | 2: WESTFIELD DR becomes MASON RD.  | 0.0 mi |
|   | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S.     | 3.4 mi |
|   | 4: Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY toward ELGIN/CHICAGO. | 7.4 mi |
|   | 5: Take the IL-59 ramp toward BARRINGTON/WEST CHICAGO.                   | 0.2 mi |
|   | 6: Turn RIGHT onto IL-59/SUTTON RD. Continue to follow IL-59.            | 6.1 mi |
|   | 7: Turn RIGHT onto FRANCISCAN WAY.                                       | 0.3 mi |
|   | 8: Turn RIGHT onto W NORTH AVE/IL-64 W.                                  | 0.3 mi |
|  | 9: End at 30w300 North Ave West Chicago, IL 60185                        |        |

B: 30w300 North Ave, West Chicago, IL 60185

Total Time: 25 minutes Total Distance: 17.78 miles

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Facility Name & ID Number: WOOD GLEN NURSING & REHAB CTR  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: \_\_\_\_\_ Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 B. General Construction Type: \_\_\_\_\_  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 If so, please complete the following:  
 1. Total Amount Incurred: \_\_\_\_\_ YES  NO   
 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_  
 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility		1994	\$ 465,000
2				\$ 2
3	TOTALS			\$ 465,000

Facility Name & ID Number WOOD GLEN NURSING & REHAB CTR

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
		1995	1995	\$	\$	35	\$	\$	\$
4				3,067,125	78,645		87,632	8,987	1,138,019
5									
6									
7									
8									
9	FENCE		1998	5,042	237	15	337	2,203	3,916
10	FIRE ALARM		2002	44,058		20		2,203	32,604
11									
12	Various		1995	25,326		20	1,266	1,266	17,204
13	Various		1996	16,671		20	834	834	10,215
14	Various		1997	20,310		20	1,016	1,016	11,720
15	Various		1998	22,766	1,423	20	1,138	1,138	14,068
16								(1,423)	
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



Facility Name & ID Number: WOOD GLEN NURSING & REHAB CTR

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 LOBBY IMPROVEMENTS	1999	3,750		20	188		1,720	37
38 WATER HEATER	1999	4,100		20	205		1,876	38
39 CONTRACTOR	1999	919		20	46		437	39
40 PUMP	1999	1,887		20	94		852	40
41 MATV SYSTEM	1999	752		20	38		342	41
42 PRESSURE SWITCH	1999	1,341		20	67		603	42
43 BOILER	1999	1,964		20	98		882	43
44 AIR CONDITIONER	1999	612		20	31		279	44
45 SMOKE DETECTOR	1999	3,118		20	156		1,404	45
46 FIRE ALARM SYSTEM	1999	693		20	35		414	46
47 WATER HEATERS	2000	8,400		20	420		3,710	47
48 FLOORING	2000	1,284		20	64		533	48
49 CARPET	2000	1,284		20	64		528	49
50 FLOORING	2000	3,740		20	187		1,343	50
51 CARPET	2000	5,225		20	261		2,110	51
52 FIXTURES (\$31,000 REMOVED 2008 CAP COST AUDIT)	2000				52			52
53 FLUID PUMP	2000	2,429		20	121		1,049	53
54 FLUID PUMP	2000	305		20	45		390	54
55 FLUID PUMP SVC	2000	2,412		20	121		1,028	55
56 WATER LINES & DRAIN	2000	3,870		39	99		788	56
57 BURNER PILOT & PARTS	2001	1,593		39	41		226	57
58 4 DUPLEX OUTLETS	2001	2,275		39	58		462	58
59 WATER HEATER PIPING	2001	6,997		39	231		1,800	59
60 FLUES - WATER BOILER	2001	3,580		39	92		679	60
61 BRICK WALL	2001	4,515		39	116		836	61
62 EXPANSION MODULE	2001	947		20	47		356	62
63 CABLES	2001	1,031		20	52		368	63
64 CABLE WORK	2001	767		20	38		269	64
65 PHONES/CABLES	2001	544		20	27		216	65
66 LIGHTING	2001	1,022		20	51		361	66
67 LAMPS (\$742 TO NME PER 08 CAP COST AUDIT)	2001			20	38		269	67
68 FIRE PUMP WORK	2001	750		20	32		227	68
69 HEATING/COOLING WORK	2001	649		20	32		227	69
70 TOTAL (lines 4 thru 69)		\$ 3,276,654	\$ 80,405		\$ 97,559	\$ 17,184	\$ 1,254,383	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12A, Carried Forward		\$ 3,276,654	\$ 801,405		\$ 97,589	\$ 17,184	\$ 1,254,383	1
LIGHTING	2001	903		20	45	27	212	2
MOTOR	2001	547		20	27	45	341	4
LIGHTING ENHANCEMENT	2001	903		20	45	52	377	5
REFRIGERATOR WORK	2001	1,044		20	25	267	181	6
PIPE WORK	2001	500		20	27	203	2,025	7
CONCRETE ANCHOR	2001	532		20	29	29	213	9
REFRIGERATOR WORK	2001	585		20	45	45	360	10
LIGHTING	2001	903		20	45	45	356	11
LIGHTING	2001	903		20	45	45	353	12
LIGHTING	2001	903		20	45	45	349	13
LIGHTING	2001	903		20	45	45	345	14
PUMP	2001	571		20	29	29	205	15
HEAT PUMP MOTOR	2001	1,409		20	70	70	502	16
PLUMBING	2001	1,038		20	52	52	416	17
PATIO	2002	2,250		10	225	225	1,481	18
A/C REPAIR	2002	3,529		10	353	353	2,324	19
A/C REPAIR	2002	1,305		10	131	131	851	20
A/C REPAIR	2002	1,240		10	124	124	796	21
A/C REPAIR	2002	888		10	89	89	549	22
A/C REPAIR	2002	846		10	85	85	517	23
A/C REPAIR	2002	664		10	66	66	429	24
WATER HEATERS	2002	1,700		10	170	170	1,119	25
WATER HEATERS	2002	2,360		10	236	236	1,620	26
FREEZER REPAIR	2002	587		20	29	29	203	27
FIRE PUMP WORK	2002	750		20	38	38	266	28
SERVICE PUMP	2002	540		20	27	27	189	29
ELECTRICAL SYSTEM	2002	528		20	26	26	182	30
PIPE WORK	2002	1,213		20	61	61	427	31
LIGHTING ENHANCEMENT	2002	17,442		20	622	622	4,354	32
MAIN ENTRANCE CAMERA	2003	13,445		5	2,689	2,689	15,910	33
TOTAL (lines 1 thru 33)		\$ 3,338,920	\$ 801,405		\$ 103,463	\$ 23,058	\$ 1,292,364	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	2	3	4	5	6	7	8	9
Totals from Page 12B, Carried Forward		\$ 3,338,970	\$ 80,405		\$ 103,463	\$ 23,058	\$ 1,292,364	
2 PROXIMITY READERS	2003	2,074		5	34	34	2,074	
3 PROXIMITY READERS/SMART	2003	3,805		5	63	63	3,805	
4 WALL DECORATION	2003	1,063		5	52	52	1,063	
5 KITCHEN WORK	2003	1,454		10	145	145	846	
6 CHANG STEAM	2003	869		10	87	87	457	
7 CHANG STEAM	2003	2,289		10	229	229	1,202	
8 DRAPES	2005	2,525		5	382	382	2,525	
9 FROZEN COIL IN AIR HANDLER	2004	3,819		10	871	871	1,910	
10 WATER HEATER	2004	8,714		10	380	380	4,210	
11 INSTALL NEW COIL	2004	3,800		10	280	280	1,773	
12 CONDENSING UNIT	2004	4,200		15	270	270	1,260	
13 PLUMBING-DIALYSIS ROOM	2004	5,390		20	675	675	1,215	
14 WATER HEATER	2004	6,746		10	378	378	1,670	
15 SERVICE PUMP	2004	7,565		20	310	310	1,447	
16 BOILER & STORAGE TANKS	2004	6,200		20	305	305	1,296	
17 CHASE WALLS	2004	4,570		15	2462	2,462	10,464	
18 CARPETING	2004	12,311		5	1,124	1,124	4,777	
19 HOT WATER TANK	2004	11,242		10	1,738	1,738	7,242	
20 WATER TANK	2004	34,751		20	1,800	1,800	765	
21 HOT WATER VALVE	2004	3,609		5	5,745	5,745	2,416	
22 CARPETING	2004	28,726		20	367	367	1,468	
23 HOT WATER BOILER	2004	7,344		20	370	370	1,480	
24 ALUMINUM STREET SIGN DISP	2005	3,700		10	213	213	835	
25 FIRE ALARMS/SMOKE DETECTORS	2005	2,134		10	155	155	607	
26 TURNBURY INSULATED DOME	2005	1,345		20	232	232	908	
27 STEEL PEDESTRIAN DOORS	2005	4,630		15	105	105	403	
28 RED OAK UNFINISHED DOO	2005	1,380		10	529	529	1,984	
29 FIRE DAMPERS	2005	5,294		10	1,652	1,652	6,057	
30 SECURITY SYSTEM	2005	16,519		10	752	752	2,758	
31 SMOKE DAMPER MOTORS	2005	7,524		8	1,358	1,358	4,866	
32 ASPHALT REPLACEMENT	2005	10,862		10	259	259	928	
33 SMOKE DAMPER MOTORS	2005	2,585		10	125,165	125,165	1,392,112	
34 TOTAL (lines 1 thru 33)		\$ 3,558,361	\$ 80,405		\$	\$ 44,760	\$ 1,392,112	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
Totals from Page 12C, Carried Forward		\$ 3,558,361	\$ 80,405		\$ 125,165	\$ 44,760	\$ 1,392,112	
BOILER REPLACEMENT	2005	18,998		20	950	950	3,167	
SECURITY SYSTEM	2005	2,400		10	240	240	780	
FIRE ALARM DEVICES INSTALL	2005	4,687		10	469	469	1,524	
HOT WATER HEATER EXCHAN	2005	27,374		10	2,737	2,737	8,667	
VINYL FENCE & WALK GATE	2005	3,841		10	384	384	1,216	
SATELLITE TV & INTERNET (\$12,699 TO NME '08 CC AUDIT)	2005							
DOOR HOLDERS	2006	3,524		10	352	337	969	
HOT WATER COILS-OFFICE	2006	4,472		10	447	447	1,267	
ADD CONCRETE TO PATIO	2006	8,476		15	565	565	1,507	
ROOF WORK	2006	4,560		20	228	228	589	
EGRESS DOORS	2006	1,651		10	165	165	413	
DOORS	2006	1,631		10	163	163	1,145	
CABLE SPLITTERS, WALL PL	2006	16,577		20	829	829	1,658	
ALARM & SPRINKLER INSPECTION (\$3,640 REMOVED '08 C	2007							
FAN COIL UNIT	2007	5,215		10	522	522	820	
PEARLESS FENCE	2007	2,576		15	172	172	272	
SEALCOATING & CRACK SEALING	2007	4,525		8	566	566	707	
PS-35 PYROTRONICS POWER SUPPLY (41,992 REM '08 CCA	2007							
DOORS	2007	2,585		10	259	259	281	
CHILLER	2008	105,846		10	4,452	4,452	4,452	
AIR HANDLER/PNEUMATIC CONTROL	2008	3,300		10	302	302	302	
INSTALL DOORS (1ST-3RD FLOOR)	2008	2,597		10	238	238	238	
COMDIAL MP5000	2008	14,730		10	1,450	1,350	1,350	
CHILLER REPLACEMENT PROJ	2008	9,740		10	812	812	812	
INSTALL DOORS (JENEN/GARBAGE)	2008	2,212		10	166	166	166	
FIRE SPRINKLER SUBCONTRACTOR	2008	6,965		10	464	464	464	
INSTALL NEW CONDENSER & EVAPORATOR	2008	6,191		10	413	413	413	
SECURITY UNIT	2008	6,740		10	393	393	393	
REPAIR FIRE PUMP RUN TIMER	2008	6,318		10	263	263	263	
POWER SUPPLY & DOME CAMERA	2008	1,099		10				
REPAIR/REPLACE THERMOSTATIC VALVE-HOT WATERS	2008	3,086		10				
TOTAL (lines 1 thru 33)		\$ 3,841,080	\$ 103,367		\$ 143,046	\$ 22,962	\$ 1,425,953	
						\$ 39,679	\$ 1,425,953	

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WOOD GLEN NURSING & REHAB CTR  
 XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward								
2 ALLOCATIONS FROM PLATINUM (110)								
3 BUILDING (CONSTRUCTED 1955; PURCH 2004)	2004	3,841,080	103,367		143,046	39,679	1,425,953	1
4 FIRE ALARM & SECURITY SYSTEM	2004	39,933						2
5 PAINTING	2004	249						3
6 CARPETING	2004	268						4
7 BLINDS	2004	559						5
8 REMODELING-FLOORS, LIGHTS, PLUMBING & WALLS	2005	131						6
9 REMODELING-WALLS	2005	192						7
10 BATHROOM REMODELING	2005	1,916						8
11 BATHROOM REMODELING	2005	77						9
12 BATHROOM REMODELING	2005	192						10
13 BATHROOM REMODELING	2006	280						11
14 WINDOWS	2006	1,097						12
15 TRUCK POINTING	2006	479						13
16 REMODEL PARENTS OFFICE	2008	161						14
17	2008	591						15
18			1,188		1,188			16
19								17
20								18
21								19
22								20
23								21
24								22
25								23
26								24
27								25
28								26
29								27
30								28
31								29
32								30
33								31
34 TOTAL (lines 1 thru 33)		\$ 3,887,200	\$ 104,555		\$ 144,234	\$ 39,679	\$ 1,425,953	32
								33
								34






\*\*Improvement type must be detailed in order for the cost report to be considered complete.



# MAPQUEST

Total Time: 25 minutes    Total Distance: 15.73 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |  |         |
|---|--|---------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi  |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi  |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 12.4 mi |
|  | 4: Turn LEFT onto IL-38/LINCOLN HWY. Continue to follow IL-38.       | 3.2 mi  |
|  | 5: End at 1101 E State St Geneva, IL 60134-2438                      |         |

B: 1101 E State St, Geneva, IL 60134-2438

Total Time: 25 minutes    Total Distance: 15.73 miles

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Facility Name & ID Number: Provena Geneva Care Center  
 X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,000 B. General Construction Type: Exterior Brick Frame \_\_\_\_\_ Number of Stories 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_

2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_

4. Dates Incurred: \_\_\_\_\_

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1				750,000
2				
3	TOTALS			750,000



R. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Bed#	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
		1998		\$	\$	30	\$	\$	\$
4	107			5,000,000	166,667		166,667		1,750,000
5									
6									
7									
8									
9	Improvement Type**								
10	Various	1999	2000	20,948	1,920	8	1,920		20,923
11	Various	2001	2001	5,712	571	10	571		4,856
12	Various	2002	2002	638,937	24,812	15	24,812		193,981
13	Various	2003	2003	1,368	450	15	450		403
14	Various	2004	2004	74,217	6,516	10	6,516		37,254
15	Various			79,771	7,599	11	7,599		33,387
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Provena Geneva Care Center  
 XI. OWNERSHIP COSTS (continued)  
 B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CARPET FOR LOBBY, CORRID	32,460	6,492	5	6,492		25,968	37
38	TEKNOFOR FOR DINING ROO	19,900	1,990	10	1,990		6,965	38
39	REPLACE KITCHEN ISLAND	15,571	1,557	10	1,557		5,450	39
40	MASONRY RESTORATION	4,375	875	5	875		569	40
41	GREASE TRAP	1,625	163	10	163		327	41
42	INSTALL 5 THERMOSTATS	933	93	10	93		396	42
43	REPLACEMENT OF DUCT WORK	745	149	5	149		270	43
44	PERSONALIZED BRICKS FOR	675	68	10	68		3,063	44
45								45
46	NEW FLOORING FOR PRAYER	21,165	4,233	5	4,233		10,583	46
47	NEW ELECTRICAL PANELS	14,375	958	15	958		2,396	47
48	ROOF REPAIRS ON 100, 200, &	4,800	480	10	480		1,200	48
49	ELECTRIC FIRE REPAIR	2,378	238	10	238		713	49
50	AIR HANDLER	2,205	221	10	221		551	50
51								51
52	PARKING LOT SEALCOAT,RESURFACE,OVERLAY,REPAIR	50,590	6,324	8	6,324		9,486	52
53	25 TRANE COOLING UNITS	44,862	2,991	15	2,991		4,486	53
54	2 NEW AUTO SLIDING DOORS IN ENTRY WAY	46,575	4,658	10	4,658		6,336	54
55	CONSTRUCTION-ELECTRIC WINDOWS TO OPEN DOORWA	20,058	1,337	15	1,337		2,006	55
56	ROOFING REPAIRS	7,585	759	10	759		1,517	56
57	CONVERSION OF ICF TO SNF	3,280	219	15	219		318	57
58	PHONE SYSTEM PORT INSTAL	1,712	171	10	171		257	58
59								59
60	CINEMA SYSTEM	11,150	796	7	1,593	796	796	60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	6,127,972	243,305		244,101	796	2,175,254	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Florence Nursing Home Marengo

Florence Nursing Home  
546 East Grant Highway  
Marengo, IL 60152  
Reference Numbers Facility ID 6003180  
Health Service Area 008 Planning Service Area 111  
Administrator David Abel

ADMISSION RESTRICTIONS  
1 Aggravated/Abuse-Social  
1 Chronic Alcoholism  
1 Developmentally Disabled  
1 Drug Addiction  
1 Medicare Recipient  
1 Mental Illness  
1 Non-Ambulatory  
1 Non-Mobile  
1 Public Aid Recipient  
1 Under 65 Years Old  
1 Unable to Self-Medicate  
1 Ventilated Dependent  
1 Infectious Disease w/ Isolation  
1 Other Restrictions  
1 No Restrictions  
Date Completed 5/7/2008  
Registered Agent Information  
Contact Person and Telephone Keith Miller 815-568-8322

RESIDENTS BY PRIMARY DIAGNOSIS  
1 Neoplasms  
3 Endocrine/Metabolic  
0 Blood Disorders  
5 Nervous System Non Alzheimer  
5 Alzheimer Disease  
0 Mental Illness  
0 Developmental Disability  
1 Coronary System  
1 Respiratory System  
0 Digestive System  
3 Cardiovascular System Disorders  
0 Skin Disorders  
2 Musculo-skeletal Disorders  
1 Injuries and Poisonings  
0 Other/Medical Conditions  
0 Non-Medical Conditions  
25 TOTALS

ADMISSIONS AND DISCHARGES - 2007  
Residents on 1/1/2007 30  
Total Admissions 2007 26  
Total Discharges 2007 34  
Residents on 12/31/2007 25

FACILITY UTILIZATION - 2007  
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE  
Licensed Beds 11874  
Medicare 0  
Medicaid 0  
Other 11874  
Total 11874

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007  
Nursing Care 0  
Skilled Under 22 0  
Intermediate DD 0  
Sheltered Care 0  
TOTALS 0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Florence Nursing Home Marengo

Florence Nursing Home  
546 East Grant Highway  
Marengo, IL 60152  
Reference Numbers Facility ID 6003180  
Health Service Area 008 Planning Service Area 111  
Administrator David Abel

ADMISSION RESTRICTIONS  
1 Aggravated/Abuse-Social  
1 Chronic Alcoholism  
1 Developmentally Disabled  
1 Drug Addiction  
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1 Non-Ambulatory  
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1 Other Restrictions  
1 No Restrictions  
Date Completed 5/7/2008  
Registered Agent Information  
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RESIDENTS BY PRIMARY DIAGNOSIS  
1 Neoplasms  
3 Endocrine/Metabolic  
0 Blood Disorders  
5 Nervous System Non Alzheimer  
5 Alzheimer Disease  
0 Mental Illness  
0 Developmental Disability  
1 Coronary System  
1 Respiratory System  
0 Digestive System  
3 Cardiovascular System Disorders  
0 Skin Disorders  
2 Musculo-skeletal Disorders  
1 Injuries and Poisonings  
0 Other/Medical Conditions  
0 Non-Medical Conditions  
25 TOTALS

ADMISSIONS AND DISCHARGES - 2007  
Residents on 1/1/2007 30  
Total Admissions 2007 26  
Total Discharges 2007 34  
Residents on 12/31/2007 25

FACILITY UTILIZATION - 2007  
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE  
Licensed Beds 11874  
Medicare 0  
Medicaid 0  
Other 11874  
Total 11874

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007  
Nursing Care 0  
Skilled Under 22 0  
Intermediate DD 0  
Sheltered Care 0  
TOTALS 0

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	25	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	0	0	0	0	25	0	25

RESIDENTS BY RACIETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic/Pac. Isl.	0	0	0	0	0	0
White	25	0	0	0	0	25
Race Unknown	0	0	0	0	0	0
Total	25	0	0	0	0	25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0	0	0	0	1,401,212	0	1,401,212

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)









Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
0	0	0	0	1,401,212	0	1,401,212

227

# MAPQUEST

Total Time: 25 minutes    Total Distance: 19.72 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |         |
|---|--|---------|
|  | 1: Start out going SOUTH on CAPITAL ST toward ALFT LN.   | 0.2 mi  |
|  | 2: Turn LEFT onto ALFT LN.   | 0.1 mi  |
|  | 3: Turn LEFT onto N RANDALL RD/CR-34 N.  | 0.4 mi  |
|  | Merge onto I-90 W/JANE ADDAMS MEMORIAL TOLLWAY<br>4: via the ramp on the LEFT toward ROCKFORD (Portions toll). | 10.1 mi |
|  | 5: Take the US-20 exit toward HAMPSHIRE/MARENGO.   | 0.4 mi  |
|  | 6: Take the ramp toward MARENGO/UNION.   | 0.0 mi  |
|  | 7: Turn LEFT onto US-20/ULYSSES S GRANT MEMORIAL HWY.  | 8.5 mi  |
|  | 8: End at 546 E Grant Hwy Marengo, IL 60152-3346   |         |

**B: 546 E Grant Hwy, Marengo, IL 60152-3346**

Total Time: 25 minutes    Total Distance: 19.72 miles

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Facility Name & ID Number: Florence Nursing Home  
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 12,500 B. General Construction Type: Exterior Brick Frame 2  
 C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI or Schedule XII-A. See instructions.)  
 D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities, owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  
 - If so, please complete the following:

1. Total Amount Incurred: 90,120 2. Number of Years Over Which it is Being Amortized: 15  
 3. Current Period Amortization: 6,008 4. Dates Incurred: 1996, 2004

Nature of Costs:  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4
	Use	Square Feet	Year Acquired	Cost
1	Facility			\$ 400,000
2				\$
3	TOTALS			\$ 400,000










# MAPQUEST

Total Time: 19 minutes Total Distance: 14.03 miles

A: 1754-1760 Capital St, Elgin, IL 60124-7890

- |   |  |         |
|---|--|---------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.             | 0.1 mi  |
|  | 2: WESTFIELD DR becomes MASON RD.                                    | 0.0 mi  |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S. | 3.4 mi  |
|  | 4: Merge onto US-20 E toward ELGIN/CHICAGO.                          | 10.6 mi |
|  | 5: End at 2016 W Lake St Hanover Park, IL 60133-4302                 |         |

B: 2016 W Lake St, Hanover Park, IL 60133-4302

Total Time: 19 minutes Total Distance: 14.03 miles









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# MAPQUEST

Total Time: 16 minutes    Total Distance: 12.26 miles

**A: 1754-1760 Capital St, Elgin, IL 60124-7890**

- |   |  |        |
|---|--|--------|
|  | 1: Start out going EAST on WESTFIELD DR toward MASON RD.                 | 0.1 mi |
|  | 2: WESTFIELD DR becomes MASON RD.  | 0.0 mi |
|  | 3: Turn RIGHT onto N RANDALL RD/CR-34 S. Continue to follow CR-34 S.     | 3.4 mi |
|  | 4: Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY toward ELGIN/CHICAGO. | 7.4 mi |
|  | 5: Take the IL-59 ramp toward BARRINGTON/WEST CHICAGO.                   | 0.2 mi |
|  | 6: Turn RIGHT onto IL-59/SUTTON RD.                                      | 0.9 mi |
|  | 7: Turn LEFT onto W BARTLETT RD.   | 0.3 mi |
|  | 8: End at 805 W Bartlett Rd Bartlett, IL 60103-4401                      |        |

**B: 805 W Bartlett Rd, Bartlett, IL 60103-4401**

Total Time: 16 minutes    Total Distance: 12.26 miles

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Facility Name	# of Licensed Nursing Beds		Nursing Occupancy	Potential Beds (Under/Over 90%)		ALOS	# of Cert. Beds (Medicare/Medicaid)		Avg. Daily Rates (Single/Double)		# of Beds Licent (Skilled/NCE)		Peak Beds (Set/Up)		Peak Set-Up Beds Util.	Potential Beds (Under/Over 90%)	GSF/Bed	Age of Facility
	Nursing	Other		Medicare	Medicaid		Single	Double	Skilled	NCE	Set/Up	Set/Up	Under	Over				
Rosewood Care Center of Elgin	139	94	67.4%	3.7	1,192	94	42	41	157	134	139	135	90.0%	0.1	311	15		
Apostolic Christian Resthaven	50	1,192	98.0%	-4.0	54	0	50	178	153	50	50	50	98.0%	-4.0	452	24		
Sherman West Court	120	54	78.0%	14.4	442	54	20	184	154	154	120	120	78.0%	14.4	336	18		
Asta Care Center of Elgin	102	442	89.1%	0.9	307	23	203	145	140	52	100	100	90.9%	-0.9	181	21		
Maplewood Care	203	307	91.4%	-2.9	111	88	81	230	205	88	82	82	87.8%	-2.9	263	44		
Manor Care - Elgin	88	111	81.9%	7.2	384	206	206	160	140	140	206	206	79.8%	21.1	199	21		
Tower Hill Healthcare Center	208	384	79.8%	21.1	129	14	90	125	119	17	76	80	78.2%	9.4	169	39		
South Elgin Rehab & Hlthcare Ct	90	129	69.5%	18.4	432	94	94	195	150	94	94	94	86.8%	3.0	360	20		
Heritage Manor-Elgin	94	432	86.8%	3.0	158	217	217	280	214	217	198	198	83.9%	11.9	286	31		
Alden-Poplar Creek Rehab & Care	217	158	75.8%	30.8	105	214	214	215	184	224	224	224	72.3%	39.7	375	18		
Lexington of Streamwood (1)	224	105	72.3%	39.7	336	114	114	0	175	114	111	111	94.7%	-5.2	202	37		
Crystal Pines Rehab & HCC	114	336	92.2%	-2.5	75	75	59	357	245	150	130	130	83.5%	8.5	397	29		
Alden Estates of Barrington, Inc.	150	75	72.4%	26.5	139	120	60	309	209	120	120	120	85.9%	4.9	397	29		
Provena Pine View Care Center	120	139	85.9%	4.9	39	97	0	242	183	87	97	97	71.1%	18.3	369	10		
Fountains at Crystal Lake	97	39	71.1%	18.3	73	38	10	157	136	109	109	109	69.4%	22.5	801	21		
Rosewood Care Ctr St Charles	109	73	69.4%	22.5	183	40	8	215	173	46	46	46	91.7%	-0.8	373	29		
Fair Oaks Health Care Center	46	183	91.7%	-0.8	356	99	99	295	218	99	99	99	97.7%	-7.6	373	29		
Covenant Health Care Center	99	356	97.7%	-7.6	165	250	190	312	259	250	248	248	89.8%	0.5	400	19		
Friendship Village Schaumburg	250	165	89.1%	2.3	101	155	155	225	201	155	145	145	86.7%	4.8	249	32		
Manor Care - Rolling Meadows	155	101	81.1%	13.8	48	58	24	123	123	142	142	142	70.8%	27.3	413	9		
Rosewood Care Center Inverness	142	48	70.8%	27.3	122	224	224	123	123	164	214	214	92.1%	-4.6	400	19		
Lexington of Schaumburg	214	122	92.1%	-4.6	909	207	207	180	160	207	207	207	98.7%	-18.0	336	21		
Wood Glen Nursing & Rehab Ctr	207	909	98.7%	-18.0	239	63	73	253	207	34	73	107	88.6%	1.5	240	21		
Provena Geneva Care Center	107	239	88.6%	1.5	403	28	4	150	145	49	52	52	61.5%	14.8	326	23		
Florence Nursing Home	52	403	61.5%	14.8	134	2572	2461	\$197.80	\$172.84	3149	248	3317	85.2%	180.5	326	23		
<b>Total</b>	<b>3395</b>	<b>134</b>	<b>83.2%</b>	<b>230.7</b>	<b>78%</b>	<b>72%</b>	<b>78%</b>	<b>72%</b>										

New Permits  
Church Street Station Skilled Nsg (2) 150  
Assisi HCC at Clare Oaks (3) 270  
3,665

\* This data was taken directly from the Illinois Healthcare and Family Services Facility Cost Reports and IDPH Inventory of Health Care Facilities and Services and Need Determinations-1990.  
Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
www.mapquest.com

- (1) Received permission on 6/03/08 to decrease number of nursing care beds from 224 to 214.
- (2) P-06-048 offered to reduce the approved number of nursing care beds from 237 to 150 effective 6/12/07.
- (3) P-05-002 issued to construct a facility with 120 nursing care beds and 33 sheltered care beds effective 8/5/05. Licensed on 6/2/08.

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2007

HEALTH SERVICE AREA		LTC PLANNING AREA		LTC PLANNING AREA	
LTC PLANNING AREA		LTC PLANNING AREA		LTC PLANNING AREA	
State of Illinois		State of Illinois		State of Illinois	
008	Kane	008	Kane	008	Kane
RESIDENTS BY PRIMARY DIAGNOSIS					
19	Neoplasms	44			
6	Endocrine/Metabolic	218			
22	Blood Disorders	78			
1	Nervous System Non-Alzheimer	81			
2	Alzheimer Disease	185			
17	Mental Illness	433			
1	Developmental Disability	180			
1	Circulatory System	349			
5	Respiratory System	191			
0	Digestive System	43			
1	Genitourinary System Disorders	77			
24	Skin Disorders	21			
9	Musculo-skeletal Disorders	237			
2	Injury and Poisoning	82			
4	Other Medical Conditions	182			
	Non-Medical Conditions	42			
	TOTALS	2,388			

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	293	1,261	0	40	520	1	2,135
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	189	0	1	2	0	172
Sheltered Care	0	0	0	0	81	0	81
TOTALS	293	1,450	0	41	603	1	2,388

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	18	0	0	0	18
Amer. Indian	7	0	1	0	8
Black	142	0	14	1	157
Hawaiian/Pac. Isl.	9	0	1	0	10
White	1,944	0	147	80	2,171
Race Unknown	15	0	0	0	15
Total	2,135	0	172	81	2,388

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
28.3%	41.2%	0.2%	3.0%	27.3%	0.1%
40,091,102	58,382,786	335,782	4,242,240	38,775,410	145,149
				141,907,369	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2007

HEALTH SERVICE AREA		LTC PLANNING AREA		LTC PLANNING AREA	
LTC PLANNING AREA		LTC PLANNING AREA		LTC PLANNING AREA	
State of Illinois		State of Illinois		State of Illinois	
008	Kane	008	Kane	008	Kane
ADMISSION RESTRICTIONS					
19	Aggressive/Alc. Social	19			
6	Chronic Alcoholism	6			
22	Developmentally Disabled	22			
1	Drug Addiction	1			
2	Medicaid Recipient	2			
17	Medicare Recipient	17			
1	Mental Illness	1			
20	Non-Residential	20			
0	Non-Medical	0			
9	Public Aid Recipient	9			
2	Under 65 Years Old	2			
FACILITIES REPORTED BY OWNERSHIP TYPE					
0	Governmental Ownership	0			
16	Non-Profit Ownership	16			
15	For Profit Ownership	15			
Note: Reported restrictions denoted by '1'					

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	2,548	2,517	2,135	421	1,930	1	2,331
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	173	173	172	1	141	0	519
Sheltered Care	152	103	81	71	0	0	2,368
TOTAL BEDS	2,881	2,793	2,793	493	1,884	2071	

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	100,069	454,409	84,330	229,279	788,757	86,036	1,638,871
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	60,884	118,330	1,274	92,156	22,188	0	182,652
Sheltered Care	106,169	515,293	69,220	252,719	874,061	85,776	1,808,238

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 10	1	0	0	0	0	0	0	0	1	0	1
10 to 14	65	30	0	0	45	77	0	0	130	107	237
15 to 19	132	105	0	0	22	19	0	1	154	125	279
20 to 24	70	65	0	0	3	2	3	0	78	67	145
25 to 29	114	122	0	0	0	3	3	4	118	129	247
30 to 34	161	378	0	0	0	0	7	4	168	383	551
35 to 39	161	890	0	0	0	0	18	41	179	731	910
40 to 44	744	1,381	0	0	71	101	31	50	846	1,542	2,388

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

ILLINOIS LONG-TERM CARE DATA SUMMARY - CALENDAR YEAR 2007

State of Illinois

ILLINOIS LONG-TERM CARE DATA SUMMARY - CALENDAR YEAR 2007

State of Illinois

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE				AVERAGE DAILY PAYMENT RATES			
	Medicare	Other Medicaid	Private Insurance	Charity Care	LEVEL OF CARE	SINGLE	DOUBLE	DOUBLE
Nursing Care	10,500	49,094	633	1,442	18,859	106	81,238	184
Skilled Under 22	0	767	1	10	0	770	208	143
Intermediate DD	0	5,843	86	48	32	0	5,987	172
Sheltered Care	0	0	15	7	2,397	82	2,561	0
<b>TOTALS</b>	<b>10,500</b>	<b>58,504</b>	<b>720</b>	<b>1,498</b>	<b>21,687</b>	<b>188</b>	<b>90,505</b>	<b>305</b>

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING				Totals
	Nursing	Skilled Under 22	Intermediate DD	Sheltered	
Asian	1,056	16	48	3	1,123
Am. Indian	67	0	10	0	77
Black	14,089	223	765	7	15,088
Hawaiian/Pac. Isl.	45	0	23	0	68
White	63,325	400	5,112	2,482	73,409
Race Unknown	658	46	31	9	742
<b>Total</b>	<b>81,238</b>	<b>779</b>	<b>5,987</b>	<b>2,503</b>	<b>90,505</b>

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE				AVERAGE DAILY PAYMENT RATES			
	Medicare	Other Medicaid	Private Insurance	Charity Care	LEVEL OF CARE	SINGLE	DOUBLE	DOUBLE
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Intermediate DD	0	5,843	86	48	32	0	5,987	172
Sheltered Care	0	0	15	7	2,397	82	2,561	0
<b>TOTALS</b>	<b>10,500</b>	<b>58,504</b>	<b>720</b>	<b>1,498</b>	<b>21,687</b>	<b>188</b>	<b>90,505</b>	<b>305</b>

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING				Totals
	Nursing	Skilled Under 22	Intermediate DD	Sheltered	
Asian	1,056	16	48	3	1,123
Am. Indian	67	0	10	0	77
Black	14,089	223	765	7	15,088
Hawaiian/Pac. Isl.	45	0	23	0	68
White	63,325	400	5,112	2,482	73,409
Race Unknown	658	46	31	9	742
<b>Total</b>	<b>81,238</b>	<b>779</b>	<b>5,987</b>	<b>2,503</b>	<b>90,505</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING				Totals
	Nursing	Skilled Under 22	Intermediate DD	Sheltered	
Hispanic	2,180	72	159	2	2,423
Non-Hispanic	76,790	690	5,744	2,397	85,621
Ethnicity Unknown	2,258	17	84	102	2,461
<b>Total</b>	<b>81,238</b>	<b>779</b>	<b>5,987</b>	<b>2,501</b>	<b>90,505</b>

LEVEL OF CARE	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)			
	Medicare	Other Public	Private Insurance	Private Pay
Nursing Care	27.1%	44.8%	1.9%	24.0%
Skilled Under 22	1,392,247,281	2,291,845,965	95,507,540	128,897,782
Intermediate DD	1,231,603,157	5,139,901,935	11,704,585	0.2%
Sheltered Care	0.2%	0.2%	0.2%	0.2%
<b>TOTALS</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

LEVEL OF CARE	NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)			
	Medicare	Other Public	Private Insurance	Private Pay
Nursing Care	27.1%	44.8%	1.9%	24.0%
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Intermediate DD	1,231,603,157	5,139,901,935	11,704,585	0.2%
Sheltered Care	0.2%	0.2%	0.2%	0.2%
<b>TOTALS</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Note: This report does not include facilities operated by the Illinois Department of Human Services. See State of Illinois, DHS Facilities

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Note: This report does not include facilities operated by the Illinois Department of Human Services. See State of Illinois, DHS Facilities

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007				TOTAL	Male	Female	GRAND TOTAL
	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered				
Under 18	2	0	0	0	2	0	2	2
18 to 44	2,573	1,441	298	190	4,502	2,127	2,375	4,502
45 to 59	5,124	3,970	21	26	9,141	4,108	5,033	9,141
60 to 84	2,245	2,304	1	2	4,552	2,011	2,541	4,552
65 to 74	4,514	5,699	3	2	10,218	4,794	5,424	10,218
75 to 84	6,895	14,221	0	0	21,116	10,000	11,116	21,116
85+	6,331	24,963	0	1	31,294	15,000	16,294	31,294
<b>TOTALS</b>	<b>28,664</b>	<b>52,528</b>	<b>444</b>	<b>335</b>	<b>81,971</b>	<b>37,947</b>	<b>44,024</b>	<b>81,971</b>

LEVEL OF CARE	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE				TOTAL	Medicare	Private Pay	Other Public	Charity Care
	Medicare	Private Pay	Other Public	Charity Care					
Nursing Care	3,853,605	17.6%	10,280,735	57.8%	14,134,340	29,690,141	78.3%	4,127,239	6.96%
Skilled Under 22	0	0%	274,873	88.1%	274,873	279,520	84.2%	4,647	0.4%
Intermediate DD	3,964	0.3%	2,143,707	83.5%	2,147,671	2,162,230	99.7%	15,441	0.7%
Sheltered Care	0	0%	0	0%	0	882,245	80.5%	0	0%
<b>TOTALS</b>	<b>3,853,605</b>	<b>17.6%</b>	<b>20,717,315</b>	<b>80.6%</b>	<b>24,570,920</b>	<b>33,014,136</b>	<b>78.5%</b>	<b>8,874,721</b>	<b>3.6%</b>

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Sheltered Care	0	0%	0	0%	0	882,245	80.5%	0	0%
<b>TOTALS</b>	<b>3,853,605</b>	<b>17.6%</b>	<b>20,717,315</b>	<b>80.6%</b>	<b>24,570,920</b>	<b>33,014,136</b>	<b>78.5%</b>	<b>8,874,721</b>	<b>3.6%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007				TOTAL	Male	Female	GRAND TOTAL
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Under 18	2	0	0	0	2	0	2	2
18 to 44	2,573	1,441	298	190	4,502	2,127	2,375	4,502
45 to 59	5,124	3,970	21	26	9,141	4,108	5,033	9,141
60 to 84	2,245	2,304	1	2	4,552	2,011	2,541	4,552
65 to 74	4,514	5,699	3	2	10,218	4,794	5,424	10,218
75 to 84	6,895	14,221	0	0	21,116	10,000	11,116	21,116
85+	6,331	24,963	0	1	31,294	15,000	16,294	31,294
<b>TOTALS</b>	<b>28,664</b>	<b>52,528</b>	<b>444</b>	<b>335</b>	<b>81,971</b>	<b>37,947</b>	<b>44,024</b>	<b>81,971</b>

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Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

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## SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

### Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

#### SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

The Applicant is proposing a 120 bed, three story, all private room, skilled nursing care facility comprising of 61,196 gross square feet. This results in 509.97 gross square feet per bed. Although this is more than the existing gross square footage standard of 414 square feet per bed, it is well within the range of projects previously approved and within the range of the proposed standard of up to 715 square feet per bed. Appended as **ATTACHMENT-13A** is a chart of projects' size for applications previously approved. Appended as **ATTACHMENT-13B** is a copy of the proposed 77 IAC 1110 Appendix B that cites the proposed range of square footage per bed for projects establishing the nursing category of care.

2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:

- a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

Although the square footage per bed exceeds the current standards of 414 gross square feet per bed, the State has recognized that these standards are extremely outdated and has proposed rule changes the standard to 435 to 713 for new facility building gross square foot.

The proposed space is needed due to programmatic, clinical and operations needs. The Applicant is proposing a facility with all private accommodations and private bathrooms. In addition to the privacy and independence benefits of these amenities for the residents, there is also clinical benefits to include: infection control like MRSA; admit/readmit isolation residents, especially if they have IV therapies and

complicated wound care needs; residents with dementia and behaviors more readily and often times require a private room until; it is very important for our hospice patient and their family be allowed to spend final days together in a private room setting; the resident who is admitted to the facility in order to rehabilitate and return to the community heals and progresses much faster in the correct setting. It is very difficult for a much younger 50 plus year old resident who is admitted for further rehab post op to share a room with a the long term placed resident. Therefore, the short term resident requires a private room.

N/A

b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

N/A

c. The project involves the conversion of existing bed space that results in excess square footage.

Historical Project's Square Foot  
per Bed

IHPB Project #	Facility Name	# of Nrsrg Beds	Nursing GSF	Nursing GSF/Bed
04-060	Prairieview at the Garlands(CCRC)	20	7,080	354.0
05-064	Asbury Nursing Pavilion & Rehab Ctr (CCRC)	75	26,842	357.9
07-011	Rock Island County Care Center	245	95,868	391.3
02-023	Meridian Village (CCRC)	39	15,897	407.6
02-085	Manor Court of Peru(campus)	66	27,166	411.6
02-012	Hawthorne Inn of Princeton (campus)	59	24,400	413.6
01-062	Clinton Manor	60	24,840	414.0
03-063	Hawthorne Manor of Freeport(CCRC)	45	18,630	414.0
04-059	Hawthorne Manor of Peoria(CCRC)	50	20,700	414.0
04-088	Clinton Manor	74	31,321	423.3
01-013	John J. Kelly Illinois Veterans' Home	58	25,039	431.7
06-079	Morris Healthcare & Rehab Center	142	62,450	440.1
04-019	Oak Hill	131	60,700	463.4
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
03-085	Champaign County Nursing Home	209	106,117	507.7
<b>Proposed Project</b>	<b>The Addison Rehab &amp; Living Center</b>	<b>120</b>	<b>61196</b>	<b>510.0</b>
05-002	Clare Oaks	120	62,050	517.1
07-084	Palos Hills Extended Care	179	95,094	531.3
07-063	Meridian Village(Campus)	64	34,090	532.7
03-082	Valley Hi Nursing Home	127	68,214	537.1
08-062	Manor Court of Maryville	120	67,000	558.3
05-003	Apostolic Christian Restmor (campus)	116	65,440	564.1
05-017	Plymouth Place (campus)	86	49,552	576.2
08-089	Meadowbrook Manor Geneva (on file only)	150	89402	596.0
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
00-036	Classic Residence by Hyatt at the Glen (CCRC)	38	24,137	635.2
07-065	Fox River Pavilion	99	63,108	637.5
07-102	Alden Estates of Shorewood (campus)	100	65,300	653.0
07-040	The Mather (CCRC)	37	24,575	664.2
08-080	Concordia Village(on file only)	64	43,005	672.0
08-083	Greenfields of Geneva	40	27,297	682.4
08-097	Hickory Point Christian Village, Forsyth	47	32,519	691.9
07-114	Good Samaritan Home (campus)	203	142,856	703.7
02-036	Smith Crossing (CCRC)	30	21,223	707.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-082	Victorian Village, HomerGlen	50	39,030	780.6
04-089	The Clare at Water Tower (CCRC)	32	25,201	787.5
08-073	Monarch Landing	24	21,134	880.8
07-137	Admiral at the Lake (CCRC)	36	32,292	897.0
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
03-066	St. Joseph Village	54	57,046	1,056.4
03-018	Manor Care Health Services - Streamwood	120		
<b>Total/Average</b>		<b>3,723</b>	<b>2,005,318</b>	<b>538.6</b>

Historical Project's Square Foot  
per Bed

05-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
05-002	Clare Oaks	120	62,050	517.1
05-003	Apostolic Christian Restmor (campus)	116	65,440	564.1
05-017	Plymouth Place (campus)	86	49,552	576.2
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
05-064	Asbury Nursing Pavilion & Rehab Ctr (CCRC)	75	26,842	357.9
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
07-011	Rock Island County Care Center	245	95,868	391.3
07-040	The Mather (CCRC)	37	24,575	664.2
07-063	Meridian Village(Campus)	64	34,090	532.7
07-065	Fox River Pavilion	99	63,108	637.5
07-084	Palos Hills Extended Care	179	95,094	531.3
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-114	Good Samaritan Home (campus)	203	142,856	703.7
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
08-062	Manor Court of Maryville	120	67,000	558.3
08-073	Monarch Landing	24	21,134	880.6
08-080	Concordia Village(on file only)	64	43,005	672.0
08-082	Victorian Village, HomerGlen	50	39,030	780.6
08-083	Greenfields of Geneva	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth	47	32,519	691.9
08-099	Meadowbrook Manor Geneva (on file only)	150	89,402	596.0
Proposed Project	The Addison Rehab & Living Center	120	61,196	510.0
Total/Average		2,511	1,447,607	576.5

06-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
07-011	Rock Island County Care Center	245	95,868	391.3
07-040	The Mather (CCRC)	37	24,575	664.2
07-063	Meridian Village(Campus)	64	34,090	532.7
07-065	Fox River Pavilion	99	63,108	637.5
07-084	Palos Hills Extended Care	179	95,094	531.3
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-114	Good Samaritan Home (campus)	203	142,856	703.7
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
08-062	Manor Court of Maryville	120	67,000	558.3
08-073	Monarch Landing	24	21,134	880.6
08-080	Concordia Village(on file only)	64	43,005	672.0
08-082	Victorian Village, HomerGlen	50	39,030	780.6
08-083	Greenfields of Geneva	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth	47	32,519	691.9
08-099	Meadowbrook Manor Geneva (on file only)	150	89,402	596.0
Proposed Project	The Addison Rehab & Living Center	120	61,196	510.0
Total/Average		1,982	1,163,950	587.3

07-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
07-011	Rock Island County Care Center	245	95,868	391.3
07-040	The Mather (CCRC)	37	24,575	664.2
07-063	Meridian Village(Campus)	64	34,090	532.7
07-065	Fox River Pavilion	99	63,108	637.5
07-084	Palos Hills Extended Care	179	95,094	531.3
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-114	Good Samaritan Home (campus)	203	142,856	703.7
07-137	Admiral at the Lake (CCRC)	36	32,292	897
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08-099	Meadowbrook Manor Geneva (on file only)	150	89,402	596.0
Proposed Project	The Addison Rehab & Living Center	120	61,196	510.0
Total/Average		1,690	1,026,392	607.3



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SECTION 300.2810 APPLICABILITY OF THESE STANDARDS

### Section 300.2810 Applicability of these Standards

#### a) Applicability of New Construction Requirements

- 1) These standards shall apply to all new Long-Term Care Facilities and major alterations and additions to existing Long-Term Care Facilities. (Major alterations are those that are not defined as minor alterations in subsection (f) of this Section.) Long-Term Care Facilities contemplating construction shall contact the Health Facilities Planning Board for information concerning the current requirements.

- 2) Projects for which working drawings and specifications have received final approval by the Department prior to the promulgation of these Standards will only be required to meet those Standards that were in effect at the time that the final approval was given.

- b) When construction is contemplated, either for new buildings or additions or major alterations to existing buildings coming within the scope of these standards, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. Such approval will be based upon compliance with Section 300.2830. Comments or approval will be provided within 30 days of receipt by the Department.

- c) The final working drawings and specifications shall be submitted to the Department for review and approval prior to beginning of construction. For final approval to remain valid, contracts must be signed within one year of the date of final approval. Alternate methods of design development and construction such as fast track shall be acceptable if equivalency can be proved. Comments of approval will be provided within thirty days of receipt by the Department.

- d) Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. Such approval will be based upon compliance with Section 300.2830. Comments or approval will be provided within 30 days of receipt by the Department.

- e) The Department shall be notified at least 30 days before construction has been completed. The Department will then complete a final inspection. Deficiencies noted during the final inspection must be completed before occupancy will be allowed.

- f) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board requirements must be met for all alterations and remodeling projects.

- g) No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the Department and have been reviewed and approved. Such approval will be based upon compliance with Section 300.2820.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2820 CODES AND STANDARDS

### Section 300.2820 Codes and Standards

a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of federal regulations or of any standards of a nationally recognized organization or association refers to the regulations and standards on the date specified and does not include any editions or amendments subsequent to the date specified.

- 1) State of Illinois rules
  - A) Illinois Plumbing Code (77 Ill. Adm. Code 890), Department of Public Health
  - B) Illinois Accessibility Code (71 Ill. Adm. Code 400), Capital Development Board
  - C) Food Service Sanitation Code (77 Ill. Adm. Code 750); Department of Public Health
  - D) Boiler and Pressure Vessel Safety Code (41 Ill. Adm. Code 120), Office of the State Fire Marshal
- 2) Codes and standards
  - A) National Fire Protection Association (NFPA), Standard No. 101: Life Safety Code, 2000 Edition (New Health Care Occupancies), including all appropriate references under Chapter 33, and excluding Chapter 5, Performance Based Options, and all other references to performance based options. NFPA 101A: Alternative Approaches to Life Safety shall not be allowed to establish equivalencies for new construction. In addition to the publications referenced in Chapter 33, the following documents shall be applicable for all long-term care facilities:
    - i) NFPA 17A, Standard for Wet Chemical Extinguishing Systems – 2002 Edition
    - ii) NFPA 20, Standard for the Installation of Stationary

### Pumps for Fire Protection – 1999 Edition

- iii) NFPA 22, Standard for Water Tanks for Private Fire Protection – 1998 Edition
  - iv) NFPA 24, Standard for the Installation of Private Fire Service Mains and Their Appurtenances – 2002 Edition
  - v) NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites – 2001 Edition
  - vi) NFPA 70B, Recommended Practice for Electrical Equipment Maintenance – 2002 Edition
  - vii) NFPA 70E, Standard for Electrical Safety Requirements for Employee Workplaces – 2000 Edition
  - viii) NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures – 2001 Edition
  - ix) NFPA 105, Recommended Practice for the Installation of Smoke-Control Door Assemblies – 1999 Edition
- B) Underwriters' Laboratories, Inc. (UL):
- i) Fire Resistance Directory (2003 Edition)
  - ii) Building Material Directory (2003 Edition)
- C) American Society for Testing and Materials (ASTM) International, Standard No. E90-02 (1996), Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements
- D) American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE):
- i) Handbook of Fundamentals, 2001
  - ii) Handbook of Applications, 1999
- E) International Building Code (2000)
- F) American Society of Mechanical Engineers (ASME) International, ANSI/ASME Standard No. A17.1-2000, Safety Code for Elevators and Escalators

b) In addition to compliance with the standards set forth in this Section, all building codes, ordinances and regulations that are enforced by city, county or other local jurisdictions in which the facility is, or will be, located shall be observed.

c) Where no local building code exists, the recommendations of the 2000

Edition of the International Building Code shall apply.

- d) The local building code or the recommendations of the 2000 Edition of the International Building Code shall apply insofar as such recommendations are not in conflict with the standards set forth in this Part, or with the National Fire Protection Association Standard No. 101: Life Safety Code, 2000.
- e) Amendments to this Section effective November 15, 2003 supersede all other codes and standards incorporated in this Subpart N.

(Source: Expedited Correction at 28 Ill. Reg. 3528, effective November 15, 2003)

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SECTION 300.2830 PREPARATION OF DRAWINGS AND SPECIFICATIONS

### Section 300.2830 Preparation of Drawings and Specifications

- a) The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois:
- b) The first submission shall be the design development drawings indicating in detail the assignment of all spaces, size or areas and rooms, and indicating in outline, the fixed and movable equipment and furniture, and the outline specifications.
- c) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design.
- d) The drawings shall include:
  - 1) a plan of each floor including the basement or ground floor,
  - 2) roof plan,
  - 3) plot plan showing roads, parking areas, and sidewalks,
  - 4) elevations of all facades,
  - 5) sections through the building,
  - 6) identification of all fire and smoke compartmentation.
- e) Outline specifications shall provide a general description of the construction including finishes; acoustical material, floor covering; heating and ventilating systems; description of the electrical system including the emergency electrical system and the type of elevators.
- f) The total gross floor area and bed count shall be shown on the drawings.
- g) A brief narrative of the proposed program shall be submitted with the preliminary drawings and outline specifications.
- h) Following approval of the design development drawings and the outline specifications, working drawings and specifications shall be submitted. All

working drawings shall be well prepared and clean and distinct prints shall be submitted. Drawings shall be accurately dimensioned and include all necessary explanatory notes, schedules and legends. Working drawings shall be complete and adequate for contract purposes. Drawings shall be prepared for each of the following branches of work: Architectural, Structural, Mechanical, Electrical and Plumbing.

1) The architectural drawings shall show:

- A) Site plan showing all topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be landscaped. All structures which are to be removed under the construction contract shall be shown.
- B) Plan of each floor and roof.
- C) Elevation of each facade.
- D) Sections through building.
- E) Elevators and dumbwaiters drawings delineating shaft details and dimensions, sizes of cab platforms and doors, travel distances including elevation height of landings, pit sizes, and machine rooms.
- F) Kitchen, laundry, clean and soiled utility room, special care areas, and similar areas detailed at a scale to show the locations, type, size and connection of all fixed and movable equipment.
- G) Scale details as necessary at a scale sufficiently large to properly indicate details of the work.
- H) Schedule of finishes.

2) The structural drawings shall show:

- A) Plans of foundations, floors, roofs and all intermediate levels shall show the complete design with sizes, sections, and the relative location of the various members including:
- B) Schedule of beams, girders and columns.
- C) Notes on design data including the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing pressures.
- D) Details of special connections, openings, pipe sleeves and expansion joints.
- E) Special structures shall include calculations defining load

assumption, shear and moment diagrams and horizontal and vertical reactions.

3) Mechanical drawings with specifications shall show the complete heating, cooling and ventilation systems; plumbing, drainage, stand pipe, and sprinkler systems.

- A) Heating, Cooling and Ventilation.
  - i) Pumps, tanks, boilers and piping and boiler room accessories.
  - ii) Air conditioning systems with required equipment, water and refrigerant piping, and ducts.
  - iii) Supply and exhaust ventilating systems with connections and piping.
  - iv) Air quantities for all rooms including supply and exhaust ventilating duct openings.
- B) Plumbing, Drainage and Stand Pipe Systems.
  - i) Size and elevation of: street sewer, house sewer, house drains, street water main and water service into the building.
  - ii) Location and size of soil, waste, and vent stacks with connections to house drains, cleanouts, fixtures and equipment.
  - iii) Size and location of hot, cold and circulating mains, branches, and risers from the service entrance, and tanks.
  - iv) Riser diagram of all plumbing stacks with vents, water risers and fixture connections.
  - v) Gas, oxygen and similar piped systems.
  - vi) Stand pipe and sprinkler systems.
  - vii) All fixtures and equipment that require water and drain connections.
- 4) Electrical drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.
  - A) Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections.
  - B) Location of main switchboard, power panels, light panels and

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 SECTION 300.2B40 SITE

equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches.

- C) Light outlets, receptacles, switches, power outlets, and circuits.
  - D) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the telephone company. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the telephone company.
  - E) Nurses' call systems with outlets for beds, duty stations, corridor signal lights, annunciators and wiring diagrams.
  - F) Fire alarm system with stations, signal devices, control board and wiring diagrams.
  - G) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits.
  - H) All other electrically operated systems and equipment.
- 5) When the project is an addition, details and information on the existing building shall be provided as follows:
- A) Type of activities within the existing building and distribution of existing beds.
  - B) Type of construction of existing building and number of stories in height.
  - C) Plans and details showing attachment of new construction to the existing structure.
  - D) Mechanical and Electrical systems showing connections to the existing system.
  - E) The Department may require submission of drawings of all or any part of the existing structure, depending upon the extent of the modification.
  - 6) Specifications shall supplement the drawings and shall: Describe, except where fully indicated and described on the drawings, the materials, workmanship, kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles and devices.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

**Section 300.2B40 Site**

- a) The facility shall be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in deteriorated, unpleasant, or potentially hazardous area; and not near uncontrolled sources of insect and rodent breeding.
- b) The facility shall be located so that the building or buildings can comply with all applicable local zoning ordinances, building restrictions and fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, or safety of the residents in the facility. These additional requirements shall include, but are not limited to fences, stairs, and other types of barriers to prevent residents from injury.
- c) The facility shall be served by a potable water supply with water pressure and volume that is acceptable to the Department. (B)
- d) The distance from the fire station, the accessibility of the facility, and capability of the fire department must be approved in writing by the Office of the State Fire Marshal. (B)
- e) The facility shall have at least one municipal or private fire hydrant, located within 300 feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. Evaluation and written approval must be obtained from the Office of the State Fire Marshal. (B)
- f) Plans showing the proposed building location must be submitted to the Illinois Department of Transportation, Division of Water Resources to determine compliance with the State Flood Plain Regulations and Executive Order IV, 1979.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2850 ADMINISTRATION AND PUBLIC AREAS

**Section 300.2850 Administration and Public Areas**

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas.
- b) Lobby shall include a reception and information counter or desk, waiting space, and public telephones. See Illinois Plumbing Code for drinking fountains and toilet facilities requirements for staff and visitors.
- c) General or Individual Office shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Director of Nursing, Food Service Supervisor, Activity Director, Social Service Director), and Professional Consultants (Medical Director, Pharmacist, Dietitian, Social Worker).
- d) Multipurpose room shall be provided for conferences, meetings, interviews, and educational purposes.
- e) Provide adequate space for recording, reviewing and storing resident records.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2860 NURSING UNIT

**Section 300.2860 Nursing Unit**

- a) The number of resident beds in a nursing unit shall not exceed 75 beds.
  - 1) Not less than 60 percent of the resident beds shall be in one or two bed rooms.
  - 2) Not less than three percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory.
- b) General Requirements for Bedrooms
  - 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room.
  - 2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2 and (e)(1).
  - 3) Residents shall have access to a toilet room without entering the general corridor area.
  - 4) The facility shall provide a closet or wardrobe of at least four square feet for each resident.
  - 5) Resident bedroom floors shall be at or above grade level.
  - 6) Each room used as a resident bedroom shall have at least one outside window, and a total window area to the outside equal to at least one-tenth the floor area of the room.
  - 7) A nurses' call system shall be provided in accordance with Section 300.2940(g). (B)
  - 8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.
  - 9) No resident bedroom shall be located more than 120 feet from the

nurses' station, clean utility room, and soiled utility room.

c) Resident Bedrooms

- 1) Single resident bedrooms shall contain at least 100 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.
- 2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.

d) Special Care Room

- 1) The facility shall provide a special care room for each nursing unit.
- 2) This room shall be provided with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B)
- 3) This room shall be located to allow direct visual supervision from the nurses' station.
- 4) This room shall be included in the authorized maximum bed capacity for the facility.
- 5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he or she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

e) Nurses' Station (B)

- 1) The facility shall provide a minimum of one nursing station per unit with direct access to the corridor for each nursing unit. The location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.
- 2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.
- 3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

f) Bath and Toilet Rooms

- 1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall

contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.

- 2) The facility shall provide one wheelchair resident toilet room for each sex residing in a nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory.
  - 3) Wheelchair resident toilet rooms are not required when all resident toilet rooms can accommodate wheelchair residents.
  - 4) The facility shall provide one training toilet room on each nursing floor, which is accessible from the corridor. Three-foot clearance at the front and both sides of the water closet shall be provided. This room shall contain a lavatory accessible for wheelchair use.
  - 5) The facility shall provide one bathtub or shower for each ten resident beds per nursing unit which are not served by bathing or showering facilities in resident rooms.
  - 6) All shower stalls for residents not needing assistance shall be at least three feet square and shall have no curb.
  - 7) The facility shall provide at least one bathtub for assisted bathing per nursing unit. There shall be a clear area at least three feet wide at both sides and one end of the tub.
  - 8) The facility shall provide at least one shower stall for assisted showering per nursing unit. The shower stall shall be at least four feet square with no curb.
  - 9) The facility shall provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility.
- 10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy.
- g) Utility Rooms
- 1) The clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.)
  - 2) A clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove.
  - 3) The soiled utility room shall have direct access to a corridor. This room shall contain work counters, storage cabinets, and a clinical rim

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SECTION 300.2870 DINING, LIVING, ACTIVITIES ROOMS

flush sink. The room shall also contain a three compartment sink with integral drainboard if chemical sanitizing procedures are used, or a double compartment sink with integral drainboard if a utensil sanitizer is used (See Section 300.2430).

4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed.

### h) Medication Facilities

1) A medication station shall be provided for convenient and prompt 24 hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A sink for handwashing and preparation of medication shall be provided in the medication preparation room.

2) If medicine dispensing carts are used, a specific storage space for the cart shall be provided, which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. A sink for handwashing and preparation of medication shall be provided in the nurses' station.

i) A nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units.

j) A room for examination and treatment of residents shall be provided and shall have a minimum floor area of 100 square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter, storage facilities; and a desk, counter, or shelf space for writing.

k) An equipment storage room shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, and wheelchairs.

l) Parking space for wheelchairs shall be provided and located out of path of normal traffic.

(Source: Amended at 18 Ill. Reg. 1491, effective January 14, 1994)

### Section 300.2870 Dining, Living, Activities Rooms

a) The combined area of these rooms shall not be less than 25 square feet per resident bed.

b) Provide a minimum of one dining room with at least ten square feet per resident bed. Provide facilities to allow individual feeding of residents on their sleeping floor if they are not able to feed themselves. Dining area provided for this function may be included in the required area.

c) Provide a minimum of one comfortably furnished living room on each floor in multiple story buildings having a total window area of at least one-tenth the floor area.

d) Provide activities room based on program requirements. This room may be combined with the living or dining room.

e) Locate these rooms so that they are not an entrance vestibule from the outside.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)



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 SECTION 300.2890 SERVICE DEPARTMENTS

**Section 300.2890 Service Departments**

- a) Dietary facilities shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750) Food service facilities shall be designed and equipped to meet the requirements of the Narrative Program. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two. (B)
- b) The kitchen, consisting of food preparation, cooking and serving areas, shall be approximately ten square feet per resident bed with a minimum area of at least 200 square feet. It shall be properly located for efficient food service, and be large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. (B)
- c) The following facilities shall be provided as required to implement the type of food service selected:
  - 1) A control station shall be provided for receiving food supplies.
  - 2) Storage space shall be adequate to provide normal and emergency supply needs, approximately two and one half square feet per patient bed, for bulk and daily food storage, located in a room convenient to the kitchen.
  - 3) Food Preparation Facilities Conventional food preparation systems require space and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service require space and equipment for thawing, portioning, heating, cooking, or baking.
  - 4) Handwashing facilities shall be located in the food preparation area.
  - 5) Residents' meal service facilities shall be provided as required for tray assembly and distribution.
  - 6) Warewashing space shall be located in a room or an alcove separate from food preparation and serving areas. Commercial type dishwashing equipment shall be provided. Space shall also be

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 SECTION 300.2880 THERAPY AND PERSONAL CARE

**Section 300.2880 Therapy and Personal Care**

- a) Physical and occupational therapy facilities shall be provided as may be required by Section 300.1420.
- b) A separate room shall be provided with appropriate equipment for hair care and grooming needs of the residents.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

- located.
- 2) Provide a total area of approximately ten square feet per resident bed for the storage areas designated in this service department. This does not include closets or wardrobes in residents' rooms. Separate storage space with provisions for locking and security control shall be provided for residents' personal effects which are not kept in residents' bedroom.
- 3) Provide storage rooms for maintenance supplies, and yard equipment.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

- provided for receiving, scraping, sorting, stacking and loading soiled tableware and for transferring clean tableware to the using areas. A handwashing lavatory shall be provided. (B)
- 7) Potwashing facilities shall be located conveniently for washing and sanitizing cooking utensils. (B)
- 8) Storage areas shall be provided for cans, carts, and mobile tray conveyors.
- 9) Waste storage facilities shall be located in a separate room easily accessible to the outside for direct pickup or disposal.
- 10) An office or desk space shall be provided for the dietitian or dietary service manager.
- 11) Toilets shall be accessible to the dietary staff. Handwashing facilities shall be immediately available.
- 12) A janitors' closet for the exclusive use of the food preparation areas shall be located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

- 13) Self-dispensing ice-making facilities shall be provided.
- 14) Provide adequate can, cart and mobile tray washing facilities as required.

d) Linen Service

- 1) Provide a laundry room with commercial type equipment designed to meet the needs of the facility unless a commercial laundry service is used.
- 2) The laundry facilities shall be designed to provide for the processing of linens from soiled linen receiving/sorting through washing, through drying, through clean linen inspection, folding and storage, maintaining a separation between soiled and clean functions.
- 3) Provide for the storage of laundry supplies and carts.
- 4) If washers and dryers are provided for personal use of residents, they shall be located in a room separate from the facility's laundry room.

e) Housekeeping and Storage

- 1) Sufficient janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space for large housekeeping equipment and for back-up supplies may be centrally

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SECTION 300.2900 GENERAL BUILDING REQUIREMENTS

**Section 300.2900 General Building Requirements**

a) Elevators

- 1) Have a minimum of one elevator in all buildings of two or more stories in height. The basement shall be considered as one story if it is used by residents. (B)
- 2) If 80 to 200 beds are located above the first floor, at least one additional elevator shall be provided.
- 3) For facilities with more than 200 beds, the number of elevators shall be determined from a study of the use requirements and the estimated vertical transportation requirements.
- 4) A minimum of one car shall be of institutional type having inside dimensions that will accommodate a stretcher and attendants and shall be at least five feet by seven feet, six inches. The car door shall have a clear opening of not less than three feet, eight inches.
- 5) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type.
- 6) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped in accordance with Capital Development Board rules entitled "Illinois Accessibility Code" (77 Ill. Adm. Code 400).
- 7) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke. (B)
- 8) Elevators, except freight elevators, shall be equipped with a two-way special service key operated switch to permit cars to bypass all landing button calls and be dispatched directly to any floor. (B)
- 9) Fireman's emergency operations shall be furnished in accordance with American National Standards Institute Standard A17.1 Elevator Safety Code. (B)
- 10) Inspections and tests shall be made and written certification be

furnished that the installation meets the requirements set forth in this section and all applicable safety regulations and codes. (B)

b) Handrails and Grab Bars

- 1) Handrails shall be provided on both sides of all corridors and ramps used by residents. (B)
  - 2) Handrails shall be provided on all sides of an elevator cab not provided with a door. (B)
  - 3) Handrails on stairs used by residents shall be provided on both sides of the stairs including the platforms and landings. (B)
  - 4) Handrail dimensions and details shall conform to the Capital Development Board rules entitled "Illinois Accessibility Code" (71 Ill. Adm. Code 400). It is recommended that handrails be installed at a height of 32 inches measured vertically from the floor surface. (B)
  - 5) Grab bars shall be provided for all resident use toilets, showers, and tubs. (B)
  - 6) The ends of handrails and grab bars shall return to the wall. (B)
- c) Ceiling Heights
- 1) All rooms occupied or used by residents shall have ceilings not less than eight feet.
  - 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have ceilings not less than seven feet, eight inches.
  - 3) Suspended tracks, rails and pipes located in the path of traffic shall be no less than six feet eight inches above the floor.
  - 4) Boiler room shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.
- d) Doors and Windows
- 1) Main entrance and all exit doors shall swing outward and be provided with door closers and panic hardware. (B)
  - 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. (B)
  - 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the

- occupant if the door can be unlocked from the corridor side and keys are carried by the staff at all times. (B)
- 4) Resident toilet rooms shall open directly into a corridor or into a resident bedroom. (B)
- 5) The doors for the toilet rooms used by residents shall have a minimum door width of three feet. (B)
- 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress to the room. (B)
- 7) Doors and windows shall fit snugly and be weather tight, yet open and close easily.
- 8) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, 16 mesh screens. Screen doors shall be equipped with self-closing devices.
- 9) All doors to resident's sleeping rooms shall be provided with automatic closers actuated by smoke detectors in the resident room. The doors shall normally be free swinging in the open and close directions, and be designed so they will remain in any position except when they are actuated by the detector. They shall then close gently and shall latch when closed. When so actuated they shall automatically close again if opened manually. Each door shall be equipped with a light mounted on the wall adjacent to the door. The light shall illuminate if the door has been closed as a result of the actuation of the controlling smoke detector. Each door closer will be activated only when its own detector annunciates a fire. In addition, a centrally located monitor shall contain signals which identify the resident room in which the smoke detector has signaled the alarm. The system shall be wired into the fire alarm system. (B)

e) Floors

- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. Floors shall be covered wall to wall with water resistant material in wet areas including but not limited to bathrooms, kitchens, utility rooms. (B)
- 2) Thresholds and expansion joints shall be flush with the floor to facilitate use of wheelchairs and carts.
- f) Mirrors shall be installed above all lavatories except handwashing lavatories in food preparation areas, or in clean and sterile supply areas or at nurses handwashing sink.
- g) Provide paper towel dispensers and waste receptacles or electric hand dryers at all lavatories.

- h) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundry rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10°F above the ambient room temperature.
- i) Sound Transmission Limitation
  - 1) Recreation rooms and exercise rooms, and similar spaces where impact noises may be generated, shall not be located directly over resident bed areas unless special provisions are made to minimize such noise.
  - 2) Sound transmission limitations shown in Table A shall apply to partitions, floors, and ceiling construction in resident areas.
- j) Hazardous Areas, Fire Extinguishers and Miscellaneous
  - 1) Interior finish flame spread ratings shall be in accordance with the National Fire Protection Association, Life Safety Code Standard 101, Standards for Flame Spread and Smoke Emission Ratings. (B)
  - 2) There shall be at least one approved fire extinguisher in all basements, furnace rooms, and kitchens, laundry rooms and beauty shops. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than 50 feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B)
  - 3) Approved containers with proper covers shall be provided for daily storage of rubbish. (B)
  - 4) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B)
  - 5) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around building, including its location, indicate that such additional protection is needed. Additional fire protection measures shall include, but are not limited to the institution of a fire watch, installation of a sprinkler system, and installation of smoke detectors. (B)
  - k) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. (A, B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2910 STRUCTURAL

- 2) Tornadoes and Floods: Special provisions shall be made in the design of buildings, including structural design, in regions where local experience shows loss of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

#### Section 300.2910 Structural

##### a) General Design Requirements

- 1) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice. (B)

- 2) Special provision shall be made for loads which have a greater load than the specified minimum live load, including partitions which are subject to change of location. (B)

- b) Construction shall be in accordance with the requirements of National Fire Protection Association Standard 101, Life Safety Code, and the minimum requirements contained herein. (A, B)

- 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. It is recommended that soil test borings be taken to establish proper soil-bearing values for the soil at the building site.

- 2) Assumed live loads shall be in accordance with the International Conference Building Officials Uniform Building Code.

- 3) The fire resistance rating of the structural members shall be as established by National Fire Protection Association Standard 220 (Standard Types of Building Construction).

##### c) Provisions for Natural Disasters (B)

- 1) Earthquakes: In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the International Conference Building Officials Uniform Building Code. Seismic zones are identified on the attached map. (B)

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SECTION 300.2920 MECHANICAL SYSTEMS

**Section 300.2920 Mechanical Systems**

- a) General Requirements
- 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of these standards.
  - 2) Upon the completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating and preventative maintenance instructions, parts list with numbers and descriptions for each piece of equipment and a copy of the air-balance report. A complete set of these documents shall be kept on the premises.
  - 3) The owner shall be provided with instructions in the operational use of the systems and equipment as required.
- b) Thermal and Acoustical Insulation
- 1) Insulation shall be provided for the following:
  - 2) Boilers, smoke breeching, and stacks.
  - 3) Steam supply and condensate return piping. (B)
  - 4) Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and converters.
  - 5) Hot water piping above 125 degrees Fahrenheit which is exposed to contact by residents. (B)
  - 6) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point.
  - 7) Water supply and drainage piping on which condensate may occur.
  - 8) Air ducts and casings with outside surface temperatures below ambient dew point.
  - 9) Other piping, ducts, and equipment as necessary to maintain the

efficiency of the system.

- 10) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive system heat loss or excessive heat gain.
- 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with American Society Testing Materials Standard E84. (B)  
  
Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building, or do not penetrate a wall or roof or do not create an exposure hazard.
- 12) Access for filter changing shall be provided within equipment rooms.
  - c) Cooling and Hot Water Systems. Supply and return mains and risers for cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.
  - d) Thermal Hazards. Any surface exceeding a temperature of 140 degrees Fahrenheit (such as radiators, hot water or steam pipes, baseboard heaters, or therapy equipment) that is accessible to residents shall be provided with partitions, screens, shields, or other means to protect residents from injury. Any protective device shall be designed and installed so that it does not present a fire or safety hazard or adversely affect the safe operation of the equipment.
  - e) Heating, Cooling, and Ventilating Systems
    - 1) A design temperature of 75 degrees Fahrenheit for both summer and winter design conditions shall be provided for all resident use areas including corridors.
    - 2) All ventilation supply, return and exhaust systems shall be mechanically operated.
    - 3) Outdoor air intakes shall be located as far as practical but not less than 15 feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet above ground level, or if installed above the roof, three feet above roof level.
    - 4) The ventilation systems shall be designed and balanced to provide the pressure relationships and ventilation rates as shown in Table B. (B)

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SECTION 300.2930 PLUMBING SYSTEMS

- 5) A manometer shall be installed across each filter bed serving central air systems.
- 6) Air conditioning and ventilation systems shall be designed, installed and maintained as required by National Fire Protection Association Standard 90A. (A, B)
- 7) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with National Fire Protection Association Standard 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratories. (A, B)
- 8) The ventilation of the medical gas storage room shall conform to the requirements of National Fire Protection Association Standard 56A "Inhalation Anesthetics" including the gravity option system. (B)
- 9) Boiler rooms and other rooms having combustion equipment shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures to 97 degrees Fahrenheit. Effective Temperature as defined by American Society Heating Refrigeration Engineers Handbook of Fundamentals. (A, B)
- 10) Rooms containing heat producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, and sterilizer rooms shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10 degrees Fahrenheit above the ambient temperature. The ventilation rates shown in Table B shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)

## Section 300.2930 Plumbing Systems

- a) General Requirements. All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of resident required water closets, lavatories, bathtubs, showers, and other fixtures shall be as required by this Part and the facility program. (B)
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials.
  - 2) The water supply spout for lavatories and sinks required for filling pitchers for nursing staff and food handlers' handwashing, shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. (B)
  - 3) Handwashing lavatories used by nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, the blade handles shall not exceed four and one half inches in length, except the handles on clinical sinks shall not be less than six inches in length.
  - 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seal provides a visible water surface.
  - 5) The potwashing sink shall be a three compartment sink with one compartment at least 14 inches deep.
  - 6) Shower bases and tub bottoms shall be designed with nonslip surfaces. (B)
- c) Water Supply Systems
  - 1) Water supply systems shall be designed to supply water at sufficient pressure and volume to operate all fixtures and equipment during maximum demand periods.
  - 2) Each water service main, branch main, riser and branch to a group

critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems.

of fixtures shall be valved. Stop valves shall be provided at each fixture.

- f) Nonflammable Gas Systems. Nonflammable medical gas systems if installed shall be in accordance with the requirements of National Fire Protection Association Standards 58A and 56F. (B)
- g) Clinical Vacuum (Suction) Systems. Clinical vacuum systems if installed shall be in accordance with the requirements of the Compressed Gas Association Pamphlet P-2.1. (B)
- h) Fire Extinguishing Systems
  - 1) A complete automatic sprinkler system shall be installed throughout all facilities regardless of construction type. (A, B)
  - 2) All sprinkler and other fire extinguishing systems shall be designed and installed in accordance with National Fire Protection Association Standard 101 and referenced codes. (A, B)
  - 3) All sprinkler systems shall be maintained in accordance with National Fire Protection Association Standard 13A. (A, B)

- 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.
- 4) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times.
- 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. (A, B)
- 6) Each hot water system serving resident areas shall include at least one of the following equipment requirements to insure that the water temperature does not exceed 110 degrees Fahrenheit:
  - A) A thermostatically controlled mixing valve, or
  - B) An aquastat which limits the water temperature in the water heater to a maximum temperature of 110 degrees Fahrenheit and a solenoid operated shut off valve activated by a sensing element in the water line which shuts off the water and activates an alarm at the nurses station when the water temperature exceeds 110 degrees Fahrenheit. (A, B)

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)

d) Hot Water Heaters and Tanks

- 1) Capacity and Temperature Requirements
  - A) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas:
 

	Resident Service	Dietary	Laundry
gallons/hour/bed Temperature (degrees Fahrenheit)	6 1/2	4	4 1/2
	110	140*	180

\*180 degrees Fahrenheit water required at dishwasher and pot and pan sink.
  - B) Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment.
- 2) Water storage tanks shall be fabricated of corrosion resistant metal or lined with noncorrosive material.

e) Drainage Systems. Insofar as possible drainage piping shall not be installed above the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other



switched at the entrance to each resident room. All switches for control of lighting in resident's sleeping areas shall be of the quiet operating type.

e) Receptacles (Convenience Outlets)

- 1) Each resident bed room shall have duplex grounding type receptacles as follows: One located each side of the head of each bed; one for television if used; and one on another wall. Receptacles are to be located between 12 to 30 inches above the finished floor. (B)
- 2) Resident bathrooms shall have at least one duplex receptacle.
- 3) See Article 517 of National Fire Protection Association Standard 70 for grounding requirements.
- 4) Duplex receptacles shall be installed approximately 50 feet apart in all corridors and within 25 feet of ends of corridors.

f) Door Alarm System

Each exterior door shall be equipped with a signal that will alert staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. (B)

g) Nurses' Calling System

- 1) Each resident room shall be served by at least one calling station and each bed shall be provided with a call station. One call station may serve two adjacent beds. Call shall register at the nurses' station and shall activate a visible signal in the corridor at the resident's door, and in the nurse's station. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, identifying lights shall be provided at the nurse's station. (B)
- 2) A nurses' call station shall be provided for residents' use at each resident's toilet, bath, and shower location. The cord shall be long enough to reach within six inches of the floor. (B)

h) Fire Alarm System

- 1) A manually and automatically operated fire alarm system shall be installed. (A, B)
- 2) Automatic smoke detectors shall be installed in all resident sleeping rooms and at 30 feet on center in all corridors other than sleeping area corridors. (A, B)

i) Emergency Electrical System

- 1) To provide electricity during an interruption of the normal electric

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SECTION 300.2940 ELECTRICAL SYSTEMS

Section 300.2940 Electrical Systems

a) General Requirements

- 1) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities required by these standards. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other similarly established standards. (B)
- 2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified and be in accordance with these standards. (A, B)
- 3) The installation shall meet all the requirements of the latest "National Electrical Code". (A, B)

b) Switchboards and Power Panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

c) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

d) Lighting

- 1) All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings, and parking lots shall have lighting.
- 2) Resident's rooms shall have general lighting. A reading light shall be provided for each resident. At least one light fixture shall be

- A) The life safety and critical branch shall be in operation within ten seconds after the interruption of normal electric power supply. (B)
- B) Receptacles connected to emergency power shall be distinctively marked. (B)
- C) The emergency generator shall not be solely dependent upon a public utility gas system for the fuel supply. Means shall be provided for automatically transferring from one fuel supply to another where dual fuel supplies are used. (B)
- D) Where fuel storage facilities are provided on the site, the fuel tank shall have minimum capacity for 24 hour operation of the generator. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

- 2) supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The emergency system shall consist of the life safety branch and the critical branch. (B)
  - The source of this emergency electrical service shall be an emergency generating set or an approved dual source of normal power. (B)
- 3) Life Safety Branch, Automatic Transfer ten Seconds.
  - A) Illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors, and all ways of approach to and through exits. (A, B)
  - B) Exit signs and exit directional signs. (A, B)
  - C) Sufficient lighting in dining room and recreation areas to provide illumination to exit ways. (A, B)
  - D) Fire alarms activated at manual stations, by electric water flow alarm devices in connection with sprinkler systems, and by all automatic detection systems. (A, B)
  - E) Communication systems, where these are used for issuing instructions during emergency conditions. (A, B)
  - F) Task illumination, and selected receptacles at the generator set location. (B)
- 4) Critical Branch, Automatic Transfer ten Seconds
  - A) Task illumination and selected receptacles in the nurse's station including the medication preparation area. (B)
  - B) Sump pumps and other equipment required to operate for the safety of major apparatus including associated control systems and alarms. (B)
  - C) Elevator cab lighting and communication systems. (B)
  - D) Nurses' call system (B)
  - E) Critical Branch, Automatic or Manual Systems Heating equipment to provide heating for patient rooms. EXCEPTION: Where the facility is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources is not likely to cause an interruption of more than one of the facility service feeders. (B)

6) Details

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

It appears that this criterion is not germane since this project is for the establishment of the Long-Term Care Category of Service for which the HFPB has established occupancy targets in 77 IAC 1100.

**UNFINISHED OR SHELL SPACE:**

This item is not applicable as it does not contain any unfinished or shell space.

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**ASSURANCES:**

This item is not applicable as it does not contain any unfinished or shell space.

Submit the following:

1. Verification that the applicant will submit to HFPB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

2. The anticipated date when the shell space will be completed and placed into operation.

I. **Criterion 1110.1730 - General Long Term Care**

2. READ the applicable review criteria outlined below and **SUBMIT ALL** required information, as applicable to the project:

1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)

b) Planning Area Need - Review Criterion

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

1) 77 Ill. Adm. Code 1100 (formula calculation)

Appended as **ATTACHMENT-33** is a copy of the State's bed need calculation.

- A) The number of beds to be established for general long term care is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

The Applicant is proposing to establish a 120 bed nursing category of service in Elgin, Kane County, Kane County Planning Area, Health Service Area (HSA) VIII, Illinois. The projected bed deficit in HSA VIII, Kane County Planning area according to the June 15, 2009 update to the Inventory of Health Care Facilities and Services and Need Determinations is for an additional 413 nursing care beds. Additionally, there are two other Certificate of Need applications on file with the Department at the time of this writing. The two projects are (08-083 Greenfields of Geneva and 08-099 Meadowbrook Manor of Geneva). Together these projects are proposing 190 additional nursing care beds. Assuming all three projects are approved, there will still be an outstanding need for 78 additional beds in the Kane County Planning Area. Thus, this project as being proposed is necessary to serve the Kane County Planning Area's population.

- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

This project does not exceed the projected bed need of 413 additional general long-term care nursing beds. Thus, this item is not applicable.

**ATTACHMENT-33**

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
 General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ALDEN OF WATERFORD	AURORA	Kane County	99	24,340	0	0
APOSTOLIC CHRISTIAN RESTHAVEN	ELGIN	Kane County	50	17,906	0	0
ASBURY PAVILION NURS & REH CTR (PERMIT)	NORTH AURORA	Kane County	76-15		0	0
4/25/2006 05-064 Permit issued to construct and establish a 75 bed nursing care facility.						
ASTA CARE CENTER OF ELGIN	ELGIN	Kane County	102	30,891	0	0
AURORA REHAB & LIVING CENTER	AURORA	Kane County	195	59,566	0	0
Formerly "Aurora Manor".						
10/5/2007 Bed Change Added 10 Nursing care beds to existing facility; facility now licensed for 195 Nursing care beds.						
BATAVIA REHAB & HLTHCARE CTR	BATAVIA	Kane County	63	14,235	0	0
11/7/2005 Name Change Formerly Firwood Health Care Center.						
COUNTRYSIDE CARE CENTER	AURORA	Kane County	207-4-203	69,197	0	0
COVENANT HEALTH CARE CENTER	BATAVIA	Kane County	99	35,071	49	0
ELMWOOD TERRACE HEALTHCARE CTR	AURORA	Kane County	68	13,892	0	0
Formerly "Elmwood Center".						
FOX RIVER PAVILION	AURORA	Kane County	121	37,158	0	0
FOX RIVER PAVILION (PERMIT)	AURORA	Kane County	-22		0	0
12/4/2007 07-065 permit issued to discontinue current facility with 121 Nursing Care beds and to establish a replacement facility with 99 Nursing Care beds, a reduction of 22 beds.						
HERITAGE MANOR - ELGIN	ELGIN	Kane County	94	29,572	0	0
JENNINGS TERRACE	AURORA	Kane County	60	17,799	103	22,118
MANOR CARE ELGIN	ELGIN	Kane County	88	27,179	0	0
MAPLEWOOD CARE	ELGIN	Kane County	203	74,095	0	0
NORTH AURORA CARE CENTER	NORTH AURORA	Kane County	129	39,055	0	0
11/3/2005 Name Change Formerly Maplewood Health Care Center.						
PROVENA GENEVA CARE CENTER	GENEVA	Kane County	107	34,798	0	0
PROVENA MCAULEY MANOR	AURORA	Kane County	87	23,792	0	0
PROVENA PINE VIEW CARE CENTER	ST. CHARLES	Kane County	120	37,810	0	0
ROSEWOOD CARE CENTER OF ELGIN	ELGIN	Kane County	139	41,482	0	0
ROSEWOOD CARE CENTER ST. CHARLES	ST. CHARLES	Kane County	109	28,851	0	0
SHERMAN WEST COURT	ELGIN	Kane County	120	29,236	0	2,308
7/27/2007 Bed Change Discontinued 8 Sheltered Care beds and added 8 Nursing Care beds; facility now authorized for 120 Nursing Care beds.						
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	19,400	0	0
11/7/2005 Name Change Formerly Alderwood Health Care Center.						

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	47,801	0	0
Planning Area Totals			<del>2,609</del> 2,530	753,126	162,103	24,426

Health Service Area: 008	AGE GROUPS	2005 HSA Estimated Population		2005 HSA Minimum Use Rates		2005 HSA Maximum Use Rates		2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
		0-64 Years Old	65-74 Years Old	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates						
0-64 Years Old	498,820	1,376,000	362.5	217.5	580.0	189,139	172,663	189,139	172,663	189,139	172,663	189,139
65-74 Years Old	278,763	65,900	4,230.1	2,538.1	6,768.1	35,500	23,700	35,500	23,700	35,500	23,700	35,500
75+ Years Old	1,510,697	57,800	26,136.6	15,682.0	41,818.6	25,594.0	23,700	25,594.0	23,700	25,594.0	23,700	25,594.0
2005 PSA Estimated Populations	449,100	20,300	19,100	449,100	20,300	19,100	449,100	20,300	19,100	449,100	20,300	19,100
2005 PSA Use Rates (Per 1,000)	368.6	4,863.7	25,594.0	368.6	4,863.7	25,594.0	368.6	4,863.7	25,594.0	368.6	4,863.7	25,594.0
2005 HSA Minimum Use Rates	217.5	2,538.1	15,682.0	217.5	2,538.1	15,682.0	217.5	2,538.1	15,682.0	217.5	2,538.1	15,682.0
2005 HSA Maximum Use Rates	580.0	6,768.1	41,818.6	580.0	6,768.1	41,818.6	580.0	6,768.1	41,818.6	580.0	6,768.1	41,818.6
2005 PSA Patient Days	165,547	98,734	488,845	165,547	98,734	488,845	165,547	98,734	488,845	165,547	98,734	488,845
0-64 Years Old	165,547	449,100	368.6	165,547	449,100	368.6	165,547	449,100	368.6	165,547	449,100	368.6
65-74 Years Old	98,734	20,300	4,863.7	98,734	20,300	4,863.7	98,734	20,300	4,863.7	98,734	20,300	4,863.7
75+ Years Old	488,845	19,100	25,594.0	488,845	19,100	25,594.0	488,845	19,100	25,594.0	488,845	19,100	25,594.0
Planning Area Totals	988,379	2,553.1	2,948	988,379	2,553.1	2,948	988,379	2,553.1	2,948	988,379	2,553.1	2,948

1) 7-05-06 abandoned on 9/18/08 to establish a 15 bed nsg. care facility.  
 2) Discontinued 4 nursing care beds, total now 203 nursing care beds, 1/01/09  
 3) Discontinued 4 n.s.c. beds, total now 99 n.s.c. care beds, 10/24/02.

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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ADDOLORATA VILLA	WHEELING	Wheeling Township	98	33,291	43	8,727
ALDEN ESTATES OF BARRINGTON	BARRINGTON	Barrington Township	150	41,191	0	0
Formerly "Regency Place of Barrington", "Regents Park of Barrington", "Governor's Park Nursing Center" and "IHS Chicago at Governors Park."						
8/7/2006 Name change		Schaumburg Township	217	62,415	0	0
ALDEN-POPLAR CREEK REHAB & CARE	HOFFMAN ESTATES	Wheeling Township	30	8,614	128	31,025
BRIGHTON GARDENS	PROSPECT HGTS	Wheeling Township	120-2 = 118-22 = 56		0	0
2) CHURCH CREEK	ARLINGTON HTS	Hanover Township	150		0	0
CHURCH STREET STATION SKILLED NURSING (PERMIT)	HANOVER PARK					
10/24/2006 06-048	Permit issued to establish a facility with 237 Nursing Care beds.					
6/12/2007 06-048	Project 06-048 altered to reduce the approved number of nursing care beds from 237 to 150.					
ASSIS 1 HCC AT CLARE OAKS						
CLARE OAKS (PERMIT)						
8/5/2005 05-002	Permit issued to construct a facility with 120 nursing care beds and 33 sheltered care beds.	Hanover Township	120		33	
FRIENDSHIP VILLAGE SCHAUMBURG	SCHAUMBURG	Schaumburg Township	250	81,234	0	0
GREEK AMERICAN REHAB & CARE CENTER	WHEELING	Wheeling Township	204	60,345	0	0
2/1/2007 Name Change	Name changed from Greek American Rehab and Nursing.					
LEXINGTON HEALTH CARE - WHEELING	WHEELING	Wheeling Township	223-8 = 215	58,880	0	0
1/10/2007 Bed Change	Added 2 nursing care beds; facility now has 223 nursing care beds.					
3) LEXINGTON OF SCHAUMBURG	SCHAUMBURG	Schaumburg Township	224-10 = 214	62,548	0	0
1) LEXINGTON OF STREAMWOOD	STREAMWOOD	Hanover Township	224-10 = 214	114,230	0	0
LUTHERAN HOME FOR AGED	ARLINGTON HTS	Eik Grove Township	322	114,230	70	25,198
4) MANOR CARE OF ARLINGTON HEIGHTS	ARLINGTON HTS	Wheeling Township	151	51,249	0	0
MANOR CARE - ELK GROVE VILLAGE	ELK GROVE VILLG	Eik Grove Township	190	62,238	0	0
MANOR CARE OF ROLLING MEADOWS	ROLLING MEADOWS	Palatine Township	155	44,156	0	0
ROSEWOOD CARE CENTER INVERNESS	INVERNESS	Palatine Township	142	36,906	0	0
ST. JOSEPH'S HOME FOR ELDERLY	PALATINE	Palatine Township	60	17,898	7	3,640
7/25/2005 Bed Change	Added 9 nursing care beds and discontinued 9 sheltered care beds. Bed totals are now 60 nursing care and 7 sheltered care.					
THE MOORINGS HEALTH CENTER	ARLINGTON HTS	Wheeling Township	116	29,617	67	14,942
12/20/2005 Bed Change	Discontinued 4 nursing care beds; facility now has 116 nursing care and 67 sheltered care beds.					
THE PLUM GROVE OF PALATINE	PALATINE	Palatine Township	69	17,657	0	0

5) PLYMOUTH HEALTH CARE  
P-06-064 issued 1/29/09 to establish a 75 bed nursing care facility.  
DES PLAINES  
+ 75

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care			Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds	2005 Patient Days
Health Service Area: 007			Planning Area Totals	873,704	348	83,532	
AGE GROUPS	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates			
0-64 Years Old	2,914,200	691.7	415.0	1,106.7			
65-74 Years Old	212,300	4,950.7	2,970.4	7,921.1			
75+ Years Old	222,400	23,949.8	14,369.8	38,319.4			
2005 PSA Estimated Populations	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days		
0-64 Years Old	515,800	415.0	94.6	544,300	225,901	Planned	Planned
65-74 Years Old	38,900	2,970.4	2,370.5	64,800	192,483	Average Daily Census	Bed Need (90% Occ.)
75+ Years Old	32,900	14,369.8	22,270.3	41,700	928,670	3,690.6	4,101
			Planning Area Totals	1,347,055		-886	003

1) Rec'd permission to decrease number of nursing care beds from 224 to 214. 6/03/08  
 2) Discontinued 2 nsg care beds, total now 118 nsg care beds. 7/10/07; Discontinued nsg care beds, total nsg 56  
 3) Discontinued 10 nsg care beds, total now 214 nsg care beds. 12/13/07  
 A) Allow occurrence 12/18/08.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ABBINGTON REHAB & NURSING CENTER ALDEN-NAPERVILLE REHAB & CARE ALDEN VALLEY RIDGE REHAB & CARE ANCHORAGE OF BENSENVILLE	ROSELLE NAPERVILLE BLOOMINGDALE BENSENVILLE	Bloomington Township Naperville Township Bloomington Township Addison Township	82 203 207 222	24,543 55,521 64,816 51,216	0 0 0 0	0 0 0 0
2/5/2007 Bed Change Discontinued 3 nursing care beds; bed totals now 222 nursing care beds.						
ARBOR OF ITASCA	ITASCA	Addison Township	144	41,027	0	0
BEACON HILL	LOMBARD	York Township	108	36,465	0	0
BRIGHTON GARDENS-BURR RIDGE	BURR RIDGE	Downers Grove Township	30	7,476	120	34,499
6/2/2005 Changed ID Changed facility id from 6014302 to comply with the Federal Data Entry System.	WESTMONT	Downers Grove Township	207	65,448	0	0
BURGESS SQUARE	WILLOWBROOK	Downers Grove Township	150	49,619	0	0
CHATEAU NRSG & REHAB CENTER	Formerly "Adventist Living Center", "Church Creek Nursing Center" and "Chateau Center".					
COMMUNITY NSG & REHAB CENTER	NAPERVILLE	Naperville Township	153	49,522	0	0
DUPAGE CONVALESCENT HOME	WHEATON	Milton Township	508	125,880	0	0
ELM BROOK HEALTHCARE & REHAB CENTER	ELMHURST	York Township	180	63,732	0	0
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	112	31,358	0	0
ELMHURST MEMORIAL HOSPITAL	ELMHURST	York Township	38	11,483	0	0
FAIRVIEW BAPTIST HOME	DOWNERS GROVE	Downers Grove Township	160	52,552	72	1,548
1) LEXINGTON HLTH CARE CTR-BLOOMINGDALE	BLOOMINGDALE	Bloomington Township	472	55,896	0	0
LEXINGTON HLTH CARE CTR-LOMBARD	LOMBARD	York Township	224	71,608	0	0
LEXINGTON OF ELMHURST	ELMHURST	York Township	145	50,802	0	0
3) LEXINGTON OF ELMHURST (PERMIT)	ELMHURST	York Township	145	50,802	0	0
6/12/2007 07-014 Permit issued to add 85 Nursing Care beds to an existing long-term care facility; facility with have 235 beds upon project completion. Disc. 5 nrsng. care beds total (100) 230 nrsng. care beds 5/15/08.						
MANOR CARE HINSDALE	HINSDALE	Downers Grove Township	200	66,475	0	0
8/24/2006 Bed Change Added 8 nursing care beds; facility now has 200 nursing care beds.						
MANOR CARE-NAPERVILLE	NAPERVILLE	Naperville Township	118	36,390	0	0
MANOR CARE WESTMONT	WESTMONT	Downers Grove Township	155	57,660	0	0
MARIANJOY REHAB HOSPITAL (PERMIT)	WHEATON	Milton Township	20		0	
7/24/2007 07-042 Permit issued to establish 20-bed skilled nursing care category of service.						
MEADOWBROOK MANOR	NAPERVILLE	Naperville Township	245	86,286	0	0
OAK BROOK HEALTH CARE CENTER	OAK BROOK	York Township	156	54,395	0	0
REST HAVEN WEST	DOWNERS GROVE	Downers Grove Township	145	47,388	96	27,166
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	51	16,697	0	0

1) FARMER PLACE CHRISTIAN COMMUNITY ELMHURST  
P-07071 rec'd a permit on 4/16/08 to establish a 37 bed nursing care facility  
2) MONARCH LAUNDING  
NAPERVILLE  
+ 37 bed nursing care facility  
- 144

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care			Sheltered Care		
			Beds	2005 Patient Days	Beds	2005 Patient Days		
ST. PATRICK'S RESIDENCE 7/7/2005 Bed Change	NAPERVILLE Formerly "Snow Valley Center".	Naperville Township	208	71,569	2	2,391		
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	71,472	0	0		
WEST CHICAGO TERRACE WEST SUBURBAN CARE CENTER	WEST CHICAGO BLOOMINGDALE	Winfield Township	120	43,800	0	0		
6/1/2006 Name Change	BLOOMINGDALE	Bloomington Township	259	67,888	0	0		
WESTBURY CARE CENTER WESTMONT CONVALESCENT CENTER	LISLE WESTMONT	Lisle Township	55	16,696	27	9,125		
WHEATON CARE CENTER	WHEATON	Downers Grove Township	215	71,884	0	0		
WINDSOR PARK MANOR	CAROL STREAM	Milton Township	123	43,066	0	0		
WINFIELD WOODS	WINFIELD	Bloomington Township	80	24,824	0	0		
WOOD GLEN NURSING & REHAB CENTER WYNSCAPE	WEST CHICAGO WHEATON	Winfield Township	138	43,078	0	0		
	Formerly "Zace Health Care Center", "Liberty Hill Healthcare Center" and "Winfield Health Care Center".	Wayne Township	207	71,221	0	0		
		Milton Township	209	65,810	0	0		
Health Service Area: 007		Planning Area Totals	6,050	1,855,563	317	74,729		

AGE GROUPS	2005 HSA Patient Days	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Projected Populations	2005 HSA Planned Patient Days	2005 HSA Average Daily Bed Need (90% Occ.)
0-64 Years Old	2,015,805	2,914,200	691.7	415.0	1,106.7	825,800	342,733	Planned Bed Need
65-74 Years Old	1,051,032	212,300	4,950.7	2,970.4	7,921.1	76,500	364,829	Planned Bed Need
75+ Years Old	5,326,390	222,400	23,949.6	14,369.8	38,319.4	56,500	1,469,186	Planned Bed Need
2005 PSA Estimated Populations	308,620	833,600	370.2	415.0	1,106.7	825,800	342,733	Planned Bed Need
0-64 Years Old	225,574	47,300	4,769.0	2,970.4	7,921.1	76,500	364,829	Planned Bed Need
65-74 Years Old	1,331,369	51,200	26,003.3	14,369.8	38,319.4	56,500	1,469,186	Planned Bed Need
						Planning Area Totals	2,176,748	5,963.7
								6,626
								576

2) Rec'd per mission to decrease the number of nursing care beds from 172 to 166 on 12/31/07.  
 3) P-07-014 abandoned to add 85 nursing care bed addition effective 2/12/09.  
 4) P-08-073 granted to establish a 24 bed nursing care facility effective 3/11/09.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Lake

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ABBOTT HOUSE	HIGHLAND PARK	Lake County	106	36,572	0	0
ALDEN-LONG GROVE REHAB/HIC CENTER	LONG GROVE	Lake County	248	53,426	0	0
ARROWVIEW NURSING & REHAB CENTER	ZION	Lake County	116	24,905	0	0
ARLINGTON REHAB & LIVING CENTER	LONG GROVE	Lake County	190	63,239	0	0
BAYSIDE TERRACE	WAUKEGAN	Lake County	168	52,925	0	0
BRENTWOOD-NORTH NURSING CENTER	RIVERWOODS	Lake County	248	40,416	0	0
CLAREMONT REHAB & LIVING CTR.	BUFFALO GROVE	Lake County	200	51,554	0	0
CLARIDGE HEALTHCARE CENTER	LAKE BLUFF	Lake County	231	38,690	0	0
GLEN LAKE TERRACE NURSING & REHAB	WAUKEGAN	Lake County	271	67,270	0	0
HIGHLAND PARK HOSPITAL	HIGHLAND PARK	Lake County	0	5,173	0	0
HIGHLAND PARK NURSING & REHAB	HIGHWOOD	Lake County	95	30,273	0	0
HILLCREST RETIREMENT VILLAGE	RND LAKE BEACH	Lake County	142	48,058	0	0
JOHN J. KELLY ILLINOIS VETERAN'S HOME (PERMIT)	NORTH CHICAGO	Lake County	58	0	0	0
LAKE FOREST HOSPITAL	LAKE FOREST	Lake County	63	19,644	0	0
LAKE FOREST PLACE	LAKE FOREST	Lake County	210	75,968	0	0
LAKE PARK CENTER	WAUKEGAN	Lake County	244	61,678	0	0
LEXINGTON OF LAKE ZURICH	LAKE ZURICH	Lake County	174	28,418	0	0
LIBERTYVILLE MANOR EXTENDED CARE	LIBERTYVILLE	Lake County	150	38,467	0	0
MANOR CARE OF LIBERTYVILLE	LIBERTYVILLE	Lake County	215	33,139	0	0
MANOR CARE OF HIGHLAND PARK	HIGHLAND PARK	Lake County	109	32,377	0	0
PAVILION OF WAUKEGAN	WAUKEGAN	Lake County	20	0	0	0
PRAIRIEVIEW AT THE GARLANDS	BARRINGTON	Lake County	0	0	0	0

occurred 4/10/09  
Formerly known as "Crown Manor Healthcare Center", "Zion Care & Rehab Center" and "The Terrace of Zion".

Added 4 nursing care beds; facility now has 184 nursing care beds.  
Added 6 nursing care beds; facility now has 190 nursing care beds.

Formerly "Pebblebrook Nsg & Rehab Ctr".  
Formerly "The Pebblebrook".

Name changed from "Pinnacle Health Care, LLC."  
Permit issued to discontinue 28-bed Skilled Nursing (Long-Term Care) category of service.

Name changed from Highland Park Health Care Center.  
Board deemed facility as of 4/19/08. 58 nsg care beds removed from inventory as of 4/19/08.

permit issued to establish a 58 bed nursing care bed facility.  
244-52061678

Added 1 nursing care bed; facility now has 214 nursing care beds.  
214 to 209 on 6/1/0.

Revised per mission to increase beds from 214 to 209 on 6/1/0.

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: Lake

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
7/27/2006 04-060 Completed project to establish 20 bed skilled nursing category of service as part of Continuing Care Retirement Community.	ZION	Lake County				
ROLLING HILLS MANOR NURSING HOME	ZION	Lake County	43,768	127	0	0
SEDGEBROOK RETIREMENT COMMUNITY (PERMIT)	LINCOLNSHIRE	Lake County		88	0	0
10/24/2006 05-036 Permit issued to establish a facility with 88 Nursing Care beds.	ISLAND LAKE	Lake County				
SHELTERING OAK	ZION	Lake County	23,152	70	0	0
SHERIDAN HEALTH CARE CENTER	WAUKEGAN	Lake County	70,992	250	0	0
THE TERRACE NURSING HOME	LINDENHURST	Lake County	37,830	115	0	0
10/31/2006 Name change Name changed from Terrace Nursing Home.	LINDENHURST	Lake County				
THE VILLAGE AT VICTORY LAKES	LINCOLNSHIRE	Lake County	34,686	120	0	20,745
7/12/2006 Name Change Formerly "Victory Lake Continuing Care". Discontinued 84 s.c. beds, total now 120 nsg. care beds, 21 sheltered beds.	LINCOLNSHIRE	Lake County		142	28,435	0
8/15/2007 Bed Change Discontinued 10 Sheltered Care beds and added 10 Nursing Care beds; facility now authorized for 142 Nursing Care and 2 Sheltered Care beds.	LINCOLNSHIRE	Lake County				
WAUCONDA HEALTHCARE & REHAB	WAUCONDA	Lake County	40,238	125	0	0
WHITEHALL- NORTH	DEERFIELD	Lake County	56,337	190	0	0
6/6/2006 Bed Change Added 10 nursing care beds; facility now has 190 nursing care beds.	DEERFIELD	Lake County				
WINCHESTER HOUSE NURSING HOME	LIBERTYVILLE	Lake County	103,960	360	0	0
Health Service Area: 008			1,266,498	4,943	88	20,745

AGE GROUPS	2005 HSA Estimated Population		2005 HSA Minimum Use Rates		2005 HSA Maximum Use Rates	
	2005 PSA Patient Days	2005 HSA Minimum Use Rates	2005 PSA Projected Populations	2005 HSA Minimum Use Rates	2005 PSA Planned Patient Days	2005 HSA Maximum Use Rates
0-64 Years Old	498,820	362.5	708,500	217.5	345,417	580.0
65-74 Years Old	278,763	4,230.1	50,500	2,538.1	234,239	6,768.1
75+ Years Old	1,510,697	26,136.6	35,900	15,682.0	1,024,582	41,818.6
2005 PSA Estimated Populations	642,800	217.5	708,500	217.5	345,417	580.0
2005 PSA Patient Days	313,386	487.5	50,500	4,638.4	234,239	6,768.1
0-64 Years Old	153,995	4,638.4	28,539.9	15,682.0	1,024,582	41,818.6
65-74 Years Old	799,117	28,539.9	35,900	26,136.6	1,604,238	15,682.0
75+ Years Old						
Planning Area Totals	1,604,238	4,395.2	1,604,238	4,395.2	4,884	41,818.6

1) Discontinued 8 nsg. care beds, total now 240 nsg. care beds, 5/22/07  
2) 84 s.c. beds discontinued nsg. care beds, total now 120 nsg. care beds 4/22/09

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	65,966	316	0	0
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	37,955	114	0	0
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	15,344	46	0	0
FLORENCE NURSING HOME	MARENGO	McHenry County	13,718	52	0	0
7/20/2006 Bed Change	Facility added 3 nursing care beds; total now 52 nursing care beds.					
FOUNTAINS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	28,739	97	0	0
HARVARD MEMORIAL HOSPITAL	HARVARD	McHenry County	9,885	45	0	0
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	22,470	75	63	16,445
MEMORIAL MEDICAL CENTER	WOODSTOCK	McHenry County	7,228	40	0	0
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	40,695	127	0	0
3/10/2004 03-082	Permit issued to construct a replacement facility with an additional 10 nursing care beds, total will be 127 nursing care beds.					
12/27/2006 03-082	Facility licensed for operation with 127 nursing care beds.					
12/27/2006 03-082	Facility closed; 117 nursing beds discontinued. Added 10 nursing care beds, total now 128 nursing care beds. 6/19/08					
WOODSTOCK RESIDENCE	WOODSTOCK	McHenry County	26,656	115	0	0
Health Service Area: 008			268,656	1,027	63	16,445

AGE GROUPS	2005 PSA Estimated Populations	2005 HSA Minimum Use Rates (Per 1,000)	2005 HSA Maximum Use Rates (Per 1,000)	2005 HSA Estimated Population	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Patient Days	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Projected Populations	2005 PSA Planned Patient Days	2005 PSA Average Daily Census (90% Occ.)	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	284,100	70.0	560.0	1,376,000	217.5	580.0	19,887	217.5	580.0	337,400	73,387	Planned	Planned	
65-74 Years Old	12,400	2,099.5	6,768.1	65,900	2,538.1	6,768.1	26,034	2,538.1	6,768.1	25,300	64,213	Average Daily	Bed Need	
75+ Years Old	10,700	20,816.4	41,818.6	57,800	15,682.0	41,818.6	222,735	20,816.4	41,818.6	14,600	303,919	Census	(90% Occ.)	
Planning Area Totals											441,519	1,209.6	1,344	-317-316

1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents

- A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

The proposed project is to be located at 1754-1760 Capital, Elgin, Kane County, Illinois. Elgin is on the Northern end of the County and adjacent to the Kane/Cook County line. There is an overlap of the Planning Areas when addressing the market area, i.e., a 30-minute travel time. The 30-minute market area takes in parts of the 7-A, 7-C, McHenry County, and Lake County Planning Areas. However, it should be assured that the primary commitment is to the residents of Elgin, its surrounding communities and the Kane County Planning Area.

It should be noted that the outstanding need identified for the Kane County Planning Area is not an isolated situation. Kane county is surrounded by Planning Areas 7-A (Northwestern Cook County East to approximately O'Hara Airport) has a need for 903 beds; 7-C (DuPage County) has a need for 611 beds; McHenry County to the North has a need for 316 beds; and Lake County, North and East of Kane County, has a need for 52 beds according to the June 15, 2009 update to the Inventory of Health Care Facilities and Services and Bed Need. This represents an overall need for 2,300 additional beds in the contiguous areas for which the 30-minute market area overlaps.

- B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

This project is proposing to establish a category of service and not add beds to an existing general long-term care service.

As previously indicated, it is the primary purpose and intent to serve all residents



from the Kane County Planning Area. It is projected that over 50% of the resident volume will be from within this Planning Area.

- C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

This project is proposing to establish a category of service and is not proposing to expand an existing service. Therefore, this item is not germane.

ATTACHMENT-34

1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service

3) Service Demand – Establishment of General Long Term Care

The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

Appended as **ATTACHMENT-35A** are nine letters from physician supporting the proposed project that also indicate collectively they could refer 43-67 residents per month to the proposed facility. This equates to a range of 516 to 804 residents annually. When the area's average length of stay (134 days) is applied, these referrals could justify between 210 - 328 nursing care beds at a 90% occupancy rate. The Applicant is only proposing 120 beds.

A) Historical Referrals

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.

The Applicant is not an existing facility; therefore, this item is not applicable.

B) Projected Referrals

An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:

- i) Hospital referral letters that attest to the number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
- ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;
- iii) Each referral letter shall contain the Chief Executive Officer's notarized signature, the typed or printed name of the referral resources, and the referral resource's address; and
- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

**ATTACHMENT-35**



AURORA INTERNISTS & PRIMARY CARE  
NAZIMA MUSTAFA, MD.

1315 N HIGHLAND AVE  
SUITE 204  
AURORA, IL 60506  
TEL (630) 906-7028  
FAX (630) 906-7015

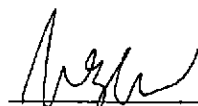
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

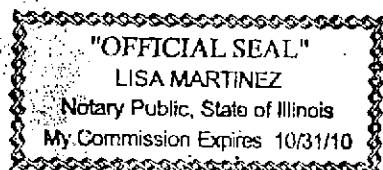
Dear Mrs. Arado:

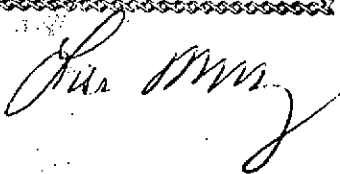
I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 4 patients each month to area facilities. I believe I would be able to refer in the future at least 2 to 4 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.  
NAZIMA MUSTAFA





ATTACHMENT-35A

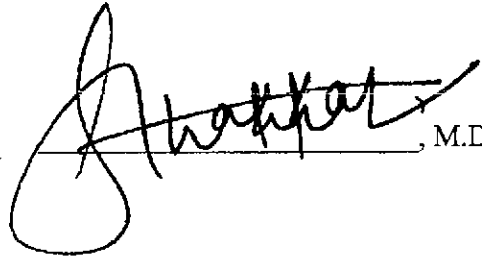
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 4 patients each month to area facilities. I believe I would be able to refer in the future at least 6 to 8 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.



# Physical Medicine & Pain Physicians

Inspiring Wellness, Promoting Choices

April 8, 2009

Mr. Aaron Mann  
Midwest Regional Director of Operations  
1660 Checker Road  
Long Grove, Illinois 60047

Re: Addison Rehabilitation & Living  
Center In Elgin, Illinois

Dear Mr. Mann:

This letter is to serve as confirmation of my support for 120 general long-term beds to the above referenced facility in Elgin, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5-6 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 5 patients per month to your facility for nursing care.

The above information is true and accurate to best of my knowledge.

Sincerely,

Syed M. Zaffer, MD

Board Certified, Physical Medicine  
& Rehabilitation

**Lombard, IL**  
Elmhurst Mem. Lombard Health Ctr.  
130 S. Main street, # 206  
Lombard, IL 60148  
Phone: 630.873.5425  
Fax: 630.225.1395

**Arlington Heights, IL.**  
Center of Specialty Medicine  
880 W. Central Road, ste. 3500  
Arlington Hts., IL 60005  
Phone: 847.398.8637  
Fax: 847.398.4349  
[www.pmpphysicians.com](http://www.pmpphysicians.com)

**Roselle, IL.**  
50 E. Irving Park Road  
Phone: 630.295.8851  
Fax: 630.629.6348

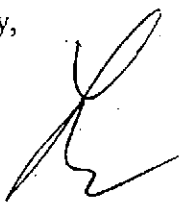
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

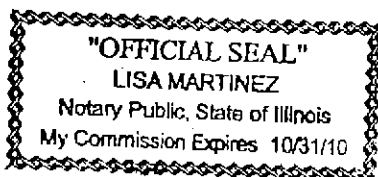
Dear Mrs. Arado:

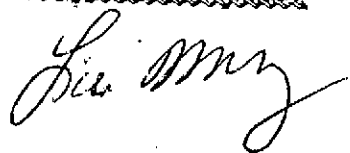
I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 6 patients each month to area facilities. I believe I would be able to refer in the future at least 6 to 8 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.  
S. SAEED





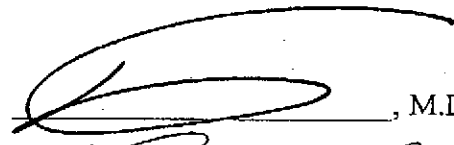
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

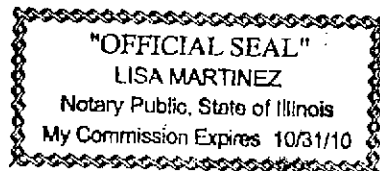
Dear Mrs. Arado:

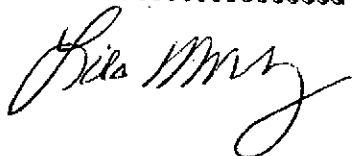
I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 5 patients each month to area facilities. I believe I would be able to refer in the future at least 4 to 6 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
K. PATEL M.D.






Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

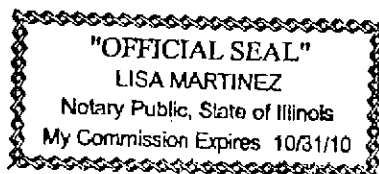
Dear Mrs. Arado:

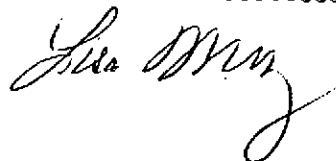
I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately (5) patients each month to area facilities. I believe I would be able to refer in the future at least (5) to (1) patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.  
Lillian Gowhar  
M.D.







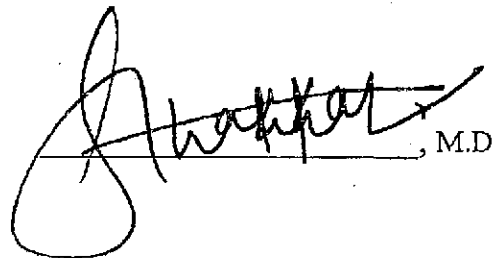
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

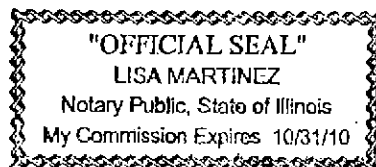
Dear Mrs. Arado:

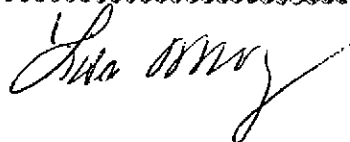
I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 4 patients each month to area facilities. I believe I would be able to refer in the future at least 6 to 8 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.





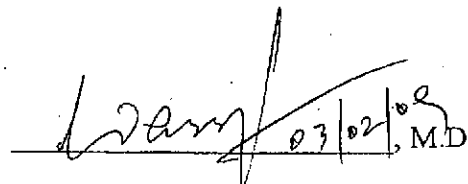
Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

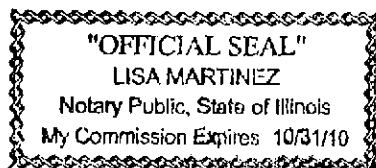
Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and Rehabilitation facility in Elgin. A cursory review of our files indicate that we had previously referred approximately 3 patients each month to area facilities. I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
03/02/08, M.D.  
Steven Wansel





Date 3/19/09

Mr. Aaron Mann  
Midwest Regional Director of Operations  
1666 Checker Road  
Long Grove, Illinois 60047

Re: Addison Rehabilitation & Living  
Center in Elgin, Illinois

Dear Mr. Mann:

This letter is to serve as confirmation of my support for 120 general long-term beds to the above referenced facility in Elgin, Illinois.

A cursory review of our files indicated that we had previously referred approximately 6 patients each month to area facilities.

I believe I would be able to refer in the future at least 6 to 8 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Will, M.D.  
Will

1110.1730(b)(5) - Planning Area Need - Service Accessibility

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

This project is addressing the State's documented need for additional nursing beds to the Kane County Planning Area. Additionally, this planning area is surrounded by planning areas also with large documented need for additional beds. Kane County is surrounded by Planning Areas 7-A (Northwestern Cook County East to approximately O'Hara Airport) has a need for 903 beds; 7-C (DuPage County) has a need for 611 beds; McHenry County to the North has a need for 316 beds; and Lake County, North and East of Kane County, has a need for 52 beds according to the June 15, 2009 update to the Inventory of Health Care Facilities and Services and Bed Need. This represents an overall need for 2,300 additional beds in the contiguous areas for which the 30-minute market area overlaps.

This criterion states that "the applicant proposing to establish a category of service must document that access to the service will be improved". However, with the large documented need for nursing services in Kane County and the gross identified need for additional beds in the entire contiguous Planning Areas, not proceeding with this project by its very nature will restrict access. Since this criterion requires the exact opposite results, it would appear that this criterion (*Criterion 1110.320.b, Allocation of Additional Beds*) is not germane to this or any bed need project.

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

Although this criterion states that "at least one" factor must be documented, the Applicant has documented that two of the factors exist in the service area. The Applicant will document that there are service restrictions for this market area through items number ii and iii below.

N/A

i) The absence of the proposed service within the planning area;

ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;

According to the Illinois Department of Public Health, Illinois Long-Term Care Facility Profile-Calendar Year 2007, 13 of the 25 Long-Term Care nursing facilities limit their bed access from residents on Medicaid. There are 934 beds (28%) out of the total licensed capacity that are not accessible to the Medicaid population.

According to the Illinois Department of Public Health, Illinois Long-Term Care Facility Profile-Calendar Year 2007, 12 of the 25 Long-Term Care nursing facilities limit their bed access from those residents in need of Medicare. There are 823 beds (24%) out of the total licensed capacity that are not accessible to the Medicare population.

iii) Restrictive admission policies of existing providers;

According to the Illinois Department of Public Health, Illinois Long-Term Care Facility Profile-Calendar Year 2007, 4 facilities equating to approximately 7% of the beds or 248 of the total licensed capacity are beds only licensed for Intermediate Care and not skilled care. Skilled care allows for "skilled nursing care, continuous (24 hour) nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision" where as Intermediate Care allows for "basic nursing care and other restorative services under periodic medical direction".

According to the Illinois Department of Public Health, Illinois Long-Term Care Facility Profile-Calendar Year 2007, 9 area facilities equating to 78 nursing beds were not even set-up. This effectively raises the total utilization rate by 2 percentage point to 85.2%. Equally important it reduces the number of potentially available beds from 230 down 30% to 160 beds.

N/A iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

N/A v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

N/A ii) Patient location information by zip code;

iii) Independent time-travel studies;

N/A iv) A certification of a waiting list;

v) Scheduling or admission restrictions that exist in area providers;

vi) An assessment of area population characteristics that document that access problems exist;

vii) Most recently published IDPH Long Term Care Questionnaire.

ATTACHMENT-37

1110.1730(e)(1) - Unnecessary Duplication of Services

e) Unnecessary Duplication/Maldistribution – Review Criterion

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

Appended as **ATTACHMENT-44A** is a list of all zip code areas that were identified as within 30-minute travel time area per Scan/US, Inc. software program.

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

Appended as **ATTACHMENT-44B** is a list of the total population of the identified zip code areas per Scan/US, inc. software program

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

Appended as **ATTACHMENT-12D** is a chart providing a list of all existing or approved health care facilities located within 30-minute travel time.

It should be noted that although there are existing facilities within the proposed 30-minute market area, there is also a bed need projection documented and identified by the State for additional beds. Furthermore, even upon project completion the need for additional beds will not be satisfied. Therefore, this project will not result in an unnecessary duplication.

**ATTACHMENT-44**

The Addison

Existing Facilities inside 30 Minutes

Combined				Zip Codes
[objectlist]	4 CCF	CCF_LOC	Objects (grouped)	[objectlist]
Pt_3065	CCF# 6005698			#60004
Pt_3150	CCF# 6002208			#60005
Pt_3166	CCF# 6012828			#60007
Pt_3216	CCF# 6009310			#60008
				#60010
				#60012
Nursing				
[objectlist]	58 Ncf	NCF#0_LO	Objects (grouped)	
Pt027	Pt027			#60013
Pt028	Pt028			#60014
Pt_120	Ncf# 6014757			#60016
Pt_3055	Ncf# 6005284			#60018
Pt_3057	Ncf# 6006837			#60021
Pt_3062	Ncf# 6001754			#60042
Pt_3064	Ncf# 6014369			#60047
Pt_3066	Ncf# 6000228			#60050
Pt_3068	Ncf# 6001366			#60056
Pt_3074	Ncf# 6003404			#60067
Pt_3075	Ncf# 6012553			#60070
Pt_3076	Ncf# 6012975			#60074
Pt_3078	Ncf# 6012686			#60084
Pt_3079	Ncf# 6000327			#60090
Pt_3083	Ncf# 6007520			#60098
Pt_3084	Ncf# 6000020			#60101
Pt_3103	Ncf# 6000483			#60102
Pt_3106	Ncf# 6001002			#60103
Pt_3111	Ncf# 6011993			#60107
Pt_3119	Ncf# 6009963			#60108
Pt_3120	Ncf# 6011753			#60110
Pt_3121	Ncf# 6005334			#60118
Pt_3122	Ncf# 6001713			#60119
Pt_3123	Ncf# 6008361			#60120
Pt_3142	Ncf# 6000392			#60123
Pt_3143	Ncf# 6005847			#60124
Pt_3147	Ncf# 6003263			#60133
Pt_3151	Ncf# 6003503			#60134
Pt_3152	Ncf# 6007439			#60135
Pt_3155	Ncf# 6008171			#60136
Pt_3157	Ncf# 6006902			#60139
Pt_3159	Ncf# 6000277			#60140
Pt_3160	Ncf# 6004758			#60142
Pt_3161	Ncf# 6006605			#60143
Pt_3162	Ncf# 6005912			#60145
Pt_3163	Ncf# 6014161			#60151
				#60152

ATTACHMENT-44A



Pt_3165	Ncf# 6014237	#60156
Pt_3167	Ncf# 6014526	#60157
Pt_3171	Ncf# 6008718	#60169
Pt_3174	Ncf# 6005714	#60172
Pt_3177	Ncf# 6009435	#60173
Pt_3178	Ncf# 6014195	#60174
Pt_3190	Ncf# 6014344	#60175
Pt_3197	Ncf# 6008585	#60177
Pt_3206	Ncf# 6008304	#60178
Pt_3207	Ncf# 6002299	#60180
Pt_3210	Ncf# 6003180	#60184
Pt_3211	Ncf# 6011803	#60185
Pt_3213	Ncf# 6013981	#60187
Pt_3218	Ncf# 6010136	#60188
Pt_339	Ncf# 6014138	#60190
Pt_3488	Ncf# 6003735	#60191
Pt_3490	Ncf# 6000459	#60192
Pt_3492	Ncf# 6002612	#60193
Pt_471	Ncf# 6014666	#60194
Pt_480	Ncf# 6009872	#60195
Pt_607	Ncf# 6009542	#60510
Pt_608	Ncf# 6002976	#60555

Inside 10 Miles

Nursing

[objectlist]	9 Ncf	NCF#0_LO(Objects	(grouped)
Pt_3142	Ncf# 6000392		
Pt_3143	Ncf# 6005847		
Pt_3147	Ncf# 6003263		
Pt_3157	Ncf# 6006902		
Pt_3159	Ncf# 6000277		
Pt_3160	Ncf# 6004758		
Pt_3165	Ncf# 6014237		
Pt_3167	Ncf# 6014526		
Pt_3171	Ncf# 6008718		

Combined

[objectlist]	1 CCF	CCF_LOC	Objects	(grouped)
Pt_3166	CCF# 6012828			

Inside 15 Miles

Nursing

[objectlist]	24 Ncf	NCF#0_LO(Objects	(grouped)
Pt_3068	Ncf# 6001366		
Pt_3074	Ncf# 6003404		
Pt_3075	Ncf# 6012553		
Pt_3076	Ncf# 6012975		

Pt\_3084 Ncf# 6000020  
Pt\_3122 Ncf# 6001713  
Pt\_3142 Ncf# 6000392  
Pt\_3143 Ncf# 6005847  
Pt\_3147 Ncf# 6003263  
Pt\_3151 Ncf# 6003503  
Pt\_3152 Ncf# 6007439  
Pt\_3155 Ncf# 6008171  
Pt\_3157 Ncf# 6006902  
Pt\_3159 Ncf# 6000277  
Pt\_3160 Ncf# 6004758  
Pt\_3165 Ncf# 6014237  
Pt\_3167 Ncf# 6014526  
Pt\_3171 Ncf# 6008718  
Pt\_3207 Ncf# 6002299  
Pt\_3211 Ncf# 6011803  
Pt\_339 Ncf# 6014138  
Pt\_3488 Ncf# 6003735  
Pt\_471 Ncf# 6014666  
Pt\_608 Ncf# 6002976

Combined

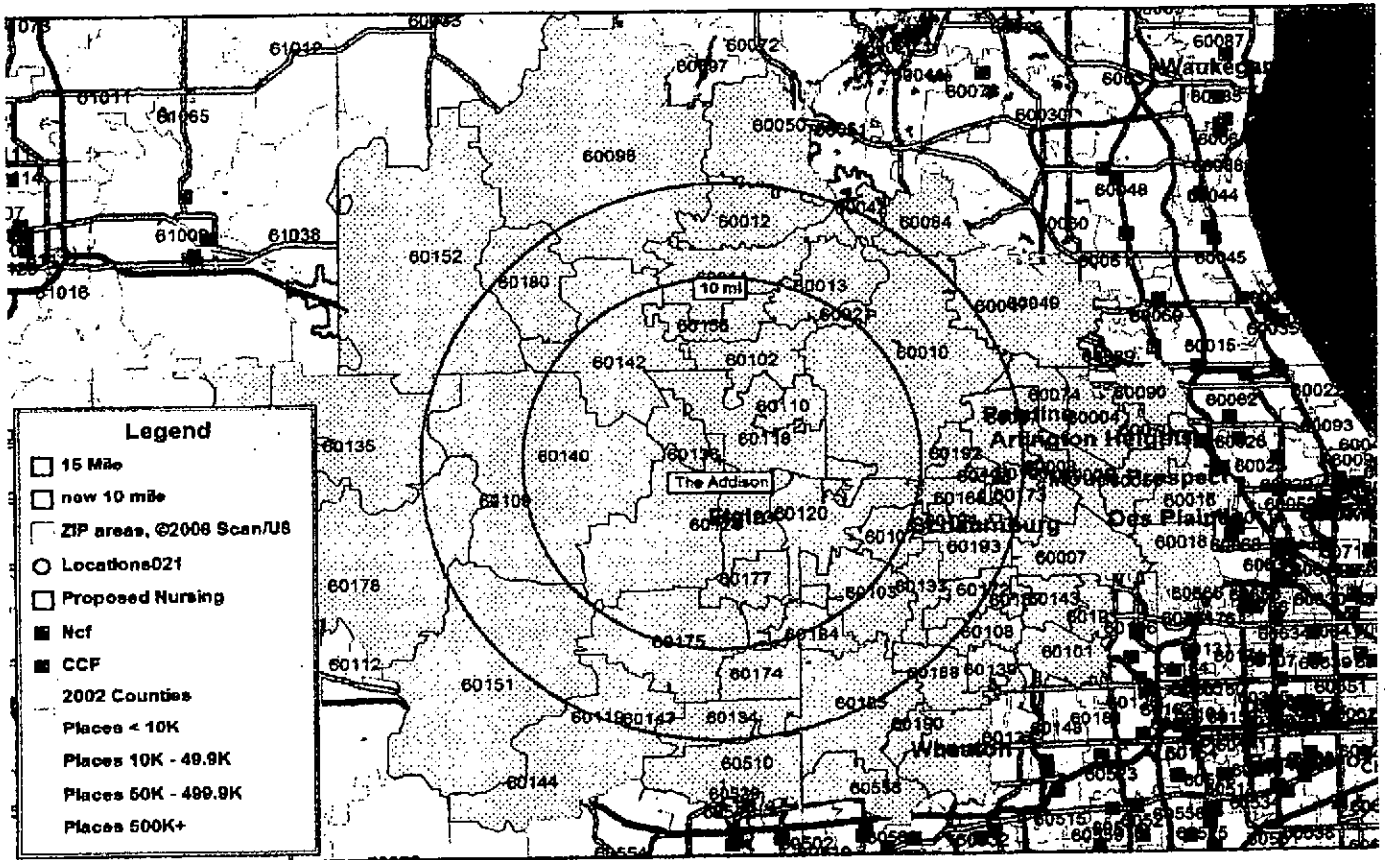
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Pt\_3166 CCF# 6012828

CCF\_LOC Objects (grouped)

# MapFacts Demographic Trends: 2000/2008/2013

The Addison  
All Zip Areas Within 30 Minutes

Scan/US, Inc.  
07/01/2009



	2000 Census		2008 Estimates		2013 Projections
<b>Population</b>	1,580,181		1,752,419		1,851,898
In Households	1,562,502	98.9%	1,734,605	99.0%	1,834,043
In Families	1,349,670	85.4%	1,529,992	87.3%	1,624,570
In Non-Families	212,832	13.5%	204,613	11.7%	209,473
In Group Quarters	17,679	1.1%	17,814	1.0%	17,855
<b>Males</b>	785,054		875,735		928,514
Median Age (Male)	33.8		35.5		36.8
<b>Females</b>	795,127		876,684		923,384
Median Age (Female)	36.0		37.6		38.8
<b>Households</b>	561,906		610,724		638,802
Families	410,315	73.0%	436,995	71.6%	451,176
Non-Families	151,591	27.0%	173,729	28.4%	187,626
<b>Average Household Size</b>	2.8		2.8		2.9
Average Family Size	3.3		3.5		3.6
Average Non-Family Size	1.4		1.2		1.1
<b>Average Household Income</b>	\$79,393		\$91,267		\$100,289
<b>Median Household Income</b>	\$66,100		\$82,892		\$93,233
<b>Per Capita Income</b>	\$28,900		\$32,329		\$35,102

ATTACHMENT-44B

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates

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# Census Update Trends: 2000/2008/2013

The Addison  
All Zip Areas Within 30 Minutes

Scan/US, Inc.  
07/01/2009

	2000 Census	2008 Estimates	2013 Projections
<b>Population</b>	1,580,181	1,752,419	1,851,898
In Households	1,562,502 98.9%	1,734,605 99.0%	1,834,043 99.0%
In Families	1,349,670 85.4%	1,529,992 87.3%	1,624,570 87.7%
In Non-family Households	212,832 13.5%	204,613 11.7%	209,473 11.3%
In Group Quarters	17,679 1.1%		
<b>Race:</b>			
White	1,329,737 84.2%	1,342,252 76.6%	1,341,911 72.5%
Black	38,059 2.4%	100,556 5.7%	139,953 7.6%
American Indian	3,268 0.2%	3,149 0.2%	2,888 0.2%
Asian	104,072 6.6%	133,603 7.6%	147,767 8.0%
Pacific Islander	522 0.0%	1,172 0.1%	1,645 0.1%
Other/Multi-Racial	104,523 6.6%	171,687 9.8%	217,734 11.8%
<b>Hispanic Population</b>	197,216 12.5%	296,759 16.9%	359,650 19.4%
<b>Labor Force: Pop, 16+ Years</b>	1,217,618	1,349,086	1,447,034
In Armed Forces	365 0.0%	505 0.0%	529 0.0%
Employed	840,439 69.0%	919,376 68.1%	983,604 68.0%
Unemployed	29,702 2.4%	50,303 3.7%	54,415 3.8%
Not in Labor Force	347,112 28.5%	378,902 28.1%	408,486 28.2%
<b>Education: Pop, 25+ Years</b>	1,020,821	1,144,014	1,228,412
No HS Diploma	130,033 12.7%	110,429 9.7%	99,105 8.1%
HS Graduate	242,970 23.8%	296,562 25.9%	332,677 27.1%
College, No Degree	231,317 22.7%	219,975 19.2%	212,850 17.3%
Associate Degree	67,144 6.6%	91,617 8.0%	107,819 8.8%
College Degree	236,892 23.2%	282,075 24.7%	312,558 25.4%
Graduate/Professional Degree	112,465 11.0%	143,356 12.5%	163,403 13.3%
<b>Households</b>	561,906	610,724	638,802
Families	410,315 73.0%	436,995 71.6%	451,176 70.6%
Non-Families	151,591 27.0%	173,729 28.4%	187,626 29.4%
<b>Average Size:</b>			
Household	2.8	2.8	2.9
Family	3.3	3.5	3.6
Non-Family	1.4	1.2	1.1
<b>Total Housing Units</b>	577,854	655,841	701,896
Vacant	15,948 2.8%	45,117 6.9%	63,094 9.0%
Owned	436,579 75.6%	492,611 75.1%	523,273 74.6%
Rented	125,327 21.7%	118,113 18.0%	115,529 16.5%
<b>Households by Persons:</b>			
1	118,522 21.1%	147,199 24.1%	162,227 25.4%
2	56,808 10.1%	163,096 26.7%	156,289 24.5%
3-4	33,373 5.9%	209,026 34.2%	218,744 34.2%
5+	353,203 62.9%	91,403 15.0%	101,542 15.9%
<b>Vehicles Available</b>	1,046,224	1,181,352	1,267,379
Average Vehicles/HH	1.9	1.9	2.0
<b>Vehicles Per Household:</b>			
0	26,330 4.7%	24,962 4.1%	23,402 3.7%
1	167,955 29.9%	177,610 29.1%	181,812 28.5%
2	262,818 46.8%	270,689 44.3%	274,429 43.0%
3+	104,803 18.7%	137,463 22.5%	159,159 24.9%

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates

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# Census Update Trends: 2000/2008/2013

The Addison  
All Zip Areas Within 30 Minutes

Scan/US, Inc.  
07/01/2009

		2000 Census		2008 Estimates		2013 Projections	
Total Aggregate Income (\$Mil)		45,668		56,653		65,005	
Per Capita Income		28,900		32,329		35,102	
Households By Income:	< \$10,000	17,941	3.2%	15,468	2.5%	14,580	2.3%
	\$10,000 - \$14,999	15,393	2.7%	9,566	1.6%	8,664	1.4%
	\$15,000 - \$19,999	17,041	3.0%	14,408	2.4%	13,552	2.1%
	\$20,000 - \$24,999	20,629	3.7%	15,833	2.6%	11,145	1.7%
	\$25,000 - \$29,999	22,617	4.0%	16,798	2.8%	15,909	2.5%
	\$30,000 - \$34,999	26,090	4.6%	20,499	3.4%	17,872	2.8%
	\$35,000 - \$39,999	26,371	4.7%	20,295	3.3%	19,253	3.0%
	\$40,000 - \$49,999	54,506	9.7%	46,514	7.6%	39,883	6.2%
	\$50,000 - \$59,999	55,711	9.9%	46,954	7.7%	50,063	7.8%
	\$60,000 - \$74,999	78,025	13.9%	69,766	11.4%	59,046	9.2%
	\$75,000 - \$99,999	93,525	16.6%	101,755	16.7%	100,851	15.8%
	\$100,000 - \$124,999	56,454	10.0%	78,385	12.8%	82,233	12.9%
	\$125,000 - \$149,999	28,080	5.0%	52,631	8.6%	64,470	10.1%
	\$150,000 - \$199,999	25,341	4.5%	49,114	8.0%	67,865	10.6%
	\$200,000 - \$249,999	9,886	1.8%	18,262	3.0%	27,204	4.3%
	\$250,000+	14,296	2.5%	34,476	5.6%	46,212	7.2%
Aggregate Income: (\$Mil)	Household	\$44,611.5		\$55,739.2		\$64,064.6	
	Family	\$36,533.8		\$45,933.2		\$52,642.8	
	Non-Family	\$7,381.9		\$9,805.7		\$11,422.0	
Average Income:	Household	\$79,393		\$91,267		\$100,289	
	Family	\$89,038		\$105,112		\$116,679	
	Non-Family	\$48,696		\$56,442		\$60,877	
Median Income:	Household	\$66,100		\$82,892		\$93,233	
	Family	\$76,391		\$95,267		\$107,936	
	Non-Family	\$40,704		\$54,905		\$60,892	
Households By Disposable Income:	< \$10,000	20,384	3.6%	16,922	2.8%	15,914	2.5%
	\$10,000 - \$14,999	15,179	2.7%	9,716	1.6%	8,790	1.4%
	\$15,000 - \$19,999	20,083	3.6%	16,433	2.7%	14,945	2.3%
	\$20,000 - \$24,999	26,354	4.7%	20,164	3.3%	15,266	2.4%
	\$25,000 - \$29,999	31,502	5.6%	24,099	3.9%	22,169	3.5%
	\$30,000 - \$34,999	32,999	5.9%	25,829	4.2%	24,194	3.8%
	\$35,000 - \$39,999	35,892	6.4%	29,571	4.8%	25,399	4.0%
	\$40,000 - \$49,999	76,229	13.6%	65,438	10.7%	65,580	10.3%
	\$50,000 - \$59,999	72,265	12.9%	64,238	10.5%	54,527	8.5%
	\$60,000 - \$74,999	89,026	15.8%	94,383	15.5%	92,538	14.5%
	\$75,000 - \$99,999	70,569	12.6%	101,147	16.6%	107,346	16.8%
	\$100,000 - \$124,999	30,087	5.4%	57,447	9.4%	72,920	11.4%
	\$125,000 - \$149,999	16,194	2.9%	30,836	5.0%	43,202	6.8%
	\$150,000 - \$199,999	13,065	2.3%	24,125	4.0%	35,690	5.6%
	\$200,000 - \$249,999	5,050	0.9%	9,589	1.6%	13,516	2.1%
	\$250,000+	7,028	1.3%	20,787	3.4%	26,806	4.2%
Disposable Income:	Aggregate (\$Mil)	\$36,392.9		\$45,792.8		\$51,827.4	
	Average	\$64,767		\$74,981		\$81,132	
	Median	\$53,975		\$65,933		\$73,115	

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates

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# Census Update Trends: 2000/2008/2013

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07/01/2009

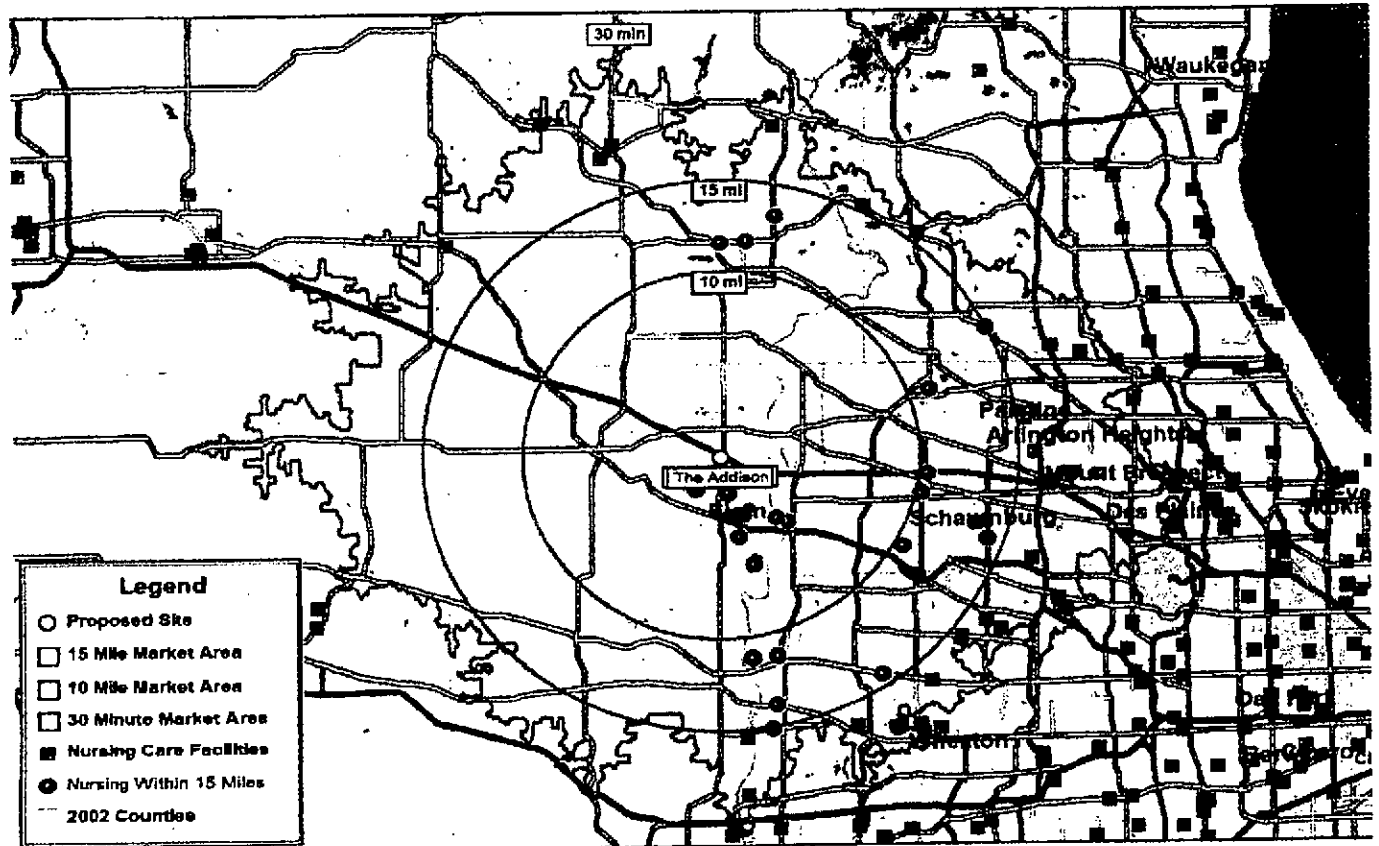
The Addison  
All Zip Areas Within 30 Minutes

	2000 Census		2008 Estimates		2013 Projections	
<b>Total Population</b>	1,580,181		1,752,419		1,851,898	
< 5 Years	118,384	7.5%	124,541	7.1%	119,446	6.4%
5 - 9 Years	123,656	7.8%	125,899	7.2%	127,814	6.9%
10 - 14 Years	119,722	7.6%	127,112	7.3%	131,399	7.1%
15 - 19 Years	107,490	6.8%	122,839	7.0%	126,847	6.8%
20 - 24 Years	90,108	5.7%	108,014	6.2%	117,980	6.4%
25 - 34 Years	236,951	15.0%	229,716	13.1%	235,927	12.7%
35 - 44 Years	282,418	17.9%	273,703	15.6%	260,864	14.1%
45 - 54 Years	224,042	14.2%	272,499	15.5%	285,192	15.4%
55 - 64 Years	129,421	8.2%	191,856	10.9%	232,493	12.6%
65 - 74 Years	79,954	5.1%	97,242	5.5%	129,132	7.0%
75 - 84 Years	50,282	3.2%	55,048	3.1%	60,850	3.3%
85+ Years	17,753	1.1%	23,950	1.4%	23,954	1.3%
<b>Median Age</b>	34.9		36.6		37.8	
<b>Population, Female</b>	795,127	50.3%	876,684	50.0%	923,384	49.9%
< 5 Years	57,481	7.2%	60,714	6.9%	58,070	6.3%
5 - 9 Years	60,307	7.6%	62,108	7.1%	62,562	6.8%
10 - 14 Years	58,201	7.3%	61,661	7.0%	64,543	7.0%
15 - 19 Years	50,578	6.4%	58,172	6.4%	61,247	6.6%
20 - 24 Years	42,623	5.4%	50,964	5.8%	55,635	6.0%
25 - 34 Years	116,418	14.6%	111,794	12.8%	113,914	12.3%
35 - 44 Years	142,053	17.9%	135,819	15.5%	128,336	13.9%
45 - 54 Years	113,242	14.2%	136,515	15.6%	141,755	15.4%
55 - 64 Years	66,230	8.3%	97,667	11.1%	117,667	12.7%
65 - 74 Years	43,733	5.5%	51,729	5.9%	68,072	7.4%
75 - 84 Years	31,126	3.9%	32,614	3.7%	34,916	3.8%
85+ Years	13,135	1.7%	16,927	1.9%	16,667	1.8%
<b>Median Age</b>	36.0		37.6		38.8	
<b>Population, Male</b>	785,054	49.7%	875,735	50.0%	928,514	50.1%
< 5 Years	60,903	7.8%	63,827	7.3%	61,376	6.6%
5 - 9 Years	63,349	8.1%	63,791	7.3%	65,252	7.0%
10 - 14 Years	61,521	7.8%	65,451	7.5%	66,856	7.2%
15 - 19 Years	56,912	7.2%	64,667	7.4%	65,600	7.1%
20 - 24 Years	47,485	6.0%	57,050	6.5%	62,345	6.7%
25 - 34 Years	120,533	15.4%	117,922	13.5%	122,013	13.1%
35 - 44 Years	140,365	17.9%	137,884	15.7%	132,528	14.3%
45 - 54 Years	110,800	14.1%	135,984	15.5%	143,437	15.4%
55 - 64 Years	63,191	8.0%	94,189	10.8%	114,826	12.4%
65 - 74 Years	36,221	4.6%	45,513	5.2%	61,060	6.6%
75 - 84 Years	19,156	2.4%	22,434	2.6%	25,934	2.8%
85+ Years	4,618	0.6%	7,023	0.8%	7,287	0.8%
<b>Median Age</b>	33.8		35.5		36.8	

# MapFacts Demographic Trends: 2000/2008/2013

The Addison  
10 Mile Market Area

Scan/US, Inc.  
07/01/2009



	2000 Census		2008 Estimates		2013 Projections	
<b>Population</b>	319,665		419,925		476,897	
In Households	316,795	99.1%	417,086	99.3%	474,079	99.4%
In Families	280,953	87.9%	376,298	89.6%	426,768	89.5%
In Non-Families	35,842	11.2%	40,789	9.7%	47,310	9.9%
In Group Quarters	2,870	0.9%	2,839	0.7%	2,819	0.6%
<b>Males</b>	160,070		210,837		239,796	
Median Age (Male)	32.5		33.8		35.4	
<b>Females</b>	159,597		209,087		237,100	
Median Age (Female)	33.8		34.9		36.3	
<b>Households</b>	106,132		137,790		155,503	
Families	82,749	78.0%	105,132	76.3%	117,081	75.3%
Non-Families	23,383	22.0%	32,658	23.7%	38,421	24.7%
<b>Average Household Size</b>	3.0		3.0		3.0	
Average Family Size	3.4		3.6		3.6	
Average Non-Family Size	1.5		1.2		1.2	
<b>Average Household Income</b>	\$82,638		\$90,596		\$99,899	
<b>Median Household Income</b>	\$68,178		\$86,225		\$97,339	
<b>Per Capita Income</b>	\$27,605		\$30,025		\$32,853	

Source: 2000 U.S. Census, 2008/2013 Scan/US Estimates  
Scan/US, Inc.

1110.1730(e)(2) - Maldistribution

- 2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

This rule states that a maldistribution of beds exists when the identified area, i.e., the Kane County Planning Area, has an excess supply of facilities, beds, and services. However, the State's own bed need calculation indicates that in this Planning Area, that is not the case as there is an identified need for 2,948 beds and only 2,530 that are existing. Thus, a need for an additional 418 beds. Therefore, it would appear that this item is not applicable.

ATTACHMENT-45



1110.1730(e)(3) - Impact of Project on Other Area Providers

3) The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

Since the average utilization of area facilities within the 30-minute travel time is below the occupancy standards set forth in the 77 Ill. Adm. Code 1100, this item is not applicable.

B) Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

This project is proposed to achieve its first full year at target utilization in Calendar Year 2013. The Applicant has showed that according to the 30-minute demographic estimates and projections, the area's total population is growing at a rate of 6.3% between Calendar Years 2008 and 2013. More impressive is that the over 65 population is expected to increase at the astounding rate of 22.6%. This population cohort is those likely to utilize rehabilitative services to get back to their homes and personal lives. The age cohort most in need of the long-term skilled care, those ages 75 and over are projected to continue increase by a strong rate of 8.3%. This is a rate higher than the respectable growth rate of the overall area. This means that although there are underutilized facilities and beds as compared to the State's optimal utilization rate, there is sufficient population to support not only this project but to maintain the utilization rates of the existing providers.

While there is sufficient population to support the beds, this Applicant cannot guarantee that all existing beds will be maintained. There has been minimal new construction in recent years and as such there are many older and more traditional facilities. It has been the trend for such facilities to utilize semiprivate, three and four bed ward rooms as private and semiprivate accommodations. Additionally, in recent

time, there has been more demand and need for more and larger physical and occupational as well as other therapy units. These have reduced the activity/social space and number of set-up beds in existing facilities. Therefore, the need for the proposed project may be understated and as such it would appear to give more credence to the issue that the introduction of this project will not, to a further extent, lower the utilization of other area facilities.

ATTACHMENT-46

1110.1730(g) - Staffing Availability

g) Staffing Availability - Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-50A** is the proposed staffing pattern for the proposed facility. The Applicant is proposing 140 full time equivalents for this project. These staffing levels do meet licensure minimum requirements and JCAHO staffing levels.

The Applicant through its related facilities both nursing and supportive living facilities has the experience in recruiting reliable and able employees. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant recruits both locally and regionally for highly qualified staff.

The following steps are taken to actively recruit new staff:

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question an

answer session on the philosophy of the organization;

4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that the Applicant through its related facilities has existing employees within the Chicago Metropolitan statistical area. These employees will, as will the proposed employees of the Addison Rehabilitation & Living Center in Elgin, have paid continuing education credits, competitive wages, and pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, the management company would provide an upward mobility transfer for those employees within the market area. Thus, it does not appear that between the Applicant's experience that there will be any difficulties in securing the needed health care manpower.

ATTACHMENT-50

### Staffing Pattern

<b>Position</b>	<b>FTE</b>
Administrator	1
Director of Nursing	1
ADON	1
Restorative Nurse	1
RN	10.4
LPN	13.4
MDS Coordinator	2
C.N.A.	54.5
Rehabilitation Aides	2
Ward Clerk/Scheduler	1
Central Supply	1
Activity Director	1
Activity Assistants	6
Social Service Director	1
Social Service Aides	1
Maintenance	1.5
A/R Bookkeeper	1
Accounts Payable/Payroll	1
Controller	1
Food Service Director	1
Diet Tech	1
Cooks	3.34
Dietary Aides	11.54
Human Resources	1
Medical Records	1
Director of Marketing	1
Admissions Director	1
Housekeeping/Laundry Direct	1
Housekeeping Aides	11.02
Laundry Aides	4.3
Administrative Assistant	1

1110,1730(h) - Facility Size

h) Performance Requirements - Facility Size

The maximum size of a general long term care facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c - Long-Term Care Facilities) over a two-year period of time.

This item is not applicable as the Applicant is proposing only 120 nursing care beds.

ATTACHMENT-51

1110.1730(i) - Community Related Functions

i) Community Related Functions – Review Criterion

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.

In addition to the nine physician's support/referral letters appended as **ATTACHMENT-35A**, the Applicant has received 49 additional letters of support from community groups and interested parties. These letters are appended as **ATTACHMENT-52.A**.

**ATTACHMENT-52**

THE VILLAGE OF  
**BARTLETT**

228 S. MAIN STREET  
BARTLETT, ILLINOIS 60103  
PHONE 630.837.0800  
FAX 630.837.7168

PRESIDENT  
Michael E. Kelly

ADMINISTRATOR  
Valerie L. Salmons

VILLAGE CLERK  
Lorna Giles

TRUSTEES  
Michael A. Airdo  
T. L. Arends  
Sherry Bornmann  
John Kavouris  
Frank Napolitano  
Dennis M. Nolan

June 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing in strong support of The Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison Rehabilitation and Living Center will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

VILLAGE OF BARTLETT



Michael E. Kelly  
Village President

ATTACHMENT-52A





ST. CHARLES  
SINCE 1834

June 10, 2009

Ms. Whitney Arado  
Regional Director of Healthcare Development  
1666 Checker Road  
Long Grove, IL 60047

Dear Ms. Arado,

I am writing in strong support of Aurora Rehabilitation & Living Center's plans to build a 120-bed skilled nursing and rehabilitation center in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by Aurora Rehabilitation & Living Center will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald P. DeWitte". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Donald P. DeWitte  
Mayor

DONALD P. DEWITTE *Mayor*  
BRIAN TOWNSEND *City Administrator*

TWO EAST MAIN STREET

ST. CHARLES, IL 60174

PHONE: 630-377-4400

FAX: 630-377-4440

[www.stcharlesil.gov](http://www.stcharlesil.gov)

Village of  
**West Dundee**



June 9, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing in support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation facility our neighboring community, the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals needing rehabilitative services.

I understand that the proposed state-of-the-art facility will consist of private rooms with attached bathrooms and will offer high end amenities to its clients. There will be many congregate areas for patients and visitors, plus a large therapy gym. This facility will serve the care needs of post hospital patients needing additional therapy or treatment prior to returning to the community, and with the aging local population, I believe a facility of this nature would be increasingly important to the surrounding area.

The services proposed by The Addison will provide a level of specialized services not currently offered in the Elgin area, and that is why I am in support of their proposal.

We wish you success in your endeavor.

Very truly yours,

Larry Keller  
Village President

VILLAGE HALL  
102 South Second Street  
West Dundee, IL 60118  
847/551-3800  
FAX 551-3809

PUBLIC SAFETY CENTER  
555 South Eighth Street  
West Dundee, IL 60118  
Fire Dept. 847/551-3805 FAX 551-3814  
Police Dept. 847/551-3810 FAX 551-3843

PUBLIC WORKS FACILITY  
900 Angle Tam  
West Dundee, IL 60118  
847/551-3815  
FAX 551-3842

[www.wdundee.org](http://www.wdundee.org)



# City of Aurora

Mayor's Office • 44 E. Downer Place • Aurora, Illinois 60507-2067 • 844-3612 • FAX 892-8967

Thomas J. Weisner  
Mayor

Thursday, June 04, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado

I am writing this letter in response to your plans to build the Addison Rehabilitation & Living Center in Elgin.

It is my understanding that this facility will be similar to the Aurora Rehabilitation Living Center. It is also my understanding, that Addison will serve the skilled care needs of post hospital patients needing additional therapy/treatment prior to returning to their homes.

I wish you success in your endeavor of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Weisner", written over a horizontal line.

Thomas J. Weisner  
Mayor



A MAGNET  
NURSING HOSPITAL



April 14, 2009

**DELNOR  
HOSPITAL**

300 Randall Road  
Geneva, Illinois 60134  
Tel 630/208.3000

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

This letter is one of support for the building of a skilled nursing and rehabilitation facility in Elgin. Delnor has utilized your facility in Aurora on a limited basis in recent years. I would anticipate Delnor's use of an Elgin facility would be limited as well.

Best wishes and success in this new endeavor.

Sincerely,



Craig A. Livermore  
Chief Executive Officer

CAL/dkh



passageshospice.com

To whom it may concern,

Passages Hospice has been a proud partner in care with Arlington Rehabilitation Center, Aurora Rehabilitation Center and Aurora Supportive Living Center for some one year now.

We serve many health care facilities throughout the State and I can state, in full confidence and candor, that the operators behind these facilities are responsible and above board in the care they provide and the staff they employ.

They run a good show. I would recommend any community to invite them in and to provide services.

Feel free to call me for more information.

A handwritten signature in black ink, appearing to read "Seth Gillman", is written over a faint, larger version of the signature.

Seth Gillman  
CEO/Administrator  
Passages Hospice



**Agape Living Assistance Inc.**

2255 Fox Valley Ct., Aurora, IL 60504

(630) 696-5368

May 21, 2009

**Aurora Rehabilitation and Living Center**  
1601 North Fransworth Ave,  
Aurora , IL 60505

Attn: Crissy

**Letter of Support**

This letter is an expression of support to the expansion of Aurora Rehabilitation and Living Center(ARLC) in creating a new facility, The Addison Rehabilitation and Living Center.

It has been a great privilege in knowing ARLC services to patients in need of Rehabilitation and Living Assistance. Their services are excellent in providing care and treatment particularly to Rehab patients. Their management and personnel along with their medical staff are thoughtful and efficient in performing their given tasks. With this, we support the plan of expansion and creation of a new facility.

As America grows its population in need of medical care, it is just appropriate for ARLC to grow and expand to serve and reach out with their services and business to people.

We look forward to see its new facility soon, The Addison Rehabilitation and Living Center. We also look forward to work with them by providing personalized quality care givers in their new facility. With all our prayers for hopeful development, we at Agape Living Assistance Incorporated, Management and staff, share our wishes and support.

Julius Montero

Marketing and Resource Officer

May 20, 2009

Ms. Whitney Arado  
The Arlington  
Aurora Rehabilitation and Living Center


Dear Ms. Arado;

Seasons Hospice has had many patients in The Arlington and Aurora Rehabilitation and Living Center over the years. We are very satisfied with the level of care and professionalism that the staff at both facilities continually exemplifies.

We are pleased to write this letter in support of The Arlington and Aurora Rehabilitation and Living Center building another facility to extend the level of care to the patients in the Elgin, IL area.

If you have any questions or concerns please feel free to contact me at 847-759-9449.

Sincerely,

  
LaJewel Williams  
Director of Business Operations



Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Chris Wilhelm*  
*715 Augusta Avenue*  
*Elgin, Ill.*  
*60120*



Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Frank Parrett*  
825 Forest Ave  
Elgin, IL 60120

*Walter Parrett*  
825 Forest Ave  
Elgin, IL 60120

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

John Pharis, 1182 Sherwood Ave, Elgin 60120  
Mary L. Kiser 1182 Sherwood, Elgin 60120

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Rachel Campbell*  
*1198 Blackhawk Dr*  
*Elgin, IL 60120*

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Eula P Brumbaugh*  
2750 W. Highland Ave. #204  
Elgin, IL 60124

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Dais M. Walbridge*  
1204 Blackhawk Dr.  
Elgin, IL 60120

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

*Barbara Evans*  
511 E. Chicago St.  
Elgin IL 60120

March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:


I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,



 Home Health Resource, LLC  
2295 Valley Creek Drive  
Elgin, IL 60123



**GENTLEPRO HOME HEALTH CARE, INC.**  
*An Equal Opportunity Employer*



PHONE: (847) 593-3750  
FAX: (847) 593-3758

April 8, 2009

Mrs. Whitney Arado  
1666 Checker Rd  
Long Grove, IL 60047-5289

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Reynaldo Querubin  
Assistant Administrator



**OMEGA**  
**HOME HEALTHCARE, LLC**

1717 Howard St., Evanston, IL 60202  
Tel: (847) 425-9089 Fax: (847) 425-9091

---

March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047


Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Abel O. Osage, Don (Administration)*  




**IJ HEALTHCARE NURSING  
RESOURCE, LLC**

**Zinnia C. Davis, RN**

325 Spruce St. Phone: (847) 488-9423  
South Elgin, IL 60177 Fax: (847) 717-0407  
24-Hr Service # (847) 528-2276

March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Anneka Madal President*

# Command Marketing

The premier global supplier of promotional products

Dear Mrs. Arado,

Command Marketing is in support of the Addison Rehabilitation & Living Center in Elgin. I understand this will be a 120 bed state of the art skilled nursing and rehabilitation program. I understand that there is definitely a great need for this type of facility in this area.

Good luck with your endeavor.

Yours very truly,



Scott Goldman

CFO

Command Marketing

**Command  
Marketing**

318 Half Day Road Suite 171

Buffalo Grove, IL 60089

P: 847-808-0967

WWW.COMMANDMARKETINGGROUPCO.COM

# NEAL & LEROY, LLC

203 North LaSalle Street, Suite 2300 | Chicago, Illinois 60601-1243 | telephone 312.641.7144 | facsimile 312.641.5137 | www.nealandleroy.com

Paul M. Rickelman  
Attorney at Law

February 23, 2009

Mrs. Whitney Arado  
Arlington Rehabilitation & Living Center  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Very Truly Yours,



Paul M. Rickelman

PMR/arr



*Office of the Mayor*

**Ed Schock**  
MAYOR

150 DEXTER COURT  
ELGIN, ILLINOIS 60120

847/931-5595  
Fax 847/931-6023

April 1, 2009

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services.

The proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. I understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, I believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered here and that is why I am in full support of their proposal.

We wish you success in your endeavor.

Sincerely,

Ed Schock  
Mayor



## BRAIN INJURY ASSOCIATION OF ILLINOIS

P.O. Box 64420 • Chicago, Illinois 60664-0420

312.726.5699 • 800.699.6443 • 312.630.4011 *fax*  
www.biaill.org • e-mail: info@biaill.org

March 23, 2009

Ms. Whitney Arado, Vice President  
Arlington Rehabilitation & Living Center  
Aurora Rehabilitation & Living Center  
1666 Checker Road  
Long Grove, IL 60047

Dear Ms. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. On several occasions, we have discussed the need for increased rehabilitation options in the Elgin area. I frequently receive calls from family members searching for rehabilitation options in the Elgin area.

I understand this facility will serve the post-hospital needs of the patient who still requires additional nursing and rehabilitation prior to returning to his/her home in the community.

I am supportive of your plans to develop a skilled nursing and rehabilitation facility in the Elgin area. I wish you the best in the pursuit of this project. Please let me know if I can be of any future assistance.

Best regards,

Philicia L. Deckard, LSW  
Executive Director



NOLAN LAW GROUP

20 NORTH CLARK 30TH FLOOR CHICAGO, ILLINOIS 60602 • P 312.630.4000 • F 312.630.4011 • TF 888.630.9340

3074 MADISON ROAD CINCINNATI, OHIO 45209 • P 513.533.2026 • F 513.721.2301

WWW.NOLAN-LAW.COM • CONTACT@NOLAN-LAW.COM

Ms. Whitney Arado  
Vice President  
Arlington Rehabilitation Living Center  
Aurora Rehabilitation Living Center  
1666 Checker Road  
Long Grove, IL. 60047

Re: Addison Rehabilitation & Living Center

Dear Ms. Arado:

This letter is in support of your plans to build a 120- bed skilled nursing and rehabilitation facility in Elgin. In my practice as a rehabilitation nurse here in Illinois, I know how important it is to have options for the growing population who will need this kind of facility. In particular, Elgin is an excellent location as there is a significant need for the kind of services you offer to patients needing therapies and treatments after hospitalization and prior to their return home.

I congratulate you on this project and thank you for the continued excellent services you provide to those you serve. Please let me know if there is anything else I can do to assist you.

Sincerely,

Ginny Lazzara, RN, CRRN, CBIST  
Rehabilitation Nurse Consultant

ADMITTED IN ILLINOIS:

DONALD J. NOLAN • WILLIAM J. JOVAN • PAUL R. BORTH • THOMAS P. ROUTH  
MOLLIE E. O'BRIEN • STEPHANIE L. STALTER • CHARLES R. BARNETT (Of Counsel)

ADMITTED IN OHIO: JEROME L. SKINNER • ADMITTED IN NEW YORK: WESTON T. CHU

ADMITTED IN WASHINGTON, DC: JAMES E. HALL (Of Counsel)

April 3, 2009

Mrs. Whitney Arado,  
1666 Checher Road  
Long Grove, IL 60047

Dear Mrs. Arado:

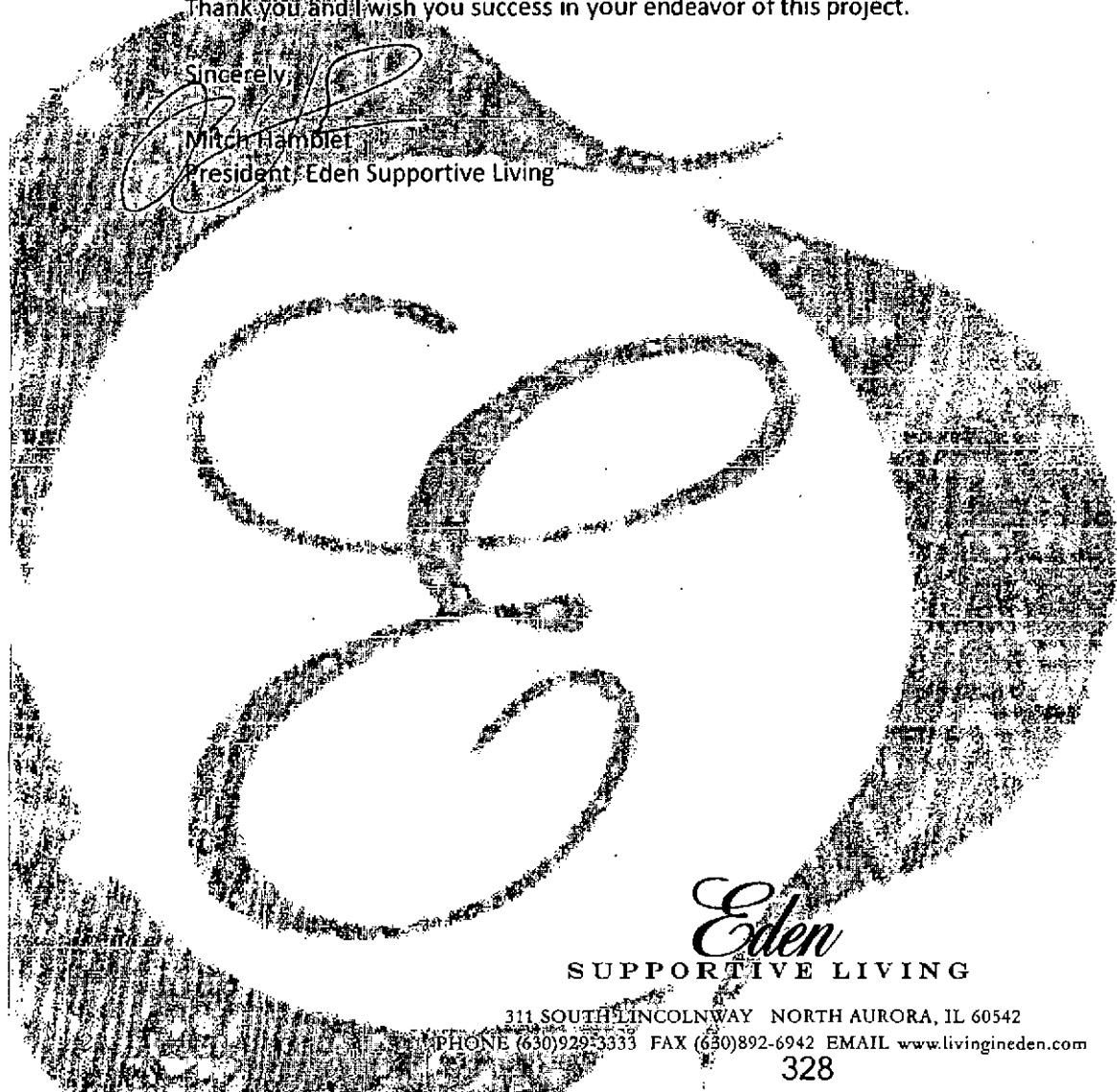
I am writing this letter in support of your plans to build a 120 bed, senior skilled nursing and senior rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

  
Mitch Hamblin  
President, Eden Supportive Living



*Eden*  
SUPPORTIVE LIVING

311 SOUTH LINCOLNWAY NORTH AURORA, IL 60542  
PHONE (630)929-3333 FAX (630)892-6942 EMAIL [www.livingineden.com](http://www.livingineden.com)

328





February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

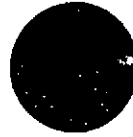
I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Ally Schuler*  
1st Ward Alderman  
City of Aurora



# AURORA

Supportive Living  
Senior Housing

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

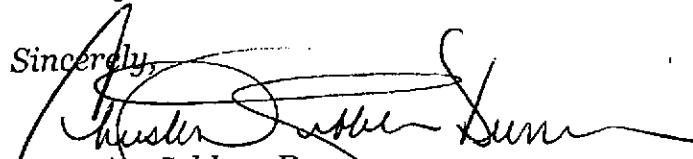
Dear Mrs. Arado,

*I am writing this letter in support of your plans to build a 120 bed Skilled Nursing and Rehabilitation Facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.*

*It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.*

*Thank you and I wish you success in your endeavor of this project.*

Sincerely,



Christine Sebben-Dunn  
Director - Aurora Supportive Living Center



2000 Ogden Avenue, Aurora, IL 60504

March 25, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado,

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation and Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community. In my role as Chief Nursing Officer, I see the ongoing need for these types of services for our patients.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

A handwritten signature in cursive script that reads 'Shawn Tyrrell'.

Shawn O'Connor Tyrrell, RN, MSN, MBA  
Vice President, Nursing Services  
Chief Nursing Officer



# Senior Services Associates, Inc.

www.seniorservicesassoc.org

Kane County Senior Services  
Greater Elgin Senior Center  
101 S. Grove Avenue  
Elgin, IL 60120  
1-800-942-1724 • (847) 741-2163  
Fax: (847) 741-2163

McHenry County Senior Services  
McHenry Township Recreation Center  
3519 N. Richmond Rd.  
McHenry, IL 60050  
(815) 339-3200 • (815) 344-3555  
Fax: (815) 344-3593

Kane County Senior Services  
Aurora Township Senior Center  
460 Garfield Avenue, 2nd Floor  
Aurora, IL 60506  
(630) 897-4035  
Fax: (630) 897-6901

Kendall County Senior Services  
908 Game Farm Road  
Yorkville, IL 60560  
(630) 553-5777  
Fax: (630) 553-6979

McHenry County Senior Services  
110 W. Woodstock Street  
Crystal Lake, IL 60014  
(815) 356-7457  
Fax: (815) 356-7854

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Wendell Herron M.S.W.*  
SUPERVISOR

**Board Members**

Frank Miller  
Mark Weber  
Kitty Nash  
Ross Ricks  
Mary Rymarczyk

Les Whalen  
Kay Hatcher  
Mike Penny  
Tom Aquilina

Identa Austin  
Ruth Johnsen  
Donna Grimmett  
Patricia Feeley

Calvin Giddens  
Barry Glasgow  
Lillian Perry  
Marlene Shales

**Honorary Board Members**

Congressman &  
Mrs. J. Dennis Hastert  
Floyd Brown  
Tom Skilling



February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Cheryl Spina*  
Manager Case Management  
Rush Copley Medical Center  
630 978-4824

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047


Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

  
NERIAH RHODA G. ESTENOR

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Robin Lee Garber, Clinical Therapist*

*Robin Lee Garber, Clinical Therapist*

*Lisbon OMS at Edward Hospital*

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*M. Galdjian OTR/L*



Re: Addison Rehabilitation & Living Center

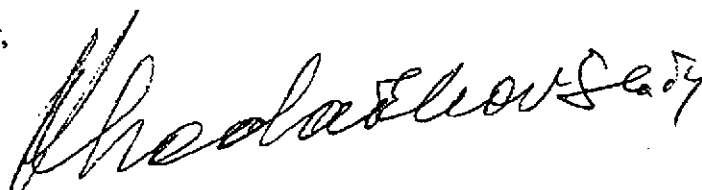
Dear Whitney,

This letter is to serve as confirmation of my support for The Addison Rehabilitation & Living Center located in Elgin. I have been an attending physician for skilled nursing centers for a number of years and I believe that my patients living in the Elgin area would directly benefit from the ability to receive sub-acute care at The Addison.

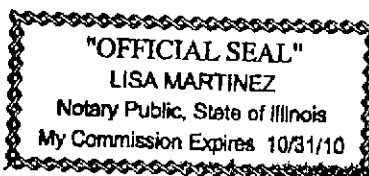
I believe that I would be able to admit patients needing rehabilitation services to The Addison on a regular basis. The above information is true and accurate to the best of my knowledge. Good luck with your endeavor.

Sincerely,

Dr.



(Mikhail Khodarkovskiy, M.D.)





**Mollohan Medical Clinic**

**February 11, 2009**

**Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047**

**Dear Mrs. Arado:**

**I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.**

**It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.**

**Thank you and I wish you success in your endeavor of this project.**

**Sincerely,**

---

**William H. Mollohan D. C.**

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Phaed*  
*M-M ORTHOPEDICS*



Hashemi Medical Group  
of the Ramington Clinic

March 19, 2009

RE: Addison Rehabilitation & Living Center:

Dear Whitney,

This letter is to serve as confirmation of my support for The Addison Rehabilitation & Living Center located in Elgin. I have been an attending physician for skilled nursing centers for a number of years and I believe that my patients living in the Elgin area would directly benefit from the ability to receive sub-acute care at The Addison.

I believe that I would be able to admit patients needing rehabilitation services to The Addison on a regular basis. The above information is true and accurate to the best of my knowledge. Good luck with your endeavor.

Sincerely,

Kamran Hashemi, M.D.

FROM :

FAX NO. :18474191964

Mar. 19 2009 06:38PM P2

03/16/2009 08:52 FAX 18472785841

ARLINGTON MED REC HR

002/002

Re: Addison Rehabilitation & Living Center

Dear Whitney,

This letter is to serve as confirmation of my support for The Addison Rehabilitation & Living Center located in Elgin. I have been an attending physician for skilled nursing centers for a number of years and I believe that my patients living in the Elgin area would directly benefit from the ability to receive sub-acute care at The Addison.

I believe that I would be able to admit patients needing rehabilitation services to The Addison on a regular basis. The above information is true and accurate to the best of my knowledge. Good luck with your endeavor.

Sincerely,

Dr.



YAKOV RYABOV MD

FRC :  
03/18/2009 08:41 FAX 18472795841

FAX NO. :  
ARLINGTON MED REC HR

Mar. 20 2009 12:53PM P2  
002/002

Re: Addison Rehabilitation & Living Center

Dear Whitney,

This letter is to serve as confirmation of my support for The Addison Rehabilitation & Living Center located in Elgin. I have been an attending physician for skilled nursing centers for a number of years and I believe that my patients living in the Elgin area would directly benefit from the ability to receive sub-acute care at The Addison.

I believe that I would be able to admit patients needing rehabilitation services to The Addison on a regular basis. The above information is true and accurate to the best of my knowledge. Good luck with your endeavor.

Sincerely,

Dr. MARK PO

Re: Addison Rehabilitation & Living Center

Dear Whitney,

This letter is to serve as confirmation of my support for The Addison Rehabilitation & Living Center located in Elgin. I have been an attending physician for skilled nursing centers for a number of years and I believe that my patients living in the Elgin area would directly benefit from the ability to receive sub-acute care at The Addison.

I believe that I would be able to admit patients needing rehabilitation services to The Addison on a regular basis. The above information is true and accurate to the best of my knowledge. Good luck with your endeavor.

Sincerely,

Dr.





# Phoenix Home Care, L.L.C.

*"Where Professionalism and Loving Care Count"*



April 6, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely yours,

Peter Miska  
President



# GIRLING HEALTH CARE

March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

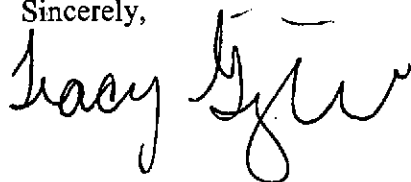
Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,





# Summit Home Health

915 Harger Road, #102  
Oak Brook, IL 60523

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

Summit Home Health is writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin, Illinois. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Please call me at (312) 498-9938 if you should have any questions or concerns. Thank you and I wish you success in your endeavor of this project.

Sincerely,

Jeffrey Piejak  
Partner  
Summit Home Health



**GENTLEPRO** HOSPICE SERVICES CORP.  
*An Equal Opportunity Employer*

---

PHONE: (847) 228-9481  
FAX: (847) 228-9486

April 8, 2009

Mrs. Whitney Arado  
1666 Checker Rd  
Long Grove, IL 60047-5289

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Jennifer Valera, B.Sc., RN, BSN  
Director of Nursing

# Nightingale Home Healthcare

*Caring for you at home!*



March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

A handwritten signature in cursive script that reads "Daniel J. Gorr".

Daniel J. Gorr



**Home Healthcare, LLC**

**1019 W. Wise Rd., Ste. 200, Schaumburg, IL 60193**

**Tel: 630-339-3688 Fax: 630-339-3690**

**24-Hr. Hotline: 888-285-7651**

March 26, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047


Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

  
Carmela Canete  
Administrator

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

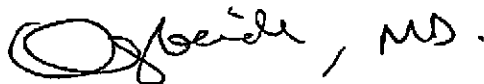
Dear Mrs. Arado:

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It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

 J. J. O'Brien, MD.

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Brenda Sutcliffe RN*

February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

I am writing this letter in support of your plans to build a 120 bed skilled nursing and rehabilitation facility in Elgin. This letter is to serve as confirmation of my support for the Addison Rehabilitation & Living Center.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Andrea Harris*



February 10, 2009

Mrs. Whitney Arado  
1666 Checker Road  
Long Grove, IL 60047

Dear Mrs. Arado:

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It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

*Christy RN CM*

1110.1730(j) – Zoning

j) Zoning – Review Criterion

The applicant shall document one of the following:

- 1) The property to be utilized has been zoned for the type of facility to be developed;
- 2) Zoning approval has been received; or
- 3) A variance in zoning for the project is to be sought.

Appended as **ATTACHMENT-53A** is a copy of the zoning annexation Ordinance from the City of Elgin for the proposed project identifying the current zoning. It should be noted that a variance in zoning for the project is to be sought by the Applicant.

**ATTACHMENT-53**

EXHIBIT C

12/13/06 - Version 2 - WAC

Ordinance No. \_\_\_\_\_

**AN ORDINANCE  
CLASSIFYING NEWLY ANNEXED TERRITORY IN THE  
PORI PLANNED OFFICE RESEACH INDUSTRIAL DISTRICT  
(Capital Corporate Center – 2451 Mason Road)**

WHEREAS, the territory herein described has been annexed to the City of Elgin; and

WHEREAS, written application has been made to classify said territory in the PORI Planned Office Research Industrial District; and

WHEREAS, after due notice in the manner provided by law the Planning and Development Commission conducted public hearings concerning said application and has submitted its written findings and recommendations; and

WHEREAS, the City Council of the City of Elgin, Illinois, has reviewed the findings and recommendations of the Planning and Development Commission.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF ELGIN, ILLINOIS:

Section 1. That the City Council of the City of Elgin hereby adopts the Findings of Fact, dated November 20, 2006, made by the Planning and Development Commission, a copy of which is attached hereto and made a part hereof by reference as Exhibit A.

Section 2. That Chapter 19.07, Section 19.07.600 entitled "Zoning District Map" of the Elgin Municipal Code, 1976, as amended, be and the same is hereby further amended by adding thereto the following paragraph:

"The boundaries herein before laid out in the 'Zoning District Map', as amended, be and are hereby altered by including in the PORI Planned Office Research Industrial District, the following described property:

That part of the Northeast Quarter of Section 31, Township 42 North, Range 8 East of the Third Principal Meridian, described as follows:

Commencing at a "Mag" at the Northeast Corner of Said Section 31; thence South 00 degrees 42 minutes 09 seconds West along an assumed bearing, being the East line of said Section a distance of 971.76 feet to a point on the Easterly extension on the North line of Westfield Business Park Plat No. 2, according to the Plat thereof recorded December 6, 1989 as document

C:\DOCUME~1\ADMINI~1\LOCALS~1\Temp\Temporary Directory 8\Foley Associates (5).zip\Foley & Associates\PORI Ordinance-v6-City.doc

ATTACHMENT-53A

number 2012687; thence North 89 degrees 58 minutes 43 seconds West along said Easterly extension 400.96 feet to the Northeast corner of property conveyed by warranty deed recorded as document number 2005k019712, said point being the point of beginning; thence continuing North 89 Degrees 58 Minutes 43 Seconds West along the North line of said Westfield Business Park Plat No. 2, a distance of 2240.99 feet to the Northwest corner of said Westfield Business Park Plat No. 2, said point being on the West line of said Northeast Quarter; thence North 00 degrees 36 minutes 23 seconds East along Said West line 985.61 feet to a "Pk Nail" at the Northwest Corner of said Northeast Quarter per document number 94k009395; thence South 89 degrees 40 minutes 41 seconds East along the North line of said Northeast Quarter 1635.21 feet to a point 1008.28 feet West (as measured along said North line) of the aforementioned Northeast corner of said Northeast Quarter, said point being on the West line of the Northwest Tollway (I-90) according to Circuit Court general number S6-1213 filed May 27, 1957; thence South 00 degrees 20 minutes 09 seconds West along the last described line 23.27 feet; thence South 67 degrees 10 minutes 51 seconds East 116.50 feet along the last described line; thence South 47 degrees 45 minutes 51 Seconds East along the last described line 118.24 feet to a point on the West line of Isthia Parcel N-4d-105 per final judgment recorded as document number 2002k018471; thence South 31 degrees 22 minutes 12 seconds East along the last described line 251.01 feet; thence South 22 degrees 47 minutes 59 seconds East along the last described line 358.42 feet; thence South 26 degrees 20 minutes 32 seconds East along the last described line 295.72 feet to the Southwest corner of Isthia Parcel N-4d-105 per said final judgment; thence South 00 degrees 32 minutes 26 seconds West 19.53 feet to the point of beginning, in Kane County, Illinois (Property commonly known as 2451 Mason Road).

Section 3. That the City Council of the City of Elgin hereby classifies the subject property in the PORI Planned Office Research Industrial District in accordance with the following provisions:

- A. **Purpose and Intent.** The purpose of the PORI Office Research Industrial District is to provide a planned industrial environment that fosters a sense of place and destination within a coordinated campus or park setting, subject to the provisions of Chapter 19.60, Planned Developments. A PORI zoning district is most similar to, but departs from the standard requirements of the ORI zoning district.
- B. **Supplementary Regulations.** Any word or phrase contained herein, followed by the symbol "(SR)", shall be subject to the definitions and the additional interpretive requirements provided in Chapter 19.90, Supplementary Regulations, of the Elgin Municipal Code, as amended. The exclusion of such symbol shall not exempt such word or phrase from the applicable supplementary regulation.

- C. **General Provisions.** In this PORI zoning district, the use and development of land and structures shall be subject to the provisions of Chapter 19.05, General Provisions, of the Elgin Municipal Code, as amended.
- D. **Zoning Districts - Generally.** In this PORI zoning district, the use and development of land and structures shall be subject to the provisions of Chapter 19.07, zoning Districts, of the Elgin Municipal Code, as amended.
- E. **Land Use.** In this PORI zoning district, the use and development of land and structures shall be subject to the provisions of Chapter 19.10 Land Use, of the Elgin Municipal Code, as amended.

1. **Land Use Regulations for Lot 3, as identified on the Preliminary Plat of Subdivision, prepared by Spaceco Inc., and dated January 30, 2006, with the latest revisions dated December 8, 2006:**

The "PORI Land Uses", as identified in Section E.5.A & B, below, shall be the only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) on Lot 3 of this PORI district.

2. **Land Use Regulations for Lots 1, 2, 4, and 5 as identified on the Preliminary Plat of Subdivision, prepared by Spaceco, Inc., and dated January 30, 2006, with the latest revisions dated December 8, 2006:**

- a. The "PORI Land Uses", as identified in section E.5.A & B, below, and the "AB Land Uses", as identified in section E.6.A & B, below, shall be the only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) on Lots 1, 2, 4 and 5 of this PORI district.
- b. No Bracketed PORI Land Use (as hereafter defined) shall be located on Lot 2 where Bracketed AB Land Uses have been established on Lots 1 and 4 unless otherwise approved by the City's zoning administrator or by the corporate authorities if the City of Elgin.
- c. Similarly, no Bracketed PORI Land Use (as hereafter defined) shall be located on Lot 4 where Bracketed AB Land Uses have been established on Lots 2 and 5 unless otherwise approved by the City's zoning administrator or by the corporate authorities if the City of Elgin.

3. **Land Use Regulations for Lots 6 and 7 as identified on the Preliminary Plat of Subdivision, prepared by Spaceco, Inc., and dated January 30, 2006, with the latest revisions dated December 8, 2006:**

- a. The "PORI Land Uses", as identified in section E.5.A & B, below, and the "AB Land Uses", as identified in section E.6.A & B, below, shall be the

only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) on Lots 6 and 7 of in this PORI district.

- b. No Bracketed PORI Land Use (as hereafter defined) shall be established on either Lot 6 or 7 when a Bracketed AB Land Use (as hereafter defined) has been established first on either lot.

**4. Land Use Regulations for Lot 8 as identified on the Preliminary Plat of Subdivision, prepared by Spaceco, Inc., and dated January 30, 2006, with the latest revisions dated December 8, 2006:**

- a. The "PORI Land Uses", as identified in Section E.5.A & B, below, and the "AB Land Uses", as identified in section E.6.A & B, below, shall be the only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) on Lot 8 of this PORI district.

**5. PORI Land Uses.** The following "land uses" (SR) shall be the only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) in this PORI district.

**A. Permitted Uses.** The following enumerated land uses shall be the only land uses allowed as a permitted use in this PORI zoning district. Those uses set forth in brackets "[use]" shall herein be referred to as "Bracketed PORI Land Uses":

**i. Municipal Services Division:**

Public parks, recreation, open space (UNCL) on a "zoning lot" [SR] containing less than two (2) acres of land.

**ii. Offices Division:**

"Offices" [SR] (UNCL).

**iii. Finance, Insurance, And Real Estate Division:**

"Development sales offices" [SR] (UNCL).

Finance, insurance, and real estate (H), subject to the provision that there be no more than one banking institution in the subdivision.

**iv. Services Division:**

Advertising (731).

Carpet and upholstery cleaning agents without plants on the premises (7217).

Commercial, economic, sociological, and educational research (8732).

Commercial physical and biological research (8731).

Computer programming, data processing, and other computer-related services (737).

Computer rental and leasing (7377).

Consumer credit reporting agencies, mercantile reporting agencies, and adjustment and collection agencies (732).

Detective and guard services (7381).

Electrical and electronic repair shops (7629).  
 Engineering, accounting, research, management, and related services (87).  
 Home health care services (808).  
 "Hotels and motels" [SR] (701).  
 Job training and vocational rehabilitation services (833).  
 Legal services (811).  
 Libraries (823).  
 Linen supply (7213).  
 Mailing, reproduction, commercial art and photography, and stenographic services (733).  
 Management and public relations services (874).  
 Medical and dental laboratories (807).  
 Membership organizations (86).  
 Motion picture distribution and allied services (782).  
 Motion picture production and allied services (781).  
 News syndicates (7383).  
 Noncommercial research organizations (8733).  
 Offices and clinics of dentists (802).  
 Offices and clinics of doctors of medicine (801).  
 Offices and clinics of doctors of osteopathy (803).  
 Offices and clinics of other health practitioners (804).  
 Other schools and educational services (829).  
 Outdoor advertising services (7312).  
 Personnel supply services (736).  
 [Photofinishing laboratories (7384)].  
 Physical Fitness Facilities (7999)  
 Professional sports operators and promoters (7941).  
 [Refrigerator and air-conditioning service and repair (7623).]  
 [Reupholstery and furniture repair (764).]  
 Security systems services (7382).  
 Tax return preparation services (7291).  
 [Testing laboratories (8734).]  
 Theatrical producers (792).  
 Vocational schools (824).

**v. Retail Trade Division:**  
 Automatic merchandising machine operators (5962).  
 Catalog and mail-order houses (5961).

**vi. Agricultural Division:**  
 Crop services (072).  
 Farm labor and management services (076).  
 Landscape counseling and planning (0781).  
 Soil preparation services (071).

- vii. **Construction Division:**  
["Contractor's office and equipment areas" [SR] (UNCL).]
- viii. **Manufacturing Division:**  
[Apparel and other finished products made from fabrics and similar materials (23).]  
[Computer and office equipment (357).]  
[Electronic and other electrical equipment and components (36).]  
[Fabricated metal products (34).]  
[Furniture and fixtures (25).]  
[Industrial and commercial machinery and equipment (35).]  
[Leather and leather products (31).]  
[Measuring, analyzing, and controlling instruments;] photographic, medical, and optical goods; and watches and clocks (38).]  
[Primary metal industries (33).]  
[Printing, publishing, and allied industries (27).]  
[Stone, clay, glass and concrete products (32).]  
[Tobacco products (21).]  
[Transportation equipment (37).]
- ix. **Wholesale Trade Division:**  
Apparel piece goods and notions (513).  
Beer, wine and distilled alcoholic beverages (518).  
Drugs, drug proprietary and druggists' sundries (512).  
Chemicals and allied products (516).  
Electrical goods (506).  
[Farm product raw materials (515).]  
Furniture and home furnishings (502).  
Groceries and related products (514).  
[Hardware, and plumbing and heating equipment and supplies (507).]  
[Lumber and other construction materials (503).]  
[Machinery, equipment, and supplies (508).]  
[Metals and minerals, except petroleum (505).]  
Motor vehicles and motor vehicle parts and supplies (501).  
Paper and paper products (511).  
[Petroleum and petroleum products (517)].  
Professional and commercial equipment and supplies (504).
- x. **Transportation, Communication And Utilities Division:**  
"Amateur radio antennas" [SR] (UNCL).  
Arrangement of passenger transportation (472).  
Arrangement of transportation of freight and cargo (473).  
Branch United States post offices (4311).  
Bus charter service operators offices (414).  
Cable and other pay television services (484).  
"Commercial antennas and antenna structures mounted on existing structures" [SR] (UNCL).  
Communication services not elsewhere classified (489).



Courier services (4215).

Freight forwarding in general (4731), subject to the provision that it is allowed as a permitted use on lot 3, and as a conditional use on all other lots.

Intercity and rural bus transportation operators' offices (413).

Local and suburban passenger transportation operators' offices (411).

[Natural gas transmission and distribution (4922) (4924).]

[Packing and crating (4783).]

[Public warehousing and storage (422), subject to the provision that it is allowed as a permitted use on lot 3, and as a conditional use on all other lots]

"Radio and television antennas" [SR] (UNCL).

Radio and television broadcasting stations (483).

Railroad operators' offices (401).

"Satellite dish antennas" [SR] (UNCL).

School bus operators' offices (415).

Taxicab operators' offices (412).

Telegraph and other message communications (482).

Telephone communications (481).

"Treatment, transmission and distribution facilities: poles, wires, cables, conduits, laterals, vaults, pipes, mains and valves" [SR] (UNCL).

**xi. Miscellaneous Uses Division:**

"Accessory structures" [SR] (UNCL) to the permitted uses allowed in the ORI Office Research Industrial District, subject to the provisions of Section 19.12.500 of this Title.

"Accessory uses" [SR] (UNCL) to the permitted uses allowed in the ORI Office Research Industrial District to the provisions of Section 19.10.400 of this Title.

"Fences and walls" [SR] (UNCL).

"Loading facilities" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the ORI Office Research Industrial District, subject to the provisions of Chapter 19.47 of this Title.

"Parking lots" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the ORI Office Research Industrial District, subject to the provisions of Chapter 19.45 of this Title.

"Parking structures" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the ORI Office Research Industrial District, subject to the provisions of Chapter 19.45 of this Title.

"Refuse collection area" [SR].

"Signs" [SR] (UNCL), subject to the provisions of Chapter 19.50 of this Title.

"Storage tanks" [SR] (UNCL).

"Temporary uses" [SR] (UNCL).

**B. Conditional Uses:** The following enumerated land uses shall be the only land uses allowed as a conditional use in this PORI Planned Office Research Industrial District:

**i. Municipal Services Division:**

"Municipal facilities" [SR] (UNCL) on a zoning lot containing less than two (2) acres of land.

**ii. Public Administration Division:**

Public administration (J) on a zoning lot containing less than two (2) acres of land.

**iii. Services Division:**

Armored car service (7381).

Carpet or rug cleaning, dying, or repairing plants (7217).

Child daycare services (835).

Dry-cleaning plants (7216).

Individual and family social services (832).

Industrial launderers (7218).

Power laundries (7211).

Truck route laundry and dry cleaning not operated by laundries or cleaners (7212).

**iv. Manufacturing Division:**

Chemicals and allied products (28).

Food and kindred products (20).

Lumber and wood products (24).

Paper and allied products (26).

Petroleum refining and related industries (29).

Rubber and miscellaneous plastics products (30).

Textile mill products (22).

**v. Transportation, Communication And Utilities Division:**

"Commercial antenna tower" [SR] (UNCL).

"Conditional commercial antenna tower" [SR] (UNCL).

"Conditional commercial antennas and antenna structures mounted on existing structures" [SR] (UNCL).

Heliports (458).

Natural gas storage.

"Other radio and television antennas" [SR] (UNCL).

"Other satellite dish antennas" [SR] (UNCL).

Pipelines, except natural gas (461).

Public warehousing and storage (422).

Railroad tracks (401).

"Treatment, transmission and distribution facilities: equipment, equipment buildings, towers, exchanges, substations, regulators" [SR] (UNCL).

Water transportation (44).

**vii. Miscellaneous Uses Division:**

"Accessory package liquor sales establishment" [SR] (UNCL).

"Accessory structures" [SR] (UNCL) to the conditional uses allowed in the ORI Office Research Industrial District, subject to the provisions of Section 19.12.500 of this Title.

"Accessory uses" [SR] (UNCL) to the conditional uses allowed in the ORI Office Research Industrial District, subject to the provisions of Section 19.10.400 of this Title.

"Commercial operations yard" [SR] (UNCL).

"Master signage plan" [SR], subject to the provisions of Chapter 19.50 of this Title.

"Outdoor display areas" [SR] (UNCL)

"Outdoor display lots" [SR] (UNCL)

"Parking lots" [SR] (UNCL), subject to the provisions of Chapter 19.45 of this Title.

"Parking structures" [SR], subject to the provisions of Chapter 19.45 of this Title.

"Planned developments" [SR] (UNCL) on a zoning lot containing less than two (2) acres of land, subject to the provisions of Chapter 19.60 of this Title.

6. **AB Land Uses.** The following "land uses" (SR) shall be the only land uses allowed as a "permitted use" (SR) or as a "conditional use" (SR) in this PORI district. Those uses set forth in brackets "[use]" shall herein be referred to as "Bracketed AB Land Uses":

- A. **Permitted Uses:** The following enumerated AB Area Business land uses shall be the only land uses allowed as a permitted use in this PORI District:

i. **Services Division:**

Automotive renting and leasing without drivers (751).

Barbershops (724).

Beauty shops (723).

Garment pressing, and agents for laundries and dry cleaners (7212).

Miscellaneous equipment rental and leasing (735).

Motion picture theaters (7832).

Physical fitness facilities (7999)

Photographic studios, portrait (722).

Radio and television repair shops (7622).

Videotape rental (784).

ii. **Retail Trade Division:**

[Apparel and accessory stores (56).]

Building materials, hardware and garden supply (52).

[Carryout restaurants (5812).]

[Drinking places (alcoholic beverages) (5813).]

Drugstores and proprietary stores (591).  
[Eating places (5812).]  
[Florists (5992).]  
Food stores (54).  
[General merchandise stores (53).]  
[Home furniture, furnishings and equipment stores (57).]  
Miscellaneous retail stores not elsewhere classified (5999).  
[Miscellaneous shopping goods stores (594).]  
Motor vehicle dealers (5994).  
[News dealers (5994).]  
[Optical goods stores (5995).]  
["Outdoor eating and drinking facilities" [SR] (UNCL).]

iii. **Agricultural Division:**

Dog grooming (0752).  
Farm labor and management services (076).  
Landscape counseling and planning (0781).  
Lawn and garden services (0782).  
Ornamental shrub and tree services (0783).  
Veterinary services for household pets (0742).

iv. **Wholesale Trade Division:**

Apparel piece goods and notions (513).  
Drugs, drug proprietaries, and druggists' sundries (512).  
Electrical goods (506).  
Furniture and home furnishings (502).  
Groceries and related products (514).  
Hardware, and plumbing and heating equipment and supplies (507).  
Machinery, equipment, and supplies (508).  
Metals and minerals, except petroleum (505).  
Motor vehicles and motor vehicle parts and supplies (501).  
Paper and paper products (511).  
Professional and commercial equipment and supplies (504).

v. **Miscellaneous Uses Division:**

"Accessory structures" [SR] (UNCL) to the permitted uses allowed in the AB Area Business District, subject to the provisions of Section 19.12.500 of this Title.

"Accessory uses" [SR] (UNCL) to the permitted uses allowed in the AB Area Business District, subject to the provisions of Section 19.10.400 of this Title.

"Drive-through facilities" [SR], subject to the provisions of Chapter 19.45 of this Title, specifically limited to one drive thru facility associated with an economically valued fast food restaurant such as McDonald's, Wendy's, Burger King, Taco Bell, Arby's, Dunkin Donuts, etc., for the entire subdivision. Drive-through facilities for mid-valued fast food restaurants such as Starbuck's or Portillo's, and other non-restaurant land uses (such as,

by way of example only, drug stores) shall be permitted and not limited.

"Fences and walls" [SR] (UNCL).

"Loading facilities" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the AB Area Business District, subject to the provisions of Chapter 19.47 of this Title.

"Parking lots" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the AB Area Business District, subject to the provisions of Chapter 19.45 of this Title.

"Parking structures" [SR] (UNCL), exclusively "accessory" [SR] to a permitted use allowed in the AB Area Business District, subject to the provisions of Chapter 19.45 of this Title.

"Refuse collection area" [SR].

"Signs" [SR] (UNCL), subject to the provisions of Chapter 19.50 of this Title.

"Storage tanks" [SR] (UNCL).

"Temporary uses" [SR] (UNCL).

**B. Conditional Uses:** The following enumerated AB Area Business District land uses shall be the only land uses allowed as a conditional use in this PORI District:

**i. Services Division:**

Amusement parks (7996).

Arenas, sports fields, and stadiums (UNCL).

Ballrooms (7911).

Bowling centers (7933).

"Car washes" [SR] (7542)

Child daycare services (835).

Coin-operated amusement establishments (7993).

Dance halls (7911).

Discotheques (7911).

Drive-in motion picture theaters (7833).

"Home child daycare services" [SR] (8351).

Individual and family social services (832).

Membership organization (86)

Membership sports and recreation clubs (7997)

Power laundries (7211).

**ii. Retail Trade Division:**

Convenience food stores, operated on a twenty four (24) hour basis (5411).

Drive-in restaurants (5812).

Firearms sales (5941).

"Package liquor sales establishments" [SR] (5921).

**iii. Wholesale Trade Division:**

Beer, wine, and distilled alcoholic beverages (518)

- Lumber and other construction materials (503).
- iv. **Transportation, Communication, And Utilities Division:**
  - "Conditional commercial antenna tower" [SR] (UNCL).
  - "Conditional commercial antennas and antenna structures mounted on existing structures" [SR] (UNCL).
  - Courier services (4215).
  - Heliports (458).
  - Pipelines, except natural gas (461).
  - Public warehousing and storage (422) subject to the provision that it is allowed as a permitted use on lot 3, and as a conditional use on all other lots.
  - "Other radio and television antennas" [SR] (UNCL).
  - "Other satellite dish antennas" [SR] (UNCL).
  - Railroad tracks (401).
  - "Treatment, transmission, and distribution facilities: equipment, equipment buildings, towers, exchanges, substations, regulators" [SR] (UNCL).
  - Water transportation (44).
- v. **Miscellaneous Uses Division:**
  - "Accessory package liquor sales establishment" [SR] (UNCL).
  - "Accessory structures" [SR] (UNCL) to the conditional uses allowed in the AB Area Business District, subject to the provisions of Section 19.12.500 of this Title.
  - "Accessory uses" [SR] (UNCL) to the conditional uses allowed in the AB Area Business District, subject to the provisions of Section 19.10.400 of this Title.
  - "Commercial operations yards" [SR] (UNCL).
  - "Master signage plan" [SR], subject to the provisions of Chapter 19.50 of this Title.
  - "Outdoor display areas" [SR] (UNCL).
  - "Outdoor display lots" [SR] (UNCL).
  - "Parking lots" [SR] (UNCL), subject to the provisions of Chapter 19.45 of this Title.
  - "Parking structures" [SR] (UNCL), subject to the provisions of Chapter 19.45 of this Title.
  - "Planned developments" [SR] (UNCL) on a zoning lot containing less than two (2) acres of land, subject to the provisions of Chapter 19.55 of this Title.

**F. Site Design.** In this PORI zoning district, the use and development of land and structures shall be subject to the provisions of Chapter 19.12, Site Design, of the Elgin Municipal Code, as amended, except as may be otherwise provided in this section. In this PORI zoning district, the site design regulations shall be as follows:

1. **General Conditions.** The following general conditions will apply to the development of land and structures within this PORI zoning district:
  - a. Substantial conformance to the preliminary plat of subdivision for Capital Corporate Center prepared by Spaceco, Inc., dated January 30, 2006, and last revised on December 8, 2006.
  - b. Substantial conformance with the preliminary site improvement plans for Capital Corporate Center prepared by Spaceco, Inc., dated February 9, 2006, and last revised on October 18, 2006, with such further revisions required by the City Engineer in the memorandum entitled "Capital Corporate Center-Bartels Property at Mason Road Preliminary Plan Review".
2. **Zoning Lots.** In this PORI zoning district, "zoning lots" shall be subject to the provisions of Section 19.12.300, zoning Lots - Clarifications and Exceptions, of the Elgin Municipal Code, as amended.
3. **Lot Area.** In this PORI zoning district, the minimum required "zoning lot area" shall be 40,000 square feet, except for lot 8, which shall be approximately 19,375 square feet.
4. **Lot Width.** In this PORI zoning district, there shall be no minimum required lot width for a zoning lot.
5. **Setbacks - Generally.** In this PORI zoning district, "setbacks" shall be subject to the provisions of Section 19.12.400, Setbacks - Clarifications and Exceptions, of the Elgin Municipal Code, as amended.
6. **Setbacks by Lot Line.** In this PORI zoning district, the minimum required "building" setbacks" and "vehicle use area setbacks" from a "lot line" for a zoning lot shall be as follows:
  - a. **Building Setbacks.** In this PORI zoning district, the minimum required "building setbacks" for a zoning lot shall be as follows:
    - (1) **Street Setback.** The minimum required building setback from Mason Road "street lot line" and from Capital Street "street lot line" [SR] shall be as follows:
 

From Mason Road (60 feet ROW)	25 feet
From Capital Street (52 feet ROW)	30 feet

 If the land which abuts the easterly boundaries of each of lots 6, 7 and 8 is acquired by the Illinois Toll Highway Authority and used as a toll road off-ramp, then from this Illinois Toll Highway right of

way:

Lot 6 (as identified on the "Preliminary Plat"): 75 feet  
Lots 7 and 8 (as identified on the "Preliminary Plat"): 50 feet

- (2) Interior Setback. The minimum required building setback from an "interior lot line" [SR] shall be 20 linear feet.

b. **Vehicle Use Area Setbacks by Lot Line.** In this PORI zoning district, the minimum required "vehicle use area setbacks" for a zoning lot shall be as follows:

- (1) Street Setback. The minimum required vehicle use area setback from Mason Road shall be 10 linear feet and from Capital Street shall be 15 linear feet.
- (2) Interior Setback. The minimum required vehicle use area setback from an interior lot line shall be 6 linear feet
- (3) If the land which abuts the easterly boundaries of each of lots 6, 7 and 8 is acquired by the Illinois Toll Highway Authority and used as a toll road off-ramp, then from the future Illinois Toll Highway right of way adjoining the east boundaries of Lots 6, 7 and 8 the minimum required vehicle use setback shall be 10 linear feet.

7. **Accessory Structures and Buildings.** In this PORI zoning district, "accessory structures and buildings" shall be subject to the provisions of Section 19.12.500, Accessory Structures and Buildings.

8. **Yards - Generally.** In this PORI zoning district, a "street yard" [SR], a "side yard" [SR], a "rear yard" [SR], or a "transition yard" [SR] established by a required building setback or by the actual location of a building shall be subject to the provisions of Section 19.12.600, Obstructions in Yards, with the following exceptions:

9. **Landscape Yards.** In this PORI zoning district, landscape yards shall be as follows:

a. **Landscaping - Generally.** All "yards" [SR] established by a required building setback or by the actual location of a building and not occupied by allowable improvements constructed in conformance to all applicable codes and ordinances shall be landscaped with grass, shrubs, trees, or other suitable pervious groundcover, as follows:

- (1) Street Yard. Street yards shall be fully landscaped.



- (2) Side and Rear Yard. Side and rear yards shall be fully landscaped.
- (3) Foundation Yards. A minimum 10 linear foot wide landscaped area shall be provided along the front of a building, and a minimum 5 linear foot wide landscaped area shall be provided along the sides and rear of building. These planting areas need not be uniform in shape so long as the required amount of space is landscaped.

Sidewalks shall be located outside of required foundation yard areas, with the exception of direct building access or courtyard use.

No foundation yard shall be required at loading and services entries to a building.

- (5) Parking and Drives. With the exception of entrance drives and motor vehicle overhangs, no parking or drive shall be located within any required landscaped area.
- (6) Irrigation. Irrigation requirements for landscape yards shall be as follows:
  1. Lots 6 and 7: All landscape areas shall be fully irrigated.
  2. Lots 1, 2, 4, and 5: only street yards shall be fully irrigated.
  3. Lot 3. No irrigation will be required.

**b. Landscaping.** Landscaping within the aforesaid setback areas shall satisfy the following minimum requirements:

- (1) Parking Landscape Area. Where a parking lot is located adjacent to Mason Road or Capital Street, the Vehicle Use Setback shall be landscaped with that minimum number of trees and shrubs that is 50% percent greater than that required by Section 19.12.700 C. of the Elgin Municipal Code. The required number of trees shall be comprised of both deciduous and coniferous trees. Where parking is located adjacent to other street rights of way, there shall be a minimum 12 shrubs (each at least 2.5 feet in height) per 100 linear feet, and 2.5 trees (each having at least a 3 inch caliper) per 100 linear feet.
- (2) Building Landscape Area. Where a building is located adjacent to a street right of way, there shall be a minimum of 6 shrubs (each at least a 2.5 feet in height) per 100 linear feet, 2 trees (each having at least a 3 inch caliper) per 100 linear feet, and 2 ornamental trees (each having at least a 2 inch caliper) per 100 linear feet.
- (3) Grouping of Trees. Grouping of required trees and shrubs shall be

encouraged in combination with berming.

- (4) **Curbed Tree Islands.** A curbed tree island shall be required after every 20 parking spaces. The island must measure at least 9 feet by 18 feet and contain at least one tree (having at least a 3 inch caliper).

9. **Floor Area: Building Height.** In this PORI District, the maximum "floor area" for a zoning lot shall not exceed 100% of the zoning lot area. There shall be no maximum building height.

10. **Building Coverage.** In this PORI District, the maximum "building coverage" [SR] for a zoning lot shall not exceed 70% of the zoning lot area.

G. **Off Street Parking.** In this PORI zoning district, off street parking shall be subject to the provisions of Chapter 19.45, Off-street Parking, of the Elgin Municipal Code, 1976, as amended.

a. **Required Number of Parking Stalls.** The required number parking stalls shall be subject to provisions of Chapter 19.45, Off Street Parking, of the Elgin Municipal Code, except as follows:

For Warehouse, storage, and distribution facilities, the parking stall requirements shall be based on the following stepped parking requirements:

Area in Square Feet	Parking Stalls Required
1 to 20,000	1 stall per 1,500/SF
20,001 to 50,000	1 stall per 1,750/SF
50,001 to 75,000	1 stall per 2,000/SF
75,001 and over	1 stall per 2,500/SF

b. **Land Reservation for Parking Not Provided.** For zoning lots where the initial occupant can document that the land use requires less parking than required in this subsection, only the number of stalls required by the occupant shall be required to be constructed, provided that this number is not less than 1/3 of the total required number of parking stalls. Adequate land area for the required number of off street parking stalls in accordance with this subsection shall be designated and reserved for off street parking purposes. A written covenant agreeing to construct the additional required parking stalls shall be submitted to the zoning officer.

Such covenant shall be reviewed by the Zoning Officer, approved as to content and form by the Corporation Counsel, and filed by the property owner for record in the office of the County Recorder.

Upon subsequent certification by the Zoning Officer that the full number of parking stalls required under this subsection are needed because the demand for off street

parking stalls exceeds the capacity of the off street parking facility and that such demand is of a continuing and regular nature, the owner of the building shall construct the full number of parking spaces required under this subsection.

c. **Collective Parking Facilities.** Off street parking facilities for separate uses may be provided collectively, if the total number of stalls so provided is not less than the sum of the separate requirements of each sum "land use" [SR], and if all the regulations governing the location of accessory off street facilities in relation to the use served are observed. The off street parking facilities may be provided jointly or collectively within the property or on contiguous properties controlled by the owners of the zoning lots by written covenant or agreement between the owners of such zoning lots and adjacent properties.

d. **Stalls and Aisles.** "Parking aisles" [SR] shall be a minimum of 24 linear feet in width, or an equivalent for angle parking. "Parking stalls" [SR] shall be a minimum of 9 linear feet in width by 18 linear feet in length, or an equivalent for angle parking.

Parking spaces for the physically handicapped shall be provided in proximity to building entrances. The parking requirements and related curb cuts and ramps for the physically handicapped shall comply with the Illinois Handicapped Accessibility Code.

There shall be a back of curb parking lot dimension of 43 feet for single loaded aisles and 61 feet for double loaded aisles. Where there is a landscaped area immediately adjacent to the parking lot, a deduction of 1.5 foot per car for overhang shall be allowable.

e. **Striping and Markings.** All parking lot striping and other markings shall be white.

f. **Landscape Islands.** Landscaped islands shall be 9 linear feet wide and provided every 20 parking spaces.

g. **Approaches.** The maximum width of an approach at the curb line shall be as approved by the City Engineer. The minimum radius shall be 10 feet.

h. **Curb.** All landscaped islands, drives and edges of paving shall be defined with B6:12 curb and gutter.

i. **Paving.** Vehicular access to or from a public right of way shall be provided on a concrete approach and "driveway" [SR] within a public right of way leading from a "zoning lot" [SR] to an improved "street" [SR]. At a minimum, the approach shall be paved with concrete for the first fifteen 15 feet, beginning at the street curb. the

design of approaches and driveway crossing a public right of way shall also be subject to the provisions and requirements of Title 13, Streets and Sidewalks; Chapter 13.08, Driveways.

For bituminous concrete surfaces, there shall be a minimum of two inches of bituminous concrete over eight inches of compacted gravel. Equivalent thicknesses of bituminous concrete may be substituted for gravel provided that the total pavement thickness is a minimum of ten inches.

For Portland Cement concrete surfaces, there shall be a minimum of four inches of Portland cement concrete over four inches of compacted gravel. Equivalent thicknesses of Portland cement concrete may be substituted for gravel provided that the total pavement thickness is a minimum of eight inches.

Service areas are subject to abuse, such as dumpster service areas, shall be constructed with concrete paving. Paved walks or pedestrian areas near or adjacent to buildings shall be of appropriate materials other than bituminous paving.

- H. **Off Street Loading.** In this PORI zoning district, off street loading shall be subject to the provisions of Chapter 19.47, Off Street Loading, of the Elgin Municipal Code, as may be amended.
- I. **Signs.** In this PORI zoning district, signs shall be subject to the provisions of Chapter 19.50, Signs, of the Elgin Municipal Code, as may be amended.
- J. **Nonconforming Uses and Structures.** In this PORI zoning district, nonconforming uses and structures shall be subject to the provisions of Chapter 19.52, Nonconforming Uses and Structures, of the Elgin Municipal Code, as may be amended.
- K. **Planned Developments.** This PORI zoning district shall be subject to the provisions of Chapter 19.60, Planned Developments, of the Elgin Municipal Code, as may be amended. A conditional use for a planned development may be requested by an individual property owner for a zoning lot without requiring an amendment to this PORI zoning district and without necessitating that all other property owners authorize such an application.
- L. **Conditional Uses.** In this PORI zoning district, conditional uses shall be subject to the provisions of Chapter 19.65 Conditional Uses, of the Elgin Municipal Code, as may be amended. A conditional use may be requested by an individual property owner for a zoning lot without requiring an amendment to this PORI zoning district and without necessitating that all other property owners authorize such an application.
- M. **Variations.** Any of the requirements of this ordinance may be varied, subject to the provisions of Section 19.70, Variations, of the Elgin Municipal Code, as may be amended. A variation may be requested by an individual property owner for a zoning lot without

requiring an amendment to this PORI zoning district and without necessitating that all other property owners authorize such an application.

- N. Appeals.** Any requirement, determination, or interpretation associated with the administration and enforcement of the provision of this ordinance may be appealed subject to the provisions of Chapter 19.75, Appeals, of the Elgin Municipal Code, as may be amended.
- O. Subdivisions - Generally.** In this PORI zoning district, subdivisions shall be subject to the provisions of Title 18, Subdivisions, of the Elgin Municipal Code, as may be amended, except as may be specifically provided otherwise in this planned industrial district ordinance or in the preliminary plat approved by the corporate authorities as part of the annexation of the subject property.

The final plats and the final engineering plans and specifications shall be in substantial conformance with this PORI district and the Preliminary Plat for Capital Corporate Center, prepared by Spaceco, Inc., dated January 30, 2006, last revised dated December 8, 2006, and the Preliminary Site Improvement Plans, prepared by Spaceco, Inc., dated February 9, 2006, last revised dated October 18, 2006.

- P. Subdivisions - Design Standards.** In this PORI zoning district, subdivisions shall be subject to the provisions of Chapter 18.24, Design Standards, of the Elgin Municipal Code, as may be amended, with the following exceptions:
- a. Additional Subdivision.** "Lots of record" (SR) may be platted at any number, size, width, or depth. Additional lots of record may be established subsequent to final plat approval provided that such lots of record are established in compliance with the State Plat Act and provided that all resulting "zoning lots" (SR) conform to all of the provisions of this planned industrial district ordinance.
  - b. Right of Way.** The widths of the dedicated right of way on the Subject Property shall be as set forth in the Preliminary Plat of Subdivision for the Subject Property prepared by Spaceco, Inc., dated January 30, 2006, last revised dated December 8, 2006.
  - c. Easements.** The rights of way on the Subject Property shall be bounded by easements as depicted on the preliminary plat of subdivision. Such easements shall be granted to the City and shall be permanent and exclusive easements and shall include further provisions whereby the grantors and their successors and assigns shall not construct, install or maintain any buildings, structures or other improvements of any type within the Easement Premises, nor undertake any other activities in the Easement Premises which interferes with the City of Elgin's intended use thereof. Said easement areas shall be seeded after utility construction and installation is completed.

**R. Building and Construction - Generally.** In this PORI zoning district, building and construction shall be subject to the provisions of Title 16, Building and Construction, of the Elgin Municipal Code, as may be amended, except as may be specifically provided otherwise in this planned industrial district ordinance.

1. **Design Guidelines.** The Design Guidelines prepared by Monarch Design & Construction, LLC dated November 20, 2006 and attached hereto as Exhibit 1 shall be applicable to the development of the Subject Property. All buildings constructed on the Subject Property shall be constructed in conformance with such Design Guidelines and other applicable requirements of law.

2. All sanitary sewers shall be overhead sewers.

3. All structures containing sump pits and pumps shall have separate lines connecting the sump pump to the storm sewer as required by the City Engineer and the Development Administrator.

Section 4. That this ordinance shall be in full force and effect from and after its passage in the manner provided by law.

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Ed Schock, Mayor

Presented:  
Passed:  
Vote: Yeas    Nays:  
Recorded:  
Published:

Attest:

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Dolonna Mecum, City Clerk

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**EXHIBIT 1**  
Design Guidelines

**Design Guidelines for Capital Corporate Center: Building and Construction - General**

At Capital Corporate Center, building and construction shall be subject to the provisions of Title 16, Building and Construction, of the Elgin Municipal Code, as may be amended, except as otherwise specifically provided herein or in the Annexation Agreement or Planned Development Ordinance adopted with respect to Capital Corporate Center by the Elgin City Council.

**Design Guidelines for Capital Corporate Center**

The following shall constitute the Capital Corporate Center - Architectural Design Guidelines. Note that the guidelines vary as to the various Lots within the Capital Corporate Center. It is also recognized that these Design Guidelines may not be practical or appropriate for certain types of retail / restaurant / hotel - motel uses (collectively "Special Development"), and that the City's Zoning Administrator shall have the right to agree to variations in such Design Standards in connection with any such Special Development without thereby necessitating any amendment to the Annexation Agreement or Planned Development Ordinance previously approved by the Elgin City Council as to the Subject Property.

Substantial compliance (as determined by the City's Zoning Administrator) with these Design Guidelines, and compliance with other applicable building codes, shall be all that is required for the issuance of building permits.

Should the Developer propose any material deviation from these Design Guidelines and / or variations with respect to Special Development that are not acceptable to the City's Zoning Administrator, then at the request of the Developer, the matter shall be brought before the Elgin City Council for final resolution, but without any further public hearings, and without the need to amend the Annexation Agreement or Planned Development Ordinance. In no event shall the provisions of the ARC Arterial Road Corridor Overlay District be applicable to the development of the Subject Property.

**Guidelines by Lot Location**

- Lots 1 and 2 & Lots 4 thru 8
- Buildings on Lots 1-2 and Lots 4 - 8 shall conform to the following "ARC Arterial Road Corridor Overlay District" standards without thereby imposing any requirement that any proposed project be subject to the procedural / public hearing process applicable to property within an arterial road corridor):

The exterior building materials that are acceptable for use on buildings within Lots 1, 2 and 4 through 8 are:

- Traditional building materials such as brick, natural stone, natural stucco/plaster, terra cotta, tile and glass.
- Composite building materials such as cultured stone, cast stone and precast concrete panels designed to look like brick or stone, or imprinted with architectural features such as lintels, window sills and cornices.
- Artificial building materials such as Exterior Insulation and Finish Systems ("EIFS", commonly referred to by its brand name "Dryvit") and Architectural Metal shall be restricted to use in design accent features such as cornices, soffits and fascia, window trim and hood molding, corner boards, sign bands, quoins, and other design elements as determined by the Development Administrator. The materials shall not be used in high traffic, or high abuse areas, so as to protect them from wear and tear and vandalism
  - The facades of the buildings on Lots 6 and 7 facing the Tollway shall be designed to look the same as the front elevation of the building. Any proposed loading docks shall be oriented to the interior lot lines and not to the rear lot line.
  - Each building façade (all 4 sides) shall contain a minimum of six (6) Architectural Features.
  - Roof mounted equipment shall be fully screened from view by a uniform parapet on all four sides of the buildings. The parapet height criteria shall conform to the Screening of Mechanical Equipment standards guidelines relating to the Chapter 19.15.500 of the Elgin Municipal Code as excerpted below.

"Section 1511.1 General. All rooftop mechanical equipment, on buildings 30 feet (9.15 m) or under in height, extending more than 36" (913 mm) above the roof, including but not limited to heating, air conditioning, ventilating or other mechanical equipment, shall be screened or enclosed in a manner which masks the equipment from view at a distance twice the height of building at finished grade elevation."

- Lot 3

- Each building façade (all 4 sides) shall contain a minimum of five (5) Architectural Features.
- Roof mounted equipment shall conform to the Screening of Mechanical Equipment standards guidelines relating to the Chapter 19.15.500 of the Elgin Municipal Code as noted below.

"Section 1511 Screening of Mechanical Equipment, shall be created to read as follows:



- Section 1511.1 General. All rooftop mechanical equipment, on buildings 30 feet (9.15 m) or under in height, extending more than 36" (913 mm) above the roof, including but not limited to heating, air conditioning, ventilating or other mechanical equipment, shall be screened or enclosed in a manner which masks the equipment from view at a distance twice the height of building at finished grade elevation.
  - Section 1511.2 Construction. Construction of the screening or enclosure shall comply with the provisions of the building code, and shall be of the same character and design as the building.
  - Section 1511.3 Permits. A building permit shall not be issued for any building unless the screening or enclosure is included on plans submitted with the building permit application.”
- Loading docks on all lots shall be screened by a wall that is integral to the building, is constructed of the same materials as the building, and is of sufficient height so as to fully screen the docks. A 100% landscaping screen should also be provided adjacent to that wall.

#### **Specific Guidelines - Building and Construction**

- Architectural Design.

At Capital Corporate Center, all buildings shall be designed in substantial conformance to the following standard:

All projects shall demonstrate architectural excellence and demand high quality design and materials.

- Architecture Features.

Each building façade (4 sides) shall contain the required number of architectural features as required by the “Guidelines by Lot Location” and defined by the following list:

- Continuous or Repetitive Design Elements:

- Alternating masonry design, capstones, columns, cornices, enhanced window sills, lintels, medallions, parapets, pilasters, reveals or watercourses.

- Specific Building Physical Features:

- Awnings/Canopies (fabric, metal or glass), building offsets, pediments, or recessed entries.

- Accent or Decorative Lighting. Parking and area lights cannot be counted.

Building Coloration will consist predominantly of a neutral overall color that compliments the building’s surroundings. Accent colors are encouraged.

- Building Facade Materials.

The following are acceptable materials.

- Traditional building materials such as brick, natural stone, natural stucco/plaster, terra cotta, tile and glass.

- Composite building materials such as cultured stone, cast stone and precast concrete panels designed to look like brick or stone, or imprinted with architectural features such as lintels, window sills and cornices.
- Artificial building materials such as Exterior Insulation and Finish Systems (EIFS, commonly referred to by its brand name "Dryvit") and Architectural Metal shall be restricted to use in design accent features such as cornices, soffits and fascia, window trim and hood molding, corner boards, sign bands, quoins, and other design elements. The materials shall not be used in high traffic, or high abuse areas, so as to protect them from wear and tear and vandalism.
- No building shall be constructed with metal exterior materials, excepting miscellaneous metal appurtenances, without the approval of the City Council. Notwithstanding the foregoing, the roof of any building may be constructed with a co-called "standing seam" metal roof (in addition to any other non-metal roofing system).
- All facade materials used will reflect a high degree of quality, durability and craftsmanship.
  - Loading Docks
  - Loading docks on all lots shall be screened by a wall that is integral to the building, is constructed of the same materials as the building, and is of sufficient height so as to fully screen the docks. A 100% landscaping screen should also be provided adjacent to that wall.
- Roof and Roof Accessories:
  - Exterior gutters and downspouts will be permitted. All downspouts must connect directly to storm drain system.
- Windows and Entryways.
  - Windows and entryways shall be emphasized by utilizing a dominant architectural feature. These features should be further highlighted through the use of window sills and lintels and alternate brick design such as soldier course.
  - Glass will be tinted glass (green, blue, bronze, or gray) or reflective glass (green, blue or silver) with an outdoor reflectance of no more than 20%.
- Other Considerations and Site Layout
  - Drainage, utility and cross access easements must be maintained. Some of these easement areas can be paved. These easements also reflect and engineered 'water shed' and overland flow that must be maintained. The following are some key easements to consider.
    - Provide possible sanitary sewer connection for Lot 3 between Lot 2 & 4 from Capital Street.
    - Lots 1, 2 and 3 must provide access to "Storm Water Management Outlot(s)" identified as Outlot 1 & 2 via the parking lots.
  - Any outdoor storage and/or commercial operations yards are not permitted regardless of site

design.

### **Specific Guidelines - Landscape**

- Landscape Design.

At Capital Corporate Center, all developments shall provide for a quality landscape design along all road frontages. In addition all landscaped areas must be in conformance to the City of Elgin Municipal Code, Section 19.12.700: LANDSCAPING of the Zoning Ordinance.

1110.1730(k) - Assurances

k) Assurances

- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

Appended as **ATTACHMENT-54A** is the above referenced and requested assurance.

- 2) For beds that have been approved based upon representations for continuum of care (subsection (c)) or defined population (subsection (d)), the facility shall provide assurance that it will maintain admissions limitations as specified in those subsections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFPB will be required.

**ATTACHMENT-54**

### Assurances Statement

This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (77 Ill. Adm. Code 1110.1730). The undersigned is an authorized representative of the applicant and attests that the applicant understands that by the second year of operation after the project completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's rules for the long term care category of service.

Dated this 6<sup>th</sup> day of July 2009.



Addison Rehabilitation & Living Center, LLC

ATTACHMENT-54A

FORCASTED INCOME STATEMENT  
LTC FACILITY OWNER

2013

<u>INCOME</u>	
RENT	\$1,567,976
INTEREST INCOME	
TOTAL REVENUE	<u>\$1,567,976</u>
<u>OPERATING COSTS AND EXPENSES</u>	
LICENSE AND PERMITS	
DEPRECIATION-	\$416,209
INTEREST EXPENSE	\$653,744
AMORTIZATION OF CAPITAL FIN. CHGS.	\$7,160
REAL ESTATE TAXES	\$122,216
INSURANCE EXPENSE	
OTHER TAXES	
MANAGEMENT FEES	
LEGAL AND PROFESSIONAL	
TOTAL OPERATING COSTS	<u>\$1,199,328</u>
<u>NET INCOME OR (LOSS)</u>	<u>\$368,648</u>

FORECASTED BALANCE SHEET  
LTC FACILITY OWNER

	2013
<u>ASSETS</u>	
CURRENT ASSETS:	
CASH	\$1,565,550
ACCOUNTS RECEIVABLE	\$0
TOTAL CURRENT ASSETS	\$1,565,550
NON-CURRENT ASSETS:	
LAND	\$1,269,114
BUILDINGS & IMPROVEMENTS	\$13,048,350
EQUIPMENT	\$900,000
LOAN & CLOSING COSTS	\$357,996
LESS ACCUM DEPRECIATION	(\$1,109,891)
LESS ACCUM AMORTIZATION	(\$19,093)
RESERVES & ESCROWS	
TOTAL NON-CURRENT ASSETS	\$14,446,476
TOTAL ASSETS	<u>\$16,012,026</u>
<u>LIABILITIES AND EQUITY</u>	
CURRENT LIABILITIES:	
MEMBER'S LOANS	\$0
CURRENT PORTION OF MORTGAGE	\$233,648
TOTAL CURRENT LIABILITIES	\$233,648
NON-CURRENT LIABILITIES:	
MORTGAGE PAYABLE	\$10,874,515
OPTION DEPOSIT	
TOTAL NON-CURRENT LIABILITIES:	\$10,874,515
TOTAL LIABILITIES	\$11,108,163
EQUITY:	
CAPITAL CONTRIBUTIONS	\$0
MEMBER'S EQUITY	\$4,094,584
RETAINED EARNINGS	\$440,631
OPERATING PROFIT OR LOSS	\$368,648
TOTAL EQUITY	\$4,903,863
TOTAL LIABILITIES AND EQUITY	<u>383 \$16,012,026</u>

FORECASTED INCOME STATEMENT  
 LONG-TERM CARE FACILITY OPERATOR  
 2013

<u>INCOME</u>	
PATIENT CARE	\$15,029,150
OTHER INCOME	
TOTAL REVENUE	\$15,029,150
<u>OPERATING COSTS AND EXPENSES</u>	
NURSING COSTS	\$3,196,074
ACTIVITY COSTS	\$112,698
SOCIAL SERVICES COSTS	\$92,031
REHABILITATION COSTS	\$2,717,041
DIETARY COSTS	\$645,578
HOUSEKEEPING AND PLANT COSTS	\$468,271
LAUNDRY COSTS	\$87,165
EMPLOYEE WELFARE COSTS	\$605,175
GENERAL AND ADMINISTRATIVE COSTS	\$1,111,139
MARKETING	
START UP AND MOVING COSTS	\$0
TOTAL OPERATING COSTS	\$9,035,172
<u>NET OPERATING INCOME</u>	\$5,993,978
<u>CAPITAL EXPENSES</u>	
DEPRECIATION	\$0
INTEREST EXPENSE	\$0
RENT	\$1,567,976
REAL ESTATE TAXES	\$0
AMORTIZATION OF LOAN COSTS	\$0
OTHER TAXES	\$0
TOTAL CAPITAL EXPENSES	\$1,567,976
<u>ANCILLARY EXPENSE</u>	
SPECIAL COST CENTERS	\$152,029
PROVIDER PARTICIPATION FEE	\$65,700
TOTAL ANCILLARY EXPENSE	\$217,729
<u>NET INCOME OR (LOSS)</u>	\$4,208,273



FORECASTED BALANCE SHEET  
120 BED LONG-TERM CARE FACILITY OPERATOR

	2013
<u>ASSETS</u>	
CURRENT ASSETS:	
CASH	\$1,854,557
ACCOUNTS RECEIVABLE	\$1,202,332
PREPAID EXPENSES	\$248,251
INVENTORY	\$53,216
TOTAL CURRENT ASSETS	\$3,358,356
NON-CURRENT ASSETS	
DEFERRED FINANCING COSTS	\$0
ACCUM. AMORT FINANCING COSTS	\$0
TOTAL NON-CURRENT ASSETS	\$0
PROPERTY AND EQUIPMENT	
LAND & IMPROVEMENTS	\$0
BUILDINGS & IMPROVEMENTS	\$0
FURNITURE & EQUIPMENT	\$0
LESS ACCUMULATED DEPRECIATION	\$0
NET PROPERTY & EQUIPMENT	\$0
RESERVES AND OTHER ASSETS	\$0
TOTAL ASSETS	\$3,358,356
<u>LIABILITIES AND EQUITY</u>	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE	\$752,931
ACCRUED EXPENSES	\$0
CURRENT PORTION OF LONG TERM	\$0
LOANS FROM OFFICERS	\$0
DUE TO AFFILIATES	\$0
TOTAL CURRENT LIABILITIES	\$752,931
LONG-TERM DEBT	\$0
TOTAL LIABILITIES	\$752,931
EQUITY:	
CAPITAL	\$1,397,151
OPERATING PROFIT OR LOSS	\$4,208,273
DISTRIBUTED EARNINGS	(\$3,000,000)
TOTAL EQUITY	\$2,605,424
TOTAL LIABILITIES AND EQUITY	\$3,358,355

FORCASTED INCOME STATEMENT  
COMBINED OWNER AND OPERATOR

YEAR  
2013

<u>INCOME</u>	
PATIENT CARE	\$15,029,150
OTHER INCOME	
TOTAL REVENUE	\$15,029,150
<u>OPERATING COSTS AND EXPENSES</u>	
NURSING COSTS	\$3,196,074
ACTIVITY COSTS	\$112,698
SOCIAL SERVICES COSTS	\$92,031
REHABILITATION COSTS	\$2,717,041
DIETARY COSTS	\$645,578
HOUSEKEEPING AND PLANT COSTS	\$488,271
LAUNDRY COSTS	\$87,165
EMPLOYEE WELFARE COSTS	\$605,175
GENERAL AND ADMINISTRATIVE COSTS	\$1,111,139
START UP AND MOVING COSTS	\$0
TOTAL OPERATING COSTS	\$9,035,172
<u>NET OPERATING INCOME</u>	\$5,993,978
<u>CAPITAL EXPENSES</u>	
DEPRECIATION	\$416,209
INTEREST EXPENSE	\$653,744
AMORTIZATION OF CAPITAL FIN. CHGS.	\$7,160
REAL ESTATE TAXES	\$122,216
TOTAL CAPITAL EXPENSES	\$1,199,328
<u>ANCILLARY EXPENSE</u>	
SPECIAL COST CENTERS	\$152,029
PROVIDER PARTICIPATION FEE	\$65,700
TOTAL ANCILLARY EXPENSE	\$217,729
<u>NET INCOME OR (LOSS)</u>	<u>\$4,576,921</u>

FORECASTED BALANCE SHEET  
COMBINED OWNER AND OPERATOR

2013

ASSETS

## CURRENT ASSETS:

CASH	\$3,420,107
ACCOUNTS RECEIVABLE	\$1,202,332
PREPAID EXPENSES	\$248,251
INVENTORY	\$53,216
TOTAL CURRENT ASSETS	\$4,923,906

## NON-CURRENT ASSETS

DEFERRED START-UP COSTS	\$0
LESS ACCUM. AMORT START-UP	\$0
LAND	\$1,269,114
BUILDINGS & IMPROVEMENTS	\$13,048,350
EQUIPMENT	\$900,000
LOAN & CLOSING COSTS	\$357,996
LESS ACCUM DEPRECIATION	(\$1,109,891)
LESS ACCUM AMORTIZATION	(\$19,093)

TOTAL NON-CURRENT ASSETS \$14,446,476

TOTAL ASSETS \$19,370,382

LIABILITIES AND EQUITY

## CURRENT LIABILITIES:

ACCOUNTS PAYABLE	\$752,931
ACCRUED EXPENSES	\$0
DUE TO AFFILIATES	\$0
CURRENT PORTION OF MORTGAGE	\$233,648
TOTAL CURRENT LIABILITIES	\$986,579

## NON-CURRENT LIABILITIES:

MORTGAGE PAYABLE	\$10,874,515
TOTAL NON-CURRENT LIABILITIES:	\$10,874,515

TOTAL LIABILITIES \$11,861,094

## EQUITY:

CAPITAL	\$2,932,367
OPERATING PROFIT OR LOSS	\$4,576,921
TOTAL EQUITY	\$7,509,288

TOTAL LIABILITIES AND EQUITY \$19,370,382

SCHEDULE 1-PROJECTED REVENUE

## PATIENT DAYS BY TYPE

PRIVATE PAY	12220
INSURANCE	3942
MEDICAID	2759
MEDICARE	20498
TOTAL	39420

## EST REVENUE BY TYPE

PRIVATE	\$2,967,539
INSURANCE	\$1,740,492
MEDICAID	\$365,503
MEDICARE	\$9,955,615
TOTAL	\$15,029,150

## SCHEDULE 2-PROJECTED COSTS

## NURSING COSTS

SALARIES	\$2,442,185
NURSING SUPPLIES	\$205,639
QUALITY ASSUR NURSING	\$4,943
MEDICAL LIBRARIAN	\$4,476
MEDICAL DIRECTOR	\$50,923

PHARMACY	\$487,908
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VETERANS EXPENSE	
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TOTAL NURSING COSTS	\$3,196,074
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## ACTIVITY COSTS

SALARIES	\$104,582
SUPPLIES	\$4,351
CONSULTANT	\$3,764
TOTAL ACTIVITY	\$112,698

## SOCIAL SERVICES COSTS

SALARIES	\$88,267
SOCIAL WORKER CONSULTANT	\$3,764
TOTAL SCOCIAL SERVICES	\$92,031

## REHABILITATION COSTS

LAB, XRAY, DME	\$75,528
SUPPLIES	\$3,046
CONTRACTORS	\$2,638,467
TOTAL REHAB	\$2,717,041

DIETARY COSTS	
SALARIES	\$293,081
FOOD COST	\$304,586
KITCHEN SUPPLIES	\$32,634
DIETICIAN	\$15,277
TOTAL DIETARY	\$645,578
HOUSEKEEPING AND PLANT COSTS	
SALARIES	\$231,890
SUPPLIES	\$32,634
UTILITIES	\$148,983
SCAVENGER & EXTERMINATOR	\$17,630
REPAIRS & MAINTENANCE	\$30,299
ELEVATOR MAINTENANCE	\$6,365
FIRE CONSULTANT	\$469
LANDSCAPING	\$0
TOTAL PLANT	\$468,271
LAUNDRY COSTS	
SALARIES	\$63,233
SUPPLIES	\$23,932
LINEN REPLACEMENT	\$0
TOTAL LAUNDRY	\$87,165
GENERAL AND ADMINISTRATIVE COSTS	
SALARIES	\$388,715
SUPPLIES	\$20,886
LICENSE, PERMITS AND FEES	\$7,002
INSURANCE	\$248,251
TELEPHONE	\$33,875
PROFESSIONAL FEES	\$341,627
TRANSPORTATION	\$6,366
EQUIPMENT RENTAL	\$15,404
ADVERTISING AND PROMOTION	\$22,279
DUES AND SUBSCRIPTIONS	\$15,277
HOLIDAY EXPENSE	\$11,458
TOTAL ADMIN	\$1,111,139

**C. Criterion 1120.210(c), Operating Start-up Costs**

Supplemental/Overtime Personnel	\$30,000
Moving Costs	\$0
Advertising and Promotion	\$31,000
Classified Advertising	\$5,000
Supplies	\$10,000
Training	<u>\$15,000</u>
<b>TOTAL</b>	<b>\$91,000</b>
Initial Operating Deficit 2011 thru 2012	(\$1,220,877)
Total Start-Up and Deficit	\$1,311,877

The start-up costs and initial operating deficits are to be funded by capital contributions of the project's owners.

## MISCELLANEOUS PROJECT COSTS

Preplanning Costs	
Pre Design Studies	\$5,000
Legal fees	\$10,000
Flood Plain Appraisal	\$1,000
Accounting & Marketing Studies	\$10,000
Misc. Services	\$10,000
Total	\$36,000
Site Survey	
Topographic Survey	\$2,100
Subsoil Drilling and Testing	\$3,100
Total	\$5,200
Site Preparation	
General Earth Work	\$50,000
Rough Grading	\$25,000
Clearing and Grubbing	\$25,000
Total	\$100,000
Off Site Work	
Total	\$0
Consulting and Fees	
Con Application Fees	\$12,000
Legal Fees	\$15,000
CON Application Preparation	\$40,000
Total	\$67,000
Other Costs To Be Capitalized	
Taxes During Construction	\$44,800
Insurance During Construction	\$23,000
Title And Recording	\$6,000
Organizational Costs	\$10,000
Cost Certification Audit	\$8,000
Loan Costs	\$178,998
Total	\$270,598

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