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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- July 2009 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SECTION I. IDENTIFICATION, SENERAL INTO CHIRATION, AND SE	DEC 3 1 2009
This Section must be completed for all projects.	DEC 3 1 2003
	HEALTH HACILITIES &
Facility/Project Identification	SERVICES REVIEW BOARD
Facility Name: Asbury Pavilion Nursing and Rehabilitation Center	Total Doing
Street Address: 210 Airport Road	
City and Zip Code: North Aurora 60542	
County: Kane Health Service Area: VIII	Health Planning Area: Kane
Applicant Identification	
[Provide for each co-applicant [refer to Part 1130.220].	
- A A A A A A A A A A A A A A A A A A A	
Exact Legal Name: Asbury Pavilion Nursing & Rehabilitation Center, LLC	
Address: 210 Airport Road, North Aurora, Illinois 60542	, , , , , , , , , , , , , , , , , , , ,
Name of Registered Agent: Ari Haas	
Name of Chief Executive Officer: Moshe Kahn CEO Address: 29 East Madison Street, Suite 1510, Chicago, Illinois 60602)
Telephone Number: (312) 726-4860	
Telephone Number (512) 120-1000	
APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTE APPLICATION FORM	R THE LAST PAGE OF THE SE
APPLICATION FORM	
**************************************	•
Type of Ownership	
☐ Non-profit Corporation ☐ Partnership	
For-profit Corporation Governmental	
☐ Limited Liability Company ☐ Sole Proprietorship	☐ Other
o Corporations and limited liability companies must provide an Illinois c	ertificate of good standing.
 Partnerships must provide the name of the state in which organized a 	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 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@sbcqlobal.net

Fax Number: (217) 544-3615

	Permit Contact				
	to receive all correspondence subsequ	ent to pe	rmit issuance]		
	Joseph Chase				
Title: A	dministrator		*a! _		
Compa	ny Name: Asbury Gardens Retiremen	t Comm	unities		
Addres	s: 210 Airport Road, North Aurora, Illi	nois ens	42		
	one Number: (630) 896-7778				
	Address: chmazel18@aol.com				
Fax Nu	mber: (630) 896-6759				
-·· -					
	wnership	~ 1			
	e this information for each applicable sit		1		
Exact	Legal Name of Site Owner. EJR Ente	rprises,	MC.	602	
Addres	ss of Site Owner: 29 East Madison St	reet, Su	te 1510, Chicago, Illinois 60	002	
Street	Address or Legal Description of Site	: 210 Aii	port Road	weens nave that the	
		MEDIC	COUENTIAL ORDER AFTER THE L	AST PAGE OF	HER
APPLICA	DOCUMENTATION AS ATTACHMENT 2 IN N	Taking.			
y	дово в него по в 1900 година в пот 1900 година на 1900 година и постори и 1900 година на 1900 година и 1900 год На применения				
Opera	ting Identity/Licensee				•
	e this information for each applicable fac	cility, and	insert after this page.]		
Exact L	egal Name: Asbury Pavilion Nursing	and Reh	abilitation Center, LLC		
Addres	s: 210 Airport Road, North Aurora, Illi	nois 605	42		
	Non-profit Corporation		Partnership		,
	For-profit Corporation		Governmental	_	
Ø	Limited Liability Company	Ц	Sole Proprietorship		Other
	O C LESSE A Cabilla annua		at accessida en Illinoia contificato	of good sta	ndina
0	Corporations and limited liability compa Partnerships must provide the name of	inies mu	st provide an initiots certificate	on good size	dress of
٥	each partner specifying whether each i	e a gene	ral or limited partner	igine and ad	0100001
	each partner specifying whether each i	s a gene	rai of tillined partiter.		
					
Organ	izational Relationships		•		
Drovide	e (for each co-applicant) an organization	al chart o	containing the name and relati	onship of an	v person
who is	related (as defined in Part 1130.140). If	the relat	ed person is participating in th	ne developm	ent or
funding	of the project, describe the interest and	the amo	ount and type of any financial of	contribution.	
	ALL IN THE PARTY TO A				- A
APPEND	ACCUMENTATION AC ATTACUMENT 2 IN A	HMEDIC S	CONCUTIAL OUNCE AFTER THE !	ART DAGE OF	THE
APPLIC	ATION FORM	7			الكبالكا
	•				
	Plain Requirements				
[Refer to	application instructions.]				
			di I Allinoin F		-d #2005 E
Provide	documentation that the project complete	lies with	the requirements of illinois to	Executive O	rger #2005-5
pertain	ing to construction activities in special provide a map of the proposed proje	i 1000 i	lazard areas. As part of the	e nova piain	requirements e Eloodolaio
piease	provide a map of the proposed project can be printed at <u>www.FEMA.gov</u> or <u>w</u>	or localic	on showing any identified the	opiaiii alea:	s. I loccipialii :
format	. In addition please provide a stateme	nt attest	no that the project complies	with the rec	uirements of
Illinois	Executive Order #2005-5 (http://www.i	doh.state	e.il.us/about/hfpb.htm).		1
		un Esta		forest	
# APPENI	DOCUMENTATION AS ATTACHMENT 4. IN N ATION FORM: 4	UMERIC S	EQUENTIAL ORDER AFTER THE L	AST PAGE OF	THE
APPLIC	ATION FORM				

Hist	toric Resources Preservation Act Requ	uirements
[Refe	er to application instructions.]	
Prov	ide documentation regarding compliance with	h the requirements of the Historic Resources Preservation
Act.	-	
APPE APPL	END DOCUMENTATION AS ATTACHMENT 5. IN NUN ICATION FORM	MERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE
DES	SCRIPTION OF PROJECT	
1.	Project Classification	
[Chec	k those applicable - refer to Part 1110.40 and Part 1120	J.20(b))
		Part 1120 Applicability or Classification:
Part	1110 Classification:	[Check one only.]
Ø	Substantive	☐ Part 1120 Not Applicable
	,	☐ Category A Project
	Non-substantive	
_		☐ DHS or DVA Project

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	Modemize	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	<u> </u>				
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery	. 40				
General Long Term Care	+75				
Specialized Long Term Care					
Selected Organ Transplantation	<u> </u>				
Kidney Transplantation			·		
Subacute Care Hospital Model	<u> </u>				
Post Surgical Recovery Care Center	<u> </u>		<u> </u>		
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	ļ				
Major Medical Equipment	<u> </u>				
Freestanding Emergency Center Medical Services	<u> </u>				
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions	L	<u> </u>		L	<u> </u>

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 Page 3	

APPEND DOCUMENTATION AS <u>ATTACHMENTS</u> 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.

This project is for the establishment of a nursing category of service. The proposed nursing unit will have 75 nursing care beds which will comprise 24,365 gross square feet of newly constructed space connected to the existing 2 story 150 unit Supportive Living Facility which has 112,280 gross square feet. Limited modernization of the existing structure only consists of 365 square feet and will serve to connect the two buildings. As stated, the nursing unit will only be an ancillary service to the entire campus. This application addresses the State's published need for 228 additional beds in the Kane County Planning Area. The proposed nursing unit will be autonomous with the exception of kitchen, laundry, and administration space which will be utilized in and allocated from the existing Supportive Living building.

The proposed project is classified as "substantive" per the 77 Illinois Administrative Code, Chapter II, Section 1110.140.b of subchapter a, since this project is for the construction of new nursing beds and the establishment of a new category of service.

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.

	ts and Sources of Fund		TOTAL
USE OF FUNDS	CLINICAL	NON-CLINICAL	
Preplanning Costs	\$25,200	\$10,800	\$36,000
Site Survey and Soil Investigation	\$5,600	\$2,400	\$8,000
Site Preparation	\$21,000	\$9,000	\$30,000
Off Site Work	\$7,000	\$3,000	\$10,000
New Construction Contracts	\$2,394,000	\$1,344,000	\$3,738,000
Modernization Contracts	\$0	\$22,000	. \$22,000
Contingencies	\$239,400	\$136,600	\$376,000
Architectural/Engineering Fees	\$71,311	\$40,689	\$112,000
Consulting and Other Fees	\$45,500	\$19,500	\$65,000
Movable or Other Equipment (not in construction contracts)	\$367,500	\$157,500	\$525,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$125,300	\$53,700	\$179,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$184,800	\$79,200	\$264,000
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$3,486,611	\$1,878,389	\$5,365,000
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$665,260	\$407,740	\$1,073,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$2,661,040	\$1,630,960	\$4,292,000
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$3,326,300	\$2,038,700	\$5,365,000

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 Yes No Purchase Price: \$ 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 \$ (154,258).
Project Status and Completion Schedules
Indicate the stage of the project's architectural drawings:
☐ None or not applicable ☐ Preliminary
⊠ Schematics
Anticipated project completion date (refer to Part 1130.140): July 2012
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):
 ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies. ☑ Project obligation will occur after permit issuance.
State Agency Submittals
Are the following submittals up to date as applicable:
☐ Cancer Registry ☐ APORS
All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted 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 <u>MUST</u> 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.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:				
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space	
CLINICAL						*		
Medical Surgical							ļ	
Intensive Care								
Diagnostic			i				1.	
Radiology							ļ	
MRI								
Total Clinical								
NON CLINICAL								
Administrative								
Parking							ļ <u> </u>	
Gift Shop								

Total Non-clinical							 	
TOTAL				**-	l		J	

3.5 miles reconnected to the contract of the c

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.

REPORTING PERIOD DATES	Fro	m:	to:		1
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care				· · · · · · · · · · · · · · · · · · ·	
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care			`		
General Long Term Care	0	N/A	N/A	+75	+75
Specialized Long Term Care					
Long Term Acute Care	·				
Other ((identify)					

Car by Shorn

*Insert EXACT legal name of the applicant Exp. 02/15/2010

Notary Pu.

My Cu

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and

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

in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of EJR Enterprises, Inc. *

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. DUULE PRINTED TITLE Notarization: Notarization: Subscribed and sworn to before me this West day of Necember 2009 Seal Seal OFFICIAL SEAL

OFFICIAL SEAL

Carolyn Spohn

OFFICIAL SEAL"

Carolyn Spohn Notary Public, State of Illinois

My Commission Exp. U2/15/2010

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Asbury Pavilion Nursing & Rehabilitation 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 PRINTED NAME

Notarization:

Notarization:

Subscribed and sworn to before me this 28 day of <u>December</u> 2009

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"OFFI." AL SEAL Caroba Spohn Notary & one, State of Illinois My Con mission Exp. 02/15/2010 "OFFICIAL SEAL" Carolyn Spohn

Notary Public, State of Illinois My Commission Exp. 02/15/2010

*Insert EXACT legal name of the applicant

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 HFSRB 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 HFSRB.
- 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.

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.

ANOTHER INTERPOLICION OF A PURPOSE OF THE PROJECT O

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
- 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.
- 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::
 - Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - 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 MAST 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 HFSRB has established utilization standards or occupancy targets in 77 III. 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 ATTACHMENTE A JIN 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

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:

Submit the following:

- 1. Verification that the applicant will submit to HFSRB 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

 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):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
☑ General Long Term Care	0	+75	+75	0	0
					·

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

information, as applicable to	tite project	<u>. </u>		T	Defined
APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 III. Adm. Code 1100 (formula calculation)	X				-
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	Х	Х			
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			Х		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X			<u> </u>	<u> </u>

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

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMER PARTER THE LAST PAGE OF THE APPLICATION FORM:	ICAL ORDER
APPLICABLE REVIEW CRITERIA	ATTACHMENT NUMBER
Planning Area Need - 77 III. 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

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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 assumin applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes
No X.

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

3. Change in fund balance

2. Income statement

4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios - Owner

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.

Provide Data for Projects Classified as:	Category A o	Category B (la	t three years)	Category B
Enter Historical and/or Projected A Years:				2013
Current Ratio				N/A
Net Margin Percentage				-7%
Percent Debt to Total Capitalization		·		114%
Projected Debt Service Coverage				1.19
Days Cash on Hand				7
Cushion Ratio				0.02

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 2. CURRENT LIABILITIES	\$23,534 \$0
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	N/A
NET MARGIN PERCENTAGE 4. NET INCOME OR (LOSS) 5. NET OPERATING REVENUE	(\$111,593) \$1,640,683
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	-7%
DEBT SERVICE COVERAGE RATIO NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION 8. PRINCIPAL + INTEREST	\$1,125,683 \$944,247
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	1.19
DEBT CAPITALIZATION RATIO 10. LONG TERM DEBT 11. LONG TERM DEBT + EQUITY	\$11,108,792 \$9,707,080
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	114%
DAYS CASH 13. CASH AND INVESTMENTS 14. OPER EXPENSE LESS DEPR/365	\$23,534 \$3,389
15. DAYS CASH ON HAND(LINE13/LINE 14)	7
CUSHION RATIO 16. CASH AND INVESTMENTS 17. MAX ANNUAL DEBT SER	\$23,534 \$963,500
18. CUSHION (LINE 16/LINE 17)	0.02

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 assuminapplicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes
No X.

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 - Operator

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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)	Category B (Projected)
Enter Historical and/or Projected Years 18 18 2		2013
Current Ratio		4.21
Net Margin Percentage		15.58%
Percent Debt to Total Capitalization		0.00%
Projected Debt Service Coverage		N/A
Days Cash on Hand		. 175.8
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.

Asbury Gardens Continuing Care Retirement Center (CCRC)

ASBURY GARDENS NURSING UNIT
FORECASTED VIABILITY RATIOS WORKSHEET
OPERATING ENTITY

CI EIGITING EITHT	2013
CURRENT RATIO 1. CURRENT ASSETS 2. CURRENT LIABILITIES	\$1,158,670 \$275,400
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	4.21
NET MARGIN PERCENTAGE 4. NET INCOME OR (LOSS) 5. NET OPERATING REVENUE	\$721,527 \$4,630,934
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	15.58%
DEBT SERVICE COVERAGE RATIO NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION 8. PRINCIPAL + INTEREST	\$3,245,217 \$0
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	N/A
DEBT CAPITALIZATION RATIO 10. LONG TERM DEBT 11. LONG TERM DEBT + EQUITY	\$0 \$883,270
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0.00%
DAYS CASH 13. CASH AND INVESTMENTS 14. OPER EXPENSE LESS DEPR/365	\$763,195 \$4,342
15. DAYS CASH ON HAND(LINE13/LINE 14)	175.8
CUSHION RATIO 16. CASH AND INVESTMENTS 17. MAX ANNUAL DEBT SER	\$763,195 \$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 assumin applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes
No X.

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

3. Change in fund balance

2. Income statement

4. Change in financial position

A. Criterion 1120.210(a), Financial Viability

Viability Ratios – Owner and Operator

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.

Provide Data for Projects Classified	Category A or	Category B (las	t three years)?	Category B
SEnter Historical and/or Projected Fr Years:				2013
Current Ratio				4.29
Net Margin Percentage				13.00%
Percent Debt to Total Capitalization				104.90%
Projected Debt Service Coverage				3.87
Days Cash on Hand				101.3
Cushion Ratio	-	-		0.8

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.

ASBURYGARDENS NURSING UNIT FORECASTED VIABILITY RATIOS WORKSHEET 75 BED LONG-TERM CARE FACILITY-OWNER AND C	OPERATOR
	2013
CURRENT RATIO 1. CURRENT ASSETS 2. CURRENT LIABILITIES	\$1,182,204 \$275,400
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	4.29
NET MARGIN PERCENTAGE 4. NET INCOME OR (LOSS) 5. NET OPERATING REVENUE	\$760,596 \$5,851,617
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	13.00%
DEBT SERVICE COVERAGE RATIO NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION 8. PRINCIPAL + INTEREST	\$3,731,950 \$963,500
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	3.87
DEBT CAPITALIZATION RATIO 10. LONG TERM DEBT 11. LONG TERM DEBT + EQUITY 12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	\$11,108,792 \$10,590,350 104.90%
DAYS CASH 13. CASH AND INVESTMENTS 14. OPER EXPENSE LESS DEPR/365	\$786,729 \$7,766
15. DAYS CASH ON HAND(LINE13/LINE 14)	101.3
CUSHION RATIO 16. CASH AND INVESTMENTS 17. MAX ANNUAL DEBT SER	\$786,729 \$963,500
18. CUSHION (LINE 16/LINE 17)	0.8

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:

\$1,073,000 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 venification of the dollar amount and identify any conditions of the source and timing of its use. \$4,292,000 Debt Financing (indicate type(s) Conventional 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

\$5,365,000 TOTAL FUNDS AVAILABLE

C. Criterion 1120.210(c), Operating Start-up Costs – See Attachment 75

that will be used for the project.

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 X 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.

Provide verification of the amount, terms and conditions, and type of any other funds

APPEND DOCUMENTATION AS ATTACHMENT 75. IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION TO 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 X No D. 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 D. No X. 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? X Yes D

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:

- 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
- 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:

- 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;
- 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:

 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									
	Α	В	С	D	E	F	G	Н	7.10.1
Department (list below)	Cost/Squ New	are Foot Mod.	Gross : Ft. New Circ.	,	Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)
Nursing	\$155.75	\$60.27	24,000	0	365	0	\$3,738,000.00	\$22,000.00	\$3,760,000.00
Contingency	\$15.58	\$6.03	Q	0	0	0	\$373,800.00	\$2,200.00	\$376,000.00
TOTALS	\$171.33	\$66.30	24,000	0	365	0	\$4,111,800.00	\$24,200.00	\$4,136,000.00
* 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 - See Attachment 76

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 III. 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.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs - See Attachment 76

Is the project classified as a category B project? Yes X. 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 III. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

N/A 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 SAPELICATION 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:

Applicant Identification Site Ownership Organizational Relationships (Organizational Chart) Certificate	PAGES 28-30
Site Ownership	28-30
Site Ownership Organizational Relationships (Organizational Chart) Certificate	
Organizational Relationships (Organizational Chart) Certificate	
Organizational residuonemps (5.34-m-service - 5.7	31
of Good Standing Etc.	
Flood Plain Requirements	32-36
Historic Preservation Act Requirements	37-38
Description of Project	
Project and Sources of Funds Itemization	
Cost Space Requirements	39
Discontinuation	
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Alternatives to the Project	55-90
Size of the Project	91
Project Service Utilization	92
Unfinished or Shell Space	
Assurances for Unfinished/Shell Space	
Master Design Project	
Mergers, Consolidations and Acquisitions	
Categories of Service:	
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Service Demand – Establishment of Category of Service	
Service Demand – Expansion of Existing Category of Service	
Service Accessibility – Service Restrictions	
Unnecessary Duplication/Maldistribution	
Category of Service Modernization	
Staffing Availability	
Assurances	
Service Specific:	
Comprehensive Physical Rehabilitation	
Neonatal Intensive Care	
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General Long Term Care:	
Planning Area Need	93-94
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Components	
Documentation	
	Project and Sources of Funds Itemization Cost Space Requirements Discontinuation Background of the Applicant Purpose of the Project Alternatives to the Project Size of the Project Project Service Utilization Unfinished or Shell Space Assurances for Unfinished/Shell Space Master Design Project Mergers, Consolidations and Acquisitions Categories of Service: Planning Area Need Service Demand – Establishment of Category of Service Service Demand – Expansion of Existing Category of Service Service Accessibility – Service Restrictions Unnecessary Duplication/Maldistribution Category of Service Modernization Staffing Availability Assurances Service Specific: Comprehensive Physical Rehabilitation Neonatal Intensive Care Open Heart Surgery Cardiac Catheterization In-Center Hemodialysis Non-Hospital Based Ambulatory Surgery General Long Term Care: Planning Area Need Service Demand-Establishment of Category of Service Service Accessibility Description of Continuum of Care Components

ACHMEN	Г	DACEC
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46	Impact of Project on Other Area Providers	137-130
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48	Documentation	
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54	Assurances	221-222
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55	Specialized Long Term Care	
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58	Subacute Care Hospital Model	
	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	Clinical Service Areas Other than Categories of Service:	
62	Need Determination - Establishment	
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64	Referrals from Inpatient Base	<u> </u>
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67	Population Incidence	<u> </u>
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72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	
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74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	223-265
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77_	Safety Net Impact Statement	1

Page numbers specifically omitted from these index pages.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION Applicant Identification

The Applicants are EJR ENTERPRISES, INC. and ASBURY PAVILION NURSING AND REHABILITATION CENTER, LLC, respectively, the ownership and operating entities for <u>Asbury Pavilion Nursing and Rehabilitation Center</u>. Appended as **ATTACHMENT** -1A are the Certificate of Good Standings for both Applicant entities and their corresponding Articles of Organization.

File Number

5424-678-1



To all to whom these Presents Shall Come, Greeting:

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

EJR ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0936401632 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 30TH

day of

DECEMBER

A.D.

2009

SECRETARY OF STATE

ATTACHMENT - 1A

File Number

0167222-3



To all to whom these Presents Shall Come, Greeting:

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

ASBURY PAVILION NURSING & REHABILITATION CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 08, 2005, 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 #: 0936401666
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 30TH

day of

DECEMBER

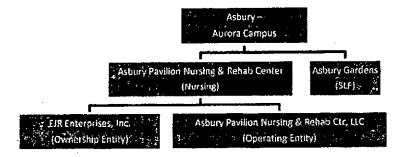
A.D.

2009

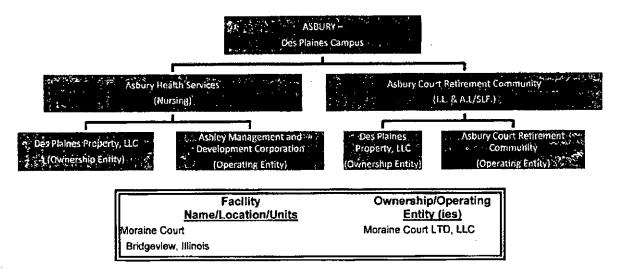
SECRETARY OF STATE

Organizational Relationships

This project is part of a larger campus setting. The Asbury Gardens campus in North Aurora is proposing to establish and add to its existing campus the proposed 75-bed nursing unit which will be called <u>Asbury Pavilion Nursing and Rehabilitation Center</u>. Existing on the campus is <u>Asbury Gardens</u> which has 150 Supportive Living units and is licensed through the Illinois Department of Healthcare and Family Services. The corporate organizational chart for the North Aurora campus is provided below.



The Asbury North campus has a sister campus in Des Plaines, Illinois, and is also related to Moraine Court, a Supportive Living Facility in Bridgeview, Illinois. The ownership entities of the related facilities are provided below.



ATTACHMENT-3

Flood Plain Requirements

A survey appended as **ATTACHMENT** -4A by Mr. Paul J. Peraino, Project Architect finds that the project is **not** located in a recognized flood hazard area. This was verified by map study researched on the FEMA website as well as at Illinoisfloodmaps.org.



September 15, 2009

Charles H. Foley & Associates, Inc. 1638 So. MacArthur Blvd. Springfield, Il 62704

Re:

Asbury Gardens Supportive Living 210 Airport Rd North Aurora, II 60542

To whom it may concern,

As requested by Foley Associates and transmitted through Asbury Gardens, this letter attests that the project is not located in a recognized flood hazard area. This was verified by map study researched on the FEMA website as well as at Illinoisfloodmaps.org. Attached with this letter is a portion of the flood area map indicating the project site and its location outside the limits of any flood hazard area.

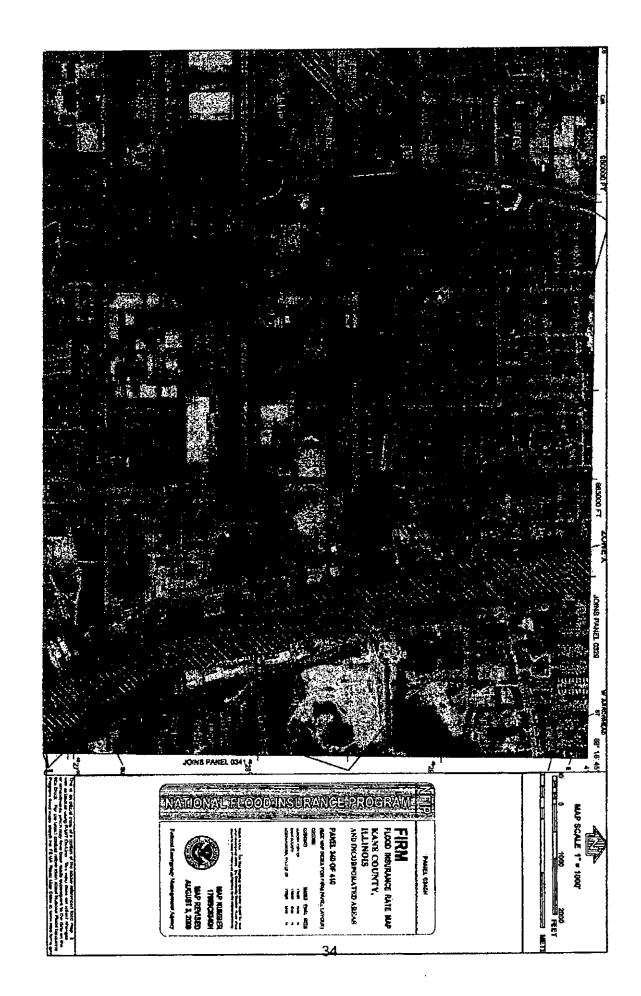
I trust this addresses the concern to your satisfaction. If not feel free to contact me with any questions.

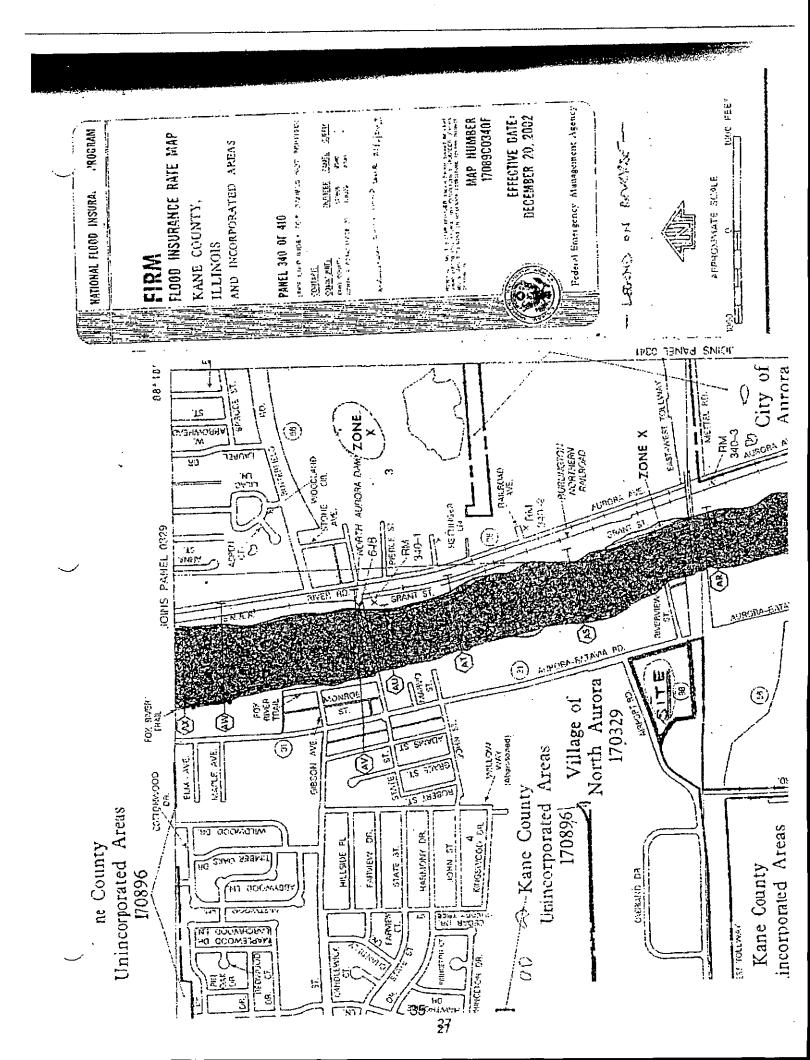
Regards,

HARRIS ARCHITECTS, INC.

Paul J. Peraino Project Architect

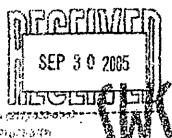
Design Firm Number 184.000373







Illinois State Water Survey



Mails Calice + 2204 Gilletth Davie - Chamboligm, II. 41820-7496 + Tel. (217) 553-2810 + Fox (217) 525-6573
Feorial Differ - P.O., Box 697 + Persic, T. 61853-0697 + Tel. (109) 673-6196 + Fox (209) 673-6199

Special Flood Hazard Area Determination pursuant to Governor's Executive Order 4 (1979)

Requester:	Gina M. Kniery, Charles H. F	oley & Associates, Inc.		
Address:	1638 S. MacArthur Blvd.			
•	Springfield, IL 62704		Telephone: (217):	544-1551
City, state, zip:			.,-	
Site description	of determination:	*** * ** ** ** ** ** ** ** ** ** ** **	anes.	
Site oddress:	Ashury Gardens, 210 Airport	Rd (Parcels 15-04-451-007 & -	(6.00)	
City, state, zip:	North Aurora, IL			. 8 E. PM; 3rd
County:	Kane Secial SW!	4 of SW14 Section:	T. 38 N. R	· · · · · · · · · · · · · · · · · · ·
Subject area:	See legal description attached	L (Area bounded by Airport Rd	l, on the north, it. 31	on the east, and the
	1-88 right-of-way on the sout	and west.)		
		located in a Special Flood Ha	zoni Arca (SPHA).	
	lescribed above IS NOT	Thoodway on prope	eriv: No	
Floodway mapp	ed: Yes	- GEDAG An aunotated comy	s attached.	
	EMA Flood Insurance Rate Ma	Community num	iber: 170329	
Community nar		Effective L		2002
Panel/map num		Base flood eleva-		NGVD 1929
Flood zone: 💆	Clausingeof			
N/A b. Po N/A c. N The primary s N/A d. Is	ne community does not currently ate and Federal grants as well a mel not printed; no Special Floor map panels printed; no Special tructure on the property; located in a Special Flood Hazical floodplain development region condition of a federally-back flocated in shaded Zone X or B inot located in a Special Flood	s flood insurance may not be av- nd Hazard Area on the panel (pa- h Flood Hazard Areas within the ard Area. Any activity on the pa- halanous. Federal law requires the sed mortgage or loan that is seen 1500-ye floodulain. Conditions	anance, mel designated all Ze e community (NSFH roporty must meet St hat a flood insurance ared by the building, s may apply for local	one C or X). A). ate, Federal, and policy be obtained permits or Federal funding.
NIA V A	not located in a special riskd determination of the building's water structure location is not as	s exact focation cannot be made	On the content priors	A flood hazard map.
Note: This del for the commu- damage. A pro-	termination is based on the curr nity. This letter does not imply operty or structure not in a Spec to FEMA map or by local dram State Water Survey, or employe	out Federal Emergency Manage that the referenced property wil that Flood Hazard Area may be do not problems not manged. This	ment Agency (FEMA) If or will not be free f lamaged by a flood g letter does not create	reater than that : liability on the part
Questions com	cerning this determination may serning requirements of Govern (847/608-3100) at the IDNR O	be directed to Bill Saylor (217/3 for's Executive Order 4 (1979),	33-0447) at the Blin	nis State Water Survey.
C 47 46	PRI (L. 1024/2010), Illinois State Water State	Title: ISWS Surface Water	r & Floodplain Infor	nation Date: 7-28-2-005

Printed on serviced super-

ATTACHMENT IDEN-4A

Historic Resources Preservation Act Requirements

A letter from the Illinois Historic Preservation Agency referencing the Applicant's proposed project finds that "We have determined, based on the available information, that no significant historic, architectural, or archaeological resources are located within the proposed project area". This letter is appended as ATTACHMENT -5A.



1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

IHPA LOG #018092005

Kane County PLEASE REFER TO:
North Aurora
210 Airport Road
Establish Nursing Care Beds, Asbury Gardens

September 23, 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 smended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

ording to the information you have provided concerning your proposed project, apparently there is no eral 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.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker

Deputy State Historic Preservation Officer

AEH

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs <u>MUST</u> 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.**

	•	Gross Square Feet		Amount of Proposed Total Gross Square Feet 1		uare Feet That is:	
B	0					As	
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	ls	Vacated Space
CLINICAL	, .	-	-	-	-	-	-
Nursing			12,483	12,483	0		
Living/Dining/Activity			3,315	3,315	0		
Kitchen/Food Service				0	0		
P.T./O.T.		·	540	540	0		
Laundry				0	0		
Janitor Closets			108	108	0		
Clean/Soiled Utility			235	235	0		
Beauty/Barber				0	0		
Total Clincal			16,681	16,681	0		
NON CLINICAL					;		
Office/Administration			825	825	0		
Employee Lounge/			310	310	0		,
Locker/Training							
Mechanical/Electrical			144	144	0		
Lobby			555	190	365		
Storage/Maintenance			850	. 850	0		,
Corridor/Public Toilets			5,000	5,000	o		
Stair/Elevators			_	0	. 0		
Total Non-clinical			7,319	7,319	365		
TOTAL			24,365	24,000	365		

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.

The permit letter for Asbury Health Services in Des Plaines, Illinois, the certifications for Asbury Gardens (North Aurora), Asbury Court (Des Plaines), and Moraine Court (Bridgeview) are appended as ATTACHMENT-10A.

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.

A letter from the Applicant certifying that no adverse action has been taken against applicant is appended as ATTACHMENT-10B.

3. Authorization permitting HFSRB 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 HFSRB.

Authorization from the Applicant permitting access to any documentation is appended as ATTACHMENT-10C.

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.

A related facility was recently approved by this Board under Project Number 08-064 on January 27, 2009. The outstanding permit items of the annual progress report are due January 27, 2010, the obligation date of July 27, 2010, and the project completion date of January 31, 2011 are too premature to submit. Please

note that the Applicant is aware of its obligations as outlined in its permit letter and will comply as required.

Facilities Listing

Names	Type	ID Numbers
Asbury Court, LLC	Life Care	363985189
Asbury Court SLF, LLC	SLF	363985189001
Asbury Gardens SLF, LLC	SLF	263060179001



January 31, 2009

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Charles H. Foley, Health Care Consultant Charles H. Foley & Associates, Inc. 1638 South MacArthur Blvd. Springfield, Illinois 62704

RE: PERMIT: Illinois Health Facilities Planning Act 20 ILCS 3960

Dear Mr. Foley:

On January 27, 2009, the Illinois Health Facilities Planning Board approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- PROJECT: #08-064 Asbury Health Services The applicants are approved for the establishment of a 75-bed long term care category of service under the continuum of care variance in 14,920/GSF of new construction and 8,310/GSF of modernized space. The facility will be located at 1750 Elmhurst Road, Des Plaines, Illinois 60018.
- PERMIT HOLDERS: The applicants are Des Plaines Properties, LLC, and Ashley Management and Development Corporation, 29 East Madison, Chicago, Illinois. The operating entity licensee is Ashley Management and Development Corporation and the owner of the site is Des Plaines Properties, LLC.
- PERMIT AMOUNT: \$\$4,223,760
- PROJECT OBLIGATED BY: July 27, 2010
- PROJECT COMPLETION DATE: January 31, 2011

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and is not transferable or assignable.

Permit Letter/Project #08-064 Page 2 of 2

In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130, The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated **prior to the Project Obligation Date**, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730.

2. ANNUAL PROGRESS REPORT-PART 1130.760

An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify HFPB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino.

Sincerely,

éffréy S. Mark

Executive Secretary

cc: William Bell Karen Senger Jody Gudgel Project File

State of Illinois Department of Public Aid

Supportive Living Program Certification

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

193 Maximum Number of Residents North Aurora, Illinois 60542 210 Airport Road Asbury Gardens 150 Number of Units City/State/Zip Address Name

Rod R. Blaggievich, Governor

Barry S. Maram, Director

November 13, 2003

Effective Date

State of Minois Department of Healthcare and Family Services

Supportive Living Program Certification

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Asbury Court North

Address 1750 Elmhurst Road

City/State/Zip Des Plaines, Illinois 60018

150

179

Maximum Number of Residents

Rod R. Blagojerich Governor

Barry S. Maram, Director

July 22, 2005

Effective Date

Number of Units

Asbury Pavilion Nursing Ev Rehabilitation Contor

CERTIFICATION OF NO ADVERSE CHANGE

Asbury Pavilion Nursing & Rehabilitation Center, LLC, an Illinois limited liability company, and EJR Enterprises, Inc., an Illinois corporation, are each an applicant for a certificate of need for a skilled nursing facility with respect to the property commonly known as 210 Airport Road, North Aurora, Illinois 60542. The undersigned applicants each hereby certify that to the best of their knowledge there has not been any adverse action taken against their respective entities.

Asbury Pavilion Nursing & Rehabilitation Center, LLC

By: ARI HAM

Its: A Agent

EJR Enterprises, Inc.

By: Saucel Select

Its: (2-28-09



. Ó9/14/Ò9

Mr. Michael Constantino Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor Springfield, Illinois 62761

Dear Mr. Constantino:

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,

Mosh Kel

PURPOSE OF PROJECT

 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 October 16, 2009, Health Service Area (HSA) VIII shows a documented need for 228 additional beds (refer to ATTAHCMENT-11A). As of this filing, only one other project, Project Number 09-030, is on file and proposing to fill 120 of the 228 bed need in this County. 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 October 16, 2009 update to the Inventory of Health Care Facilities and Services and Bed Need. This represents an overall need for 2,110 additional beds in the contiguous areas. Thus, the proposed project is addressing this need which will improve accessibility to nursing services in North Aurora and the surrounding communities.

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

The Applicant's primary market area is the southern one-third of Kane County, the adjacent most southwestern portion of DuPage County which makes-up 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.]

In providing the Supportive Living level of care, the Applicant's residents have no accessibility to age-in-place. Additionally, as seen through the area's demographics there are accessibility issues in the delivery of health care.

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 October 16, 2009, demographics as provided by the Illinois Department of Commerce and Economic Opportunity, demographics as provided by Scan/US, Inc., and the Illinois Long-Term Care Profiles-Calendar Year 2008.

 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 as well as Lake and McHenry Counties.

 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

PLANNING		EFFECTIV		DESCRIPTION	
AREA	ACTION	DATE	FACILITY CONTINENTAL NURSING & REHAB CT.	Name changed from Continental Care Center.	
	Name Change	03/31/2008	CHICAGO	Name thanked from Commental Care Conta.	•
•	Name Change	05/23/2008	WEST RIDGE REHABILITATION CENT, CHICAGO	Name changed from Northwest Home for the Aged.	
	Name Change	07/02/2008	WARREN PARK HLTH & LIVING CTR, CHICAGO	Name changed from Warren Park Nursing Pavilion.	
	Bed Change	04/22/2009	SWEDISH COVENANT HOSPITAL, CHICAGO	Board discontinued nine nursing care bods, total now 37 nursing care bods.	
	Bed Change	07/15/2009	RESURRECTION LIFE CENTER, CHICAGO	Discontinued 10 sheltered care beds and added 10 nursing care beds, total now 147 nursing care beds and 15 sheltered care beds.	
Planning Area 6-B	Name Change	12/01/2008	GROVE LINCOLN PARK LVG & REHAB, CHICAGO	Name changed from Lincoln Park Terroce.	
•	Bed Change	04/22/2009	SCHWAB REHABILITATION HOSP, CHICAGO	Board discontinued nine nursing care bods, total now 21 nursing care bods.	
	P-04-069	08/24/2009	THE CLARE AT WATER TOWER, CHICAGO	Licensed 32 permit nursing care beds.	
	CHOW.	08/31/2009	CENTRAL NRSG & REHAB CENTER, CHICAGO	Change of ownership occurred.	New
	Name Change		CENTRAL NRSG & REHAB CENTER, CHICAGO	Name changed from Central Nursing.	New
Planning Area 6-C	_	02/23/2007	RENAISSANCE AT SOUTH SHORE, CHICAGO	Added two nursing care beds, total now 248 nursing care beds.	
	Name Change	10/31/2007	ALL FAITH PAVILION, CHICAGO	Name changed from William L. Dawson Nursing Home.	
	Name Change		RENAISSANCE PARK SOUTH, CHICAGO	Name changed from Halsted Termee Nursing Center.	
	Closure	04/09/2008	MAXWELL MANOR, CHICAGO	Board deemed facility discontinued as of April 9, 2008. 276 nursing care beds removed from inventory as of that date.	
	Name Change	10/02/2008	RENAISSANCE PARK SOUTH, CHICAGO	Name changed from Renaissance @ Halsted, The.	
	Name Change	10/28/2008	INTERNATIONAL NRSG & REHAB CTR, CHICAGO	Name changed from International Village.	
	Bed Change	12/18/2008	MONTGOMERY PLACE, CHICAGO	Discontinued 47 nursing care beds, total now 46 nursing care beds,	
	Bed Change	01/06/2009	MONTGOMERY PLACE, CHICAGO	Discontinued six nursing care beds, total now 40 nursing care beds.	
	Name Change	05/21/2009	SOUTHPORT NRSG & REHAB CENTER, CHICAGO	Name changed from Washington Hgts Nur & Rehab.	
	CHOW	05/21/2009	SOUTHPORT NRSG & REHAB CENTER, CHICAGO	Change of ownership occurred.	
		·	Health Service Area 007		
Planning Area 7-A	Bed Change	07/10/2007	CHURCH CREEK, ARLINGTON HTS	Discontinued two nursing care beds, total now 118 nursing care beds.	
	Bed Change	12/19/2007	CHURCH CREEK, ARLINGTON HTS	Discontinued 6.2 nursing care beds, total now 56 nursing care beds.	
	Name Change	.12/20/2007	MANORCARE OF ROLLING MEADOWS, ROLLING MEADOWS	Name changed from Manor Care - Rolling Meadows.	
	Bed Change	12/31/2007	LEXINGTON OF SCHAUMBURG, SCHAUMBURG	Discontinued ten nursing care beds, total now 214 nursing care beds.	
	P-05-002	06/02/2008	ASSISI HCC AT CLARE OAKS, BARTLETT	New facility licensed 120 nursing care beds.	
	Bed Change	06/03/2008	LEXINGTON OF STREAMWOOD, STREAMWOOD	Received permission to decrease number of nursing care beds from 224 to 214.	
	Bed Change	06/03/2008	LEXINGTON HEALTH CARE-WHEELING, WHEELING	Received permission to decrease beds from 223 to 215.	
	CHOW	12/18/2008	MANORCARE OF ARLINGTON HEIGHTS, ARLINGTON HTS	Change of ownership occurred.	
·	Name Change	12/18/2008	MANORCARE OF ARLINGTON HEIGHTS, ARLINGTON HTS	Name changed from Manor Care - Arlington Heights ATTACHMENT	Γ-11Α
	P-08-064	01/27/2009	ASBURY HEALTHCARE, DES PLAINES	Permit issued to establish a 75 bed nursing core facility.	
	CHOW	06/10/2009	HARBOR HOUSE, WHEELING 50	Change of ownership occurred.	
	Name Change CHOW	06/10/2009 08/05/2009	HARBOR HOUSE, WHEELING PLUM GROVE NURSING & REHAB CTR.	Name changed from New Perspective-Wheeling. Change of ownership occurred	

PLANNING		EFFECTIV	E FACILITY	DESCRIPTION
AREA -	ACTION	DATE	PALATINE	*
	N Charas	vo we to though	PLUM GROVE NURSING & REHAB CTR,	Name changed from Plum Grove of Palatine, The.
	Name Change	UM/UJ/2009	PALATINE	
Planning Area 7-B	Name Change	11/02/2007	SKOKIE MEADOWS NURSING CTR. II, SKOKIE	Name changed from Skokie Meadows II.
raming race r o	Name Change		MANORCARE OF WILMETTE, WILMETTE	Name changed from Manor Care - Wilmette.
	Name Change		LIEBERMAN CENTER FOR HLTH & RE, SKOKIE	Name changed from Lieberman Geriatric Hlth. Ctr.
	Name Change		REGENCY REHABILITATION CENTER, NILES	Name changed from Regency Healthcare & Rehab Ctr.
	Name Change		NILES NRSG & REHAB CENTER, NILES	Name changed from Hampton Plaza Nsg & Rehab Ctr.
	Name Change		ALDEN ESTATES OF SKOKIE, SKOKIE	Name changed from Manor Care - Skokic.
	Name Change	12/11/2008	GROVE NORTH LIVING & REHAB CTR, SKOKIE	Name changed from Village Nursing Home.
	CHOW	01/01/2009	ROSEWOOD CARE CTR-NORTHBROOK, NORTHBROOK	Change of ownership occurred.
·	CHOW	01/08/2009	ALDEN ESTATES OF SKOKIE, SKOKIE	Change of ownership occurred.
	Name Change	01/09/2009	ALDEN ESTATES OF SKOKIE, SKOKIE	Name changed from Manor Care of Skokie.
	P-07-136	02/27/2009	EVANSTON HOSPITAL, EVANSTON	Project completed to discontinue 32 bed nursing care unit.
	Bed Change	03/05/2009	COVENANT HEALTH CARE CENTER,	Discontinued 64 sheltered care beds, total now 102
			NORTHBROOK	nursing care beds.
	CHOW	03/06/2009	NILES NRSG & REHAB CENTER, NILES	Change of ownership occurred. Discontinued six nursing care beds, total now 204 nursing
	Bed Change	04/13/2009	WESTMINSTER PLACE, EVANSTON	care beds and 51 sheltered care bods.
Planning Area 7-C	Name Change	11/01/2007	BRIDGEWAY CHR VLG REHAB & SNF, BENSENVILLE	Name changed from Anchorage of Bensenville.
	Name Change	12/20/2007	MANORCARE OF HINSDALE, HINSDALE	Name changed from Manor Care - Hinsdale.
	Name Change		MANORCARE OF WESTMONT, WESTMONT	Name changed from Manor Care - Westmont.
	Bed Change	1.2/31/2007	LEXINGTON HEALTH CARE CENTER, BLOOMINGDALE	Received permission to decrease the number of Nursing Care beds from 172 to 166.
	P-07-071	04/08/2008	PARK PLACE CHRISTIAN COMMUNITY, ELMHURST	Park Place Christian Community, Elmhurst, received a pennit to establish a 37-bed nursing care facility.
	Name Change	05/14/2008	ALDEN ESTATES OF NAPERVILLE, NAPERVILLE	Name changed from Alden-Naperville Rehab & Care.
	Name Change	05/16/2008	WEST SUBURBAN NRSG & REHAB CTR, BLOOMINGDALE	Name changed from West Suburban Care Center.
	Name Change	09/01/2008	WESTMONT NURSING AND REHAB CTR. WESTMONT	Name changed from Westmont Convalescent Center.
	P-07-014	02/12/2009	LEXINGTON HEALTH CARE CENTER, ELMHURST	Permit abandoned to add 85 nursing care bed addition.
	P-08-073	03/11/2009	MONARCH LANDING, NAPERVILLE	Permit granted to establish a 24 bed nursing care facility.
Planning Area 7-D	Bed Change	10/05/2007	NORRIDGE HLTHCR & REHAB CENTRE, NORRIDGE	Discontinued 12 nursing care beds, total now 303 nursing care beds.
	Name Change	11/06/2007	BERKSHIRE NURSING & REHAB CTR., FOREST PARK	Name changed from The Pavilion of Forest Park.
	Bed Change	02/15/2008	CENTRAL BAPTIST VILLAGE, NORRIDGE	Discontinued four nursing care beds, total now 120 nursing care beds.
	Bed Change	04/10/2008	VILLA SCALABRINI NSG & REHAB, NORTHLAKE	Added ten nursing care beds and discontinued ten sheltered care beds, total now 246 nursing care beds and seven sheltered care beds.
	Name Change	05/12/2008	BERWYN REHABILITATION CENTER, BERWYN	Name changed from Fairfax of Berwyn, The.
	Bed Change	09/09/2008	THE RENAISSANCE AT HILLSIDE, HILLSIDE	Facility added ten nursing care beds, total now 188: nursing care beds.
	CHOW	01/13/2009	OAKRIDGE NURSING & REHAB CTR, HILLSIDE	Change of ownership occurred.
	Name Change		OAKRIDGE NURSING & REHAB CTR, HILLSIDE	Name changed from Oakridge Convalescent Home.
	Bed Change	01/23/2009	NORRIDGE HLTHCR & REHAB CENTRE, NORRIDGE	Discontinued 1° nursing care beds, total now 292 nursing care beds.
	Bed Change	04/22/2009	GOTTLIEB MEMORIAL HOSPITAL, MELROSE PARK 51	Board discontinued ten nursing care beds, total now 34 nursing care beds.
	Bed Change	04/22/2009	WEST SUBURBAN HOSPITAL & MED C, OAK	Board discontinued 29 nursing care beds, total now 50

PLANNING AREA	ACTION	EFFECTIV DATE	'E FACILITY	DESCRIPTION	
	Bed Change	06/11/2009	ALDEN-TOWN MANOR REHAB & HHC, CICERO	Discontinued 12 nursing care beds, total now 237 nursing care beds.	
	CHOW	09/01/2009	BERKELEY NRSG & REHAB CENTER, OAK PARK	Change of ownership occurred.	New
	Name Change	09/01/2009	BERKELEY NRSG & REHAB CENTER, OAK PARK	Name changed from The Woodbine Nursing Home.	New
lanning Area 7-15	Name Change	11/30/2007	HALSTED SHELTER CARE, HARVEY	Name changed from Halsted Manor.	
	Name Change	12/20/2007	MANORCARE OF SOUTH HOLLAND, SOUTH HOLLAND	Name changed from Manor Care - South Holland.	
	Name Change	12/20/2007	MANORCARE OF HOMEWOOD, HOMEWOOD	Name changed from Manorcare Health SVS Homewood.	
	Name Change	12/20/2007	MANORCARE OF OAK LAWN WEST, OAK LAWN	Name changed from Manor Care - Oak.Lawn/95th.	
	Name Change	12/20/2007	MANORCARE OF PALOS HTS EAST, PALOS HEIGHTS	Name changed from Manor Care - Palos Heights.	
	Name Change	12/20/2007	MANORCARE OF OAK LAWN EAST, OAK LAWN	Name changed from Manor Care - Oak Lawn/Kostner.	
	Name Change	12/20/2007	MANORCARE OF PALOS HTS WEST, PALOS HEIGHTS	Name changed from Manor Care - Palos Hgts West,	
	Name Change	02/14/2008	SOUTH SUBURBAN REHAB CENTER, HOMEWOOD	Name changed from Mercy Care and Rehab Center.	
	Name Change	03/17/2008	MCALLISTER NURSING & REHAB, TINLEY PARK	Name changed from McAllister Nursing Home.	
	Closure	04/09/2008	EMERALD PARK HEALTHCARE CENTER, EVERGREEN PARK	Board deemed facility discontinued as of April 9, 2008. 249 nursing care beds removed from inventory as of that date.	
	P-05-017	04/25/2008	PLYMOUTH PLACE, LAGRANGE PARK	Replacement fecility licensed 4-25-2008.	
	Name Change	04/30/2008	RIVIERA CARE CENTER, CHICAGO HEIGHTS	Name changed from Riviera Manor.	
	Bed Change	06/03/2008	LEXINGTON OF CHICAGO RIDGE, CHICAGO RIDGE	Received permission to decrease beds from 224 to 214.	
	Name Change	06/04/2008	PLAZA NURSING & REHAB CENTER, MIDLOTHIAN	Name changed from Plaza Terrocc.	
	Bed Change	08/14/2008	LEXINGTON OF LAGRANGE	Discontinued nine nursing care beds, total now 110 nursing care beds.	
	Bed Change	04/22/2009	SOUTH SUBURBAN HOSPITAL, HAZEL CREST	Board discontinued five nursing care beds, total now 41 nursing care beds.	
	Bed Change	04/22/2009	OAK FOREST HOSPITAL, OAK FOREST	Board discontinued 884 nursing care beds, total now ten nursing care beds.	
	Name Change	06/01/2009	THE GROVE OF LAGRANGE PARK, LAGRANGE PARK	Name changed from Fairview Care Center-Lagrange.	
	CHOW'	06/01/2009	THE GROVE OF LAGRANGE PARK, LAGRANGE PARK	Change of ownership occurred.	
•	Bed Change	07/01/2009	IMPERIAL OF HAZEL CREST, HAZEL CREST	Discontinued five nursing care beds, total now 199 nursing care beds.	
	CHOW	07/15/2009	HALSTED SHELTER CARE, HARVEY	Change of ownership occurred.	
	Name Change		HALSTED SHELTER CARE, HARVEY	Name changed from Halsted Shelter Care Facility,	
	Bed Change	09/03/2009	LEXINGTON OF CHICAGO RIDGE, CHICAGO RIDGE	Discontinued 11 nursing care beds, total now 203 nursing care beds.	New
· · · · · · · · · · · · · · · · · · ·			Health Service Area 008		
ane	Bed Change	10/24/2002	COVENANT HEALTH CARE CENTER, BATAVIA	Discontinued 49 sheltered care beds, total now 99 nursing care beds.	
	Name Change		ROSEWOOD CARE CTR OF ELGIN, ELGIN	Name changed from Rosewood Care Center at Elgin.	
	P-05-064	09/18/2008	ASBURY PAVILION NUR. & REHAB C, NORTH AURORA	Project abandoned to establish a 75 bed nursing care facility.	
	Name Change		MANORCARE OF ELGIN, ELGIN	Name changed from Manor Care - Elgin.	
,	Bed Change	01/01/2009	COUNTRYSIDE CARE CENTER, AURORA 52	Discontinued four nursing care beds, total now 203 nursing care beds.	
	P-08-083 P-08-099	09/01/2009 09/02/2009	GREENFIELDS OF GENEVA MEADOWBROOK MANOR, GENEVA	Permit issued to establish a 40 bed nursing care facility. Permit issued to establish a 150 bed nursing care facility.	

PLANNING		EFFECTIV		DESCRIPTION
AREA	ACTION	DATE	FACILITY BRENTWOOD NORTH HC & REHAB CTR.	Discontinued eight nursing care beds, total now 240
Lake	Bed Change	05/22/2007	RIVERWOODS	nursing care bods.
	Name Change	04/02/2008	PAVILION OF WAUKEGAN, WAUKEGAN	Name changed from Pavition of Waukegan II.
	Closure	04/09/2008	JOHN J. KELLY IL. VETS HOME, NORTH	Board deemed facility discontinued as of April 9, 2008.
			CHICAGO	58 nursing care beds removed from inventory as of that date.
	Bed Change	06/03/2008	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Received permission to decrease beds from 214 to 209.
	Name Change	09/01/2008	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Name changed from Brentwood-North Nursing Center,
	Bed Change	10/15/2008	VILLAGE AT VICTORY LAKES, THE, LINDENHURST	Discontinued 84 shelter care beds, total now 120 nursing care beds.
	Name Change	10/31/2008	MANORCARE OF LIBERTYVILLE, LIBERTYVILLE	Name changed from Manor Care - Liberty ville,
	CHOW	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Change of ownership occurred.
	Name Change	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Name changed from Arbor View Nursing & Rehab Ctr.
	Bed Change	04/22/2009	LAKE FOREST HOSP-WESTMORELAND, LAKE FOREST	Board discontinued ten nursing care bods, total now 88 nursing care bods.
	P-05-036	06/15/2009	RENAISSANCE GARDENS SEDGEBROOK, LINCOLNSHIRE	Licensed 44 pemit nursing care bods, still have 44 permit nursing care bods.
	Name Change	06/15/2009	RENAISSANCE GARDENS SEDGEBROOK, LINCOLNSHIRE	Name changed from Sedgebrook Retirement Community.
	Bed Change	09/02/2009	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Discontinued 11 nursing care beds, total now 198 nursing Ne care beds.
vicHenry	Bed Change	06/19/2008	VALLEY HENURSING HOME, WOODSTOCK	Added one nursing care bed, total now 128 nursing care bed.
M. AUG 181616 U.U.			Health Service Area 009	
Srundy	CHOW	08/01/2009	WALNUT GROVE VILLAGE, MORRIS	Change of ownership occurred.
lankakee	Name Change	12/20/2007	MANORCARE OF KANKAKEE, KANKAKEE	Name changed from Manor Care - Kankakee.
	P-07-139	03/09/2009	MILLER HEALTH CARE CENTER, KANKAKEE	Licensed 40 nursing care permit beds.
Cendall	Name Change	09/22/2005	THE TILLERS NSG & REHAB CTR., OSWEGO	Name changed from Titler's Health Care Residence.
	Bed Change	01/12/2009	THE TILLERS NSG & REHAB CTR., OSWEGO	Added seven nursing care beds, total now 106 nursing care beds.
	CHOW	04/08/2009	HILLSIDE REHAB & CARE CENTER, YORKVILLE	Change of ownership occurred.
Vill	Name Change		FAIRVIEW CARE CENTER OF JOLIET, JOLIET	Name changed from Glenwood Care Center.
	P-07-102	04/08/2008	ALDEN ESTATES OF SHOREWOOD, SHOREWOOD	Alden Estates of Shorewood, Shorewood, received permit to establish a 100-bed nursing care facility.
	P-06-051	08/06/2008	BEECHER MANOR NRSG & REHAB CTR, BEECHER	Licensed 13 permit nursing care beds.
	P-06-051	02/19/2009	BEECHER MANOR NRSG & REHAB CTR, BEECHER	Licensed 21 nursing care permit beds.
	CHOW	03/01/2009	ST. JAMES MANOR & VILLA, CRETE	Change of awnership occurred.
· · · · · · · · · · · · · · · · · · ·	P-08-082	09/01/2009	VICTORIAN VILLAGE, HOMER GLEN	Permit issued to establish a 50 bed nursing care facility.
			Health Service Aren 010	
enry .	Bed Change	04/22/2009	HAMMOND-HENRY DISTRIC HOSPITAL, GENESEO	Board discontinued nne nursing care beds, total now 56 nursing care beds.
lereer		01/28/2009	MERCER COUNTY HOSPITAL, ALEDO	Discontinued 14 bed long term care unit.
	Bed Change	04/10/2009	MERCER COUNTY NURSING HOME, ALEDO	Discontinued three nursing care beds, total now 92 nursing care beds.
ock Island	Name Change		ROSEWOOD CARE CTR OF MOLINE, MOLINE	Name changed from Rosewood Care Centre-Moline.
	Name Change	12/20/2007	HEARTLAND OF MOLINE, MOLINE	Name changed from Heartland Health Care Center.
	Name Change	09/15/2008	ROCK ISLAND NSG & REHAB CTR, ROCK ISLAND	Name changed from River Park Healthcare Center.
	P-07-011	04/16/2009	HOPE CREEK CARE CENTER, EAST MOLINE 53	Facility with 245 nursing care beds in Coal Valley closed and new replacement facility with 245 nursing care beds in East Moline licensed.
	Nome Channe	0411477000	HODE COPER CARE OFFICE PACE ACTION	* * * * * * * * * * * * * * * * * * * *

LONG-TERM CARE BED INVENTORY UPDATES 03/19/2008 - 10/16/2009

LONG-TERM CARE GENERAL NURSING BED NEED

	LONG-TERM CARE GENERAL NO	· · · · · · · · · · · · · · · · · · ·	
PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	. 54
Washington	169	263	(94)
Wayne	133	169	(36)
White	337	355	(18)
Williamson	574	563 -	11
	HEALTH SERVICE AREA	00-6	
Planning Area 6-A	5,766	7 ,740	(1,974)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,043	(337)
	HEALTH SERVICE AREA	007	
Planning Area 7-A	4,101	3,198	903
Planning Area 7-B	6,896	7,095	(-199)
Planning Area 7-C	6,626	6,015	611
Planning Area 7-D	2,342	2,881	(539)
Planning Area 7-E	9,242	8,985	257
	HEALTH SERVICE AREA	008	
Kane	2,948	2,720	228
Lake	4,884	4,821	63
McHenry	1,344	1.028	316
	HEALTH SERVICE AREA	009	
Grundy	239	259	(20)
Kankakee	1,259	1,368	(109)
Kendall Will	213 3.055	185	28 261
W (II		2,794	201
lungi	HEALTH SERVICE AREA	518	(90)
Henry Mercer	428 182	172	(9 0) 10
Moreon Rock Island	1,259	1,5\$3	(294)
NOLK ISIANG	HEALTH SERVICE AREA	011	(274)
Clinton	402	417	(15)
Madison	2,073	2,216	(143)
Monroe	447	324	123
St.Clair .	2,187	2,294	(107)
	LONG-TERM CARE ICF/DD 14	S BED NEED	
	CALCULATED	APPROVED	ADDITIONAL BEDS NEEDED
PLANNING AREA	BED NEED	BEDS	OR EXCESS BEDS ()
ISA I	257	360	(103)
ISA 2	265	3 33	(6B)
ISA 3	. 228	383	(155)
tsa 4	319	334	· (15)
fSA 5	253	703	(450)
			· ·,
	3 316	1 121	2 195
ISA 6,7,8 & 9	3,316 84	1,121 56	2,195 · 28

ALTERNATIVES

- 1) Document ALL of the alternatives to the proposed project:
- 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.

This Asbury Gardens campus in North Aurora is an existing retirement community consisting of 150 Supporting Living units (SLF). According to the Illinois Department of Healthcare and Family Services (HFS), as of July, 2009 the facility reported 144 SLF units occupied with 95 out of 144 units occupied by a Medicaid resident residents. This equates to a 96% occupancy rate. This project is to provide the next level of care to this campus setting through the establishment of a 75 bed nursing center which will be connected to the Supportive Living building. As a full service retirement community, Asbury Gardens in North Aurora will provide fully equipped apartment dwellings designed to meet the special needs of an aging population. The campus setting is also being designed to fit into its environment, which is more urban in concept. The continuum of care campus will include a full range of amenities such as a beauty/barber shop, chapel, business center, exercise facilities, a convenient store and other miscellaneous service areas. In addition, the project will offer the residents meals in a restaurant style setting, laundry, housekeeping, social and recreational activities, scheduled transportation, and health/wellness programs. The total project concept is to create a secure, high quality, aesthetically pleasing (with special consideration of its location in a more urban setting) residential environment for today's active senior, that meets the physical, intellectual, spiritual, and social needs of each individual.

The care and housing of elderly, historically, has been the responsibility of the

family with government subsidies available primarily for those elderly without other means of support which typically means that those less affluent whose family cannot provide direct care for them would be placed in a nursing home. Today, because of greater longevity and typically good health, many seniors are choosing to remain in their own homes. Other seniors have established economic and social independence and are choosing to move into retirement housing with their peers. The typical retirement or Continuum of Care Retirement Community appears to cater for the more affluent elderly population. Many have buy-in fees on top of the monthly rent. This Applicant has created an affordable elderly housing option within the burgeoning western suburbs of Chicago. The Applicant started by providing independent living apartments for those over 55 years of age. Seeing that this population would have a need to age-in-place, the Applicant submitted and received the approval to establish a Supportive Living facility. Supportive Living is the Illinois Department of Healthcare and Family Services' answer to assisted living. Prior to the program for Supportive Living Facilities (SLF), there was no reimbursement mechanism for low income elderly other than nursing care, i.e., Medicaid and private nursing home insurance (which is a relatively new concept and not inexpensive). SLF was a concept that realized a resident's room was considered their home and services should be provided accordingly. The rules governing this program allow for assistance with activities of daily living (hereafter known as ADL's) for the residents. However, the SLF was not to provide full nursing Should a resident condition warrant this level of care, they would have to be discharged and admitted to a nursing home. It should be noted that 66% of the existing residents are Medicaid recipients. Prior to the SLF program, these residents had no

choice but to seek care in nursing homes as there were no reimbursement mechanism in a lesser level of care. As an existing operator of a SLF facility, during Year 2009 ending August 31, 2009, this Applicant had to discharge 77 residents to facilities to provide nursing care services. A permanent and temporary discharge report is appended as ATTACHMENT-12A. The reports show that in this time period the SLF made 50 permanent discharges and 27 temporary discharges of residents to area nursing facilities. This means that 35 percent of the discharges were able to return to a lesser and, presumably, least costly level of care. It would appear that the best long-term care environment would be one that offers a continuum of care regardless of resident's ability to pay. In such an environment, there would be no financial incentive to not provide the most appropriate level of care for the resident's needs.

This Applicant believes that those less affluent should not be discriminated against. A full complement of senior housing that is available to the more affluent should be available for those less fortunate. The Applicant, through the proposed project, will have created an environment that could potentially save the State money in terms of Medicaid dollars (according to the Department of Healthcare & Family Services). Residents can age-in-place and only utilize nursing care services when needed. Additionally, the campus is accessible for every financial situation. Residents who exhaust their personal financial resources are not required to transfer to the more expensive nursing care facility off campus until their medical condition dictates versus their financial condition. Thus, the State saves money by keeping the residents in the SLF (which is approximately 60 percent of the cost of the Medicaid nursing home rate) and residents benefit by utilizing an appropriate level of care. The only other situation is

for a resident to be a part of a continuum of care environment. As the proposed project is a stand-alone facility, the Applicant considered the alternatives of Do Nothing, i.e., utilizing the retirement campus without a nursing unit and the continued utilization of existing underutilized nursing care facilities; Establish Nursing Care beds Per the CCRC Variance; and the Project as Proposed.

DO NOTHING

Although State Staff through its State Agency Report of similar type projects have indicated that "Do Nothing" is not an alternative to be considered, the Applicant maintains that this is a valid alternative to consider to that of the "Project as Being Proposed". It entails utilizing the existing retirement campus without a nursing unit and the continued utilization of existing underutilized nursing care facilities.

Cost:

The alternative of "Do Nothing", i.e., not establishing a nursing category of service, is the least expensive alternative in terms of capital expenditure.

Patient Access:

The alternative of "Do Nothing" implies maintaining the status quo. The first is the limitations placed on accessibility for all general geriatric residents in the service area. The second is that the Applicant, through this alternative, cannot allow its residents to age-in-place. The two issues to patient access are discussed in-depth in the following text.

In terms of general access limitations, as cited, the State has updated its Inventory of Health Care Facilities and Services and Need Determinations for Long-Term Care effective October 21, 2009. This calculation of need shows that the Kane

County Planning Area is under bedded by 228 nursing care beds. A copy of the State's Bed Need Calculation is appended as ATTACHMENT-12B. Furthermore, supporting burgeoning the the bed need Appended as demographic situation. ATTACHMENT-12C is a chart that provides the population estimates and projections from the Illinois Department of Commerce

Table I				
	Health Facili		_	
HC Fac	ilities and Se	ervices and I	Need Dete	rminations
State/	Age			% (+/-)
County	Group	2005	2015	2010-2015
Kane	Ail	488,500	572,300	17.2%
	65+	39,400	59,200	50.3%
	75+	19,100	23,700	24.1%

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 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 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.

The final chart (Table III) shows the population projections for the 30-minute market area with includes portions of the surrounding You will notice counties. that these demographics are modest of the most projections and yet they still unprecedented show growth. Specifically, the over 65 and over 75 age

			TAB	LEII	,			
	IDCEO							
State/	Age	1		% (+/-) ¥2005-₩		% (+/-)	% (+/-)	
County	Group	2005	2010	2010	2015	2005-2015	2010-2015	
Kane	All	459,164	516,914	12.6% 57	72,277	r 24,6%	11 x 10:7%	
	65+	38,858	46,618	20.0% 59),144	52.2%	26.9%	
	75+	18,700	20,983	12.2% 23	3,665		12,8%	
State/	Age	<i>.</i>		% (+/-)		% (+/-)	% (+/-)	
County	Group	2005	2010	2005 2010	2015	2005-2015	`	
6-Co.	All	2,548,186	2,735,738	27.4%2	885,202	13.2%	1970 A	
area	65+	235,518	275,501	17.0% 33	36,914	43.1% 3	22.3%	
	75+ 1	115,079	125,501	9.1%13	8,499	20,4%	10.4%	
State/	Age	I		% (+/-)		% (+/-)	% (+/-)	
County	Group	2005	2010	2010	2015_	4	2010-2015	
Illinois	All	12,875,035	i 13,279,091	13,1% 13	3,748,695	6.8%	3.5%	
l E	65+	1,550,281	1,658,029	7.0% 1.	889,689	21.9%	14,0%	
	75+	784,527	804,549	26%84	10,003	7.1%	11844%	
Source:	http://	ww2.illinoi	sbiz.biz/pop	Pro/reference	/Projectio	ns_final_Co	mplete.xls	

and 12.2 percent respectively. These age cohorts dictate the majority of the needs through the State's own bed need

Scan/US 30-Minute Travel Time Demographics							
State Count		2008	2013	% (+/-) 2008-2013			
30-min	´ Ali	984,928	1,094,666	11.1%			
	65+	83,447	108,869	45.9%			
	75+	38,465	43,150	12.2%			
Source:	2008 Scan/US E	stimates & 2013	Scan/US P	rojections			

TABLE III

methodology. Thus, it appears that there is more than sufficient population and, in fact, increasing a population to support this project.

Finally, in terms of general accessibility, there are 5,115 nursing care beds that the Applicant has identified in the 30-minute travel time contour. There is neither a single facility that can accommodate the outstanding need of 228 beds as identified in the Kane County Planning Area nor any existing facility that can accommodate the proposed 75 nursing beds. According to the chart under ATTACHMENT-12D there are

38 existing and approved facilities (or 5,112 beds) within the 30 minute drive time.

The issue of accessibility to nursing beds for the Applicant's existing residents is equally as important. The existing campus has 150 SLF units of which 144 are occupied according to HFS. This alternative would limit accessibility, programming, and "peace of mind" for the existing and future residents of the Asbury -North Aurora campus. The mission is to provide the physical and emotional security of the elderly in its care regardless of their financial status and medical condition. Currently, the campus is occupied and has 150 SLF units. The State's CCRC variance alone justifies this campus to 30 nursing care beds. As provided in ATTACHMENT-12A, in Calendar Year 2008 the Applicant discharged 87 residents for nursing care. In year ending August 31, 2009, the Applicant had referred out 77 residents to nursing care beds. Based upon the average length of stay days of all area nursing beds, these discharges could have resulted in patient days of 14,414 days (187.2 times 77 residents). It the Applicant's facility was in-place this could have accounted for 54.7% utilization rate without admitting one resident from the public. It should be restated that there is an identified need for 228 nursing care beds in the Planning Area.

Based on the Applicant's experienced need for nursing care beds, this alternative was rejected. Furthermore, this application addresses an underserved need of lower income population who could benefit from a full CCRC environment just like those who are more affluent. This Applicant is essentially eliminating one way the senior lower income population has historically been discriminating against.

Quality:

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.

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 Benefit:

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 NURSING CARE BEDS PER THE CCRC VARIANCE

This alternative considers developing a lesser number of beds in a more restricted environment. It should be noted that since there is a need for nursing care beds in the Applicant's Planning Area, Kane County, the Continuum of Care Retirement Community variance as presented in the State's rules is not applicable for addressing. However, this alternative follows the intent of this variance with respect to number of beds to be proposed. Therefore, since the Applicant has 150 SLF units or a total bed capacity of 193, this project could justify between 30 and 39 nursing care beds. For the purposes of this project, this alternative assumes the proposal of 39 nursing beds.

Cost:

The alternative of establishing a 39 bed nursing unit for the sole use of campus residents could cost \$2,789,800 based on the projected cost of the project as being proposed but on a per bed basis (total project cost of \$5,365,000/75 beds = \$71,533 per bed x 39 beds).

Patient Access:

This alternative would most assuredly address the Applicant's existing residents' need to age-in-place. According to the discharge data appended as ATTACHMENT-12A, during the 12-months ending August 31, 2009, 77 residents were discharged for nursing care. Furthermore, the average length of stay of all area facilities (refer to ATTACHMENT-12D) equates to 187.2 days. This equates to a potential patient days of 14,414 days that could have been realized by this alternative. With only 39 nursing beds being proposed, the resultant utilization rate would equate to 101.3 percent. The

State's optimal occupancy rate is 90 percent. Based on the Applicant's historical discharge pattern, a 44 bed nursing unit would be needed to accommodate only the existing residents of the Applicant's SLF. Therefore, even this alternative would not fully allow for existing patient access.

Equally as important is the lack of accessibility for the Kane County Planning Area residents. As cited, the State has updated its *Inventory of Health Care Facilities and Services and Need Determinations for Long-Term Care effective October 21, 2009.*This calculation of need shows that the Kane County Planning Area is under bedded by 228 nursing care beds. A copy of the State's Bed Need Calculation is appended as **ATTACHMENT-12B**. Furthermore, supporting the bed need is the burgeoning demographic situation. Appended as **ATTACHMENT-12C** 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. As the alternative of the "project as being proposed" does not fully address the outstanding need for additional nursing care beds, this alternative does even less.

Quality:

This alternative does provide an environment that will allow residents to age-in-place. However, this alternative proposes a comparatively small in size unit that will have lower than average economies-of-scale. Furthermore, this project is not part of a large not-for-profit organization that has the traditional endowment fund to subsidize the cost of operations. This project is proposing to provide a full continuum of care for those who typically could not afford such an environment. Therefore, to proceed with this

alternative does not afford the Applicant the financial feasibility as most other operators appreciate. Therefore, quality could be (not that it will be) an issue.

Financial Benefit:

Taking a direct allocation of income and net income, this alternative has the effect of reducing net income from \$721,527 for operations in Calendar Year 2013 to only \$375,194 with a 39 bed facility. It should be noted that this is a conservative method of calculating the resulting financial situation of the two alternatives. More realistically, much of the operational costs is fixed due to minimal size of the "project as being and is not reflected in this calculation.

THE PROJECT AS PROPOSED

This project is not a "start-from-scratch" retirement campus. Existing on the campus site is a 150 unit SLF facility (Asbury Gardens). It should also be noted that future plans for the campus do include existing, unutilized, space that will be renovated into independent living. When the residents physical and medical needs outweigh their social needs, the person needs to go into a licensed nursing home. This existing campus currently has to discharge residents to area nursing homes for care which separates them from family and friends that they have made in the campus setting at a rate of 55 percent. This change typically comes at a time in the resident's life when they are least independent and most frail. The project as proposed would complete the CCRC and would allow residents, family and friends the peace of mind that residents can age-in-place in the Asbury Gardens campus in North Aurora. In addition to completing the continuum, this project also is opening a continuum of care to a portion of the population who typically cannot afford a retirement campus, thus, it is increasing

accessibility of not general long-term care but optimal and complete long-term care throughout the aging process. It is very important to restate and not isolate general long-term care but rather nursing care should be examined as an optimal and complete long-term care for seniors throughout the entire aging process. It is very important to restate and not look at the narrow picture of this project as only for the addition of nursing care beds. The entire picture shows the addition of nursing beds as the means to the end of providing a retirement campus to the low and middle income class of the market area. Thus, the project as proposed was accepted as the only alternative that would increase accessibility and complete the full continuum of care within a reasonable cost.

Cost:

This alternative, the project as proposed, has a proposed total project cost of \$5,365,000.

Patient Access:

This appears to be the only alternative that will improve patient access for the existing campus residents and for those in need of long-term care services who reside within the market area, primary or secondary. Additionally, having a Supportive Living Facility along with nursing beds allows the Applicant to provide a continuum of care for those of limited means. This issue is often overlooked. Just having a nursing bed even if it is certified for Medicaid or just having a supportive living unit does not guarantee the appropriate level of care. Providing both of the services together allows for the greatest flexibility and appropriate placement of our elderly regardless of their ability to pay.

Quality:

This Applicant does not question the quality of area providers and their nursing care. The issues raised in this application revolve around how competition tends to improve quality by keeping pressure on the industry to keep evolving and never to become complacent. As for this alternative, by providing nursing beds in association with Supportive Living units increases the quality of life for its existing residents and it provides an alternative for those in need of long-term care regardless of ability to pay coupled with the ability to age-in-place.

Financial Benefits:

The Applicant's Supportive Living Facility is utilized at a rate of 96%. Historically, the occupancy rate has been consistent. As such, the Supportive Living Facility fiscally stands on its own. The proposed project ensures only its future. By providing both levels of long-term care through the Supportive Living program and the nursing care program, residents have a reasonable cost alternative and do not have to be locked in a level of care because of financial reasons.

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.

ATTACHMENT-12

AdmitDischarge Report: 01/01/2008 - 09/14/2009

Date	Resident	
Discharge	l Return Not Anticipated	
01/02/2008	P.	
01/11/2008	s	
01/23/2008	L	
01/24/2008	W	
01/26/2008	34	
01/28/2008	Z	
02/07/2008	S	
02/09/2008	В	
02/28/2008	T	
01/2008	P	
03/01/2008	к	
03/14/2008	Н	
03/19/2008	R	
03/20/2008	Н	
03/20/2008	A	
03/24/2008	3.	
03/29/2008	Н	
04/06/2008	2	
04/06/2008	F	
04/07/2008	R	
04/19/2008	В	
04/25/2008	L	
/28/2008	P	
05/12/2008	5	
05/20/2008	V	

05/22/2008	.8	
05/26/2008	В	
11/2008	R	
06/17/2008	В	
06/23/2008	M	
06/23/2008	N	
06/29/2008	К	
06/29/2008	ĸ	
07/01/2008	F	
07/05/2008	S	
07/08/2008	M	
07/22/2008	В	
07/27/2008	M	
08/05/2008	N	
08/29/2008	S	
31/2008	٧	
09/05/2008	В	
09/08/2008	М	
09/10/2008	C	
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09/15/2008	34	
09/19/2008	1	
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10/16/2008		
/16/2008	A	
12/22/2008	N	
12/26/2008	M	

+	
12/27/2008	S
12/29/2008	н.
03/2009	В.
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01/15/2009	R
01/17/2009	G
01/26/2009	κ
01/29/2009	s
01/29/2009	Н.
02/09/2009	C
02/10/2009	S:
02/16/2009	Pf
02/28/2009	Н.
03/01/2009	3,
03/06/2009	N
11/2009	н
03/12/2009	В
03/17/2009	М
03/18/2009	T(
03/29/2009	R
03/31/2009	М
04/09/2009	В
04/18/2009	ם
04/30/2009	TA
05/04/2009	Si
05/05/2009	K ⁽
05/11/2009	S
05/12/2009	В
922/2009/	G
05/28/2009	В
05/30/2009	w

05/31/2009	D
06/09/2009	н
(24/2009	м
07/30/2009	s.
08/03/2009	В.
08/24/2009	С
09/07/2009	Fiz.

AdmitDischarge Report: 01/01/2008 - 09/14/2009

Date	Resident
Discharged	Return Expected
01/03/2008	s
02/09/2008	P
02/25/200B	M
02/26/2008	к
03/26/2008	S
04/01/2008	R
04/14/2008	R
05/17/2008	G
05/19/2008	s
10/2008	Н
06/20/2008	S
06/25/2008	S
07/19/2008	M
07/24/2008	P
08/06/2008	D
08/18/2008	G
08/19/2008	К
08/19/2008	G
09/15/2008	Н
10/04/2008	Н
10/29/2008	Н
11/05/2008	S
/05/2008	S
11/12/2008	К
11/18/2008	G

11/24/2008	R
12/03/2008	н
7/11/2008	G
12/22/2008	κ
01/19/2009	C
01/27/2009	S
02/20/2009	R
02/25/2009	E
03/06/2009	G
04/04/2009	M
04/17/2009	К
04/23/2009	s
05/04/2009	A
07/14/2009	R
07/27/2009	*
04/2009	F
08/04/2009	G
08/21/2009	C
09/02/2009	Z .
09/03/2009	E

Illinois Health Facilities Planning Board Illinois Department of Public Health

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Control of the Care Facilities Control of the Care of Care o

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Illinois Department of Public Health	eneral Long-Term Care Nursing C	General Long-Term Care Nursing Care and Sheltered Care Categories of Service	ervice			12-Mar-08
Planning Area: Kane			General N	General Nursing Care	Sheltered Care	ed Care
			2	2005 Patient	×	2005 Patient
Facility Name	City	County/Area	Beds	Days	Beds	Days
ALDEN OF WATERFORD	AURORA	Kane County	66	24,340	0	٥
APOSTOLIC CHRISTIAN RESTHAVEN	ELGIN	Kane County	ଞ	17,906	0	o
() ASBURY PAVILION NURS & REH CTR (PERMIT)	T) NORTH AURORA	Kane County	N. N.	\	0	
4/25/2006 05-064 Permit issued to construct and	onstruct and establish a 75 bed nursing care facility.	ırsing care facility.	Q	ł		
ASTA CARE CENTER OF ELGIN	ELGIN	Kane County	- 2	30,891	0	0
AURORA REHAB & LIVING CENTER	AURORA	Kane County	195	995'69	0	0
Formerly "Aurora Manor".	Manor".					
10/5/2007 Bed Change Added 10 Nursing	g care beds to existing facility; faci	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	c	c
11/7/2005 Name Change Formerly Firwood Health Care Center.	Health Care Center.	funda ana	}	(E)	•	>
ACOUNTRYSIDE CARE CENTER	AURORA	Kane County	207,775	569,197	0	0
2 COVENANT HEALTH CARE CENTER	BATAVIA	Kane County	66	35,071	B B	0
ELMIWOOD TERRACE HEALTHCARE CIR	AURORA	Kane County	89	13,892	۰,	0
Formerly "Elmwood Center".	od Center".					
LEOX RIVER PAVILION	AURORA	Kane County .	121	37,158	0	0
(PERN	AURORA	Kane County	-22		<u>o</u>	
12/4/2007 07-065 permit issued to d a replacement faci	permit issued to discontinue current facility with 121 Nursing Care beds a replacement facility with 99 Nursing Care beds, a reduction of 22 beds.	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.	99			
ELGIN	ELGIN	Kane County	94	29,572	0	0
JENNINGS TERRACE	AURORA	Kane County	8	17,799	103	22,118
MANOR CARE DELGIN	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.	ood 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	O
A ROSEWOOD CARE CENTER XF ELGIN	ELGIN	Kane County	139.	41,482	0	0
	ST. CHARLES	Kane County	109	28,851	0	0
SHERMAN WEST COURT	ELGIN	Kane County	120	29,236	0	2,308
T/27/2007 Bed Change Discontinued 8 SP authorized for 120	Discontinued & Shelfered Care beds and added & Nutsing Care beds; facility now authorized for 120 Nursing Care beds.	ursing Care beds; facility now				
M SOUTH ELGIN REHAB & HLTHCARE CT. Z 11/70/005 Name Change Execute Aldonous Hoolin Case Carden	SOUTH ELGIN	Kane County	06	19,400	0	0
TAY 2003 Indian Change Follocity Attacked	sou neath Care Center.	7	4			
COXEEN + IRLOS OF GENEVA GP-03-08-03-08-04 G-17-0-4-03-03	CHENEVA CHENEVA	Kame County	} +			
MERODUCCOKNANSOR GENEUA KONE CONNY	Gersel A	Acha County	+ (50	6		
The state of the s	· · · · · · · · · · · · · · · · · · ·					

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Illinois Health Facilities Planning Board INV

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Page A-118 12-Mar-08

Planning Area: Kane	Kane							9	eneral Nu	General Nursing Care		Sheltered Care
									20(2005 Patient		2005 Patient
Facility Name			Ü	City		County/Area	/Area	-	Beds	Days	Beds	Days
TOWER HILL HEALTHCARE CENTER	EALTHCARE	CENTER	3	SOUTH ELGIN	7	Kane County	ounty		206	47,801	0	0
							Planning Area Totals		3,608-	753,126	162 \{	162/03 24,426
Health Service Area: 008	rea: 008			2005 H	SA SA			7	720			
		AGE GROUPS	2005 HSA Patient Days	Estimated		2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates		2005 HSA Maximum Use Ratos	En E		
		0-64 Years Old	498,820	1,376,000	. 000	362.5	217.5		580.0			
		65-74 Years Old	278,763		65,900	4,230.1	2,538.1		6,768.1			
		75+ Years Old	1,510,697		57,800	26,136.6	15,682.0		41,818.6			
		2005 PSA	2005 PSA	2005 HSA	2005 HSA	2015 PSA	2015 PSA	2015 PSA				
	2005 PSA	Estimated Populations	Use Rates (Per 1.000)	Minimum IIsa Rates	Maximum Use Rates	Planned Hee Rates	Projected Populations	Pianned Patient Dave	,,			
0-64 Years Old	165,547	449.100	368.6	217.5	580.0	368.6	513.100	189 139		Planned	Planned	•
85-74 Years Old	98,734	20,300	4,863.7	2,538.1	6,788.1	4,863.7	35,500	172,863	Averag	À	Bed Noed	
75+ Years Old	488.845	19,100	25,594.0	15,682.0	41,818.6	25,594.0	23,700	606,577	ខិ	Census ((90% Occ.)	Beds Needed
						Planning	Planning Area Totals	968,379		2,653.1	2,948	329 UVX

17-05-064 elandonch or 0/18-108 to astalish a 15 bod nog. caretace (14)

		•	Illinois Health Facilitie	es Planning Board	
			Inventory of Health	Care Facilities	
State/	Age		and Services and Ne	ed Determinations	% (+/-)
County	Group	2000	2005	2015	2010-2015
Kane	All	407400	488,500	572,300	17.2%
	65+	34200	39,400	59,200	50.3%
	75+	16200	19,100	23,700	24.1%

				IDC	EO			
State/	Age				% (+/-)		% (+/-)	% (+/-)
County	Group	2000	2005	2010	2005-2010	2015	2005-2015	2010-2015
Kane	All	404,834	459,164	516,914	12.6%	572,277	24.6%	34,4310,79
	65+		38,858	46,618	20.0%	59,144	52.2%	26.9
	75+		18,700	20,983	1 12.2%	23,665	26.6%	9612.8
State/	Age	•			% (+/-)		% (+/-)	% (+/-)
County	Group	2000	2005	2010	2005,2010	2015	2005-2015	2010-2015
-Co.	All		2,548,186	2,735,738	4.27.4%	2,885,202	13.2%	7 Marie, 5.5
irea	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
State/	Age				% (+/-)		% (+/-)	% (+/-)
County	Group	2000	2005	2010	2005-2010	2015	2005-2015	2010-2015
linois	All	12,440,846	12,875,035	13,279,091	3,1%	13,748,695	。	
-	65+	•	1,550,281	1,658,029	7.0%	1,889,689	21.9%	_is ≥ 14,0
	75+		784,527	804,549	112.6%	840,003	7.1%	4.4
	85+		230,002	269,950	17.4%	298,054	29.6%	10.4

	-	Sca	n/US 30-Minute Trave	el Time Demog	raphics	
State/ County	Age Group	2000	2008	% (+/-) 2000-2008	2013	% (+/-) 2008-2013
30-min	All	802,850	984,928	22.7%	1,094,666	11.1%
	65+	64857	83,447	28.7%	108,869	30.5%
	75+	31673	38,465	21.4%	43,150	12.2%
	85+	8987	12,361	37.5%	12,879	4.2%

Illinois Department of Commerce and Economic Opportunity
Demographic Profile
6-County Area

				•			* · · · · · · · · · · · · · · · · · · ·					•	
State/County Age Group	Age Group	2000	2005	SQ10	% (+/-) 05-10	2015	% (+/-) 05-15 % (+/-) 10-15	5020	% (+F) 15-20	2025	* (+f.) 20-25	2030	% (44.)25-30
DeKelb	All	89,118	95,427	101,735	B.B.	108,233	(A)	6.4% 114,992	2 1 25 7 6.2%	120,664	166 V. Martin	124 200	A.3 .5.2.9%
	65 +		8,857	9.394	\$10 k	10,594		8%: 12,510	多	15,172	20.3%	17,858	A 17.7%
	75+		4,653	4,709	る。	4,811	3.4%	296, 5,289	6.00	6,271	19.8%	7,640	21.8%
	85+	•	1,402	1,625	15.9%	1,717	22.5% 5	5,776, 1,772	N.	1,882	F. 9.26	2,158	2.7
•		1	į		, v	1	7			arian .			
È	- 4	2002	2005	2010	* (+t-) 00-10	2015	(? ±	0-15; 2020	: % (4c) 15-20	2025	% (+t-) 20-25i	2030	% (+/-) 25-30
DuPage	All Est	905,764	930,482	948,549		958,778	1,000	1,156: 1,010,323	- P	1,026,713 6	969	1,034,039	3. CO 2.
	754		49.043	52.240		58.486				98,131		100 001	23.486
	.		15,391	18,855	22.5%	20,818				26.409	12.9%	32,388	2 6 3 7 3 7
Cintal And American	A 20 40 40 40 40 40 40 40 40 40 40 40 40 40	3000	SOCK S	2040		2015							90 G
Kana	All	ADA RRA	459 164	518.914		572 277	A STATE OF THE PARTY OF THE PAR	792 630 583	a. i	Ę	destination of the	COV 072	70 T
9	85+		38.658	48.618	20.0%	59.144	1 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	74.899	eck.	912.14	22.5	106 115	46.34
	75+		18,700	20,983	12.2%	23,665	*	2.8% 28,924	Q.	37,656	**************************************	47.379	A 5.26 B%
	85+		5,883	7,285	23.8%	8,177	39.0%, 12, 12	290 . 9,138		10,346	13.2%	12,732	3. 23. 24.
Ç		500			L,	į				m.c.4			
State/County	Age Group	2000	2005	2010	% (+) 100-tū	2016	€	\lceil	(£	2025	% (++) 20-25i	2030	% (*f.) 25-30
Kendall	Ali	54,633	61,418	68,588	1.7. P	73,748		_	1	83,471	A. 196	85.060	760.
	65		5,258	6,449	A 4822.74	7,838	e Des	_ ~ .		11,954	24.6%	14,289	19.5%
	<u>ታ</u>		2,428	2,738	12.8%	3,096		13.2% 3,894		4,842	24.3%	5,907	22.0%
	85+		2	741	23.3%	837	39.3%	13,0% 950	13.6%	109		,464	. 22.0%
State/County	Age Group	2000	2005	2010	01.00	. 2015	% (+F) 06-15 % (+r) g	2020	× (±)	2025		2030	10000
Lake		645,503	703,760	762,918	0.4%	794,851	E TAR 12,856 (\$1)	1,2% 820,250	X E	863.245	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	873.024	***
77	85+		81,497	71,894	16.9%	88,400	40.5%	296 103,621		126,889	22.9%	147,543	1.16.5%
•	75+		29,490	32,738	1.0%	35,859	2100	5% 42,240		53,400	20.00	65,532	22.7%
	854		9,284	10,584	27.8%	12,477	51.0%	13,484 13,484	4 5 4 8.1%	15,404	14.2 M	19,017	23.5%
5	0	8	, Line	900	· · · · · · · · · · · · · · · · · · ·	4					50°		
		280 528	297.935	337.034	13.1%	377.315	ð	12:09th 407 931	2	434 786	70 (71-7-40-25)	441 308	1 44 5 5 9 1 azi
•	* 69		24,141	30,412	26.0%	39,922	¢ .			94.646	27.7%	78,064	2000 1000 1000 1000 1000 1000 1000 1000
	75+		10,787	12,098	2.4%	14,582	36.00	20.5% 18,756	134 134	25,026	18.00 S	31,727	26.8%
	85+		2,734	3,178	16.2%	4,015	48.6%	476 4,432	10.4%	5,381	2.45	7,215	1 N
							**			R ∌to#			
State/County Age Group	Age Group	2000	5002	2010	- CO- CO- CO- CO- CO- CO- CO- CO- CO- CO	2015	(% (+L) 05-15 % (+L) 10-15	-15 2020	* 15.20 * 15.20	2025	% (+t.) 2d-25	2000	6 (125.30
illinols	Ail	12,440,846	12,875,035	13,279,091	A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	13,748,695	101. ** B.Sh.	3.5% 14,316,487	\$ 24	88	2.5. J. 3.3%	15,138,849	T.B. 4"2.4%
	\$ \$		1,550,281	1,658,029	6	1,889,689	21.9%	14.0% 2.201.461	16.5%	2.567.497	18.6%	2.883.470	112.3%
	75+		784,527	804,549	2.6%	840,003			-	1,125,122	3 S	1,353,163	20.3%
	8 2±	_	230,002	269,850	17.5	298,054	29.6%	314,336	5.8%	342,525	6	402,311	17.5%
1	Meteory Conservation	en e	(erecycle)	٠٠٠ رو ودو ودو					1	PERMIS	では発化だ		TO THE PERSON
Overce, impa-	WWW.LIBITOR	Colombon Program			OPPRING. ALS								

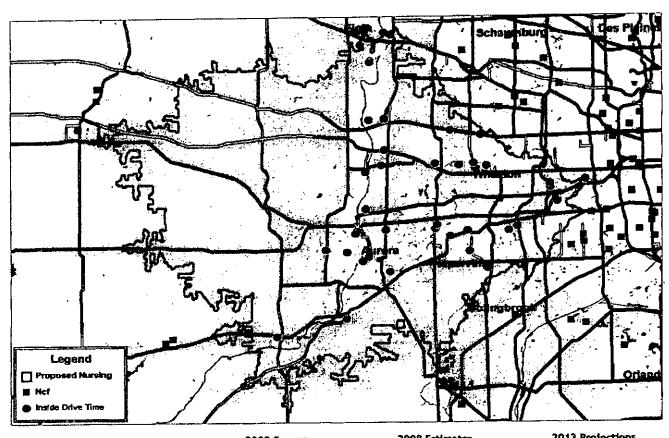
587,031 16.194 264,216 23.9% 74,974 23.9% 3,239,124 505,806 213,996 213,309 74 22,234 60,531 4 39,98 R (+1) 20.25 3,197,024 3,062,753 [0]; 4 414,648 [15,23 167,732 [15,732 53,150 [15,13] 2020 2,885,202 79,12,2% 10,25,3% 336,914 23,3% 3138,499 7,00,4% 138,499 48,041 28,4901 28,4904 13,7% 2015 (株(年)05-15 米(町) (6-15) 336,914 138,499 2,735,738 7.7,4% 2,735,738 7.7,4% 01-50(-/+)% Counties 75+ 115,079 125,501 (15,021 12,031 12,031 12,031 12,031 12,031 12,031 12,031 13,031 2005 2,548,186 235,518 115,079 34,275 2002 Age Group Kane and All
Surrounding 85+
Counties 75+ State/County Kane and

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MapFacts Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009



	2000 Census		2008 Estimate	5	2013 Projection	15
Population	802,850		984,928		1,094,666	
in Households	788,509	98.2%	970,501	98.5%	1,080,232	98.7%
In Families	687,928	85.7%	869,020	88.2%	974,438	89.0%
In Non-Families	100,581	12.5%	101,481	10.3%	105,794	9.7%
In Group Quarters	14,341	1.8%	14,427	1.5%	14,434	1.3%
Males	399,205		492,960		549,592	
Median Age (Male)	33.2		34.3		35.5	
Females	403,645		491,968		545,074	
Median Age (Female)	35.1		36.0		37.1	
Households	277,802		333,474		367,034	
Families	206,067	74,2%	246,141	73.8%	270,199	73.6%
Non-Families	71,735	25.8%	87,333	26.2%	96,835	26.4%
Average Household Size	2.8		2.9		2.9	
Average Family Size	3.3		3.5		3.6	
Average Hon-Family Size	1.4		1.2		1,1	
Average Household Income	\$84,829		\$97,698		\$106,245	
Median Household Income	\$71,836		\$91,762		\$103,316	
Per Capita Income	\$29,616		\$33,76 6		\$36,260	

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

Page 1 of 1

Scan/US, Inc.

(800) 277 82687

www.ScanUS.com

SBURY PAVILION					Scan/U	S, In
O Minute Orive Time Market Area					02/27	7/200
	1990 Ce	nsus	2000 (ensus	1990 - 2000 C	hanş
opulation	616,215		802,850		186,635	30.
Group Quarters	11,455	1.9%	14,341	1.8%	2,886	25.3
opulation By Race						
White	551,9 66	89.6%	674,262		122,296	
Black	23,400	3.8%	34,234	4.3%	10,834	
American Indian/Alaskan	921	0,1%	1,612	0.2%	691	
Asian/Pacific Islander	17,732	2.9%	38,347	4.8%	20,615	
Other Race	22,196	3.6%	40,558	5.1%	18,362	
ispanic Origin	46,923	7.6%	102,299	12,7%	55,376	118
iversity Index	21		29		8	39
opulation By Age						
< 18 Years	175,597	28.5%	236,658		61,061	
18 - 64 Years	389,742	63.2%	501,335		111,593	
65+ Years	50,876	8.3%	64,857	8.1%	13,981	27
edian Age	32.2		34.1		1.9	:
pulation in Households	604,760	,	788,509		183,749	
In Families	538,507	89.0%	687,928	87.2%	149,421	
In Non-families	66,253	11.0%	100,581	12.8%	34,328	51
ouseholds	214,650		277,802		63,152	
Families	161,183	75.1%	206,067		44,884	
With Kids	90,403	56.1%	119,932		29,529	
Non-family	53,467	24.9%	71,735	25.8%	18,268	34
erage Household Size	2.8		2.8		0.0	(
Average Family Size	3.3		3.3		0.0	4
Average Non-family Size	1.2		1.4		0.2	1
pulation, 16+ in Labor Force	339,708		425,237		85,529	
Employed	328,024	96.6%	410,288		82,264	
White Collar	227,770	69.4%	292,678		64,908	
Blue Collar	100,270	30.6%	117,610	28.7%	17,340	17
erage Household Income	\$55,369		\$84,829		\$29,460	
edian Household Income	\$48,650		\$71,836		\$23,186	4
tal Housing Units	224,665		288,107		63,442	
Occupied	214,650	95.5%	277,802		63,152	
Owner-Occupied	156,137	72.7%	215,098		58,961	
Renter-Occupied	58,513	27.3%	62,704	72.6%	4,191	7
erage Home Value	\$148,100		\$217,224		\$69,125	
edian Home Value	\$139,023		\$200,136		\$61,113	44
verage Contract Rent	\$533		\$755		\$22 2	41
edian Contract Rent	\$520		\$742		\$222	47

Source: 1990, 2000 U.S. Census

SBURY PAVILION				Scan/U	5, F
O Minute Drive Time Market Area				02/27	
opulation	1,094,666		Total Aggregate Income (\$Mil)	\$39,692.8	
in Households	1,080,232		Per Capita Income	\$36,260	
In Families	974,438	89.0%	Household Income:	/	
In Non-family Households	105,794	9.7%	< \$10,000	7,774	
In Group Quarters	14,434	1.3%	\$10,000 - \$14,999	4,682	
			\$15,000 - \$19, 999	7,529	
ace: White	851,453	77.8%	\$20,000 - \$24,999	5,822	
Black	69,119	6.3%	\$25,000 - \$29,999	8,079	
American Indian	2,428	0.2%	\$30,000 - \$34,999	9,171	
Asian	82,311	7.5%	\$35,000 - \$39,999	10,419	
Pacific Islander	604	0.1%	\$40,000 - \$49,999	20,090	
Other/Multi-Racial	88,751	8.1%	\$50,000 - \$59,999	25,655	
ispanic Population	226,336	20.7%	\$60,000 - \$74,999	31,025	_
			\$75,000 - \$99,999	54,801	1
abor Force: Pop, 16+ Years	836,747		\$100,000 - \$124,999	46,970	
In Armed Forces	222	0.0%	\$125,000 - \$149,9 99	39,492	
Employed	575,972	68.8%	\$150,000 - \$199,999	44,337	
Unemployed .	30,454	3.6%	\$200,000 - \$249,999	19,369	
Not In Labor Force	230,099	27.5%	\$250,000+	31,819	
ducation: Pop, 25+ Years	703,335		Aggregate Household Income (\$MII)	\$38,995.4	
No H5 Diploma	49,727	7.1%	Aggregate Family Income (\$Mil)	\$32 <i>,7</i> 21.7	
HS Graduate	159,031	22.6%	Aggregate Non-Family Income (\$Mil)	\$6,273.5	
College, No Degree	113,865	16.2%			
Associate Degree	60,741	8.6%	Average Household Income	5106,245	
College Degree	200,284	28.5%	Average Family Income	\$121,102	
Graduate/Professional Degree	119,687	17.0%	Average Non-Family Income	\$64,786	
ouseholds	367,034		Median Household Income	\$103,316	
Familles	270,199	73.6%	Median Family Income	\$116,964	
Non-Families	96,835	26.4%	Median Non-Family Income	\$66,590	
verage Sizë: Household	2.9		Disposable Household Income		
Family	3.6		< \$10,000	8,495	
Non-Family	1.1		\$10,000 - \$14, 999	4,753	
· -			\$15,000 - \$19,999	8,220	
otal Housing Units	395,321		\$20,000 - \$24,999	7,937	
Vacant	2 8,2 87	7.2%	\$25,000 - \$29,999	11,257	
Owned	293, 64 0	74.3%	\$30,000 - \$34,999	12,956	
Rented	73,394	18.6%	\$35,000 - \$39,999	12,749	
			\$40,000 - \$49,999	33,509	
ersons in Households: 1	85, 094		\$50,000 - \$59,999	28,643	
2	90,745		\$60,000 - \$74,999	49,900	1
3-4	131,547		\$75,000 - \$99,999	61,628	1
5+	59,648	16.3%	\$100,000 - \$124,999	45,436	1
			\$125,000 - \$149,999	28,584	
ehicles Available	754,491		\$150,000 - \$199,999	25,459	
Average Vehicles/HH	2.1		\$200,000 - \$249,999 \$250,000+	9,911 17,597	
ehicles Per Household: 0	8,804	2,4%	\$£W,WWY	17,377	•
1	100,699	27,4%	Aggregate Disposable Income (\$Mil)	\$31,210.7	
2	170,424	46.4%	Average Disposable Income	\$85,035	
	87,107		Median Disposable Income	\$80,969	
urce: 2013 Scan/US Projections	•		-	Dade	e 1

Demographic Profile: 2013

ASBURY PAYILION

Median Age

Median Age/Female

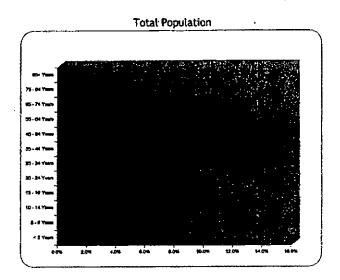
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

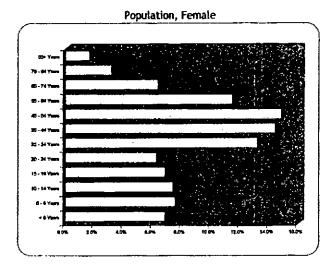
Total Population	1,094,666	
< 5 Years	76,568	7.0%
5 - 9 Years	84,168	7.7%
10 - 14 Years	B1,403	7.4%
15 - 19 Years	77,201	7,1%
20 - 24 Years	71,991	6.6%
25 - 34 Years	147,710	13.5%
35 - 44 Years	159,300	14.6%
45 - 54 Years	162,499	14.8%
55 - 64 Years	124,957	11.4%
65 - 74 Years	65,719	6.0%
75 - 84 Years	30,271	2.8%
85+ Years	12,879	1.2%

36.3

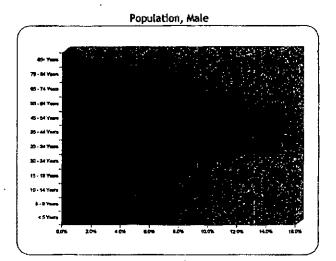
37.1



Population, Female	545,074	49.8%
< 5 Years	37,385	6.9%
5 - 9 Years	41,188	7.6%
10 - 14 Years	40,325	7.4%
15 - 19 Years	37,402	6.9%
20 - 24 Years	34,074	6.3%
25 - 34 Years	71,912	13.2%
35 - 44 Years	78,652	14.4%
45 - 54 Years	80,731	14.8%
55 - 64 Years	62,563	11.5%
65 - 74 Years	34,621	6.4%
75 - 84 Years	17,238	3.2%
85+ Years	8,983	1.6%



Population, Male	549,592	50.2%
< 5 Years	39,183	7.1%
5 - 9 Years	42,980	7.8%
10 - 14 Years	41,078	7.5%
15 - 19 Years	39,799	7.2%
20 - 24 Years	37,917	6.9%
25 - 34 Years	75,798	13.8%
35 - 44 Years	80,648	14.7%
45 - 54 Years	81,76B	14.9%
55 - 64 Years	- 62,394	11,4%
65 - 74 Years	31,098	5.7%
75 - 84 Years	13,033	2.4%
85+ Years	3,896	0.7%
Median Age/Male	35.5	



Income By Age Update: 2008/2013

ASBURY PAVILION 30 Minute Drive Time Market Area Scan/US, Inc. 02/27/2009

	2008 Estimate	5	2013 Projection	ns	2008-2013 Char	nge
Total Households	333,474		367,034		33,560	
Householder, < 25 Years	12,536	3.8%	14,004	3.8%	1,468	0.1%
< \$10,000	1,520	12.1%	1,508	10.8%	-12	-1.4%
\$10,000-\$19,999	1,129	9.0%	1,131	8.1%	2	-0.9%
\$20,000-\$29,999	943	7.5%	822	5.9%	-121	-1.7%
\$30,000-\$39,999	1,813	14.5%	1,841	13,1%	28	-1.3%
\$40,000-\$49,999	, 1,669	13.3%	1,623	11.6%	-46	-1.7%
\$50,000-\$59,999	973	7.8%	1,237	8.8%	264	1.1%
\$60,000-\$74,999	1,354	10.8%	1,389	9.9%	, 35	-0.9%
\$75,000-\$99,999	1,380	11.0%	1,649	11.8%	269	0.8%
\$100,000-\$124,999	726	5.8%	995	7.1%	269	1.3%
\$125,000-\$149,999	426	3.4%	694	5.0%	268	1.6%
\$150,000-\$199,999	226	1.8%	436	3.1%	210	1.3%
\$200,000 +	377	3.0%	679	4.8%	302	1.8%
Median income	\$48,378		\$55,668		\$7,291	
	59,949	18.0%	61,701	16.8%	1,752	-1. 2%
Householder, 25 - 34 Years	1,120	1.9%	1,015	1.6%	-105	-0.2%
< \$10,000	1,870	3.1%	1,667	2.7%	-203	-0.4%
\$10,000-\$19,999	3,286	5.5%	2,639	4.3%	- 64 7	-1.2%
\$20,000-\$29,999	4,766	8.0%	4,259	6.9%	-507	-1.0%
\$30,000-\$39,999	5,2%	8.8%	4,414	7.2%	-882	-1.7%
\$40,000-\$49,999	5,750	9.6%	6,156	10,0%	406	0.4%
\$50,000-\$ 59 , 99 9	3,730 8,443	14.1%	7,235	11.7%	-1,208	-2.4%
\$60,000-\$74,999	11,170	18.6%	11,125	18.0%	-45	-0.6%
\$75,000-\$99,999	7,112	11.9%	7,670	12.4%	558	0.6%
\$100,000-\$124,9 99	7,112 4,415	7.4%	5,673	9.2%	1,258	1.8%
\$125,000-\$149,999	3,722	6.2%	5,285	8.6%	1,563	2.4%
\$150,000-\$199,999 5300,000 -	2,999	5.0%	4,563	7.4%	1,564	2.4%
\$200,000 + Median Income	\$76,285	3.00	\$85,510		\$9,224	4
Householder, 35 - 44 Years	79,250	23.8%	78,0 8 6	21.3%	-1,164	-2.5%
< \$10,000	941	1.2%	763	1.0%	-178	-0.2%
\$10,000-\$19,999	1,446	1.8%	1,179	1.5%	-267	-0.3%
\$20,000-\$29, 99 9	2,445	3.1%	1,830	2.3%	-615	-0.7%
\$30,000-\$39,999	3,573	4.5%	2,944	3.8%	-629	-0.7%
\$40,000-\$49, 99 9	4,863	6.1%	3,694	4.7%	-1,169	-1.4%
\$50,000-\$ 59,99 9	5,339	6.7%	5,258	6.7%	-81	0.0%
\$60,000-\$74,999	8,652	10.9%	6,714	8.6%	-1,938	-2.3%
\$75,000-\$99,999	14,213	17.9%	12,984	16.6%	-1,229	-1.3%
\$100,000-\$124,999	12,031	15.2%	11,392	14.6%	-639 1.076	-0.6%
\$125,000-\$149,999	8,385 8,443	10.6%	9,461	12.1%	1,076	1.5%
\$150,000-\$199,999	8,462 8 000	10.7%	10,438	13.4%	1,976 2,529	2.7% 3.4%
\$200,000 +	8,900 \$08.006	11.2%	11,429 \$110,490	14.6%	2,329 \$11,584	∌. 710
Median Income	\$98,906		⊋ i 1∪,47 0		\$11,307	

Source: 2008/2013 Scan/US Estimates

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(800) 282 2687

Income By Age Update: 2008/2013

ASBURY PAVILION 30 Minute Drive Time Market Area Scan/US, Inc. 02/27/2009

	2008 Estimate	es	2013 Projection	ns	2008-2013 Char	ige
Total Households	333,474	•	367,034		33,560	
Householder, 45 - 54 Years	79,823	23.9%	85,536	23,3%	5,713	-0.6%
< \$10,000	892	1.1%	741	0.9%	-151	-0.3%
\$10,000-\$19,999	1,305	1.6%	1,054	1.2%	-251	-0.4%
\$20,000-\$29,999	2,019	2.5%	1,523	1.8%	-496	-0.7%
\$30,000-\$39,999	2,896	3.6%	2,455	2.9%	-44 1	-0.8%
\$40,000-\$49,999	3,737	4.7%	2,987	3.5%	-750	-1.2%
\$50,000-\$59,999	4,229	5.3%	4,300	5.0%	71	-0.3%
\$60,000-\$74,999	7,234	9.1%	5,965	7.0%	-1,269	-2.1%
\$75,000-\$99,999	12,881	16.1%	12,460	14.6%	-421	-1.6%
\$100,000-\$124,999	12,660	15.9%	12,719	14.9%	59	-1.0%
\$125,000-\$149,999	9,536	11. 9%	11,269	13,2%	1,733	1.2%
\$150,000-\$199,999	10,643	13.3%	13,998	16.4%	3,355	3.0%
\$200,000 +	11,791	14.8%	16,065	18.8%	4,274	4.0%
Median Income	\$110,818		\$123,711		\$12,893	
Householder, 55 - 64 Years	54,786	16,4%	67,932	18.5%	13,146	2.1%
< \$10,000	952	1.7%	989	1.5%	37	-0.3%
\$10,000-\$19,999	1,425	2.6%	1,441	2.1%	16	-0,5%
\$20,000-\$29,999	2,278	4.2%	2,139	3.1%	-139	-1,0%
\$30,000-\$39,999	2,839	5.2%	2,926	4.3%	87	-0.9%
\$40,000-549,999	3,274	6.0%	3,169	4.7%	-105	-1.3%
\$50,000-\$59,999	3,397	6.2%	4,125	6.1%	728	-0.1%
\$60,000-\$74, 999	5,125	9.4%	5,051	7.4%	-74	-1.9%
\$75,000-\$99,999	8,308	15.2%	9,451	13.9%	1,143	-1.3%
\$100,000-\$124,999	7,465	13.6%	8,819	13.0%	1,354	-0.6%
\$125,000-\$149,999	5,773	10.5%	8,003	11.8%	2,230	1.2%
\$150,000-\$199,999	6,204	11,3%	9,501	14.0%	3,297	2.7%
\$200,000 +	7,746	14.1%	12,318	18.1%	4,572	4,0%
Median Income	\$102,655		\$115,931		\$13,276	
Householder, 65 - 74 Years	25,915	7.8%	36,707	10.0%	10,792	2.2%
< \$10,000	854	3.3%	1,097	3.0%	243	-0.3%
\$10,000-\$19,999	1,908	7.4%	2,364	6.4%	. 456	-0.9%
\$20,000-\$29,999	2,283	8.8%	2,568	7.0%	285	-1.8%
\$30,000-\$39,999	2,400	9.3%	2,996	8.2%	596	-1,1%
\$40,000-\$49,999	2,260	8.7%	2,660	7.2%	400	-1.5%
\$50,000-\$59,999	2,072	8.0%	3,059	8.3%	987	0.3%
\$60,000-\$74,999	2,638	10.2%	3,174	8.6%	536	-1.5%
\$75,000-\$99,999	3,373	13.0%	4,684	12.8%	1,311	-0.3%
\$100,000-\$124,999	2,530	9.8%	3,700	10.1%	1,170	0.3%
\$125,000-\$1 <i>4</i> 9, 999	1,745	6.7%	2,957	8.1%	1,212	1.3%
\$150,000-\$199,999	1,703	6.6%	3,235	8.8%	1,532	2.2%
\$200,000 +	2,149	8.3%	4,213	11.5%	2,064	3.2%
Median Income	\$71,629		\$83,148		\$11,519	

Source: 2008/2013 Scan/US Estimates

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Income By Age Update: 2008/2013

ASBURY PÁVILION 30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

	2008 Estimate	S	2013 Projection	15	2008-2013 Char	nge
Total Households	333,474		367,034		33,560	
Householder, 75+ Years	21,215	6.4%	23,068	6.3%	1,853	-0.1%
< \$10,000	1,692	8.0%	1,661	7.8%	-31	-0.1%
\$10,000-\$19, 999	3,525	16.6%	3,375	15.9%	-150	-0.7%
\$20,000-\$29,999	2,693	12.7%	2,380	11.2%	-313	-1.5%
\$30,000-\$39,999	2,195	10.3%	2,169	10.2%	-26	-0.1%
\$40,000-\$49,999	1,636	7.7%	1,543	7,3%	-93	-0.4%
\$50,000-\$59,999	1,297	6.1%	1,520	7.2%	223	1.1%
\$60,000-\$74,999	1,514	7.1%	1,497	7.1%	-17	-0.1%
\$75,000-\$99,999	2,148	10.1%	2,448	11.5%	300	1.4%
\$100,000-\$124,999	1,376	6.5%	1,675	7.9%	299	1.4%
\$125,000-\$149,999	1,036	4.9%	1,435	6.8%	399	1.9%
\$150,000-\$199,999	929	4.4%	1,444	6.8%	515	2.4%
\$200,000 +	1,174	5.5%	1,921	9.1%	74 7	3.5%
Median Income	\$50,675		\$61,446		\$10,770	

Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

	2000	Census	2008 Es	timates	2013 Proj	jections
Bandada	802,850		984,928		1,094,666	
Population In Households	788,509	98.2%	970,501	98.5%	1,080,232	98.7%
In Families	687,928	85.7%	869,020	88.2%	974,438	89.0%
	100,581	12.5%	101,481	10.3%	105,794	9.7%
In Non-family Households In Group Quarters	14,341	1.8%	14,427	1.5%	14,434	1.3%
Race: White	674,262	84.0%	785,445	79.7%	851,453	77.8%
Black	34,234	4.3%	55,119	5.6%	69,119	6.3%
American Indian	1,612	0.2%	2,256	0.2%	2,428	0.2%
Asian	38,145	4.8%	65,788	6.7%	82,311	7.5%
Pacific Islander	202	0.0%	449	0.0%	604	0.1%
Other/Multi-Racial	54,395	6.8%	75,87 1	7.7%	88,751	B.1%
Hispanic Population	102,299	12,7%	177,641	18.0%	226,336	20.7%
Labor Force: Pop, 16+ Years	590,634	73.6%	740,519	75.2%	836,747	76.4%
In Armed Forces	129	0.0%	195	0.0%	222	0.0%
Employed	410,288	69.5%	510,036	68.9%	575,972	68.8%
Unemployed	14,949	2.5%	26,747	3.6%	30,454	3.6%
Not In Labor Force	165,268	28,0%	203,541	27.5%	230,099	27.5%
Education: Pop, 25+ Years	501,210	62.4%	621,789	63.1%	703,335	64.3%
No HS Diploma	57,140	11.4%	52,959	8.5%	49,727	7.1%
HS Graduate	99,812	19.9%	135,028	21.7%	159,031	22.6%
College, No Degree	103,939	20.7%	110,771	17.8%	113,865	16.2%
Associate Degree	32,459	6.5%	49,173	7.9%	60,741	8.6%
College Degree	135,050	26.9%	173,244	27.9%	200,284	28.5%
Graduate/Professional Degree	72,810	14.5%	100,614	16.2%	119,687	17.0%
Households	277,802		333,474		367,034	
Families	206,067	74.2%	246,141	73.8%	270,19 9	73.6%
With Children	119,190	42.9%	142,773	42.8%	157,195	42,8%
Non-Families	71,735	25.8%	87,333	26.7%	96,835	26.4%
With Children	742	0.3%	664	0.2%	617	0.2%
Average Size: Household	2.8		2.9		2.9	
Family	3.3		3.5		3.6	
Non-Family	1.4		1.2	٠	1.1	
Households by Persons: 1	58,283	21.0%	74,818	22.4%	85,094	23.2%
2	82,142	29.6%	87,649	26.3%	90,745	24.7%
3+	137,377	49.5%	171,007	51.3%	191,195	52.1%
Total Housing Units;	288,107		354,780		395,321	
Vacant	10,305	3.6%	21,306	6.0%	28,287	7.2%
Owned	215,098	74.7%	263,967	74.4%	293,640	74.3%
Rented	62,704	21.8%	69,507	19.6%	7 3,394	18.6% .
Vehicles Available	525,250		666,602		754,491	
Average Vehicles/HH	1.9		2.0		2.1	

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

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www . ScanUS . com

Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

		2000) Census	2008 Es	timates	2013 Pro	jections
Total Househ	olds	277,802		333,474		367,034	
Total Aggrega Per Capita Inc	ate Income (\$Mil) come	\$23,777.1 \$29,616		\$33,256.9 \$33,766		\$39,692.8 \$36,260	
Households	< \$10,000	8,608	3.1%	7,971	2.4%	7,774	2.1%
Ву	\$10,000 - \$14,999	7,603	2.7%	5,004	1.5%	4,682	1.3%
income:	\$15,000 - \$19,999	7,878	2.8%	7,604	2.3%	7,529	2.1%
	\$20,000 - \$24,999	9,221	3.3%	7,812	2.3%	5,822	1.6%
	\$25,000 - \$29,999	10,910	3.9%	8,135	2.4%	8,079	2.2%
	\$30,000 - \$34,999	11,304	4.1%	10,486	3.1%	9,171	2.5%
	\$35,000 - \$39,999	12,029	4.3%	9,996	3.0%	10,419	2.8%
	\$40,000 - \$49,999	24,587	8.9%	22,735	6.8%	20,090	5.5%
	\$50,000 - \$59,999	25,257	9.1%	23,057	6,9%	25,655	7.0%
	\$60,000 - \$74,999	36,134	13.0%	34,960	10.5%	31,025	8.5%
	\$75,000 - \$99,999	46,587	16.8%	53,473	16.0%	54,801	14.9%
	\$100,000 - \$124,999	30,785	11.1%	43,900	13.2%	46,970	12.8%
	\$125,000 - \$149,999	16,326	5.9%	31,316	9.4%	39,492	10.8%
	\$150,000 - \$199,999	15,966	5.7%	31,889	9.6%	44,337	12.1%
	\$200,000 - \$249,999	5,498	2.0%	12,629	3.8%	19,369	5.3%
	\$250,000+	9,109	3.3%	22,507	6.7%	31,819	8.7%
Average	Household	\$84,829		\$97,698		\$106,245	
income:	Family	\$95,545		\$111,069		\$121,102	
	Non-Family	\$49,223		\$60,009		\$64,786	
Median	Household	\$71,836		\$91,762		\$103,316	
income:	Family	\$82,942		\$104,220		\$116, 96 4	
	Non-Family	\$41, 9 49		\$58,520		\$66,590	
Households	< \$10,000	9,601	3.5%	8,722	2.6%	8,495	2.3%
Ву	\$10,000 - \$14,999	7,530	2.7%	5,051	1.5%	4,753	1.3%
Disposable	\$15,000 - \$19,999	9,185	3.3%	8,607	2.6%	8,220	2.2%
Income:	\$20,000 - \$24,999	12,084	4.3%	9,867.	3.0%	7, 9 37	2.2%
	\$25,000 - \$29,999	14,362	5.2%	12,065	3.6%	11,257	3.1%
	\$30,000 - \$34,999	14,958	5.4%	12,831	3.8%	12,956	3.5%
	\$35,000 - \$39,999	15,947	5.7% 43.5%	14,366	4.3%	12,749	3.5%
	\$40,000 - \$49,999 \$50,000 - \$59,999	34,738 33,390	12.5% 12,0%	32,186 32,160	9.7%	33,509	9.1%
•	\$60,000 - \$74,999	43,946	15.8%	49,479	9.6%	28,643	7.8%
	\$75,000 - \$99,999	38,805	14.0%	56,571	14.8%	49,900	13.6%
	\$100,000 - \$124,999	18,203		34,938	17.0% 10.5%	61,628 45,434	16.8%
	\$125,000 - \$149,999	9,836	6.6% 3.5%	34,938 20,307	10.5%	45,436 28,584	12.4%
	\$150,000 - \$199,999 \$150,000 - \$199,999	7,318	2.6%	20,307 16,716	6.1% 5.0%	25,384 25,459	7.8% 4.9%
	\$200,000 - \$249,999	2,801	1.0%	6,738	2.0%	25,459 9,911	6.9% 2.7%
	\$250,000+	5,098	1.8%	12,870	3.9%	17,597	4.8%
Disposable Ag	gregate (\$Mil)	\$19,041.4		\$26,460.6		\$31,210.7	
Disposable Av		\$68,543		\$79,348		\$85,035	
Disposable Me	=	\$58,011		\$72,511		\$80,969	

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

Page 2 of 3

Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

	2000	Census	2008 Es	timates	2013 Pro	jections
Total Population	802,850		984,928		1,094,666	
< 5 Years	66,325	8.3%	78,051	7.9%	76,568	7.0%
5 - 9 Years	68,533	8.5%	76, 94 4	7.8%	84,168	7.7%
10 - 14 Years	64,785	8.1%	75,010	7.6%	81,403	7.4%
15 - 19 Years	56,970	7.1%	70,172	7.1%	77,201	7.1%
20 - 24 Years	45,027	5,6%	62,962	6.4%	71,991	6.6%
25 - 34 Years	118,942	14.8%	137,982	14.0%	147,710	13.5%
35 - 44 Years	146,571	18.3%	155,955	15.8%	159,300	14.6%
45 - 54 Years	112,527	14.0%	146,799	14,9%	162,499	14.8%
55 - 64 Years	58,313	7.3%	97,606	9.9%	124,957	11.4%
65 - 74 Years	33,184	4.1%	44,982	4.6%	65,719	6.0%
75 - 84 Years	22,686	2.6%	26,104	2.7%	30,271	2.8%
85+ Years	8,987	1.1%	12,361	1.3%	12,879	1.2%
Median Age	34.1		35.2		36.3	
Population, Female	403,645	50,3%	491,968	49.9%	545,074	49.8%
< 5 Years	32,453	8.0%	38,19 6	7.8%	37,385	6.9%
5 - 9 Years	33,406	8.3%	38,204	7.8%	41,188	7.6%
10 - 14 Years	31,476	7.8%	36,657	7.5%	40,325	7.4%
15 - 19 Years	26,594	6.6%	32,848	6.7%	37,402	6.9%
20 - 24 Years	21,601	5.4%	29,760	6.0%	34,074	6.3%
25 - 34 Years	59,313	14.7%	68,539	13.9%	71,912	13.2%
35 - 44 Years	74,009	18.3%	77,199	15.7%	78,652	14.4%
45 - 54 Years	56,517	14.0%	73,701	15.0%	80,731	14.8%
55 - 64 Years	29,112	7.2%	48,727	9.9%	62,563	11.5%
65 - 74 Years	18,169	4.5%	23,757	4.8%	34,621	6.4%
75 - 84 Years	14,255	3.5%	15,673	3.2%	17,238	3.2%
85+ Years	6,740	1.7%	8,707	1.5%	8,983	1.6%
Median Age (Females)	35.1		. 36.0		37.1	
Population, Male	399,205	49.7%	492,960	50.1%	549,592	50.2%
< 5 Years	33,872	8.5%	39,855	8.1%	39,183	7.1%
5 - 9 Years	35,127	8.8%	38,740	7.9%	42,980	7.8%
10 - 14 Years	33,309	8.3%	38, 353	7.8%	41,078	7.5%
15 - 19 Years	30,376	7.6%	37,324	7.6%	39,799	7,2%
20 - 24 Years	23,426	5.9%	33,202	6.7%	37,917	6.9%
25 - 34 Years	59,629	14,9%	69,443	14.1%	75,798	13.8%
35 - 44 Years	72,562	18.2%	78,756	16,0%	80,648	14.7%
45 - 54 Years	56,010	14.0%	73,098	14.8%	81,768	14.9%
55 - 64 Years	29,201	7.3%	48,879	9.9%	62,394	11.4%
65 - 74 Years	15,015 8 431	3.6%	21,225	4.3%	31,098	5.7%
75 - 84 Years 85+ Years	8,431 2,247	2.1% 0.6%	10,431 3,654	2.1% 0.7%	13,033 3,896	2.4% 0.7%
or icula	_,_ 7!		3,034		3,070	
Median Age (Males)	33.2		34.3	·	35.5	

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

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ASBURY PAYILION				Scan/U	S, Inc
30 Minute Drive Time Market Area				02/27	7/200
Description	984,928		Total Aggregate Income (\$Mil)	\$33,256.9	
Population In Households	970,501	OR 590	Per Capita Income	\$33,766	
in Families	869,020		Household income:	422,442	
In Non-family Households	101,481	10.3%	< \$10,000	7,971	2.4
In Group Quarters	14,427	1.5%	\$10,000 - \$14,999	5,004	1.5
in Group Quarters	1-1,-12.		\$15,000 - \$19,999	7,604	2.3
Race: White	785,445	79.7%	\$20,000 - \$24,999	7,812	2.3
Black	55,119	5.6%	\$25,000 - \$29,999	8,135	2.4
American Indian	2,256	0.2%	\$30,000 - \$34,999	10,486	3.1
Asian	65,788	6.7%	\$35,000 - \$39,999	9,996	3.0
Pacific Islander	449	0.0%	\$40,000 - \$49,999	22,735	6.8
Other/Multi-Racial	75,871	7.7%	\$50,000 - \$59,999	23,057	6.9
Hispanic Population	177,641	18.0%	\$60,000 - \$74,999	34,960	10.5
	•		\$75,000 - \$99,999	53,473	16.0
Labor Force: Pop. 16+ Years	740,519		\$100,000 - \$124,999	43,900	13.25
In Armed Forces	195	0.0%	\$125,000 - \$149,999	31,316	9.49
Employed	510,036	68.9%	\$150,000 - \$199,999	31,889	9.6
Unemployed	26,747	3.6%	\$200,000 - \$249,999	12,629	3.89
Not In Labor Force	203,541	27.5%	\$250,000+	22,507	6.77
Education: Pop., 25+ Years	621,789		Aggregate Household Income (\$Mil)	\$32,579.7	
No HS Oiploma	52, 95 9	8.5%	Aggregate Family Income (\$Mil)	\$27,338.7	
HS Graduate	135,028	21.7%	Aggregate Non-Family Income (\$Mil)	\$5,240.8	
College, No Degree	110,771	17.8%			
Associate Degree	49,173	7.9%	Average Household Income	\$97,698	
College Degree	173,244	27.9%	Average Family Income	\$111,069	
Graduate/Professional Degree	100,614	15,2%	Average Non-Family Income	\$60,009	
Households	333,474		Median Household Income	\$91,762	
Families	246,141	73.8%	Median Family Income	\$104,220	
Non-Families	87,333	26.2%	Median Non-Family Income	\$58,520	
Average Size: Household	2.9		Disposable Household Income		
Family	3.5	•	< \$10,000	8,722	2.69
Non-Family	1.2		\$10,000 - \$14,999	5,051	1.59
	25 / 702		\$15,000 - \$19,999	8,607	2.69
Total Housing Units	354,780		\$20,000 - \$24,999	9,867	3.09
Vacant	21,306	6.0%	\$25,000 - \$29,999	12,065	3.69
Owned Pontod	263, 96 7		\$30,000 - \$34,999	12,831 14,366	3.89 4.39
Rented	69,507	17.05	\$35,000 - \$39,999 \$40,000 - \$40,000	32,186	9.79
Samone In Harrachalder 4	74,818	22.49	\$40,000 - \$49,999 CEO 000 - SEO 000	32,160	9.69
Persons in Households: 1	87.649		\$50,000 - \$59,999 \$40,000 - \$74,000	49,479	14.89
2 3-4	119,182		\$60,000 - \$74,999 \$75,000 - \$99,999	56,571	17.05
5+	51,825		\$100,000 - \$124,999	34,938	10.59
3 .	31,023		\$125,000 - \$149,999	20,307	6.17
/ehicles Available	666,602		\$150,000 - \$199,999	16,716	5.09
Average Vehicles/HH	2.0		\$200,000 - \$249,999	6,738	2.07
			\$250,000+	12,870	3.99
/ehicles Per Household; 0	10,034	3.0%	•		
1	92,403	27.7%	Aggregate Disposable Income (\$Mil)	\$26,460.6	
2	157,640		Average Disposable Income	\$79,348	
3+	73,397	22.0%	Median Disposable income	\$72,511	
Source: 2008 Scan/US Estimates				Page	e 1 of 2

Demographic Profile: 2008

ASBURY PAVILION

Median Age

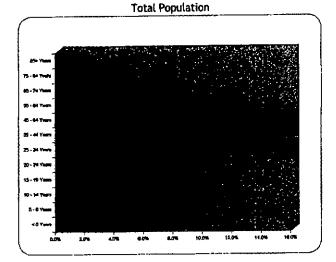
30 Minute Drive Time Market Area

Scan/US, Inc. 02/27/2009

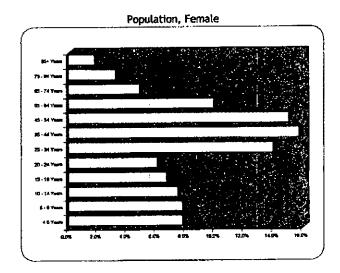
Total Population	984,928	
< 5 Years	78,051	7.9%
5 - 9 Years	76,944	7.8%
10 - 14 Years	75,010	7.6%
15 - 19 Years	70,172	7,1%
20 - 24 Years	62,962	6.4%
25 - 34 Years	137,982	14.0%
35 - 44 Years	155,955	15.8%
45 - 54 Years	146,799	14.9%
55 - 64 Years	97,606	9.9%
65 - 74 Years	44,982	4.6%
75 - 84 Years	26,104	2.7%
85+ Years	12,361	1.3%

35.2

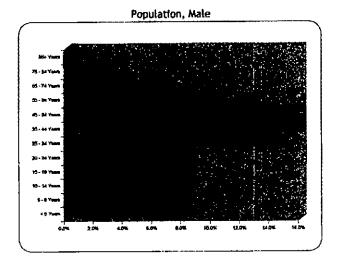
36.0



Population, Female	491,968	49.9%
< 5 Years	38,196	7.8%
5 - 9 Years	38,204	7.8%
10 - 14 Years	36,657	7.5%
15 - 19 Years	32,848	6.7%
20 - 24 Years	29,760	6.0%
25 - 34 Years	68,539	13.9%
35 - 44 Years	77,199	15. <i>7</i> %
45 - 54 Years	73,701	15.0%
55 - 64 Years	48,727	9.9%
65 - 74 Years	23,757	4.8%
75 - 84 Years	15,673	3.2%
85+ Years	8,707	1.8%



Population, Male	492,960	50.1%			
< 5 Years	39,855	8.1%			
5 - 9 Years	38,740	7.9%			
10 - 14 Years	38,353	7.8%			
15 - 19 Years	37,324	7.6%			
20 - 24 Years	33,202	6.7%			
25 - 34 Years	69,443	14.1%			
35 - 44 Years	78,756 16.09				
45 - 54 Years	73,098 14.85				
55 - 64 Years	48,879 9.99				
65 - 74 Years	21,225 4.3%				
75 - 84 Years	10,431	2.1%			
85+ Years	3,654	0.7%			
Median Age/Male	34.3				



Median Age/Female

IDPH, HFS, and Set-up Bed 30-Minute Travel Time Facility List of Utilitations

		Tof Henney	N. Option	Misselno	Bertands NBCG	Cres Beauty	the of Carlein	Section	Datasette NOCC		
ID No. Facility Name	È	Nursing Beds	Pattern Davs	Occupance	Beds 30%	Adl. Adl.		Occupancy	Beds <90%	Admissions	¥10×
7	Aurora	87	24,941	78.3%	10.16			78.3%	10.16	556	4 6
6005605 North Aurora Care Center	North Aurora	129	41,465	87.8%	2.81		123	87.8%	2.81	65	702.8
6000574 Aurora Rehab & Uving Center	Aurora	195	62,680	87.8%	4.24		189	90.6%	-1.16	292	214.7
6007223 Fox River Pavilion (1)	Aurora	8	36,593	101.0%	-10.88		83	101.0%	-10.88	81	451.8
6002844 Elmwood Terrace Healthcare Ctr	Aurora	63	20,338	81.7%	5.01	20,565 82.6%	8	82.6%	5.01	¥	376.6
6004899 Jennings Terrace, Inc. (2)	Aurora	8	17,057	27.73	7.40		33	X7.7X	7.40	92	581.8
6002208 Covenant Health Care Center	Batavia	8	34,990	96.6%	-6.50		8	96.6%	95.9	105	333.2
6002174 Countryside Care Centre (3)	Aurora	503	68,951	92.8%	-5.69		EQZ	92,8%	-5.69	325	212.2
6014773 Alden of Waterford	Aurora	8	29,410	81.2%	8.74		\$	81.2%	8.74	501	48.9
6008171 Batavia Rehab & Hithcare Ctr.	Battavia	. 63	18,407	79.8%	6.13	18,510 80.3%	88	87.2%	1.63	28	657.4
6014252 Tabor Hills Healthcare Facility, Inc.	Naperville	211	66,217	85.7%	8.98		211	85.7%	8.98	257	7.725
6003503 Provena Geneva Care Center	Geneva	107	33,359	85.2%	5.16		106	86.0%	4.26	220	151.6
6011910 St. Patrick's Residence	Naperville	503	72,878	95.3%	-11.02		82	95.3%	-11.02	145	506.8
6014518 Meadowhrook Manor	Naperville	245	84,457	24.2%	-12.31	85,210 95.0%	245	95.0%	-12.31	302	279.7
6009872 West Chicago Terrace	West Chicago	120	43,800	99.7%	-11.67		120	35.7 <u>3</u>	-11.67	33	1,152.6
6005175 Community Nsg & Rehab Center	Naperville	153	44,423	79.3%	16.33		149	81.5%	12.73	186	238.8
Sub-total <10miles		2147	996'669	89.1%	15.87	%2 ′68	2131	89,9%	2.47		
6007439 Provena Pine View Care Center	St. Charles	120	34,511	78,6%	13.71		120	78.6%	13.71	957	134.8
6014666 Rosewood Care Center of St. Charles	St. Charles	50	29,126	73.0%	18.52		5	73,0%	18.52	560	1120
6008361 Whrstape	Wheaton	502	51,029	66.7%	48.68		191	86.6%	5.48	829	59,4
6005334 Windfield Woods	Winfletd	138	48,190	95.4%	-8.29	48,491 96.0%		96.0%	-8.29	36	3,011.9
6002612 DuPage Convalescent Center	Wheaton	508	118,986	87.0%	132.10		999	90.3%	-1.10	414	287.4
6000251 Manor Care - Naperville	Napervilla	118	36,644	84.8%	6.08			89.4%	89'0	825	4
6009953 Wheaton Care Center	Wheaton	123	40,598	90.2%	-7,49	43,256 96.1%	123	96.1%	-7.49	8	676.6
6001713 Wood Glen Nsg & Rehab Ctr	West Chicago	207	73,598	97.1%	14.79		702	97.1%	-14.79	87	897.5
6009401 The Tillers Nursing & Rehab Center (4)	Oswego	106	29,085	75.0%	15.93		8	31.1%	8.73	¥	114.5
6014955 Westbury Care Center	ĘĘ,	55	17,875	88.8%	9970		55	88.8%	99'0	¥.	107.4
6008676 Snow Valley Mrsg & Rehab Ctr	ESP ESP	51	16,915	90.6%	-0.32		51	90.6%	-0.32	49	345.2
6007033 Alden Estates of Napervike	Napervilla	203	50,541	68.2%	44.3 4		_	78.6%	20.04	138	367.0
6004451 Hillskie Rehabilitation & Care Cir	Yorkville	ድ	£1,E,22	77.2%	8.78	22,808 78.9%		90.3%	-0.22	115	194.0
6008718 South Elgin Rehab & Hithcare Ct	South Elgin	8	20,612	62,6%	24.68		26	70.4%	15.68	128	161.0
6003263 Tower Hill Realthcare Center	South Eigh	306	67,356	89.3%	1.37		306	89.3%	1.37	173	556.7
6000772 Beacon Hill	Combard	108	35,914	X6:06	6.93		108	90.9% %6.08	-0.93	569	133.5
6007976 Providence Healthcare and Rehab Ctr	Downers Grove	145	40,980	1	18.53		141	79.4%	14.93	3 8	100.8
6006720 Oak Brook Health Care Centre	Oak Brook	156	50,910	89.2%	1.30		156	89.2%	1.30	184	276.7
Sub-total: 10 - 30 miles		2731	785,281	78.6%	302.88	78.9%	2470	87.2%	67.98		
Total		4878	1,485,247	83.2%	332.15	83.4%	4601	88.5%	70.45	8265	187.2
					968'9				1.4%		

8 2 8 82 513 Wheaton Naperville Geneva Geneva New Perni Monarch Landing (8)
New Perni Greenflekts of Geneva (?)
New Perni Meadowbrook Manor-Geneva (8)
Total Licensed Beds New Permi Marian Joy Rehab Hospital (5)

-_-7

Source: Long-Term Facility Questformaire for 2008, illinois Department of Public Health, Health Systems Development.

мим.тарциея.сот

Illinois Department of Healthcare and Family Services, Annual Facility Cost Reports

⁽¹⁾ P-07-065 ksued on 12/4/2007 to discontinue current facility with 12.1 nursing care beds and to estabilish a replacement facility with 99 nursing care beds.

⁽²⁾ All private pay facility. (3) Discontinued 4 nursing care beds on 1/01/2009, total now 203 nursing care beds.

⁽⁴⁾ Added 7 nursing care beds on 1/12/2009, total now 106 nursing care beds.

⁽⁵⁾ P-07-042 Issued on 7/24/2007 to establish a 20-bed skilled numing care category of service.

⁽⁶⁾ P-08-073 granted on 3/11/2009 to establish a 24 bed nursing care facility. (7) P-08-083 issued on 9/01/2009 to establish a 40 bed nursing care facility.

⁽⁸⁾ P-08-099 issued on 9/02/2009 to establish a 150 bed nursing care facility.

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:

 Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

The proposed project has a proposed gross square footage of new construction as well as existing square footage that equates to 24,365 gross square feet or 324.9 gross square feet per bed for the 75 proposed beds. This is under the State's norm of 414 gross square feet per bed. Therefore, this item is not applicable.

- N/A 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.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 III. 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 is the Applicant's contention that the proposed facility will meet or exceed the State's optimal utilization of 90% by the second full year of operation for two reasons. First, there is a substantial outstanding need for 228 nursing care beds with a relatively high area set up utilization rate of 88.5% for the 30-minute market area and the projected elderly population most in need for the proposed services are increasing at an alarming rate in this market area. The second reason for the Applicant's confidence in meeting the utilization standard is the fact that they have a proven in-house referral source. The Supportive Living units have realized a referral rate of 77 persons over the past year. With and effective capacity of 150 units (or 193 persons) this equates to a 51.3% referral rate. From this internal source only the Applicant could expect similar referrals that could equate to 14.414.4 patient days in the first two years which by itself brings the utilization rate to over 50% (52.7%). Together, it is expected that the Applicant will meet or exceed the optimal utilization rate standard by the second year of operations.

I. Criterion 1110.1730 - General Long Term Care

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

Indicate # of beds changed by action(s): Indicate bed capacity changes by Service: # Proposed # to # to # Existing Modernize Establish Expand Beds Seas Category of Service +75 +75 □ 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 III. Adm. Code 1100 (formula 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 III.

 Adm. Code 1100, as reflected in the latest updates to the Inventory.

Appended as ATTACHMENT-11A is a copy of the October 21, 2009 update to the Inventory that shows in Health Service Area VIII, the Kane County Planning Area has an outstanding need for 228 nursing care beds. Therefore, the number of beds to be established for general long-term care is in conformance with the projected bed deficit specified in the 77 III. Adm. Code Part 1100.

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 III. Adm. Code 1100.

As this proposal is for the establishment of nursing beds and not for the expansion of said beds, the existing campus does not have nursing patient days to derive an occupancy and it cannot comply with the occupancy standard specified in 77 III. Adm. Code 1100. Thus, this item appears to be not germane.

1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents

- 2) 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.

Although this proposal is for the establishment of the nursing care category of service, this Applicant has a unique perspective of Based on the admission data for residents its service area. admitted into its Supportive Living Facility in Calendar Year 2009 (through July) 60% of the admissions came from within the primary market area, i.e., the 20-minute travel time. Additionally, 71% of the admissions were derived from within the 30-minute travel contour. The patient origin data by year since 2007 is appended as ATTACHMENT-34A. Although the primary market and, more so, the 30-minute market areas overlap, the proposed location of the project is well within the Kane County Planning Area. Seniors tend to be the constant in the service area equation. Typically, seniors do not like change and they tend to stay in their own communities or the communities of their children. In this case the markets are more clearly defined by the large communities that act like an anchor for the proposed services. Specifically, Aurora and North Aurora is the center of the market for the proposed project. Naperville has a close but separate and distinct market draw. As

stated previously herein, it appears that the Kane County Planning Area actually is comprised of three primary draw or market areas, Elgin and the northern third of the County, Aurora, North Aurora, Montgomery and the southern third of the County and the communities of Batavia, St. Charles and Geneva. The proposed project is also located clearly within the Kane County Planning Area.

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, venfying 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.

As this project is for the establishment of the nursing care category of service, this item is not germane.

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).

As this project is for the establishment of the nursing care category of service, this item is not applicable.

2007	Zip Code	No. of Residents	Communities	Coun	<u>ty < 30-mi</u>	<u>n %</u>	<10 Miles	<u>%</u>
	50613	. 1	Chicago	Cook				
	60103	1	Bartelet	Cook				
	60131	1	Franklin Park	Cook				
	60185	4	West Chicago	Cook			•	
	60202	1	Evanston	Cook				
	60466	1	Park Forest	Cook			·	
	60623	1	Chicago	Cook				
	60631	1	Chicago	Cook				
	60634	1	Chicago	Cook				
	60115	3	DeKalb	DeKalb				
	60520	1	Hinckley	DeKalb				
	60137	1	Glen Ellyn	DuPage				
	60148		Lombard	DuPage	х `			
	60172	1	Roselle	DuPage				
	60515	2	Downers Grove	DuPage	x			
	60517	. 1	Downers Grove	DuPage	x			. •
	60521	1	Hinsdale	DuPage				
	60523		Hinsdale	DuPage				•
	60532	1	Lisle	DuPage	x			
	60540		Naperville	DuPage	x	•	X	
	- 60560		Naperville	DuPage	x		x	
	60565		Naperville	DuPage	x		x	
	52773	. 1		lowa	•			
	60120	2	Elgin	Kane				
	60123	2	Elgin	Kane				
	60134	3	Geneva	Kane	x .		x	
	60174	· 2	St. Charles	Kane	x			
	60175	3	Lilly Lake	Kane	x		X	
	60504	1	Aurora	Kane	x		x	
	60505	2	Aurora	Kane	×		X	
	60506	, 7	Aurora	Kane	x		x	
*	60510	. 6	Batavia	Kane	×		x	
	60511	. 2	Big Rock	Kane	x		x	
	60538	7	Montgomery	Kane	x		X '	
	60542	35	N. Aurora	Kane	x		X	
	60543		Oswego	Kendali	x			
	60035	. 1	Highland Park	Lake				
	60073		Round Lake	Lake				
	60085		Waukegen	Lake				
	60098		Woodstock	McHenry				
	60156		Lake of the Hills	McHenry				
	48104	. 2		Michigan				
	48124	1	4.19	Michigan				
	60403		Joliet	Will				
	60491		Lockport	Will	•		•	
Total	60544		Plainfield -	Will	E19/ -	0 670	. 70	E004
Total		118	· · · · · · · · · · · · · · · · · · ·	' 2	61% 7	9 67%	/0	59%

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ATTACHMENT-34

2008	Zip Code	No. of Residents	<u>Communities</u>	County	<u>< 30-min</u>	<u>%</u>	<10 Miles	<u>%</u>
•	60163	1	Berkeley	Cook				
	60614	1	Chicago	Cook				
	60178	1	Sycamore	DeKalb				
	60548	1	Sandwich	DeKalb				
	60101	1	Addison	DuPage				
	60185	1	West Chicago	DuPage	x		x	
•	60532		Lisle	DuPage	x			
	60565	1	Naperville	DuPage	x		x	
	60123		Elgin	Kane				
	60174		St. Charles	Kane	x			
	60175		Lilly Lake	Kane	х		x	
	60502		Aurora	Kane	x		x	
	60504		Aurora	Kane	x		x	
	60505		Aurora	Kane	X	•	×	
•	60506		Aurora	Kane	x		×	
	60510		Batavia	Kane	x		X	
	60538		Montgomery	Kane	×		X	
	60542		N. Aurora	Kane	x		X	
	60543		Oswego	Kendali	x			
	65681	1	OsmeBo	Missouri	^			
	29650	1		South Carolina				
	60443	_	Matteson	Will				
	60544		Plainfield	Will				
	62948		Herrin	Williamson	1			
	02348		26		20	E00/		EON/
Total				1 0.374	1 20	ㅁ죠까	24	30 37b
Total	7in Code	41 No. of Residents			1	68% %		59% %
<u> 2009</u>	Zip Code 60171	No. of Residents	<u>Communities</u>	County	≤ 30-min	<u>%</u>	<10 Miles	<u>%</u>
<u>2009</u> Through	60171	No. of Residents	<u>Communities</u> River Grove	<u>County</u> Cook	1			
<u> 2009</u>	60171 60193	No. of Residents 1 1	<u>Communities</u> River Grove Schaumberg	<u>County</u> Cook Cook	1			
<u>2009</u> Through	60171 60193 60548	No. of Residents 1 1 1	<u>Communities</u> River Grove Schaumberg Sandwich	<u>County</u> Cook Cook DeKalb	1			
<u>2009</u> Through	60171 60193 60548 60137	No. of Residents 1 1 1 1	Communities River Grove Schaumberg Sandwich Glen Ellyn	<u>County</u> Cook Cook DeKalb DuPage	<u>4 30-min</u>			
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<u>2009</u> Through	60171 60193 60548 60137 60148 60188 60189	No. of Residents 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Communities River Grove Schaumberg Sandwich Glen Ellyn Lombard Carol Stream Wheaton	County Cook Cook DeKalb DuPage DuPage DuPage DuPage	230-min x x			
<u>2009</u> Through	60171 60193 60548 60137 60148 60189 60515	No. of Residents 1 1 1 2 1 1 1 1 1 1 1 1 1	Communities River Grove Schaumberg Sandwich Glen Ellyn Lombard Carol Stream Wheaton Downers Grove	County Cook Cook DeKalb DuPage DuPage DuPage DuPage DuPage	< 30-min			
<u>2009</u> Through	60171 60193 60548 60137 60148 60188 60189 60515	No. of Residents 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	Communities River Grove Schaumberg Sandwich Glen Ellyn Lombard Carol Stream Wheaton Downers Grove Hinsdale	County Cook Cook DeKalb DuPage DuPage DuPage DuPage DuPage DuPage DuPage	x x x			
<u>2009</u> Through	60171 60193 60548 60137 60148 60188 60189 60515 60523 60532	No. of Residents 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	Communities River Grove Schaumberg Sandwich Glen Ellyn Lombard Carol Stream Wheaton Downers Grove Hinsdale Lisle	County Cook Cook DeKalb DuPage DuPage DuPage DuPage DuPage DuPage DuPage DuPage	230-min x x		<10 Miles	
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1110.1730(b)(3) Planning Area Need - Service Demand - Establishment of Category of Service

3) Service Demand – Establishment of General Long Term Care

LTC facility.

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).

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

As this project is for the establishment of the nursing care category of service, this item is not germane.

- 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.

According to the Applicant, the projected referral information was solicited from the area servicing hospitals to no avail. During this process, should these hospitals submit requested information to the Applicant, it will be forwarded immediately upon receipt.

- C) Projected Service Demand Based on Rapid Population Growth

 If a projected demand for service is based upon rapid population
 growth in the applicant facility's existing market area (as
 experienced annually within the latest 24-month period), the
 projected service demand shall be determined as follows:
 - The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
 - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
 - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
 - iv) <u>Historical data used to calculate projections shall be for a number of years no less than the number of years projected;</u>
 - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
 - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and
 - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

Although this sub-criterion does not appear to be germane as the need for the project is not solely based on "rapid population growth", the need for this project is based upon the State's

documented need for additional nursing care beds. calculation that derives the State's bed need utilizes two direct inputs. The first is the area use rates that come from the facilities' utilizations. The second input is the base year and projected year populations. It should be noted that the 2005 facility use rates (see ATTACHMENT-35A) had a licensed occupancy percentage of 83% well under the current rate of 85.1% (see ATTACHMENT-35B) and the State's target utilization rate of 90%. Therefore, skewing the existing and projected use rates lower. Even with this, the population projections are so strong that there has been and remains a need for beds in this Planning Area and in the surrounding planning areas (refer to ATTACHMENT-11A for the latest inventory updates). Although the State's Inventory of Health Care Facilities and Services and Need Determinations appear to document a "rapid population growth" this is not a new issue that the need methodology has overlooked or not included with current population projections.

JIEALTH SERVICE AREA	90	008 ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	AGNOSIS	
LTC PLANNING AREA	3	Kane Aggressive/Anti-Social	2	DIAGNOSIS		HEALTH
State of Dimois		Curanic Alcoholism	R	Neoplasma	4	LTCPLA
TOTAL EACHLITHS	15	Developmentally Disabled	7	Endoctine/Metabolic	291	PESIDEN
C. Lord Della C.	:	Drug Addiction	7	Blond Disorders	12	
HOSPITAL BASED UNITS	_	Medicaid Recipient	*	* Newcoun System	131	LEVEL
FREE STANDING FACILITIES	X	Medican Recipent	'n	Authorner Disease	325	OFCARE
PACHUTIES LICENSED FOR		Messal Illects	35	Mental Illness	195	3 8u & sa
NURSING CARE BEDS ONLY	2	Non-Ambulatory	٣	Developmental Disability	251	SMUndza
SHELTERED CARE BEDS ONLY	√ .	Non-Mobile	*	Circulatory System	350	CFAD
DD CARE BEDS ONLY	•	Public Aid Recipient	ю	Respiratory System	148	Skeler
MULTI-LICENSED PACILITIES	•	Under 65 Years Old	-	Digestive System	88	TOTALS
VE ASTROPHOST STATE OF THE		Unable to Self-Modicate	-	Geninaminary System Disorders	33	
OWNERSTITE TYPE		Other Rentifetions	~	Skin Disorders	17	RESIDEN
COVERNATIVE OWNERSHIP	-	No Restrictions	-	Mascalo-skeletal Disorders	213	RACE
NON-PROFIT ONNERSHIP	<u>~</u>			Injuries and Poleonings	<u> </u>	Acies
FOR PROFIT OWNERSHIP	90			Other Medical Conditions	2	ladin.
				Non-Medical Conditions	216	lacing.
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PEAK	Cash Cash	2631		Ī	2	305	
PEAK	FT U	247	•	₹	37	33.50	
LICENSED			0	₹	\$	35	
	LEVEL OF CARE	Nursing Care	Skilled Under 22	intermediate DD	Sheltered Care	TOTAL BEDS	1

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LEVEL,					Lincoln	5	OFCARE	Pat. days	Ped, days Occ. Per.	Pir deys	ij	
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SECTOR Health Systems Development SECTOR Health Systems Development SECTOR Systems Development SECTOR Systems Development SECTOR SECTOR

Note: Nambers proceeding each eaction refer to the number of the oversion in the survey.

*Does not include Althelmer diagnoses.

10/10/2008

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2005 ILLINGIS DEPARTMENT OF PUBLIC HEALTH LONG-TERIK CARE FACTLITY PROFILES BY P9A SUMMARY

	PERSONAL PROPERTY OF THE PROPE	5	600					ADMISSIONS AND DISCHARGES - 2005	D DISCHARC	ES- 2003
LTC PLANNING AREA	ING AREA		689					A. Residents on January 1, 7005	easy 1, 2005	5B06
RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	BY PAYM	INT SOL	RCE AN	(D LEVE	0 P C	ARE		. B. Total Admissions 2005	5002	616#
LEVEL .			Officer		Private Charley	Charley		C. Total Discharges 2005	2002	4936
OP CARE	Medicare Medicaid	Medicaid	Patric	Public fraumone	ì	5	Core TOTALS	D. Residents on December 31, 2005	cenber 31, 2005	2789
Yurang Care	362	1137	367	ສ	0.5	~	2304			
SMUnd22	0	•	0	0	c	0	•			
ICF/DtD		ě	¢	c	_	c	139			
Shelter			٥	-	352	e	256			
TOTALS	242	1323	367	*	\$ 0.5	40	2789			
RESIDENTS BY RACIAL/ETHNICITY GROUPING	HY RACL	CETHEN	CITY	ROUPING				AVERAGE DAILY PAYMENT RATES	PAYMENT	RATES
RACE		Number	Skillad22	Nursing Skilled22 ICF/DD Shelter	in the second	Total		LEVEL OF CARE	SINGLE DOUBLE	DLE
Anim		* * 1	•	*	7			Arring Can	£	3
Indian		-	_	~	•	•		Skilled Under 22	0	0
Dlack		Š,	۰۰	- 2	۰	Š		Intermediate DD	8	961
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White		8	c	=	533	2364				
Unknown		78.	•	~	-	2				
Total		230	٥	139	356	ž.				
ALDINIUS.									•	
Hispanic		2	۰	~	~	33		•		
Non Hispanic		163	c	132	218	2284				
Unknown		37.6	٥	0	36	410				
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TOTALS	Š	8	9	Z	278	æ	٠	_	£	Ž	~	₩	ğ	1781	2789

STAFFING

PULL-TENE EQUIYALENT	72.10	28.45	32.00	377.03	137.00	81086	528.35	1018 43	3004.44
EMPLOYMENT CATEGORY PULL-TENE EQUIYALENT	Administrators	Physicians	Director of Numing	Magistered Numes	الْمُحْدُ	Carafted Aides	Other Health Stuff	Non-thatth Staff	Totals

elopment	of Public Health		Springfield, (8 nds Phena: 217/782-3516
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Note: Numbers preceding each section rater to the runner of the question in the surrey. **Does not include Atmeirner diagnoses.

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10/10/2008

KLINCIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2008	A SUMBA	RY-CALENDAR YEAR 2008	LTCPLA	LTC PLANNING AREA	7
HEALTH SERVICE AREA	8	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	GROSES
•		Aggress hrs/Anti-Social	Ð	CIAGNOSIS	
TOTALFACILITIES	=	Chromic Alboholism	ŧ	Neoptagns	8
PROSPITAL BASED UNITS	٥	Developmentally Disabled	•	EntocrineAttetabolic	5
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DE CARE DONE	3 6	Non-Ambudatory	-	Developmental Disability	179
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more regarded to the same	•	Public Aid Recipiera	7	Respiratory System	ã
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		No Restrictions	~	Other Medical Conditions	147
		Mate: Bearaful entilentes dentied by ""		Non-Medical Conditions	ħ
				TOTALS	2,40

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ß					ACLITY'	PACILITY UTILIZATION - 2008	2002				
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					5	Pilvets	Printe	t tare		(Postulated	Licensed Pest Back
	Madicar		£	Medicald	Public Pay	Pay Insurance	Es Pay	\$ G	10TAL	Bock	5
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Source(Long Techs) Questionnein for 2008, liferity Department of Public Health, Health Systems Development Red 100 A C C C C C C C C C C C C	Ara Facility	- Oversormen	- 300g	Brots Depart	Trans of Pubbo Hea	r Hosth, He	Fig.	B Developmen	le le		

ALLANDS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2009

HEALTH SERVICE AREA

LTC PLANNING AREA

TOTALS
 RESIDENTE BY BAYLENT SQUIRCE AND LEVEL OF CARE

 Office
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TOTALS

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AVERAGE DALLY PAYMENT RATES

FULL-TAME EQUIVALENT 25.50 71.00 292.71 190.29 197.38 196.40 196.40

MES	RESIDENTS BY PACEAL/ETHNICITY OROUPEND	TAL/ET-MO	TO OFF	2		STAPPING
RACE	Mushq	Sklmdzz	CF/DD	Shaker	Totale	EMPLOMMENT
Asim	44	0	=	0	£	CATEGORY
Armer, Indian	o	۰	•	0	-	Administrators
	3	c	:	-	2	Physicians
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With the	1,922	0	3	2	2,142	Registered Nurses
Race Untrown	11	0	o	•	#3	.
Total	2110		ë	2	2,359	Cartillad Alden
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Haspanic	e	۰	•	•	3	Transle
Non-Haratric	1,848	٥	19	27	2,088	ļ
Ethnikity Unknown	163	•	0	•	ŝ	
Total	2,110	•	170	٤	2,359	

Charity Care	Total Nat Revenue	
Charlet	Erpores	210.054
	TOTALS SPECIFIC	152,848,147
r Deta)	Potentie Pay	36,936,970
LET REVENUE EY PAYOR SOURCE (Pacel Year Data)	Private transmost Private Priv	4, 883, 786
JE BY PAYOR 8	Other Public	280,798
KET REVEN	Medicald 42.8%	65,163,663
	Hodons 20.0%	45,777,724

Source Long-Term Care Feathy Cuestoonaire for 2003, Hinois Department of Public Health, Health Syssems Development

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9/17/2009

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.

A) Service Restrictions

i) The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

The one factor that the Applicant is documenting is item number two of this criterion. As such, items one and three through five are omitted as not germane.

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;

The Applicant's ability to provide a continuum of care via the supportive living program and a general geriatric nursing care facility is unique as the supportive living is a relatively new concept only beginning in Illinois within the past ten years. Additionally, the Department of Health Care and Family Services has been careful to limit the numbers of providers and locations of such a facility. Supportive living was originally created as an alternative to general geriatric nursing care's lighter type of resident. It once was the only alternative for elderly in need of basic restorative care or maintenance and personal care that was reimbursed to the facilities through the Medicaid program. The supportive living program, seeking to reduce costs incurred through

nursing care sought to provide a more appropriate level of care with more residential type of physical plant requirements. Now, there are both alternatives but none in the area that provides the continuum and the ability to move easily from one to another and potential back again as nursing providers' goals should be to rehab residents and get them back home whenever possible. There are many continuum of care providers but none in the area that cater to the Medicaid population as will the proposed project. Therefore, without this project access is limited due to payor status to a continuum of care.

- B) Supporting Documentation

 The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:
 - The location and utilization of other planning area service providers;

Appended as ATTACHMENT-37A is a chart providing the names, locations, and travel times and distances for the other planning area service providers within the 30-minute travel time service area. A chart, appended as ATTACHMENT-12D provides the utilization rates for all of the previously identified provider facilities.

ii) Patient location information by zip code;

Appended as ATTACHMENT-34A is a chart providing the consolidated patient origin information. Appended as

ATTACHMENT-37B, is a listing of the individuals admissions by month with identifying zip code.

iii) Independent time-travel studies;

Independent time-travel studies for each area facility were performed using MapQuest's online software. Copies of the results are appended as ATTACHMENT-37C.

iv) A certification of a waiting list;

As this project is for the establishment of the nursing care category of service, this item is not germane.

v) Scheduling or admission restrictions that exist in area providers;

One such admission restriction is the difference between the number of licensed nursing beds and the nursing beds actually set-up. The respective facility profiles show that 261 nursing beds within the 30-minute service area are not set-up. The biggest culprit of this is DuPage Convalescent Center a 508 bed facility who has only 360 beds even set-up. All of the facilities, their number of licensed beds and their beds set-up, are listed in ATTACHMENT-12D. Appended as ATTACHMENT-37D is a listing of all other nursing facilities within the 30-minute travel time listing an alternative cost report adjusted utilization rate, the size of area facilities (gross square feet per bed), the respective ages of the facilities, and the

number of beds not certified. The 2008 cost reports show a slight improvement of total overall utilization increasing the occupancy to 83.4 up two tenths of a point. The facilities average 374 gross square feet per bed compared to the outdated State standard of 414 gross square feet per bed. The average age of the physical facility structures equates to 26.3 years old, thus rather institutional in appearance and structure. Finally, some 24.2% of the beds (1,182 beds) are not certified for Medicaid. These all represent restrictive admission policies to general geriatric nursing services.

vi) An assessment of area population characteristics that document that access problems exist;

The assessment of the area's population illustrating that the projected need will develop comes from the State's Inventory of Health Care Facilities and Services and Need Determinations which is appended as ATTACHMENT-12B. This data shows that even with the old (CY 2005) patient day utilization data the elderly population is growing at such a rate that there will be for 228 additional nursing beds by the year 2015. In examining the 2005 and the 2008 Illinois Department of Public Health Long-Term Care Facility Profiles by PSA Summary the data clearly shows that Planning occupancies have increased 2.1%. Therefore, with the increasing population trend and a higher

historical utilization rate, an updated bed need calculation would show a demand for nursing beds greater than 228.

The 2005 and 2008 IDPH Long-Term Care Facility Questionnaires by Planning Area Summary are appended as ATTACHMENTS-35A and 35B respectively.

vii) <u>Most recently published IDPH Long Term Care</u> Questionnaire.

The IDPH Long-Term Care Facility Questionnaire for all facilities identified as within the 30-minute market contour is appended as ATTACHMENT-37E.

Asbury Pavilion North Aurora, Illinois 30-Minute Travel Time Fadility List

					# of Licensed	Travel Time Adjusted	Drive
ID No.	Facility Name	Address	City	<u>Zip Code</u>	Nursing Beds	77 JAC 1100.510(d)	<u>Distance</u>
6000772	Beacon Hiff	2400 South Finley Road	Lombard	60148	108	28.75	19.03
6005318	Lexington Health Care Center	2100 South Fintey Road	Lombard	60148	224	31.05	19.68
6006720	Oak Brook Health Care Centre	2013 Midwest Road	Oak Brook	60523	156	28.75	20.7
6009963	Wheaton Care Center	1375 Manchester Road	Wheaton	60187	123	27.6	13.77
6011753	Windsor Park Manor	124 Windsor Park Drive	Carol Stream	60188	80	32.2	17.37
6005334	Windfield Woods	28 West 141 Liberty Road	Winfield	60190	138	25.3	12.77
6001713	Wood Glen Nsg & Rehab Ctr	30 West 300 North Avenue	West Chicago	60185	207	25.3	13.95
6008361	Wynscape	2180 Manchester Road	Wheaton	60187	209	24.1\$	12.74
6006175	Community Nsg & Rehab Center	1136 North Mill Street	Naperville	60563	153	17.25	10.87
6000251	Manor Care - Naporville	200 West Martin Avenue	Naperville	60540	118	24.15	13.13
6014518	Meadowbrook Manor	720 Raymond Drive	Naperviile	60563	245	17.25	10.09
6008676	Snow Valley Nrsg & Rehab Ctr	5000 Uncoln Avenue	Lisle	60532	51	24.15	14.9
6014252	Tabor Hills Healthcare Facility, Inc.	1347 Crystal Avenue	Napervi∄e	60563	211	13.8	8.67
6000574	Aurora Rehab & Living Center	1601 North Farnsworth	Aurora	60505	195	\$.75	3.58
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177	206	28.75	16.79
6002174	Countryside Care Centre (3)	2330 West Galena Blvd	Aurora	60506	203	10.35	5.77
6003503	Provena Geneva Care Center	1101 East State Street	Geneva	60134	107	16.1	8.81
6007439	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174	120	24.15	11.55
6002344	Elmwood Terrace Healthcare Ctr	1017 West Galena Blvd	Aurora	60506	68	10.35	3.99
6008171	Batavia Rehab & Hithcare Ctr.	\$20 Fabyan Parkway	Batavia	60510	63	13.8	7.64
6007223	Fox River Pavillon (1)	400 East New York	Aurora	60505	99	10.35	3.79
6006902	Heritage Manor Elgin LLC	355 Raymond Street	Eigin	60120	94	· 36.8	18.76
6000277	Manor Care - Elgin	180 South State Street	Elgin	60123	88	31.05	18.42
6006605	North Aurora Care Center	310 Banbury Road	North Aurora	60542	129	5.75	1.98
6005912	Provena McAuley Manor	400 West Sullivan Road	Aurora	60506	87	2.3	1.25
6008718	South Elgin Rehab & Hithcare Ct	746 Spring Street	South Elgin	60177	90	28.75	16,61
6004451	Hillside Rehabilitation & Care Ctr	1308 Game Farm Road	Yorkville	60560	79	25.3	16.59
6009401	The Tillers Nursing & Rehab Center, Inc. (4)	4390 Route 71	Oswego	60543	106	24.15	14.22
6002612	DuPage Convalescent Center	400 N County Farm Road	Wheaton	60187	508	24.15	12.99
6014773	Alden of Waterford	2021 Randi Drive	Aurora	60504	99	20.7	7.1
6014655	Rosewood Care Center of St. Charles	850 Dunham Road	St. Charles	60174	109	21.85	11.64
	Alden Estates of Naperville	1525 South Oxford Lane	Naperville	60565	203	26.45	15.6 9
6009872	West Chicago Terrace	928 Joliet Road	West Chicago	60185	120	20.7	10.8
6007875	Providence Healthcare and Rehab Ctr	3450 Saratoga Avenue	Downers Grove	60515	145	27.6	19.08
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	60563	209	16.1	9.59
6002208	Covenant Health Care Center	831 North Batavia Avenue	Batavia	60510	99	11.5	4.88
6004899	Jennings Terrace, Inc. (2)	275 South LaSalle	Aurora	60505	60	10.35	4,18
6014955	Westbury Care Center	1800 Robin Lane	Lisle	60532	55	24.15	14.72
L					5364		
	Marian Joy Rehab Hospital (5)	26W171 Roosevelt	Wheaton	60187	20	21.85	12.06
	Monarch Landing (6)	2255 Erickson Drive	Naperville	60563	24	13.8	7.95
	Greenfields of Geneva (7)	Koslinger Road & Friendship Way	Geneva	60134	40	18.4	9.8
New Permit	Meadowbrook Manor-Geneva (8)	37W220 Keslinger Road	Gen ev a	60134	150	13.8	7.59

⁽¹⁾ P-07-065 issued on 12/4/2007 to discontinue current facility with 121 nursing care beds and to establish a replacement facility with 99 nursing care beds.

Source: Long-Term Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development www.mapquest.com

⁽²⁾ All private pay facility.

⁽³⁾ Discontinued 4 nursing care beds on 1/01/2009, total now 203 nursing care beds.

⁽⁴⁾ Added 7 nursing care beds on 1/12/2009, total now 106 nursing care beds.

⁽⁵⁾ P-07-042 Issued on 7/24/2007 to establish a 20-bed skilled nursing care category of service.

⁽⁶⁾ P-08-073 granted on 3/11/2009 to establish a 24 bed nursing care facility.

⁽⁷⁾ P-08-083 issued on 9/01/2009 to establish a 40 bed nursing care facility.

⁽⁸⁾ P-08-099 Issued on 9/02/2009 to establish a 150 bed mursing care facility.

Ashiry Gardens Supportive Living Escilib		
AdmitDischarge Report:	eport: 01/01/2007	07 - 09/14/2009
Date of Admission	Resident	Zip Code
01/07/2007	PE	60185
01/18/2007	S	60542
01/20/2007	K	60510
01/24/2007	3	60115
01/25/2007	X	60542
01/25/2007	N.	60542
01/28/2007	S	60540
01/28/2007	3	60538
01/29/2007	Ţ	60542
01/30/2007	Ξ	60542
02/04/2007	C	60185
02/06/2007	A	60542
02/06/2007	Q	60542
02/08/2007	W	60542
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02/12/2007	8	60134
02/13/2007	8	60148
02/14/2007	2	60506
02/14/2007	71	60542
02/15/2007	1	60542
02/19/2007	C	60542
02/21/2007	Z	48104
02/21/2007	Z	48104
02/26/2007	R	60542
03/04/2007	O	60634
03/05/2007	v	60542
03/09/2007	S	60185
03/11/2007	7	60542
03/13/2007	3	60560
03/17/2007	S	60172
03/20/2007	8	60542
03/27/2007	72	60523
03/28/2007	W	60506
03/28/2007	8	60506
03/29/2007	G	60542
04/01/2007	7	60542
04/01/2007	F	60542
04/01/2007	Q	60542

60542	E	05/15/2007
60511	F	05/13/2007
60511	F	05/13/2007
60491	P	05/10/2007
60175	X	05/08/2007
60148	C	05/06/2007
60523	72	04/29/2007
60120	S	04/29/2007
60174	S	04/22/2007
60510	Z	04/21/2007
60137	0	04/07/2007
60098	8	04/03/2007
60520	PC	04/02/2007
60542	W	04/01/2007
60542	В	04/01/2007
60542	7	04/01/2007
60542	S.	04/01/2007
60542	Z.	04/01/2007
60542	SI	04/01/2007
60542	S	04/01/2007
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60542	S	04/01/2007
60542	M	04/01/2007

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PC PC PT	60542	W	08/11/2007
BR PC PR	60542	W	
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8B PC PC PC PA	60565	Z L	08/08/2007
8F PC PT	60403	ВА	07/19/2007
BR B	60521	R	07/15/2007
BE SC	60115	BE	07/10/2007
BR B	60115	BE	
BE BE BE	60510	JO	
BR BU BB BU	60506	BE	07/08/2007
BR PC PI	60538	M E	
BR PC PC PC PA	60035	8,4	
BR PC PI	60543	ВС	
PC BR BR PC PT	60466	DI	
PC BR BR PA	60623	#	
BR BR	60505	M (
PA PA	60174	M	
BR PC BR	60515	PI	
BR BR	60123	PA	
SC BR	60134	BR	
SC	60631	PC	
SC	60202	BR	
	60085	SC	

A	11/17/2007
В	11/15/2007
<u>u</u>	11/12/2007
R	11/10/2007
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IJ	11/06/2007
. 72	11/04/2007
*	11/02/2007
P	10/31/2007
*	10/23/2007
~	10/14/2007
~	10/14/2007
<	10/07/2007
-	10/04/2007
6	09/25/2007
70	09/15/2007
C	09/11/2007
71	08/29/2007
F	08/21/2007
S	08/14/2007
Р	08/13/2007
A	08/12/2007
X	08/11/2007

11/19/2007		60073
12/02/2007	T	48124
12/03/2007		60510
12/09/2007	*	60538
12/09/2007	*	60538
12/10/2007	A	60517
12/13/2007	I.	60504
12/23/2007	72	60175
12/23/2007	· V	60175
01/13/2008	**	60163
01/30/2008	0	60506
02/03/2008	TI	60506
02/07/2008	0	60542
02/20/2008		60101
03/26/2008	6	60565
03/30/2008	· ·	60506
03/31/2008	S	60178
04/05/2008	S	60506
04/13/2008		60614
04/13/2008	**	60504
04/13/2008	0	60502
04/20/2008	72	60175
04/26/2008	3	62948
•.		

60505		10/60/6000
60510	W	10/15/2008
60185	W	10/04/2008
60532	H	09/26/2008
60123	LE	09/19/2008
60174	Pf	09/06/2008
60174	R	08/24/2008
60506	Ω	08/19/2008
60123	S	07/20/2008
60443	Po	07/17/2008
60443	PC	07/17/2008
60548	C	07/14/2008
60542	S.	07/10/2008
60506	77	06/21/2008
60544	D	06/19/2008
65681	7.	06/16/2008
60543	3	06/13/2008
60506	G	06/04/2008
29650	TI	05/25/2008
60505	S	05/23/2008
60175	יכ	05/10/2008
60175	אַנ	05/10/2008
60542	D	05/03/2008

000.0		
80510	W	03/15/2009
60171	K	03/08/2009
60188	BI	03/08/2009
60542	3	03/05/2009
60189	RC	03/01/2009
60490	R	03/01/2009
60544	D	02/19/2009
60002	3	02/15/2009
60542	88	02/15/2009
60505	Q,	02/04/2009
60505	G	02/01/2009
60193	K	02/01/2009
60538	\$	01/27/2009
60505	2	01/26/2009
60564	LE	01/25/2009
60560	C	01/09/2009
60545	3	01/08/2009
60532	2	01/07/2009
60548	G	01/04/2009
60175	ED	11/24/2008
60538	E)	11/17/2008
60538	E)	11/16/2008
60542	B/	11/09/2008

03/19/2009	K	60542
03/22/2009	FF	60506
03/25/2009	AL	60506
4/13/2009	IZ	60148
4/15/2009	A	60560
5/17/2009	ē.	60560
5/26/2009	ST	60506
5/31/2009	S	60523
6/7/2009	3	60564
7/13/2009	Q	60538
7/14/2009	Q	60137
7/17/2009	K	60510
7/18/2009	H	60506
7/28/2009	<u> </u>	60506
8/1/2009	AI	60506
8/1/2009	A	60506
8/8/2009	W	60585
8/9/2009	3	60542
8/12/2009	2	60510
8/21/2009	88	60148
8/24/2009	Z	60538
8/26/2009	As	60515
8/27/2009	H	60440
		()

9/12/2009	9/1/2009
TI	3
60504	64114

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	4

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Provena McAuley Manor

Total Travel Estimates: 2 minutes / 1.25 miles

A: 210 Airpo	rt Rd. Nort	h Aurora, IL	. 60542-1700
--------------	-------------	--------------	--------------

TRATE	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow S LINCOLNWAY/IL-31.	0.7 mi
®	3: Turn RIGHT onto SULLIVAN RD.	0.3 mi
END	4: 400 SULLIVAN RD is on the LEFT.	0.0 mi

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North Aurora Care Center

Total Travel Estimates: 5 minutes / 1.98 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

इएमा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(1)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
(b) (56)	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
(1) (50)	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	0.6 mi
①	5: Turn LEFT onto BANBURY RD.	0.4 mi
GM3	6: 310 BANBURY RD is on the LEFT.	0.0 mi

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APQUES

Total Travel Estimates: 5 minutes / 3.58 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

END	6: 1601 N FARNSWORTH AVE is on the LEFT.	0.0 m
&	5: Tum SLIGHT RIGHT onto N FARNSWORTH AVE.	0.3 m
EXIT X	4: Take the SOUTH FARNSWORTH AVE exit.	0.4 m
	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toil).	. 2.4 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m

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Driving Directions from 210 Airport Rd, North Aurora, IL to 400 E New York St, Aurora, IL

MAPQUEST

Fox River Pavilion

Total Travel Estimates: 9 minutes / 3.79 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डा यसा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Tum RIGHT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	2.9 mi
(3: Turn LEFT onto W GALENA BLVD.	0.6 mi
•	4: Turn LEFT onto E PARK PL.	0.1 mi
•	5: Turn LEFT onto E NEW YORK ST.	0.0 mi
Crip	6: 400 E NEW YORK ST is on the RIGHT.	0.0 mì

B: 400 E New York St, Aurora, IL 60505-3425

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Total Travel Estimates: 9 minutes / 3.99 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

STAFT	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mì
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	1.2 mi
②	3: Tum RIGHT onto W INDIAN TRLW NEW INDIAN TRL. Continue to follow W INDIAN TRL.	0.6 mi
()	4: Turn LEFT onto N HIGHLAND AVE.	1.4 mi
€	5: Turn RIGHT onto W GALENA BLVD.	0.5 mi
EHD	6: 1017 W GALENA BLVD is on the RIGHT.	0.0 mi

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Jennings Terrace, Inc.

Total Travel Estimates: 9 minutes / 4.18 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
@ 	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	2.0 mi
6	3: Turn LEFT onto W ILLINOIS AVE.	0.4 mi
	4: Turn RIGHT onto N BROADWAY/IL-25.	1.4 mi
•	5: Turn LEFT onto WASHINGTON ST.	0.1 mi
®	6: Turn RIGHT onto S LASALLE ST.	0.1 mi
ÉNC	7: 275 S LASALLE ST is on the RIGHT.	0.0 ml

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Covenant Health Care Center

Total Travel Estimates: 10 minutes / 4.88 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

	START!	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	. 0.2 mi
		2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	4.7 mi
	END	3: 831 N BATAVIA AVE is on the LEFT.	0.0 mi
B :	831 N Batav	ria Ave, Batavia, IL 60510-2198	and the second s

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Driving Directions from 210 Airport Rd, North Aurora, IL to 2330 W Galena Blvd, Aurora, IL Countryside Care Centh

Total Travel Estimates: 9 minutes / 5.77 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डार्स्सा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
	2: Tum RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
(1) W	3: Merge onto I-88 W/RONALD REAGAN MEMORIAL TOLLWAY/IL-56 W toward DE KALB/IOWA (Portions toll).	2.5 mi
ध्या	4: Take the ORCHARD ROAD exit.	0.4 mi
(1)	5: Turn LEFT onto ORCHARD RD.	2.2 mi
①	6: Turn LEFT onto W GALENA BLVD.	0.1 mi
2No	7: 2330 W GALENA BLVD is on the RIGHT.	. 0.0 mi

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Driving Directions from 210 Airport Rd, North Aurora, IL to 2021 Randi Dr, Aurora, II. Alden of Waler Ford

Total Travel Estimates: 18 minutes / 7.10 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

হাঞা	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
@ G	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	2.9 mi
(b)	3: Turn LEFT onto W GALENA BLVD.	1.7 mi
•	4: Stay STRAIGHT to go onto HILL AVE.	1,4 mi
(1)	5: Turn LEFT onto MONTGOMERY RD.	0.8 mi
•	6: Turn LEFT onto ALDEN CIR.	0.1 mi
•	7: Tum RIGHT onto LAUREN LN.	0.1 mi
	: 8: Turn RIGHT onto RANDI DR.	0.0 mi
END	9: 2021 RANDI DR is on the RIGHT.	0.0 mi

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Batania Rehab . Hea Hhoare Otr.

Total Travel Estimates: 12 minutes / 7.64 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
(1) [36]	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	2.3 mi
①	5: Tum LEFT onto KIRK RD/CR-77.	3.9 mi
②	6: Turn RIGHT onto E FABYAN PKWY/CR-8.	0.4 mi
①	7: Turn LEFT onto FABYAN PKWY.	0.1 mi
END	8: 520 FABYAN PKWY.	0.0 mi

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Page 1 of 1

MAPQUEST

Tabor Hills Healthcare Faculity, Inc

Total Travel Estimates: 12 minutes / 8.67 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
@ 😡	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
*************************************	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 mi
EXT 2	4: Take the IL-59 exit.	0.3 mì
	5: Turn RIGHT onto IL-59.	0.2 mi
(6: Tum LEFT onto W DIEHL RD.	0.9 mi
**	7: Turn RIGHT onto RAYMOND DR/CR-13.	0.3 mi
•	8: Turn RIGHT onto CRYSTAL AVE.	0.1 mi
EHO	9: 1347 CRYSTAL AVE is on the RIGHT.	0.0 mi

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Driving Directions from 210 Airport Rd , North Aurora, IL to 1101 E State St , Geneva, IL

MAPQUEST

Provena Geneua Care Center

Total Travel Estimates: 14 minutes / 8.81 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डा 4मा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
(1)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 m
(†)	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	2.3 mi
①	5: Turn LEFT onto KIRK RD/CR-77.	5.1 mi
(1)	6: Turn LEFT onto E STATE ST/IL-38.	0.4 mi
END	7: 1101 E STATE ST is on the RIGHT.	0.0 m i

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MAPQUES'

Total Travel Estimates: 14 minutes / 9.59 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

•	· · · · · · · · · · · · · · · · · · ·	
হাম্পা	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(1) [3]	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
(1)	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 mi
Exit X	4: Take the IL-59 exit.	0.3 mi
(1) [5]	5: Turn RIGHT onto IL-59.	0.2 mi
•	6: Turn LEFT onto W DIEHL RD.	0.9 mi
•	7: Turn RIGHT onto RAYMOND DR/CR-13.	1.2 mi
	8: Turn RIGHT onto BROOKDALE RD.	0.1 mi
ENO	9: 1400 BROOKDALE RD is on the LEFT.	0.0 mi
	9: 1400 BROOKDALE RD is on the LEFT. Kdale Rd, Naperville, IL 60563-2126	. · In white Wide

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Meadowbrook Manor

Total Travel Estimates: 15 minutes / 10.09 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 m
(1) W	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6,4 mi
ÉXÍT 2	4: Take the IL-59 exit.	0.3 mi
	5: Turn RIGHT onto IL-59.	1.4 mi
•	6: Turn LEFT onto N AURORA RD.	1.2 mi
(7: Turn LEFT onto RAYMOND DR/CR-1	0.3 mi
פאט	8: 720 RAYMOND DR is on the RIGHT.	0.0 mi

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West Chicago Terrace

Total Travel Estimates: 18 minutes / 10.80 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
6 a	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
(1)	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	6.3 mi
(1)	5: Turn LEFT onto IL-59.	2.2 mi
(3)	6: Turn LEFT anto JOLIET ST.	1.3 mi
END	7: 928 JOLIET ST is on the LEFT.	0.0 mi
3: 928 Joliet St	, West Chicago, IL 60185-3725	

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Community Usg. a Rehab Center

Total Travel Estimates: 15 minutes / 10.87 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(7)	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
(1) W	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	8.2 mí
EXIT X	4: Take the WINFIELD ROAD exit.	0.4 mi
(5: Turn RIGHT onto WINFIELD RD.	0.2 mi
(1)	6: Turn LEFT onto DIEHL RD/CR-53 E. Continue to follow DIEHL RD.	0.7 mi
•	7: Turn RIGHT onto N MILL ST/CR-32.	0.9 mi
END	8: 1136 N MILL ST is on the LEFT.	0.0 ml

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Driving Directions from 210 Airport Rd, North Aurora, IL to 611 Allen Ln, Saint Charles, IL

Provena Pineview Care Center

Total Travel Estimates: 21 minutes / 11.55 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

Start	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	1.4 mi
•	3: Turn LEFT onto MOOSEHEART RD/CR-71.	1.0 mi
®	4: Turn SLIGHT RIGHT onto CR-34 N/S RANDALL RD.	6.6 mi
	5: Turn RIGHT onto W MAIN ST/IL-64.	1.6 mi
(1)	6: Turn LEFT onto N 5TH AVE/IL-25.	. 0.7 mi
•	7: Turn RIGHT onto ALLEN LN.	0.1 mi
END	8: 611 ALLEN LN is on the RIGHT.	0.0 mi

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Rosewood Care Ctr. of St. Charles

Total Travel Estimates: 19 minutes / 11.64 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
(1)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 m
	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 m
€ 56	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	2.3 mi
(b)	5: Turn LEFT onto KIRK RD/CR-77	7,5 mi
(1)	6: Turn LEFT onto E MAIN ST/IL-64 W.	0.5 mi
•	7: Turn RIGHT onto DUNHAM RD/CR-19.	0.3 mi
END	8: 850 DUNHAM RD is on the RIGHT.	0.0 mi

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Driving Directions from 210 Airport Rd , North Aurora, IL to 2180 Manchester Rd , Wheaton, IL

MAPQUEST

Wyrscape

Total Travel Estimates: 21 minutes / 12.74 miles

B: 2180 Manchester Rd, Wheaton, IL 60187-4580

A: 210 Airport R	Rd, North Aurora, IL 60542-1700	angun ayan ayan ayan ayan ayan ayan ayan ay
START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
** • • • • • • • • • • • • • • • • • •	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
(3) (56)	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	8.3 mi
(1)	5: Turn LEFT onto WINFIELD RD/CR-13.	2.0 mi
@ 3	6: Turn RIGHT onto ROOSEVELT RD/IL-38.	0.9 mi
(b)	7: Turn LEFT onto S COUNTY FARM RD/CR-43.	0,4 mi
•	8: Turn RIGHT onto MANCHESTER RD.	0.0 mi
END	9: 2180 MANCHESTER RD is on the RIGHT.	0.0 mi
	The state of the s	

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Driving Directions from 210 Airport Rd, North Aurora, IL to 28w141 Liberty St, Winfield, IL Winfield Woods

MAPQUEST

Total Travel Estimates: 22 minutes / 12.77 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

S74-XI	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(1)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	8.3 mì
(5: Turn LEFT onto WINFIELD RD/CR-13. Continue to follow WINFIELD RD.	2.9 mi
①	6: Turn LEFT onto BEECHER AVE.	0.4 mi
(7: Turn LEFT onto WYNWOOD RD.	0.1 mi
•	8: WYNWOOD RD becomes LIBERTY ST.	0.1 mi
END	9: 28W141 LIBERTY ST is on the RIGHT.	0.0 mi

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Total Travel Estimates: 21 minutes / 12.99 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(1)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
	3: Tum RIGHT onto W STATE ST/IL-56.	0.3 mi
♠ 56	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	8.3 mi
•	5: Turn LEFT onto WINFIELD RD/CR-13.	2.0 mi
	6: Turn RIGHT onto ROOSEVELT RD/IL-38.	0.9 mi
(7: Turn LEFT onto S COUNTY FARM RD/CR-43.	0.7 mi
EHD	8: 400 N COUNTY FARM RD is on the LEFT.	0.0 mi

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Total Travel Estimates: 21 minutes / 13.13 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
3: Merge onto 1-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 mi
4: Take the IL-59 exit.	. 0.3 mi
5: Turn RIGHT onto IL-59 S.	2.8 mi
6: Turn LEFT onto AURORA AVE.	2.5 mi
7: Turn RIGHT onto S WEST ST.	0.4 mi
8: Turn LEFT onto W MARTIN AVE/MARTIN AVE. Continue to follow W MARTIN AVE.	0.3 mi
9: 200 MARTIN AVE is on the RIGHT.	0.0 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56. 3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll). 4: Take the IL-59 exit. 5: Turn RIGHT onto IL-59 S. 6: Turn LEFT onto AURORA AVE. 7: Turn RIGHT onto S WEST ST. 8: Turn LEFT onto W MARTIN AVE/MARTIN AVE. Continue to follow W MARTIN AVE.

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Driving Directions from 210 Airport Rd, North Aurora, IL to 1325 Manchester Rd, Wheaton, IL wheaton Care Center

MAPQUEST

Total Travel Estimates: 24 minutes / 13.77 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डाक्स	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(7) (3)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 mi
⊕ 🐷	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
(1)	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	8.3 mi
(5: Turn LEFT onto WINFIELD RD/CR-13.	2.0 mi
	6: Turn RIGHT onto ROOSEVELT RD/IL-38.	1.8 mi
(7: Turn LEFT onto S DORCHESTER AVE.	0.6 mi
•	8: Turn RIGHT onto MANCHESTER RD.	0.0 mi
END	9: 1325 MANCHESTER RD is on the LEFT.	0.0 mi

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Driving Directions from 210 Airport Rd, North Aurora, IL to 30w300 North Ave, West Chicago, IL Page Wood Glen. Nursing t Pehab Ctr

Total Travel Estimates: 22 minutes / 13.95 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डा -आ	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
6 😡	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0.5 m
* ••	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 m
(1)	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	2.3 mi
•	5: Turn LEFT onto KIRK RD/CR-77.	7.5 mi
@	6: Turn RIGHT onto IL-64 E/E MAIN ST/NORTH AVE. Continue to follow IL-64 E/NORTH AVE.	3.1 mi
EMO	7: 30W300 NORTH AVE is on the RIGHT.	0.0 mi

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<u>Use</u>

Total Travel Estimates: 21 minutes / 14.22 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
•	ورو	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 m
(1)	(E)	3: Merge onto I-88 W/RONALD REAGAN MEMORIAL TOLLWAY/IL-56 W toward DE KALB/IOWA (Portions toll).	2.5 m
訊		4: Take the ORCHARD ROAD exit.	0.4 m
•		5: Turn LEFT onto ORCHARD RD.	8.8 m
•		6: Tum LEFT onto IL-71.	1.9 m
END		7: 4390 STATE ROUTE 71.	0.0 m

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Driving Directions from 210 Airport Rd , North Aurora, IL to 1800 Robin Ln , Lisle, IL Westbury Care Center

MAPQUES

Total Travel Estimales: 21 minutes / 14.72 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	. 0.3 mi
**	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	10.4 mi
EXIT	4: Take the NAPERVILLE RD exit.	0.4 mi
•	5: Turn LEFT onto FREEDOM DR.	0.3 mi
	6: Turn RIGHT anto WARRENVILLE RD/CR-3.	1.6 mi
	7: Turn RIGHT anto YACKLEY AVE/CR-40.	1.3 mi
(8: Turn LEFT onto ROBIN LN.	0.2 mi
END	9: 1800 ROBIN LN.	0.0 mi

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Snow Valley Nog a Rehab Ctr.

Total Travel Estimates: 21 minutes / 14.90 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

STARO	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
***	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	10.4 mi
Exif X	4: Take the NAPERVILLE RD exit.	0.4 mi
(5: Turn LEFT onto FREEDOM DR.	0.3 mi
•	6: Turn RIGHT onto WARRENVILLE RD/CR-3.	2.4 mi
@ 😡	7: Turn RIGHT onto IL-53/LINCOLN AVE.	0.9 mi
END	8: 5000 LINCOLN AVE.	0.0 mi

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Alden Estates of Naperville

Total Travel Estimates: 23 minutes / 15.69 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
** **	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 mi
EXIT	4: Take the IL-59 exit.	0.3 mi
	5: Turn RIGHT onto IL-59 S.	3.8 mi
(6: Turn LEFT onto 75TH ST/CR-33 E.	4.2 m
•	7; Turn RIGHT onto OXFORD LN.	0.4 mi
END	8: 1525 OXFORD LN.	0.0 mi

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Hillside Rehabilitation + Care Center

Total Travel Estimates: 22 minutes / 16.59 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

डाअरा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
PART .	3: Take the I-88 W ramp toward DE KALB/IOWA.	0.7 mi
(1) (II)	4: Merge onto IL-56 W (Portions toll).	7.0 mi
(1)	5: Merge onto IL-47 S toward SUGAR GROVE.	7.9 mi
	6: Turn RIGHT onto US-34/VETERANS PKWY.	0.4 mi
&	7: Turn LEFT onto GAME FARM RD.	0.1 mi
ЕНО	8: 1308 GAME FARM RD is on the LEFT.	0.0 mi

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MAPQUES'

Total Travel Estimates: 25 minutes / 16.61 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	1.4 mi
•	3: Turn LEFT onto MOOSEHEART RD/CR-71.	1.0 mi
3	4: Tum SLIGHT RIGHT onto CR-34 N/S RANDALL RD.	12.4 mi
€	5: Turn SLIGHT RIGHT onto HOPPS RD.	0.5 mi
(1)	6: HOPPS RD becomes W SPRING ST.	1.1 mi
END	7: 746 W SPRING ST is on the LEFT.	0.0 mi

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Towerstill Healthcare Center

Total Travel Estimates: 25 minutes / 16.79 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-55.	0.2 mi
(b) (33)	2: follow IL-31.	1.4 mi
3	3: Turn LEFT onto MOOSEHEART RD/CR-71.	1,0 mi
€	4: Turn SLIGHT RIGHT onto CR-34 N/S RANDALL RD.	12.4 mi
(5: Turn SLIGHT RIGHT onto HOPPS RD.	0.5 mi
•	6: HOPPS RD becomes W SPRING ST.	0.6 mi
�	7: Turn LEFT onto S MCLEAN BLVD.	0.2 mi
•	8: Turn RIGHT onto KANE ST.	0.5 mì
СИЗ	9: 759 KANE ST is on the RIGHT.	0.0 mi

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Beaconthill

Total Travel Estimates: 25 minutes / 19.03 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

ज्ञास्त	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
⊕ 😡	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 m
(1)	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	15.6 mi
(1)	4: Merge onto I-355 N/VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll):	1.1 mi
Exit	5: Take the BUTTERFIELD RD/IL-56 exit.	. 0.6 mi
(1)	6: Merge onto IL-56 E/BUTTERFIELD RD toward OAK BROOK.	0.2 mi
•	7: Turn LEFT onto FINLEY RD/CR-2. Continue to follow FINLEY RD.	0.6 mi
(8: Turn LEFT onto MARLBOROUGH RD.	0.0 mi
	9: Turn RIGHT onto AVONDALE LN.	0.2 mi
•	10: Turn RIGHT onto 22ND ST.	0.0 mi
*	11: Turn RIGHT onto S FINLEY RD.	.0.3 mì
END	12: 2400 S FINLEY RD is on the RIGHT.	0.0 mi

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Driving Directions from 210 Airport Rd, North Aurora, IL to 3450 Saratoga Ave, Downers Grove, IL Page 1 of Providence Healthcase and Renable Certific

Total Travel Estimates: 24 minutes / 19.08 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

इन्स्स	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
@ 	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 mi
(1)	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	17.3 mi
en Z	4: Take the HIGHLAND AVE exit.	0.3 mi
(p)	Merge onto HIGHLAND AVE/CR-9 S toward GOOD 5: SAMARITAN HOSPITAL/MIDWESTERN COLLEGE/KELLER COLLEGE.	0.6 mi
(7)	6: Tum RIGHT onto 35TH ST.	0.3 mi
•	7: Turn RIGHT onto SARATOGA AVE.	0.1 mi
Eilo	8: 3450 SARATOGA AVE is on the LEFT.	0.0 mi

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Cak Brook Health Care Contre

Total Travel Estimates: 25 minutes / 20.70 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 m
** ***	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	19,8 m
EXÎÎ X	4: Take the MIDWEST RD exit.	0.2 m
	5: Keep RIGHT at the fork to go on MIDWEST RD/CR-15.	0.2 mi
END	6: 2013 MIDWEST RD.	0.0 mi

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Marian Joy Rehab Hospital

Total Travel Estimates: 19 minutes / 12.06 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

START	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56.	0,5 mi
@ 	3: Turn RIGHT onto W STATE ST/IL-56.	0.3 mi
€ 56	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	8.3 mi
•	5: Tum LEFT onto WINFIELD RD/CR-13.	2.0 m í
* ••	6: Tum RIGHT onto ROOSEVELT RD/IL-38.	0.8 mi
GHO	7: 26W171 ROOSEVELT RD.	0.0 mi

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Driving Directions from 210 Airport Rd, North Aurora, IL to 2255 Erickson Dr, Naperville, IL

MAPQUEST

Total Travel Estimates: 12 minutes / 7.95 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

इसा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m
(4) (a)	2: Turn RIGHT onto S LINCOLNWAY/IL-31/IL-56.	0.3 m
(P) Tel	3: Merge onto I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 m
E(II)	4: Take the IL-59 exit.	0.3 mi
(1)	7	0.4 mi
	6: Turn RIGHT onto WESTINGS AVE.	0.1 mi
(7: Turn LEFT onto CITYGATE LN.	0.1 mi
•	8: Turn RIGHT onto CITY GATE LN.	0.1 mi
(9: Turn LEFT onto CITYGATE LN.	0.1 mi
1	10: CITYGATE LN becomes ERICKSON DR.	0. 1 mi
END	11: 2255 ERICKSON DR.	0.0 mi

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Driving Directions from 210 Airport Rd, North Aurora, IL to Keslinger Rd & Friendship Way, Geneva, IL Page 1 of 1

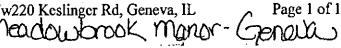
MAPQUEST

Total Travel Estimates: 16 minutes / 9.80 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 m i
2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	1.4 mi
3: Turn LEFT onto MOOSEHEART RD/CR-71.	1.0 mi
4: Turn SLIGHT RIGHT onto CR-34 N/S RANDALL RD.	. 4.5 mi
5: Turn LEFT onto KESLINGER RD/CR-41.	2.7 mi
6: KESLINGER RD & FRIENDSHIP WAY.	0.0 mi
	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31. 3: Turn LEFT onto MOOSEHEART RD/CR-71. 4: Turn SLIGHT RIGHT onto CR-34 N/S RANDALL RD. 5: Turn LEFT onto KESLINGER RD/CR-41.

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Total Travel Estimates: 12 minutes / 7.59 miles

A: 210 Airport Rd, North Aurora, IL 60542-1700

इंदरमा	1: Start out going NORTHEAST on AIRPORT RD toward S LINCOLNWAY/IL-31/IL-56.	0.2 mi
(4) (3)	2: Turn LEFT onto S LINCOLNWAY/IL-31/IL-56. Continue to follow IL-31.	1.4 mì
•	3: Turn LEFT onto MOOSEHEART RD/CR-71.	1.0 mi
©	4: Turn SLIGHT RIGHT onto CR-34 N/S RANDALL RD.	4.5 mi
(5: Turn LEFT onto KESLINGER RD/CR-41.	0.5 mi
END.	6: 37W220 KESLINGER RD is on the RIGHT.	0.0 mi
B: 37w220 Kes	slinger Rd, Geneva, IL 60134-3532	

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30-Minute Travel Time Facility List of Utilization, Size and Age of Bullding, Number of Cerified Medicaid beds

			# of Licensed	Nursing	Cost Rerport	GSF per	- Age of	Beds Not	
JD No.	Facility Name	City	Nursing Beds	•	<u> 8</u> 네.	Bed	Building	Certified	
	Provena McAuley Manor	Aurora	87	78.3%		586.2	21	83	
	North Aurora Care Center	North Aurc	129	87.8%		215.6	35	0	ı
	Aurora Rehab & Living Center	Aurora	195	87.8%		379.0	34	6	
	Fox River Pavilion (1)	Aurora	99	101.0%		262.9		-22	
-	Elmwood Terrace Healthcare Ctr	Aurora	68	81.7%	82.6%	1131.6	77	0	
	Jennings Terrace, Inc. (2)	Aurora	60	77.7%		666.7	46	52	
	Covenant Health Care Center	Batavia	99	96.6%		372.6	27	0	
	Countryside Care Centre (3)	Aurora	203	92.8%		293.3	26	0.	
	Alden of Waterford	Aurora	99	81.2%		598.0	6	59	
	Batavia Rehab & Hithcare Ctr.	Batavia	63	79,8%	80.3%	226.8	35	0	
	Tabor Hills Healthcare Facility, Inc.	Naperville	211	85.7%	00.070	246.0	12	0	
	Provena Geneva Care Center	Geneva	107	85.2%		336.4	9	38	
	St. Patrick's Residence	Naperville	209	95.3%		562.9	18	41	
	Meadowbrook Manor	Naperville	245	94.2%	95.0%	445.6	11	0	
	= -	West Chica	120	99.7%	22.070	224.2	_ ^_	0	
	West Chicago Terrace	Naperville	153	79.3%		405.8	21	o	
6000172	Community Nsg & Rehab Center	Napervine	2147	89.1%	89.2%	403.5	27	257	
C007420	Sub-total <10miles Provena Pine View Care Center	St. Charles	120	78.6%	63.27	403.5	19	60	
		St. Charles	109	73.0%		369.3	8	89	
	Rosewood Care Center of St. Charles	Wheaton	209	66.7%		279.4	38	209	
	Wynscape			•	96,0%	152.1	11	0	
	Windfield Woods	Winfield	138	95.4%	30,0%	506.6	60	0	
	DuPage Convalescent Center	Wheaton	508	64.0%		257.3	40	85	
	Manor Care - Naperville	Naperville	118	84.8% 90.2%	96.1%	237.3	19	0	
	Wheaton Care Center	Wheaton	123 207	97.1%	90.175		12	o	
	Wood Glen Nsg & Rehab Ctr	West Chica		75.0%		372.6	35	100	
	The Tillers Nursing & Rehab Center (4)	Oswego	106	75.0% 88.8%		5/2.0	12	55	
	Westbury Care Center	Lisie	S5			225.7	35		
	Snow Valley Nrsg & Rehab Ctr	Lisie	51	90.6%		235.7		_	
	Alden Estates of Naperville	Naperville	203	68.2%	20.00	320.5	28	0	
	Hillside Rehabilitation & Care Ctr	Yorkville	79	77.2%	78.9%	245.4	19	21	
	South Elgin Rehab & Hithcare Ct	South Elgin	90	62.6%		168.5	37	0	
	Tower Hill Healthcare Center	South Elgin	206	89.3%	Į	199.2	12	0	
	Beacon Hill	Lombard	108	90.9%	1		19	108	
	Providence Healthcare and Rehab Ctr	Downers G	145	77.2%	i	439.4	45	129	
6006720	Oak Brook Health Care Centre	Oak Brook	156	89.2%		2.2.2	15	69	
	Sub-total: 10 - 30 miles		2731	78.6%	78.9%	342.8	26	925	
	Total		·4878	83.2%	83.4%	374.0	26.3	1182	
		1411	20					24.2%	
	Marian Joy Rehab Hospital (5)	Wheaton	20						
	Monarch Landing (6)	Naperville	24		·				
	Greenfields of Geneva (7)	Geneva	40						
lew Permi	Meadowbrook Manor-Geneva (8)	Geneva	150				 		
	Total Licensed Beds		5112						

Source: Long-Term Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development.

www.mapquest.com

Illinois Department of Healthcare and Family Services, Annual Facility Cost Reports

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⁽¹⁾ P-07-065 issued on 12/4/2007 to discontinue current facility with 121 nursing care beds and to establish a replacement facility with 99 nursing care beds.

⁽²⁾ All private pay facility.

⁽³⁾ Discontinued 4 nursing care beds on 1/01/2009, total now 203 nursing care beds.

⁽⁴⁾ Added 7 nursing care beds on 1/12/2009, total now 106 nursing care beds.

⁽⁵⁾ P-07-042 Issued on 7/24/2007 to establish a 20-bed skilled nursing care category of service.

⁽⁶⁾ P-08-073 granted on 3/11/2009 to establish a 24 bed nursing care facility.

⁽⁷⁾ P-08-083 issued on 9/01/2009 to establish a 40 bed nursing care facility.

⁽⁸⁾ P-08-099 issued on 9/02/2009 to establish a 150 bed nursing care facility.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2006 PROVENA MCALALEY MANOR	E-CALEPIDAR YEAR 2008	PROVEKA MCALINEY HANOF		AURORA	
PROVEMA MCAULEY MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSES	12
400 WEST GULLMAN ROAD	Age Age	Aggrastve/Anti-Social	0	DIAGNOSIB	
AURORA, IL. 60508		Chronic Acoholism	•	Месоно ты	~
Reference Humbers Feetby ID 6005912	_	Developmentally Disobled	•	Endocrina Martabolio	-
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Contact Person and Telephone	Ŧ	Hon-Ambulatory		Developmental Dischiffy	•
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630-859-3700	_	Public Aid Recipient	0	Respiratory System	4
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ILLINUIS LONG-TERM GARE PROFILE-CALENDAR YEAR 2008 PROVENA MCAULEY MANOR

PROVENA ACALLEY MAHOR
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AURORA, R. 605co
Reference Numbers Facily ID (005912
Heath Service Ane 000 Pleming Brince Area 009

æ	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	PAYMENT	BOURG.	E AND LEVI	E OF CA	뒫		AVERAGE DALLY PAYMENT RATES	PAYMENT	ZATES
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						Other Health Start	8.
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Soute Long-Term Care Faciliy Questionnairs for 2000, filnois Department of Public Health, Health Systems Doved

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9/17/2009

MORTIH AURORA	RESIDENTS BY PROHARY DIACHOSIS	DIACMORES
NORTH AURORA CARE CENTER	ADMISSION RESTRICTIONS	Acompaches/Art/Lincipal
ARE PROFILE-CALENDAR TEAR 2018 NORTH AURORA CARE CENTER	ENTER	3

URY ROAD	Aggrowth Parti-Bods	0	DIACMOSES	
JRORA, N. 60542	Chronic Abolioffum	0	Neophana	
Mambers Facility ID 5006005	Developmentally Disabled	0	Endocrine/Aletabolic	_
vice Area (ICS Plannting Service Area (IES)	Drug Addiction	•	Blood Oleordan	
-	Medicald Recipient	•	Nerrous System Non Alzheimer	
	Morticoro Recipiera	0	Actornos Oscoso	
	Mortel Ihese	0	Mental Ithera	43
Permod and Telephone	Non-Ambuistory	0	Developmental Destably	

Austrologistis Disorters injuries and Prisochings Other Madical Conditions Non-Medical Conditions TOTALS Skin Dhorders Note: Reported restrictions denoted by 'I andaha Dependent ketiona Dhasasa wi Isolation nder 65 Years Old nebbs to Self Medicate Public And Recipient Dete Completed 447/200 FACELTY CHNERSHIP LIMITED LIABIUTY CO

830 VA Trafforeck Dr Peorta, N. 61814

Marticay Strapfer 309-650-5680

ADMINISTRONS AND DISCHARGES - 2008 Residents on 1/1/2009
Total Admissions 2008
Total Dischenges 2008
Residents on 12/1/2008 AVAILABLE MEDICANS MEDICAD BEDS CERTIFIED CERTIFIED LICENSED BEDS, BEDS IN USE, MEDICAREMEDICAID CERTIFIED BEDS BED3 PEAK LICENSED BEDS BEDS SET LEVEL OF CAPE

FACILITY UTILIZATION - 2008 Naming Cera Stoled Under 22 breamed and DO Streetung Cera TOTA ESSESS

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CAPE - DECEMBER 31, 2009

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TOTAL Fee INTERMED. DO NURBING CARE AGE GROUPS Under 18

Source Long-Term Care Fedity Questionnains to 2008, Hinds Organizant of Public Hooffs, Hostin Systems Deviderment

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ILLINGIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 NORTH ALIRORA CARE CENTER

NORTH AUROPA

HORTH ALPRORA CAPE CENTER

310 DANDURY ROAD HORTH AURORA, B., 80542

Reference Numbers - Facility ID - 6006605 Health Service Area (MS - Plainting Sandes Area (US)

RE3	IIDENTS BY	r PAYMENT	SOURCE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	LOPCAT	æ		AVERAGE DAILY PAYMENT RATES	F PAYMENT	RATES
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Homestrupped, htt.	۰	0	0	0	¢	Exector of Number	<u>\$</u>
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Pace Univrown	o	•	•	•	٥	LPNT	8.9
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Hapenic	c	٥		0	ó	Totals	878
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Ethnically Untroopen	o	0	0	0	0		
Total	100	•	.	-	£		

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NRT REVEN	Medicald	£18	3 964 424	
	And the same	\$.0	٥	

Source Long-Term Care Foothy Questionhalin for 2000, Illinois Department of Public Health, Health Systems Devotopme

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AURORA REHAB & LIVING CENTER	ADMISSION RESTRICTIONS	e	REBIDENTS BY PRIMARY DIACNOSTS	8280
1801 NORTH FARNSWORTH	Aggressho/Anti-Social	0	DIAGNOSTS	
	Chronic Alcoholism	-	Neograms	10
Reference Numbers Findliky ID 6000574	Developmentally Disabled		EndocrineAdetabolic	•
Heelth Genitre Aves (DB Planning Service Ares (069)	Drug Acticators	-	Stood Disorders	-
Athribitator	Medicals Recipient	0	Thervous Bystem Non Alzhelmer	±
William H Pficifier	Medicara Recipient	_	Alzhemor Chassa	X
	Metal Bress	-	Mental (Pess	Ŕ
Contact Person and Telephone	Non-Antotriony	•	Developmental Disability	N
Miller H. Pleiter	Next-Metalite	۰	Circulatory System	1
630-656-1160	Public Aid Recipions	۰	Respiratory System	WT
Completed	Under 65 Years Old		Digsellive System	-
	Unitie to 364 Medicate	٥	Genticurheay System Disorders	'n
ent Indomedian	Verifiette Deparident	-	Stdn Cheartan	-
Charles Sharts	Interdous Disease w/ Isolation	0	Misseuto-eloteral Objections	80
TOUR, DESIGN AND, SAME 43.03	Other Restrictors	•	Injustice and Poleonings	ž
Charles II. Book!	No Restrictions	•	Other Medical Conditions	۰
PACELLY OWNERSHIP	Note: Reported restrates denoted by 'J'	, f, 44 p	Non-Medical Conditions	۰
FOR PROFICORPORATION			20TAL8	5

161	ADMISSIONS AND DACHARDES , 2008
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OF CORPORATION	LICENSED BEDS, BEDS ON USE, MEDICAREMEDICAD CERTIFIED BEDS

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Source Lang-Term Care Feetby Greatharmers for 2006, (Tinds Dependent of Public Houth, Hostin Systems Development

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ILLINGTS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 AURORA REMABLA LIVINO CENTER

AURORA REHAB & LIVING CENTER
1001 WORTH FARMSWORTH
AURORA, L. 6500
REFERENCE Numbers Facility ID 6000574
Heach Sanice Area 008 Plenning Senice Area 089

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Creaty Cero
Expense as % of
Total Net Feverus
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Cheffy Cals Expense

TOTALS 100.001 10,213,316

Palvate Pary 7.5% 788,150

Other Public Privato Instrumous M 0.07% 0.5% M 0.07% 0.5%

Medicard 52.6% 5.388,838

Medicero 32.0% 3,359,187

Source Long-Term Care Facility Questionnain for 2008, librate Department of Pubbs Health, Health Systems Developm

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ADMISSION RESTRICTIONS

Agomstvo/Anti-Social Chickie Acohodom Developmentaly Desided Drug Addiction

Hearth Service Area, 008 Planning Service Area 088

Contact Perion and Telephone

Soot Braun 630-897-8714

400 EAST NEW YORK AURORA, IL. 80565 Reference Numbers - Facility ID 5007223

FOX RIVER PAYLLON

Medicard Recipient Medicare Recipient Mental librora Mon-Ambudatory

RESIDENTS BY PRIMARY DIACKOSTS

FOX RIVER PAYLLON 400 EAST NEW YORK ALPICINA, IL. 80505

Health Service Area (ICS Planning Service Area (ICS) Reference Numbers Fedity ID 6007223

Endocrie Metabolic Blood Deorder "Nervous System Non Alzheimer Azhelmer Disesse

Covelopmental Disability

ephratory System customy System Appethe System

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

AVERAGE DARY PAYMENT RATES

ALIROPA

ILLINOIS LONG-TERM CARE PROPILS-CALENDAR YEAR 2005 FOI FIVER PAVILIDA

2

LEVEL OF CARRE Nursing Care Skillad Under 22 Intramediate DO Shekter

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Gerdoutnery System Disorders Auscalo-skeletel Disordon Injuries and Pobartings Other Medical Conditions Non-Medical Conditions

Sidn Chordore

Vanifiator Dependent Intectious Diesass w/Isolation Other Restrictors

Steven N. Sher 5750 Otd Crithind Drive, Suits 420 Shoble, IL 60077 Registered Agent Information

FACELTY OWNERSHIP UNITED PARTNERSHIP

Anetho to \$93 At eductor Public Ald Resolptions Under 65 Years Old

Date Completed 4/24/2009

Nore: Reported restrictions denoted by 1/1

TOTALS Other Medicare Medicald Public Nursing Care Sidied Under 22 Shellscud Cars

STAFFING Administrators Physidems Grados of Narsing Registered Number EMPLOYMENT CATEGORY Conflict Adea Other Heelth Staff Non-Health Staff Totals 휳 RESIDENTS BY RACALETHRICITY GROUPING Number Stillness Hayanto Hon-Repanio Etrototy Unionen Total Havedon/Pac, Ht. Race Unforess Arres, Indian ETHERCTY

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BY LEVEL OF CARE PROVICED AND PATIENT PAYMENT BOURCE

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AGE GROUPS 16 to 44 45 to 59

Source Long-Term Care Foulty Quardonnelia for 2000, listois Department of Public Heath, Heath Bysterne Development

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Sowre Long-Term Care Faciliy Questionnaire for 2008, Illinds Department of Public Health, Health Systems Development

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ILLINO'S LONG-TERM CARE PROPILE-CALENDAR YEAR 2005 ELAMOGO TERRACE HEALTHCARE CTR

ELAMODO TERRACE MEALTHCARE CTR 1017 WEST CALENA BOULEVARD ALFICPIA, IL 60508 REBIDENTS BY PRIMARY DIAGNOSIS

cococine Metebolic Blood Disorders

Developmentally Oktobled Ong Addiction

Health Bervice Area 006 Planning Service Area 069

Administrator

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Contact Person and Telephone

630-697-3100

Saferance Rumbers Feelity ID 8002844

Channile Alexandram

olicare Recipient olicare Recipient stori limese

Health Service Area 008 Premiting Service Area 069 Frosty ID 6002844 Sharmes Numbers

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

SINGLE DOUBLE

AVERAGE DALLY PAYMENT RATES

LEVEL OF CARE
Nursing Care
Skilled Under 22
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ADMISSIONS AND DISCHARGES - 2008

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Date Complemed 417/2009

Registered Agent Information

States System

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FACILITY OWNERSHIP FOR PROF CORPORATION

to Restrictions

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Residents on 1/1/2008
Total Admissions 2008
Total Checkingss 2009
Residents on 12/01/2006

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Source Long-Tem Care Facility Questionals for 2006, Hinos Department of Public Health, Health Systems Dovelopment

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9/17/2009

Source Cong-Tern Care Fiscily Questionnaire for 2009, lambe Department of Public Health, Health Systems Developmen

6002/11/8

ALINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 1006 JENNINGS TERRACE, INC.

RESIDENTS BY PRIMARY BACKOSIS DIAGNOSIS Thereous Bysiem Nen Autheimer Attheimer Chease Memai libres Developmental Disability Circulatory System Gerboulnery System Disorders Skin Disorders Endocrine/Astabolic Blood Discreters Respiratory System Olgestive Bystem ADMISSION RESTRICTION Aggressfre/And-Sociel Chronic Alcoholem Devokamentaty Disabled Arden 65 Years Old Andhis to Self-Medicals Medicaid Recipient Modicare Recipient Montal Thesis Non-Antodatory Author Ald Recipient Date Completed 4/24/2009 Refusince Numbers Fadity ID 800459
Health Sentic Area 059
Planning Sentic Area 059 Contact Person and Telephone DAMDF, SCARPETTA 670-897-897 ort. 13 JEHNANCS TERRACE, INC. 273 BOUTH LASALLE ALPICRA, 1. 50505 David F. Scorpette

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LEVEL OF CARE
Nursing Care
Stuthed Under 22
Intermediate DO

TOTALS

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

Heelth Service Area 008 Planning Service Area 089

Fectify to 5004899

Reference Nambers

JENNINGS TERRACE, INC. 275 SOUTH LASALLE AURORA, IL. \$2505

Other Medicare Medicald Public Insurance

LEVEL OF CARE

Nonsing Cere Skilled Under 22

Sheftered Care

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AVERAGE DAMY PAYMENT RATES

nfectious Disease and Isolador Registered Agent Informetion Jamos E. Chestham South 48? Denamore Road FACILITY OWNERSHIP NOV-PROF CORPORATION Aurora, 11, 605005

Other Restrictions No Restrictions

ordibitor Department

LICENSED BEDS, BEDS IN USE, MEDICAREMEDICAD CERTIFIED BEDS

Musculo-steletal Disordera Inhalies and Polecotrops Other Modical Cornéliona Non-Medical Conditions TOPALS Vane: Reported restrictions demoned by '1'

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EVEL OF CARE

Nursing Constitution of the Constitution of th

FACILITY UTILIZATION - 2008

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BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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Medicaid Obel-Picté Innumoro Pey Care
Pek daya Occ. Pot. days Pat. days Pet days
Pet days Pet days 줐 15597 27157 42734 8 2 Š Š LEVEL OF CARE Part days Occ. Pct. 0 Modicare Nursing Caro Skilled Under 22 Intermediate DD Shelterind Cara TOTALS

RESIDENTS BY AGE OROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

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Source Long Term Clare Facility Questionneis for 2008, Hands Department of Public Health, Heisth Systems Development

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STAFFING EMPLOYIVENT CATEGORY Principana Grector of Nursing Registered Nurses LPMs Conflict Adoe Other Heath Staff Non-Heath Staff Totals Administrators â Total RESIDENTS BY PACIAL/ETHNICITY OROUPING 47 Havelander hi.

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Medicare	Mockenid	Other Public	Private insurence	Private Pay	TOTALS	Experse	Total Net Perventes
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Restorus on 17/2006
Total Admissions 2008
Total Discharges 2008
Restrents on 12/31/2003

RECO Unknown

ADMINISTONS AND CISCHARGES - 2009

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Arrer, Indian Black

Hispanic Non-Hapanic Ethelichy Unknown

Surporting-Tern Cere Facility Questionade for 2005, Uthos Department of Public Health, Health Systems Developmen

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W17/2009

Covernent Health Care Certain	ADMISSION RESTRICTIONS		REGIDENTS BY PRIMARY DAG
631 N. Butavia Avenue	Aggresstow/Anti-Social	0 DIACNOSIS	
BATAVIA, IL 60510	Crucic Abahahan	maddoeM 0	
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	Under 65 Years Old	D Olympite System	Ę
	Unable to Self-Medicate	0 Gentlourismy	Gontourhary System Dranders
Registered Agent Information	Variables Department	1 Skin Disorders	
Mands Corporation Service Corp.	Intectious Disease w/ Isolation	0 Merculo-eketetal Disordera	that Disorders
801 Adel Stevenson Drine	Other Restrictions	t Injuries and Poisonings	choose
Springfield, It. 62703	No Restrictions	Other Medical Conditors	Conditions
FACELTY OWNERSHIP MONIPHOF COFFORATION	Hote: Reported restitions denoted by '1'	(by 't' Non-Medical Conditions TOTALS	Conditions

° \$	3 AAO
Non-Medical Conditions TOTALS	ADMISSIONS AND DISCHARGES - 2008
SNIF Keported restrictions denoted by '1' ORATION	LICENSED BEDS, REDS IN USE, MEDICAREMEDICALD CERTIFIGO BEDS
FACELTY OWNERSHIP NOVEROF CORPORATION	

Residents on 1/1/2003	Total Administra 2009	Total Chischarges 2008	Residents on 12/31/2008				
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FACULY UTILIZATION - 2008 BY LEVEL OF CLARE PROMIDED AND PATIENT PAYMENT SOURCE

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Bource, Long-Term Care Feolity Questionnels for 2009, läinose Dioportment of Public Hoalth, Health Systems Devolupment

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ALLINOIS LONG-TERN CARE PROFILE-CALENDAR YZAR 2001 Coverment Health Care Central Coverment Health Care Central Government Health Care Central GOVERNMENT CANNOT CAN

AVERAGE DALLY PAYMENT RATES	LEVEL OF CARE SINGLE DOUBLE	3 Select Under 22 0 0	Intermediate CO 0 0 0	Silette		,
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Black	•	٥	•	0	0	Physicians	0.00
Hawaii araPac. Isl.	٥	0	0	0	0	Director of Number	8
Whith	ā	0	•	•	ĸ	Registered Nurses	18.10
Race Letro-m	۰	0	٥	•	٥	, NA	28
Total	3	-	-		ā	Certified Aldes	45.8
		,	,		;	Other Hearth Staff	8.2
ENHAGTY	Dutana	SillingZ	CPAD	Shorter	Totate	Non-Health Braff	40.50
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TOTALS

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Nanding Care Skilled Under 22 ICF/DD Sheltered Chr. TOTALS STAFFING

RESIDENTS BY RACIALETHABOTY GROUPING

AVERAGE DALY PAYMENT RATES

RLINOS LONG-TERM CARE PROFILE CALENDAR YEAR 2005 COUNTRYBIDE CARE CENTRE

COUNTRYSIDE CARE CENTRE 2130 WEST CALENA BOLLEVARD AURORA, 11. 80508

COUNTRYSIDE CARE CENTRE	ADMISSION RESTRICTIONS	STRCTIONS.	RESIDENTS BY PRIMARY DIAGNOSTS	F.
2330 WEST CALENA BOULEVARD	Aggressive/And-Social	-	DIAGNOSTS	
ALRORA IL. 83508	Chanle Alcoholism	-	Neorgian	7
Reference Numbers Fedity TO 6002174	Developmentally Disabled	-	Endoctne/Aetabolic	6
Health Sorvice Area OUR Planning Service Area 069			Blood Oscordors	ç
Administrator	Medicarid Reciplons	٥	"Nancus System Non Alzhelmer	2
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	Mental (Thesa	•	Mental Drose	7
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Registered Agent Information	Voralistor Depandent	-	Sktn Chambers	•
	Introduce Disease w Isolation	0 nobicor	Musculo-shalatal Disordera	æ
	Other Restrictions	۰	Injuries and Polsonings	•
	No Restrictions	۰	Other Medical Consisions	•
FACTLITY CHANCERSONP	Mater Descripted aggingations described by 11	Court between the satisfier	. Non-Medical Conditions	•
KATED BARTMEDS HO			TOTALS	101

ADMISSIONS AND DISCHARGES - 2008	Residents on 1/1/2008 169		Residents on 12/31/2008 181				
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D BED\$	REDS AVAILABLE MEDICARE MEDICAD IN USE BEDS CERTIFIED CERTIFIED	133				121	306
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SEMEDIC	REDS TN USE	191	0	٥	٥	ē	ACPLITY U
, MEDICAL	NEEDS REDS USED SET-UP IN USE	Æ	•	0	0	Þ	
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FACILITY UTILIZATION - 2008 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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,	٥	102	İ
•	0	0	
		70.0%	
		52547	
		5450 11.8%	
		5480	

	2		Š	5	6	EMPLOYMEN	7	1 N 1 N 1
Ada	-	٥	٥		-	CATECORY	>	ECHIVALENT
Armer, Indian	0	•	٥	0	0	Administrations		8
Bleck	2	۰	0	•	₽	Physicians		8
Havalan/Pac. fut	0	6	0	٥	0	Offsector of Hursing	5	<u>3.</u>
White	174	٥	٥	٥	7.	Registered Nurses		80.82
Rane Unimo-m	0	•	0	0	Đ	PN-		20,00
Total	ē	٥		°	Ę	Certified Autor		71.00
						Other Hearth Staff	ŧ	8
EHMOTY	Number	SidUm(ZZ	ICF/DD	Shafter	Totals	Non-Marin Stef	•	82.00
Hispanic	t o	٥	٥	0	•	Totak		5
Non-Perparate	磊	0	0	0	ā	ļ		
Ethnicky Unknown	•	0	0	٥	0			
Total	191	٥	۵	٥	Ē			
	MET REVE	NÉT REVENUE BY PAYOR SOURCE (FRICAL Veer Deria)	RSOURC	E (Fiboral Year	r Deta)		Change	Charity Care
Medicana	Medicald	Other Public		Private Insurance	Private Pay	TOTALB	Experience	Total Net Revolute
25.0%	8	40°0	_	5,8%	**	100.091		600
3,036,170	64896,333			678,591	1,619,739	12,248,830	۰	

Source Ling-Term Care Feedby Questionnairs for 2008, Minds Department of Public Health, Health Systems Development

9/17/2009

9417/2009

ILLINOYS LOWG-TERM CARE PROFILE-CALENDAR YEAR 2003 ALDEN OF WATERFORD	ENDAR YEAR	2008 ALDEN OF WATERFORD		ALIAN.
ALDEN OF WATTERFORD		ADMISSION RESTRICTIONS	SNS	RESIDENTS BY
2021 FAMOI DRIVE		Aggressive/Anti-Social	-	DIAGNOSIS
ALRORA, IL 50504		Chronic Acoholtem	-	Neopheanne
Reference Numbers Fadity © 5014773		Developmentally Disabled	0	EndochroMetabo
Health Carrico Aros 000 Planning Service Area 009	660 00	Drug Addiction	-	Blood Disgrams
Administrator		Mechanid Recipient	•	Mercaus System.
Nors O'Comman		Medicare Reoptera	•	Abhelmor Disso
		Meetal (Bress	-	Afterior Emers
Contact Parson and Telephone		Non-Ambulatory	0	Developmental De
Chris Reichofer		Non-Motifie	•	Caradatary System
777-286-3883	į	Public Aid Recipient	•	Respiratory System
ď	Completed	Cinder 65 Years Old	0	Digentive System
	4000000	Unetitle to Self-Medicate	0	Gentroathary Syst
d Agent treamedon	B77777	Vendiator Dependent	-	Stdn Disorden
Ken Fach		Infectious Disease we teatation	0	Musculo-stratorial
4200 W. Peterson Avenue Suite 140		Other Restrictors	0	Inturies and Potass
Chicago, IL Buoks		No Restrictions	0	Other Modest Con
				Anna Charles and A

Intuine and Potamings Other Modical Conditions Nan-Medical Conditions TOTALS

Nois: Reported nestleatons denoted by '1'

FACILITY OWNERSHIP UNITED LABILITY CO

	LICENSED	8ED5. PR	23 N LS	, MEDICA	HEMEDICA	LICENSED BEDS, BEDS IN USQ, MEDICANGMEDICAD GERTIFIED BEDS	0 8508		₹;	ADMIDSTONS AND	Q.
		ž	PEÆ						5	USCHARGES - 2008	
	DOENSED	808 808	SEDS	88	803 803	AVAILABLE MEDICARE	MEDICARE	MEDICAD		Seed (see no 177/2008)	2
LEVEL OF CAPE	BEDS	SET-UP	CSED	SETUP	38 P.	8603	CERTIFIED	CEMINED		form Admissions XIII	; <u> </u>
Murshing Caste	8	8	£	8	75	z	S	9	Total Dies	focal Dischardos 2008	9
Sidled Under 22	0	۰	6	٥	٥	•		•	Residenta	Residents on 12/31/2008	
OD shabometra	•	•	0	9	0	•		٥			
Shellered Care	٥	۰	0	0	•	٥					
TOTALTEDS	8	8	59	8	22	*	g	8	1		
				_	RACIONY	FACILITY UNITZATION - 2008	2002				
			BY LEVE	LOFCAR	E PROVIDE	BY LEVEL OF CARE PROVIDED AND PATTENT PAYKENT SOURCE	HEAVEN	T SOURCE			
						Preyade	Private	Charffy		Locrand	Peut Beds
	Medicara	8	K	Andrea	Other Puts	Other Public Intuiting	ě	ŝ	TOTAL	e de constante	9
FCARE	LEVEL OF CARE Pat. days Oct. Pct.	76. P.T	Pat days	90 P	Pat days Oct. Pot. Copys		Pat. days Pat. days Pet. derys	Pat. days	Pos. Caya	g g	A A
Maring Cara	122	₹5.5	S	3 65.1%		2525	23	0	2 X 10	12.10	£.18
Eldind Under 22				6	r		٥	•	٥	000	600
trustmediate DO				60	ŧ		۰	٥	0	60	%0.0
Shehared Care						-	•	a	6	60	ğ
	1122	11722 31.0%	9533	3 851%		20%	25	0	20430	W 18	A1.24

		RESIDE	ITS BY AG	E GROUP, 8	EX AND LE	VEL OF CAR	E -CECEN	RESIDENTS BY ACE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008	_		
	A SASE	NASIND CARE	SEC	SKL UNDER 22	2013	WIESKED, 00	SHEL	SHELTERED		TOTAL	250
GE GROUPS	4	Fernan	ş	Formate	Ç X	Marie Ferratio	P SEE	Mate Female	e K	Male Formate	₽
Under 18	0	٥	٥	0	۰	۰	-		0	-	•
18 to 64	٥	٥	٥	0	٥	•	0	٥	٥	•	٥
45 to 50	•	~	•	0	6	a	0	۰	•	~	•
\$9 R Q\$	o	-	0	0	9	-	Ö	¢	-	-	-
65 to 74	m	۲	0	0	•	•	٥	•	6	~	2
73 to 64	a	8	0	•	•	٥	•	٥	Ф	R	Ħ
去	ĸ	\$	٥	•	ٔه	٥	-	•	×	=	2
TOTALS	æ	2	•	۰	0	-	٥	٥	8	25	E

Source, Long-Term Cure Fookly Questionnairs for 2006, Hinds Department of Public Health, Health Systems Development

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ILLINDIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 ALDEM OF WATENFORD

7

PRIMARY DIACHOSIS

AUPORA

ALDEN OF WATERFORD
2021 DANCH ORDVE
ALROODAL IL 6020A
EVENNER PROFINE BOLIT73
Heath Soulce Area 008 Prenting Sanker Area 009

AVERAGE DAILY PAYMENT RATES	CARE SINGLE DOUBLE	are 240 275	der 22 0 0	0 0 GD 0#			•
	9	OTALS Mursing Care	75 SATING Under 22	CO otationmount	A Later Co	0	75
P CARE	Private Charity	T CERTS	0	0	0		11 0
RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	e setto	restructo	r	٥	0	٥	87
NT SOURC	8	1	•	•	•	•	o
IY PAYNE	1	New State	ĸ	۰	•		ĸ
CESIDENTS 8	,	A SOCIAL	さ	0			አ
•	LEVEL	3	Numbing Care	Skilled Under 22	ICF/00	Shaltened Care	TOTALS

₩.	RESUDENTS BY RACIAL ETHNICHY GROUPING	MUETHNICH	Y GROUP	¥			STAFFING	
PACE	Dutenin	8HCh422	107/00	9 Prefres	Totals	EMPLOYRENT	-	PUL-TIME
Asim	o		0	0	•	CATEGORY	_	EGUIVALENT
Array, Indian	٥	0	0	0	0	Acministrations		8
Shad	a	0	0	0	•	Physicians		000
Heweller/Pec. 151	0	۰	0	0	•	Christian of Neuring	9	8.
With	8	•	0	0	ŝ	Registered Nurses	r	7.83
Raca Unknown	-	0	0	0		54		4.99
Total	75		0		22	Cortifod Aldos		10.71
						Other Health Shift	•	8
ETHANCITY	Murah	SHUnd22	500	Shelft	Totate	Mon-Harden Glass		11.11
Hapare	m	-	0	o	-	191		20.00
Non-Hisperic	7.	•	0	•	7			2
Ethnicity Unknown	-	o	0	•				
Total	ĸ	0	•	٥	E			
	HET REVE	NET REVENUE BY PAYOR SOURCE (Pleas) Year Data)	OR SOURC	E (Place) Ye	er Deta)		Charmy	Charley Card
Madcare	Medicald	Other Public		Private Insurance	Privato Pay	TOTALS	Ek pares	Total Not Revenue
59.3%	13.0%	1,1%	-	* *	12.5%	100,001		860
*		1		******		-	•	

100,0% 100,0% 3,125,317

Private Pey 12.5% 1,105,225

Other Putals Private Insurance 1,1% 14,1% 14,1% 95,082 1,243,163

Medicald C 13.0% 1,544.974

Medows 58.3% 5.236.173

Source/Long-Term Card Pushly Questionneins for 2008, Illinois Deportment of Public Health, Health Systems Development

97177003

P/17/2009

Betsvia Rehab & Hithcare Cit. 520 Fabran Parkway Batavia, H., 80510

ILLINOIS LONG-TERM CARE PROPRIE-CALFIDAR YEAR 2008 Batavia Ramad & Hithering Ch.

Fedity to 6008171 Reference Numbers

Health Service Area 008 Planning Service Area 069

Neopesine Entachts Antabolic Bood Ceoulen - Nervall Broten Non Atheime Athelma Disesse Mental Ricco

Developmentsky Directed Ong Addellon

Returnes Numbers Facility 10 6006171 Health Service Area 030 Planning Service Area 089 Feedfly f0 6006171

BATAVIA, IL. BOS10

edicald Reciplent Addana Padplent

Appressive/Anti-Societ Circonic Abotholism

welcomental Disability Respiratory System Ogcasive System Seculatory Gystem

TOTALS Private Charity RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE Medicard Public Modern Numing Care Skilled Under 22 OF CARE

KCF-DO Ghetered Care

Gentlowlmay System Deorden

Skin Disorders

Ventilator Depandent Infredious Disease w feotstion Ower Restrictors

Justin to Get Mechasia

Date Completed 4/16/2009

Registered Agent Informetion

Maritary Smyder

hibite AM Recipient hoer 65 Years Off

Contact Person and Teirphone Mintery Shyber 309-088-5453

Fort Rebatock.

Muscab-steteni Disorders Injuries and Poisortings Other Medical Conditions New Medical Conditions TOTALS

hate: Reported restitations demoked by '1'

FACILITY OWNERSHED LEATED LIABILITY CO \$30 W. Traitcreek Dr. Peorle, IL 01514

SINGLE COURLE

LEVEL OF CARE
Nursky Care
Skilled Index 22
Intermediate DD
Shorter

AVERAGE DALLY PAYMENT RATES

REG	RESIDENTS BY RACIAL/ETHNICHY GROUPING	CIALUETHINGS	TY GROUP	2		STAFFING	2
RACE	Mursky	SIGUACIZ KFADO Shelter	XF/00	Shelter	Totats	EMPLOYMENT	FUL-TIME
Aglan	0	0	-	٥	0	CATEGORY	BOUNTENT
Armer, Indian	0	٥	0	•	٥	Admitt's Detora	8
Direct.	•	٥	٥	٥	4	Physicians	80
Hernellan Por. Isl.	٥	۰	0	0	•	Otractor of Numbra	8
White	8	•	٥	•	\$	Repistered Numer	8
Race Unitrioren	•	0		0	•	1PN%	2.00
Tetal	ន	٥	0	ò	8	Cardinal Aktes	\$00
					:	Other Pearly Staff	, 200
ETHACTY	Musho	53dUnd22	0,0	Shelter	Totals	Non-Health Staff	13,00
Hapante	-	0	•	•	-	Totale	88
Non-Harpenia	\$	٥	0	•	\$		i
Ethylety Unknown	0	٥	•	•	0		
Total	S				s		

ADMISSIONS AND DISCHARGES - 2008 Pasidents on 177,2008
Total Admissions 2008
Total Discharges 2008
Restrants on 12/31/2009 BEDS AVALABLE MEDICARE MEDICALO (N.USE BEDS CERTIFIED CERTIFIED BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE LICENSED BEDS, BEDS IN USE, WEDICARE/HEDICAID CERTIFIED BEDS FACILITY UTILIZATION - 2008 PEAK LICENSED BEDS BEDS LEVEL OF CARE Norting Con-Selbed Under 22 Informedists DD Steatond Cone TOTATEDS

Charity Cero Expense as 14 of Total Net Revento QC%

Charthy Carre Expense

100.0%

Private Pay 16,7% 357,604

Other Public Private Insurance 0.1% 0.0% 2,242 0

Medicald C 83.2% 1,788,807

Medicans 0.0%

NET REVENUE BY PAYOR SOURCE (Place) Year Date)

Liconsod Peal Bach Beds Sel Lp Oct. Pd. Oct. Pd. **7** ę LEVEL OF CARE Pot days Oct. Pa.
Naring Care
Spikel Maker 22
Hermidists DO
Shetshed Care

FERDRATS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008
AME EQL. (ANDER 22 INTERAÇE). DO SHELTERED
INTER MISH FERRY MAIN Female NATIO Formate

16407

15516 666%

£

TOTALB

TOTAL c Female 율 MURSING CARE Note Perreda AGE GROUPS Under 18 18 to 44 75 to 64 TOTALS 45 to 59 80 CB 65 to 74

Shurce Long-Term Care Facility Quastionnaire for 2008, littride Department of Public Health, Health Systems Development

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Source: Long-Term Caro Footily Onestionness for 2005. Unide Department of Public Health, Health Spateme Develops

9/17/2009

TABOR HILLS HEALTHCARE FACILITY, INC.	Y, INC.	ADMISSION RESTRICTIONS	2	RESIDENTS BY PRIMARY CLACKOSIS	5150
1347 CRYSTAL AVENUE		Aggressive/Arra-Societ	0	DIAGNOSIS	
NAPERVILLE, IL. BOSKS		Chronic Albohoffum	0	Negytestins	•
Reference Numbers Podity ID 6014252	ğ	Developmentally Disobled	-	Endocine.Metabolic	2
Meath Service Area. DO7 Planting Se	Planning Service Area 703	Drug Addiction	0	Bland Olsovders	7
Administrator		Modicald Recipient	0	"Nervous Bystem Non Alzheimer	4
Nemcy Rushiguez		Attedicare Recipiera		Abheiror Daose	#
		Mental Unesa	-	Mental Illness	Z,
Contact Person and Telephone		Non-Andadesey	•	Development Disability	٥
Gloria Pindah		Mon-Mobile	0	Charletony Byelom	ĸ
630-778-0077	į	Public Ard Recipient	0	Respiratory System	#
	Completed	Under 65 Years Ott	0	Dipective System	•
	200 000	Urable to Self-Modicalo	0	Cantburnery System Disorders	đ
Registered Agent Information		Ventilitar Dependent	-	Skin Disordors	~
WEREN IN MICHEL		Infectious Disease we solution	•	Musculo-etraje tal Disorders	•
15 distriction without reside, district		Other Restrictions	•	Injuries and Potsonings	ă
Prince, a coor		No Restrictions	•	Other Medical Conditions	\$
PACTLITY OWNERSHIP		Moder Democrated teachings of second live 25	10,000	Non-Wedcel Conditions	٥
MON-PROF COPPORATION				TOTALS	189

	1	į								
	LICENSED	PEAK	8 12 X	E MEDICA	REMEDIC	LICENSED HEDS, INLDS, WEDICANDWEDICAND CERTIFIED BEDS PEAK PEAK	D BEDS		DISCHARGES - 2008	_
LEVEL OF CARE	UCENSED BEDS	٠,	50 GE	BEDS BEDS BEDS USED SET-UP (NUSE	BEDS N USE	AVALABLE BEDS	AVALABLE MEDICARE MEDICAD BEDS CERTIFIED CERTIFIED	MEDICARE MEDICAD CERTIFIED		174
Nursing Care	1,5	3	ž	211	8	z	3	21.1	Total Mantesians 2008	Ç Z
Skilled Under 22	٥	٥	0	•	0	0		•	Parisher to 1201/200	2 2
Intermedate DD	۰	0	0	•	0	0				3
Shaketed Core	•	0	0	۰	•	0				
Scale Co	231	717	8	ž	2	Z	S	313		
9				_	ACTUR!	PACTLITY UTILIZATION - 2008	2008			

PACILIYY UTILIZATION - 2008 BY LEVEL OF CARR PROWDED AND PATHENT BOURCE

8 Pat days Occ Pct Occ							Private	Photo	Č P		Located	Peat Berts
E Pit days Occ Pct. Pail days Cct. Pot. Cept. Pct. Cept		Medican		Medic	¥	Other Public	Instrance	Ē	3	±0TÆ	Beds	
0071 315% 22417 28.0% 0 200 31523 0 66217 85.7% 0 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEVEL OF CAPE	Part days Oo	ř. Pa	e e	Ose Pai	Pat. days	Pat. deps	Pat days		Pat, days	Ope Pa	
0 00% 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Number Care	1700	31.94	ŝ	28.0		1	37323	0	58217	55.74	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Skilted Under 22			٠	6	•	۰	0	•	0	Š	
607 31.9% 224.17 239.0% 0 700 31723 0 862.77 8574.	intermership DD			_	δ 0	•	٥	-	0	0	0.0%	
6071 31.9% 224/7 28.0% 0 709 37523 0 68217 65.7%	Sheitaned Care					•	•	٥	0	0	600	ď.
	TOTALS	5071	11.9			•	82	!	-	54E217	85.7±	85.73

		AESIDE	YES BY AG	E GROUP, SE	EX AND LE	restoents by ace group, sex and level of care - december 31, 2001	- DECEM	ABER 31, 2008	_		
	ALRSIN.	ALRSING CARE	Š	SXL LANDER 72		INTERNED, DO	9	SHELTERED		TOTAL	GRAND
GE GROUPS	P.	Mate Ferrado	擊	Ferrelo	Made	Formatio	Mat.	Female	Made	Mate Former	TOTAL
Jeder 18	•	0	-	5	٥	٥	۰	٥	٥		0
19 et	0	0	•	٥	٥	•	•	0	٥	0	٥
45 to 59	0	0	٥	٥	•	٥	٥	0	•	•	-
20	•	0	•	0	•	•	٥	•	•	o	0
55 55 74	~	•	0	۵	•	۰	•	0	~	*	•
75 to PM	2	ន	•	0	0	0	٥	•	7	g	3
ž	R	112	٥		0	0	٥	0	ង	112	135
TOTALS	9	2	-	٥	0	0			3	2	8
				•					,	,	

Source:Long-Term Care Facely Quantitionaire for 2008, Illinous Department of Public Health, Health Systems Care expressi

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ALINOIS LOWO-TERM CARE PROFILE-CALENDAR YEAR 2008 TABOR HELLS HEALTHCARE FACTUTY, INC.

NAPERMILE

1 MBOR HILLI MEALTNEARE FACULTY, INC.
143/ CRETZL, AVENJE
NAPETALIE, E. 6953
REFERENCE MENEN
FARSH D. 801-622
HEALD BAMICA ARTR 607 PRINTING SENICO ARTR 703

E	STOENTS BY	r PAYMENT	SOURCE.	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	L OF CAF	₩.		AVERAGE DAILY PAYMENT RATES	Y PAYMENT	RATES
LEVEL LEVEL			ę P		Pres	Private Charley		LEVEL OF CAPE	SINCIE	SINGLE DOUBLE
OF CARE	Medicare	Moderatio	Pubbe	Medicare Medicald Public traumines	6	Care TOTALS	TOTALS	Nursing Care	217	3
Number of Cons	R	¥	0		8	6	162	Stided Under 22	-	۰
States Under 22	0	0	۰	0	0	0		CO opposition	•	•
CEADO		•	0	0	0	•	0	Shoke	• •	• •
Shattered Care			o i	ó	•	•	0		•	•
TOTALS	82	8	0	E	88	٥	Ę			

RES	RESIDENTS BY RACIAL/FINISCITY GROUPS	TAN /FINANCIT	Y GROUP!	ş		°	OTATA TO	
RACE	Hunde	SIMUNAZZ	(CF/DD	Sherrer	Total	EMPLOYMENT		PUL-TIME
Asian	٥	٥	٥		0	CATECORY		EQUIVALENT
Armer, Inclian	٥	0	0	0	0	Administrators		97
Back	-	•	٥	0	-	Physidens		80
Heveritor/Pec. 1st	0	0	•	6	•	Director of Nursing	•	87
White	107	0	•	٥	. 187	Rechtsened Nurses		29.00
Rece Unknown	-	•	0	•	-	Ę		8.7
103	Ę.	•	-	٥	189	Certified Aldes		99,50
	,					Other Health Staff	_	11.70
ETHNOTY	Nursing	SIGNACE	Q,700	STREET,	fette	Non-Hearth Start		57.16
Hisparite	-	٥	0	0	-	Treate		A1 141
Non-Heperic	\$	•	•	۰	1	1		2
Ethirially Unitnown	0	d	a	0				
Total	150	0	٥	0	485			
	MET REVE	MET REVENUE BY PAYOR SOURCE (Placed Year Date)	R SOURC	E (Place) Yes	v Carta)		Charity	Charity Care
							Š	Expense es % of
Medicara	Medicald	Other Public		Private Insurance	Potrate Pay	TOTALS	Espenso	TOTAL NOT ROWERLY
15.6%	22.1%	¥500 9	_	1 20	\$ + ZO	100.09%		20.00
		1						

TOTALS 100.0% 13.289,959

Probate Pay 02.4% 8,259,402

Other Public Physics Insurance 0.0% 0.2% 0 22,419

Mesterald 0 22.1% 2.931,638

Medicore 15.4% 2.048,797

Sours Long-Term Care Facility Cuestionnaire for 2003, liftnos Department of Public Health, Health Systems Devalopment

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PROVENA DENEVA CARE CENTER		ADMISSION RESTRICTIONS	\$	RESIDENTS BY PRIMARY DIAGNOSIS	뿛
1101 EAST STATE STREET		Aggressivn/Anti-Social	0	DIAGNOSIS	
GENEVA, IL, 60134		Chronic Akrohofum	-	Neoglasvna	-
Reference Numbers Facility ID 6003503	3503	Developmentally Disabled		Endocrine/Metabolic	~
Health Service Area 008 Planning Sen	Pleasing Service Area 059	Ong Addiction	-	Blood Disorders	•
Administrator		Medicald Recipient	0	*Navous System Non Abhidmer	_
Claven Renee' Furnan		Medicera Redpient	0	Altheiner Change	R
		Monted (Breezs	0	Mented Ifmers	8
Contact Person and Telephone		Non-Antountory	0	Developmental Disability	٥
Dawn Ranes' Furnas		Non-Motate	0	Orculatory System	8
830-397-5401	į	Public Ald Rectation	•	Respiratory System	_
	Completed	Under 65 Years Old		Digesthin System	~
	4000000	Linetite to Self-Herboots	0	Gentlowingsy System Disorders	_
Registant Agent Information		Veriflator Deparcent	-	Sich Officarders	۰
		Infectious Disease w/ Isolation		Menuto stotate Disorders	•
		Other Restrictions		injuing and Potsonings	•
		No Restrictions	•	Other Medical Conditions	۰
FACULTY OWNERSHIP		Mate: Reported remains as denoted by 'I'	1. 640	Non-Adedical Conditions TOTAL B	٥J

UCCNSED 8ED3 8ED48 BED8 RED8 AVAULABLE MEDICANE MEDICAND Application of the control of the contr		LICENSED	BED3, BE	20 M 60	E, MEDIC	REMEDI	LICENSED BEDS, BEDS IN USA, MEDICAREMEDICAJO CERTIFIED BEDS	Q BED3		ACMISSIONS AND	
U-CONSED PREDS BEDS BEDS AVAILARE METICAME			ğ	¥						PAT - CHANGE PAGE	
BEDS SET-14 USED SET-14 INUSE BEDS CERTIFIED CERTIFIED Total Characters 2000 107 107 107 107 107 107 107 107 107 107		UCENSED		8ET35	BECO8	86 88	AVAILABLE	MEDICARE	MEDICAD	Donat of the Party	•
107 105 59 105 94 13 63 69 Total Scholars 2003 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 107 108 95 109 64 12 63 69	EVEL OF CARE		SET-LIP			IN LESE	8603	CERTIFIED	CERTIFIED	Total Adminstone 2008	Š
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nursho Cara	107	ş	25	108	ā	Ç	8	68	Total Discharge 2009	1 5
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SXNed Under 22	0	0	0	•	0	•		0	Residents on 1201.00m	3
107 108 99 108 94 12 93	Intermediate DO	0	D	0		•	¢		o		•
107 108 901 108 PA 12 901	Shallened Caro	0	0	0	•	O	۰				
	TOTAL	101	90	8	Ē	Z	ū	8	3		

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SQUECE PRIVATE PRIVATE Chainy

	Medicara	E	Medicald		Other Public Insurance	INSURANCE	Ē	5	TOTAL	Beds	20 Teg	
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TOTALS	7265	31.8%	2102	63,2%	100	28	ş	-	33359	£ 55	88.0%	

101AL RESIDENTS BY A DE OROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 1001
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AGE GROUPS	Mah	Formelle	ž	Fernerie	44	Fernand	¥	Merita Ferruda	¥.	Mate Female	TOTAL
Under 10	0	٥	0	0	0	 	-	-	•	٥	
18 to 44	•	•	۰	•	0	0	0	0	0	0	0
45 to 59		-	0	0		-	•	0	•	-	-
60 to 64	•	0	0	0	0	0	0	0	6	•	0
65 to 74	~	•	٥	0	•	•	•	0	**	•	•
75 to 56	2	R	0	•	5	0	•	0	₽	8	8
85.	**		0	D	0	0	0	•	•	7	#
TOTALS	2	*	٥		٥	۰	0	0	R	*	ä

Source Long-Term Care Fedity Quanthornels for 2008, Janobs Doposturent of Public Health, Health Systems Development

Page 1617 of 2242

ILLINOIS LONG-TERM CARE PROPILE-CALENDAR YEAR 7001 PROVENA GENEVA CARE CENTER

GENEVA

PROVEM GENEYA CARE CENTER
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	끮	Chealty	ş	0
	20.50	Private Charity	Ī	13
	E AND LEVI		Medican Medicaid Public Insurance P	0
	SOURCE	ğ	Public	٥
	YPAYMEN		Medicolo	8
;	IESTOENTS BY PAYMENT SOURCE AND LEVEL OF CARE		Medican	х
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LEVEL			Š		Philip			DOMESTICATION OF COMME	1	
2F CAPE	Medican	Mediceid	Public	Medicaid Public Insurance	Ī	Ş	PBY Cere TOTALB	••	1	
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Shallwed Care			0	0	•	0		ō	-	-
OTALB	£	8	0	0	2	0	æ			
	RESIDEN	TB BY RAC	1	SESOENTS BY BACKLIFTWMCITY OFFICE MO	Gried				- Care Co.	

RES	RESIDENTS BY RACIALIETH MOTTY ORCHING	CAUETHAC	ITY ORCHAP	D#1		STAFFING	C.W.
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ghick Ghick	0	•	•	0	•	Physidems	8
Handler/Pac. 1st.	0	٥	۰	٥	•	Director of Mursing	1.00
Vinite	¥	0	•	۰	ā	Registered Nurses	57.23
Rece Unknown	0	0	0	•	0	£83	7.80
Total	ā	٥	0	٥	a	Cartified Aides	39.80
7	1	1				Other Health Class	Д 8
A COL	Munum	Muning Stating 22	B	Shetter	Total	Non-Health Staff	8.6
15 Jan 16	•	0	0	•	٥	Total P	8
Non-Hispanic	ā	0	•	0	æ.	7	2
Ethnicity Untroom	•	0	0	•	0		
Total	8	0	0	-	ä		

Chardly Care	Experse as % of	Total Net Revenue	3 6		
Chedit	CB	Erpentes		0	
		TOTALS	1000	6,142,569	
r Date)		Private Per	4 0.5	1,202,078	
SOURCE (Flucal Year Di		Private Insurance	. 16	57,718	
ET REVENDIE BY PAYOR SI		Other Public	, 50.0	0	
NET REVEN		Medicard	******	2,482,124	
		Medicare	37,7%	2,315,650	

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9002/2009

ADMISSION RESTRICTIONS

Aggreshe/Arti-Sodel Crrotic Alcoholem Dovelopmentaly Disabled Drig Addition

NAPERMILE

RESIDENTS BY PRIBARY DIACHOSIS

DIACNOSTS

is. Patricit's Residence

1400 Binotatate Rand NAPERMLIE, IL. 60563 Raference Hombert Fadity ID 6011910

Houfith Standon Area 007 Planning Service Area 703

Merchanne Endocrimentalic Brood Classifier Merchanne Classifier Albrither Classifier Merchallerier Consistorier System Cleanistery System

Abolitad Recipient Medicare Recipient Medical librora Mon-Ambulatory

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

Cere TOTALS Patrick Charity Medicare Medicald Public Numbrg Care Sixted Under 27

SINGLE DOUBLE

LEVEL OF CARE
Notaing Care
Stilled Under 22
britemediate CO
Shetsr

AVERAGE DAILY PAYMENT RATES

NAPERMLLE

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2001 SI. PRINCIS Residence

8 RESIDENTS BY RACIALETHOGOTY GROUPING 5 2

TOTALS

iontourhery System Chapters

espiratory System Apestre System Skin Daorders
Mascub-ekiskela Deorders
infuries and Polsonings
Other Medical Conditions
Mon-Medical Conditions
TOTALS

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NON-PROF CORPORATION

to Restronors

Verthator Depandent Infections Disease w/ Isolation Other Restrictions

Public Aid Recipient Under 63 Years Old Uneble to Bell-Mindicato

Des Completed 4242009

Registered Agent information

Character Penne F. Penny 1400 Broatstate Rd. Paperville, IL 60363 PACELITY OWNERSHIP

Contact Person and Talephone May L Antacton

630-416-6565 ert. 513

States Jeanne P., Halley

Administrator

Physioters Director of Nursing Registered Nurses EMPLOYMENT CATECORY Certified Aides Other Health Staff Man-Health Staff Totals Administration Hawailen/Pac. bit Asian Amer. Indian Black Race Lintcom

8 Hapanic Non-Hapanic Etheldty Uniooes

PANCITY

Residents on 111/2008
Total Admissions 2008
Total Chicharges 2008
Residents on 12/31/2008

BEDS BEDS AVAILABLE MEDICARE MEDICALD SETUP WILKE BEDS CERTIFIED CERTIFIED

LICENSED BEDS, REDS IN USE, MEDICAREMEDICALD CERTIFIED BEDS

PEAK BEDS USED

LEVEL OF CARE
Number Care
Stilled Under 22
Intermediate DD
Stilled Care
TOTALGEEDS

L

ADMISSIONS AND DISCHARGES - 2008

NET REVENUE BY PAYOR SOURCE (Flacal Year Data) Other Public Private insurance 0.0% 0.0% 0.0%

Charlty Cara Expense es % of Total Net Revenue 0.0%

Expense.

100.0% 100.0% 12,519,675

Private Pay 31.2% 6,409,215

4.087,757

Modesre 11,3% 1,413,802

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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Oos. Pet. Oos. Pet.
05.3% Oos. Pet.
05.3% Oos. Pet.
05.3% Oos.
0.0% Oos.
167.0% 167.5% Š Princip Princip Carter Modeav Modeav Carter Pols for Part Carter Modeav Carter Pols for Part Carter Musing Care July Mode Modeav States Pols for States Carter Part Care Part Care Part Care July Mode 2 States Under 2 **5** 5 Sidned Under 22 Informediate CO Stretuned Cere

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008 ARE SAL LAUDER 22 INTERNACO. DO SHELTERED

81.8%

16073

94.5%

1767

TOTALS

TOTAL Male Fernade NURSING CARE ACE CROUPS Under 18 65 to 74

Souto Long Term Core Findley Questonnais to 2008, Illinois Department of Public Health, Health Systems Dovetoment

Page 1941 of 2242

Source Lang-Tarm Care Facility Questionnein ha 2008, Illinois Dopesment of Public Health, Health Systems Developmen

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941772009

RESIDENTS BY PRIMARY DIAGNOSIS ADMESSION RESTRICTIONS

Neoptesma Endocrine-Maiabolic Aggraetre/Ank-Bodel Chronic Alcoholtun Developmentally Dischled Drug Addicton

Reference Numbers Facility ID 6014518 Health Service Area DOT Planking Service Area 703

720 Reymond Drive Napewdle, 1L, 60563 Mendowbrook Manor

Blood Dearders *Newcus System fron Alzhetmo Alzhetma: Disasse Merzini (lines) Servicemental Objetally Respiratory System Circutatory System Apartes System Medicald Recipiers Medicara Recipiers Mental Brossa Public Aid Rediptent Under 65 Years Old don-Ambadatory Hon Mothe

Contact Person and Telephone

Chris Telley 630-355-0220

entiousnary System Olsonions Australo-statefal Disordens Sign Disordon. Verdistor Departiem Intectious Disease w/ Isolation Unable to Self-Medicare Other Restrictions No Restrictions Deta Completed 4/24/2009

hybries and Poteorings Other Medical Conditions Non-Medical Conditions Note: Asported resitations denoted by '1' Registrand Agent Information Buttschold Health Care 421 W. Farmington Rd.

LICENSED BEDG, BEDG IN USE, WEDICARSMEDICAIO CENTIFIED BEDS FOR-PROF DOGGONATION

8888 AOMISSIONS AND DISCHARGES - 2003 Residents on 17/2008
Total Admissions 2008
Total Discharges 2008
Residents on 12/31/2008 REDS AVAILABLE MEDICARE MEDICARD IN USE 8EDS CERTIFIED CERTIFIED 225 17 245 245 PEAK LICENSED BEDS BEDS SETALP 243

å 2 LEVEL OF CARE
Humbra Care
Staffed Linder Z2
Frammadata D0
Strategical Care
Total BEESS

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE FACTURY URLIZATION - 2008

| Decrease | Press Backs |
| Books | Sertip |
| Oct. Pd. |
Q4.7%	94.2%
Q5.7%	95.2%
Q5.7%	Q5.7%
Q5.7% 54457 TOTAL Pet days Physics Physics Medicare Medicard Other Public Insurences Pery Carts Medicard Other Public Insurences Pery Carts Medicard Carts Peri days Carts Medicard Carts Peri days Carts Stated Medicary Carts S 13580 Æ 8 9.00 8.00 56866 12.2% 1001 Skilled Under 22 Haymadiste DO Shefured Care TOTALS	

RESTRENTS BY AGE GROUP, SEX AND LEVEL OF CATRE - DECTEMBER 11, 2008
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SHAPE MAIN FATISH MAY FATISH
MAY FATISH MAY FATISH NURSPHO CARE

Form! Permit AGE CROUPS Under 18 18 to 44 45 to 59 86 to 85 to

Source Long-Term Care Facility Questionnoire for 2003, Hande Department of Puber Health, Health Systems Development

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ALLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 Meedowdrool Mano

Meedowdertook Manage

faulth Sawko Area 007 Plainting Service Area 703 720 Raymond Drive Nationalise, R., 60563 Reference Manchers Facility ID 6014516

AVERAGE DAILY PAYMENT RATES LEVEL OF CARE
Narsing Care
Stribed Under 22
Interrecedete DD
Shebst ន្ទី១ YOTALB RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE Madicald Public Ì Nersing Cara Skilled Under 22 ICF/DD Shotored Care TOTALS

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SHICLE DOUBLE

Ē	RESIDENTS BY RACIAL/ETHNICITY ORCUPING	ALLETHANCIT	YORCUP	2			STAFFING	
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Hamallan/Pac, Ist.	٥	•	0	0	•	Offsector of Number	•	8
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Marcento	•	۰	•	6	۰			3
Mon-Hispanic	218	•	0		2.0			240.00
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	NET NEVE	NET NEVENUE BY PAYOR SOURCE (FISCH YEAR DELS)	R SOURC	E (Flacad Ye	# Defa)		Charty	Cherty Care
		1					ŝ	Experce as % of
Medicare	Medicad	ě		Private Insurance	Pulvate Pay	TOTALS	Erpense	Total Net Revenue
Š	Š	808 -	_	<u> </u>	15.14	18.9		60
	4 6 2 6 7 6 7	•						

100,0% 15,673,243

Private Pay 15,1% 2,270,817

Other Public Private Insurance COPS 4,1% 0 640,517

Medicard 50.0% 7,836,042

Medicare 30.6% 4.823,757

640,517

Source Long-Term Care Facility Quantionnaire for 2008, Illinos Dopastment of Public Health, Health Systems Development

9417/2009

ADMISSION RESTRECTIONS

RESIDENTS BY PRIMARY DIAGNOSIS DAGNOSIS

Wast Chicago Terrica

NLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2035 West Chicago Terrace

WEST CHICAGO, IL. BO183

Ratersince Numbers Facility ID 6405072 Hasith Samics Area 007 Planning Santce Area 703

Nacptaens
EntrachesMetabolic
Boto Chardens
'Nevous System Non Abraemer
Abhaime Charase
Medis (liness

Aggressive/Acts-Bodel
Chernic Alcaholler
Developmentalty Distribed
Drug Addretion
Moticale Resignent
Merchal librass

Reference Numbers Fedfry für 600%72 Health Stavice Anal 607 Planning Bendes Aug 703

826 John Rold WEST CHECAGO, AL 60185

Mest Chicago Terrace

Developmental Disability Sespiratory System Dignathe System

RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE

AVERAGE DALLY PAYMENT RATES LEVEL OF CARE
Nursing Care
Stilled Under 22
Informediate DO
Shoths TOTALS Private Charley Medicare Medicaid Public Impurance Muniting Care Sidiled Unites 22

Sheltered Cere

Gentloutnary System Disorders Stin Obsorders

Ventition Dependent Informations Disease witholation

Under 85 Years Old Unable to Self-Medicate Public Ald Recipions

Completed 4/27/2009

Registered Agent Information

Contact Person and Telephone Marganiz Eberspecher 630-231-8282

Макураля Ебитрасног

Muscufo-shakozi Disordera Iriyahes and Poisonings Other Medical Conditions Non-Madical Conditions

TOTALS

Note: Reported materious denoted by 'I'

FACILITY OWNERSHIP LAWTED LABILITY CO

Lincolmused, R. 60712

BBBS M. Lincoln

8

SINGLE DOUBLE

WEST CHICAGO

RES	RESIDENTS BY PACALLETHNICHTY OROUGHO	ALLETHINGT	TY OROUPE	물			BTAFFING	
PACE .	Numbra	350(5)022	tCP/DD	Shabay	Totals	EMPLOYMENT		FULL-TIME
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Stack	7.	0	0	0	\$ 2	Physiology		900
Hawailen/Pac. Isl.	a		0	c		Director of Northing	2	8
White	8	0	0	0	8	Registered Number	Ę	8
Race Untrown	0	0	۰	•		Ś		(00
Total	5	0	0		8	Conflod Alber		87.68
			1			Other Meety (State	Ę	700
ETHNICATY	Munstrug	ShUm22	Ş	Shoker	OCH	Many Persons State	B:	8
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Medicin	Medicald	Other Public		Private Insurance	Privado Pay	TOTALS	Expense	Total Net Revenue
60	**************************************	960'D		800	Ž	100,001		40°P
•				•			•	

TOTALS 100,0% 4,371,747

97.00 27.00

Other Public Private Insurance 0.0% 0.0%

Medicald C 84.3%

Medicaria 0.0%

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7 0 0 0 K

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Skilled Linder ZZ Intermediate DD Sheltered Care TOTALS

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		¥	PEAX						5	LIBORANDES - ZIOS	EOD2
	UCENSED	85	8038		96708	AVAILABLE MEDICARE MEDICAD	MEDICARE	MEDICAD	Ī	Desirants on 1757000	•
LEVEL OF CARE	BEDS	SET-UP	381	31.10	N USE	8609	CERTIFIED	CERTIFIED		and Arthenius 2008	5
Munstry Cere	5	š	Š	ā	Ŗ	٥	٥	ß		atal Chichomas 2009	1 5
Stored Under 22	٥	0	ø	0	•	٥		٥	Residents	Residents on 12/31/2008	-
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Shettered Cres	0	0	•	•	0	0					
TOTALEEDS	Ē	120	ä	ŭ	5	•	0	£	· -		
73				_	FACHETY	PACHLITY UTILIZATION - 2008	1001				
			EN LEVE	L OF CAR	E PROVIDE	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	INT PAYMEN	T SOURCE			
						Private	Prevate	ju de de de de de de de de de de de de de		Licemed	Licemed Peak Bods
	Medicara	\$	B	Mocloard	Clar P.	Cities Public Insurance	Ē	ş	TOTAL		Set Up
LEVEL OF CARE Par days Oct. Par days Oct. Por. Par. days	Par days C	£	Pet, days	Oct. Pct.	Par. day		Pet days Pat days Pet days	Pet days	Pet. days	E	g g
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Informedate DD				\$0°	£		•	•	٥	\$ D 0	0 75

		RESTOR	MEBY AC	E GROUP, SE	EX AND LE	residents by ace group, sex and level of care . December 11, 2006	. Dece	ADER 21, 200	₩.		
	KERIN	NURSING CARE	5	SPL UNDER 22	MER	INTERNED, DO		SPELTERED		TOTAL	CHAND
CE GROUPS	Mate	Fermelle	Mah	Formerle	Herte Herte	Fermade	Moto	Mate Fermits	Male	Male Forms	TOTAL
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181044	Ħ	•	0	0	0	•	0	0	ដ	2	ĝ
45 to 54	~	R	•	۰	÷	•	•	_	72	R	47
60 to 54	2	=0	0	6	•	۰	0	_	4	₩3	8
65 to 74	c	-	0	•	٥	•	0	o	6	-	**
75 b 24	~	~	•	٥	•	•	٥	•	2	~	*
\$5.	•		٥	0	0	0	0	۰	•	•	60
TOTAL S	82	S		đ	٥	•	۰	o	2	58	8

Source: Long-Torm Cara Facility Questionnate for 2000, lifnois Copertment of Public Hashin, Health Systems Development

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9/17/2009

Source Long-Term Care Facility Characteristics 2000, Illinois Department of Public Houth, Hearth Systems Development

NAPERMLE

Basal Disordera Nervous System Non Abholm

Neoptasins Endocrine/Metribolia

Appressive/Anti-Sociel Chronic Alcaholism Devolopmentary Osebled

Medicald Redoisot Medicara Radizlera

One Actidon

Reference Numbers | Feditiv 10 6006175 Heath Service Asso DOT Planning Service Asso 703

velopmental Diretifiny Alzheimer Diseaso Manzai limeca

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

SANOLE DOUBLE

AVERAGE DALLY PAYMENT RATES LEVEL OF CARE
Numing Care
Skilled Under 22
Informediate DO
Sheker TOTALS Medicara Medicald Public Insurance Numaling Custo Skilled Under 22 ICF/DD Sheltered Carn TOTALS OF CARE Ē

ntournary System Disorders

Man Olsowers

Vertilatos Dependent mischous Diseme wi Isolation

Other Regulations

No Restrictions

Arethe to Self Medicate

Date Completed 4/27/2009

Registered Agent Information

Public Att Recipions Joder 69 Years Old

Contact Person and Telephorie Stars Jenerics 630-365-3300

Stern Jeremins

Committentor

ton-Ambulatory

Harts (France)

Respiratory System Digostera Systom Neutron System

hydres and Potsonings Other Medical Conditions Non-Medical Conditions Amento-skeletel Disorders

Note: Reported resistants demoked by '1'

FACILITY OWNERSHIP LIMITED LABILITY CO

LICENSED BED9, BEDS IN USE, MEDICAREMENCAN CERTIFIED BEDS

PACE			RESIDENTS BY RACIAL/ETYNACITY GROUPING	9		STAFFING	ç
Astm	Wash	SKILMOZZ	900	Chanter	Totale	EMPLOYMENT	
1		0	۰	0	-	CATEGORY	EGUIVALEN
	•	0	0	٥	٥	Administration	1.0
Black	•	•	0	۰	•	Proyeciston	8
Hawailan Poc, Ist.	۰	۰	0	0	•	Director of Nursing	2.0
WATE	ē	o	•	0	Ğ	Registered Nurses	10.01
Place Unidown	•	•	a	0	0	SN.	13.00
Total	134	٥	-	-	2	Gertfled Aldes	43,00
					į	Other Health Start	D.0
ENANCHY	A Lesing	Statundez	00. 100 100	Shelter	Total	Non-Heath Staff	\$.5
Haparet	^	0	0	÷	1	Totale	114.0
Non-Hapanic	127	•	0	ò	121		
Ethnicity Unknown	0	6	0	0	0		
Total	ũ	۰	-	٥	크		

Ethychy Untrown	•	0	0	0			1
Total	£	۰	0	ž			
	NET REVEN	UE BY PAYOR	HET REVERBLE BY PAYOR SOURCE (Flycal Year Data)	Year Data)		Caray	Charlty Cens Expense as % of
Medican	Machine	Other Public	Other Public Prévate Insurance	Privata Pay		Expense	Total Net Revenue
16 OC	3	60	2.3	4 17.5	10001		90.0
2,199,703	3,740,967	٥	128.77	1252.836		-	

AGMISSIONS AND DISCHARGES - 2008 Rusidents on 17/2008
Total Admissions 2009
Total Discharges 2003
Retainents on 12/31/2009 AVALABLE MEDICARE MEDICAD

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Intermediate DD
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BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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LEVEL OF CARE Pat days Oct. Pct. 1
Musho Care 4526 8.1% ₹ 1.0 ŝ Skilled Uhdar ZZ Irdamediate DO Sheltared Care TOTALB

GRAND TOTAL TOTAL o Fonale RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE. DECEMBER 31, 2003 ASS SOL LANDER 22 INTERACT. DO SPETITIRED SKL UNDER 22 Mate Ferrals NURSING CARE ACE OROUPS Under 18 65 to 74 18 70 41 60 to 64

Source Long-Term Coa's Facility Ourstormetra for 2008, Illinois Department of Public Health, Health Systems Developmen

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Source Long-Term Cere Foolsy Cuestionwells the 2008, Idenots Department of Public Health, Houlth Systems Developm

9/17/2009

PROVENA RIVE VIEW CARE CENTER

611 ALLEN LANE ST. CHARLES, R. 60174

ADMISSION RESTRICTIONS

BT. CHARLES

RESIDENTS BY PHIMARY CIAGNOSIS

Nervota System Non Alzholma enttouring System Disordera fuscuro-eketerini Discusions relopmental Disability Neopleurs Endoche Metabole Blood Dranden Alzheimer (Shotso kenzal limens Securetory System Does Opens Ventions Department Proclose Disease wi boleton Ohrnis Abstrollem Deirelopmentally Disabled Justite to Serl-Medicate Aggressbre/Arti-Sodel Medicals Recipient Medicare Rocipient Mental librata Public Ald Recipient Index 65 Years Old Other Restrictions Drug Addiction Deta Completed 421/2009 Premi Service Area 000 Planning Service Area 000 Reference Numbers Facility (D 6007439

Contact Person and Talephone Many Pet Wilght

1127-775-003

Mary Pat Wight

Registered Agent Information

Injuries and Posionings Other Medical Conditions Non-Medical Conditions TOTALS Male: Repurted restrictions denoted by '1' FACILITY OWNERSHEP NON-PROF CORPORATION

ADMISSIONS AND DISCHARGES - 2003 LICENSED BEDS, BEDS IN USK, MEDICAREMEDICAJO CENTIFIED BEDS

Residents on 1/1/2008
Total Admissions 2008
Total Obstruction 2008
Residents on 12/31/2008 REDS AVAILABLE MEDICARE MEDICAD IN USE REDS CERTIFIED CERTIFIED 8508 PLT-138 PEAK LICÉNSED BEDS BEDS SET-LIP EVEL OF CARE

8 % % B

FACILITY UTILIZATION - 2006 Maching Com Estimated Under 22 Frummedate 20 Shakered Com Torrache 23

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT BOURCE

See Lo Oct. Pet. 78.59 0.09 0.09 0.09 78.58 1531 TOTAL Pet. days Private Private Charity Insurance Pay Care Medican Medical Orbor-Public merimon Per Camp LEVEL OF CAUSE Pal days Occ. Pat. Pal days Pal 7.55 8 \$4.53 8 8 10454 17.8% 7847 Stated Under 22 Innamedate DO Shekmad Caro TOTALS

TOTAL Foundle į RESIDENTS BY A CE GROUP, SEX AND LEVEL OF CARE, DECEMBER, 1), INCO-MARE SXL UNCER Z2 INTERNED, DO SMELTERED SKLUNCER ZZ Mate Forrale AGE GROUPS Jr./m 16 15 to 59

Source Long Term Cara Facility Gussbornaira (or 2008, Ulinos Deportment of Public Hosth, Health Systems Development

Pege 1025 of 2242

nlinois Long-term care profile-calendar year 2003 — provena pine view care center

ST. CHARLES

PROVERA PINE VIEW CARE CENTER

611 ALLEN LANE ST. CHARLES, IL. 60174

Reference Numbers Facility ID 5007439 Health Service Ares 003 Planning Service Area 089

SHACLE DOUBLE AVERAGE DAILY PAYMENT RATES LEVEL OF CARE
Auraing Care
Statio Unity 22
Informedite 00
Shate: TOTALS RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE Medicare Medicaid Putific Insurance Numbra Core Stiffed Under 22 Photenod Cere OF CARE TOTALS

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VARIOR	8	0	۰	0	8	Registered Numers	10.00
Race Untrown	•	0	0	•	0	1	1,30
Tetal	8	۰	۰	0	8	Car6fod Aldes	33.50
	•					Other Health Staff	80
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			1				

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1,950,007 6,782,048 G	Aericald Other Public	Ì		Private Pay	TOTALS	Expense	Total Not Revenue
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	1,162,918	•	01518	1,950,007	6,782,048	6	

917/2009

ROSEWOOD CARE CTR ST. CHARLES

IT. CHARLES, IL 60174

Reforence Numbers FacRity ID 6014669 Hostil Senice Area 009 Planting Senice Area 089

RESIDENTS BY PAYMENT SCHINCE AND LEVEL OF CARE

Blood Disorders
*Nervous System Abn Alzheimer
Alzheimer Checaso
Mantal Brees

Medicaid Redition: Medican Recipien

ental liferess

Contact Person and Telephone

Jan Poelter 314-894-9570, ext. 3025

Orug Addiction

Reference Numbers Festity (D. 6014696 Health Service Area CSD Planning Somice Area CSD

ST. CHARRES, R. 80174

Endocrate Melabolic

Aggrassive/And-Sockel Circuite Alcoholism Developmentally Disabled

wiopmontal Disability

meson System utatory System

ubbo Ald Recipient be-Ambutatory

Completed 421/2009

Registered Agent Information

ini L Mahar

nitouthany System Disorders

Necuto-statettel Disordera Injuries and Polsonings Other Medical Conditions Non-Modical Conditions

Under 65 Years Old
Unable to Set-Andicate
Verditrior Dependent
Infactious Dioense withorition
Other Restrictions

Note: Reparted restlettoes denoted by 'I'

FACTUTY ONNERSHIP FOR PROF CORPORATION

Springfield, il. 62703

LICENSED BEDS, BEDS AY USE, MEDICARE/MEDICADD CENTIFIED BEDS

Privato Charity Other Medicald Poblic Insurance

SINGLE DOUBLE

LEVEL OF CARE
Numbry Care
Skilled Linder 22
Intermodate DD
Shefer

AVERAGE DALY PAYMENT RATES

ST. CHAPLES

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 1003 ROSEWOOD CARE CTR ST. CHARLES

101 Stilled Under 22 Shattered Care hrafing Cere

STAFFEO EMPLOYMENT CATEGORY Physiolena Director of Northig Certified Addres Other Hoath Staff Num-Hoath Staff Totals Replaced Nurses LPNs Administrations Totals RESIDENTS BY RACIAL/ETHINGCITY OROUPING 000 514 And 22 Black HeweltzePec, bd. Haparic Non-Fisparic Ethricity Unknown True, Inden Race Unknown ETHNCTY

FULL-TIME COUNTYLENT

Charty Care Expense as % of Total Net Revenue 0.0% Charty Care Expense NET REVENUE BY PAYOR SOURCE (Flical Year Data) Medical 87.9

TOTALS 100.0% 3.021.987

Private Pay 46,3% 1,616,521

Other Public Private treansness 0.0% 2.5% 0 80.500

381,767

Mcdame 41.5% 1,527,139

ADMISSIONS AND DISCHARGES - 2008 Residents on 11/2008
Total Admissions 2008
Total Discharges 2008
Residents on 12/31/2008 MEDICAD CERTIFIED AVALABLE MEDICARE BEDS CERTIFIED FACILITY UTILIZATION - 2008 BEDS BEDS SET-UP IN USE 8 UCD:SEO Numero Caro Seded Under Z2 Intermediale DO Shetoned Cara LEYEL OF CAPE 59 76

2 **8 8** 2

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

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Setto On Pr. Physics Charles are presented to the place tresuments they can be the control of the place of the control of th 16738 334 ¥7.58 Š **6**.0 2 5710 41.1% Stoffed Under 22 Intermediate DD Shakered Care TOTALS

GRAND TOTAL RESIDENTS BY AGE GROUP, SEX AND LIVEL OF CARE - DECEMBER 31, 1003 SPECTERED INTERMED. DO SR. UMDER 22 MURSING CARE AGE GROUPS Unchr 13 18 to 44 45 to 56 80 to 64 75 to 84

Source: Long-Torm Care Factity Questicements for 2003, libroin Doportmont of Public Hooth, Health Systems Developmen

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Source Long Tom Care Facility Questionning for 2008, Unita Dopatonem of Public Health, Health Systems Developmen

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RESIDENTS BY PRIMARY DIAGNOSIS Brod Deorden *Nevous System Non Atzhelmar Atzhehmor Diaeses Merzis Enese Desitaufnery System Disymbol Auscuro-state tal Disordana Injuries and Potentings Clier Medical Conditions Non-Medical Conditions Severitymental Obsobility Neopteans Endocrine/Antabolic meterny System Chartetory System Dostore System San Disorders Note: Reported restitations demosted by 'I' ADMISSION RESTRICTIONS Under 63 Years Obl Unstea to Self-Medicale Varilitatir Departent Infectious Clease vel solation Aggresive/And-Sodes Chonic Aboholism Developmentsky Chabled Medicald Recipient Medicare Recipient Mental Obsess Public Ald Recipient Other Preshadors do-Ambudatory No Perstrictions Drug Addiction Data Completed \$702009 Reference Numbers Fedity ID 5206201 Health Service Anna 007 Planning Service Anna 703 Contact Person and Telephone Aimee Musical 830-681-4322 Registered Agent Information James T. Spear 23 N. Winfeld Road Wheeton, 11, 60147 2180 MANCHESTER ROAD WHEATON, IL. 60167 FACTLITY OWNERSHIP NON-PROF CORPORATION Commetetrator Vince Mustal

ADKINSIONS AND DISCHARGES - 2008 TOTALS LICENSED BEDS, REDS IN USE, MEDICAREMEDICARD CERTIFIED BEDS

Residents on 1/1/2006
Total Admissions 2008
Total Discharges 2003
Residents on 12/31/2006 AVALABLE MEDICARE MEDICAND BEDS CERTIFIED CERTIFIED 67 108 0 PEDS NUSE BECS SET-UP UCENSED BEDS ş LEVEL OF CARE
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Subset under 22
Informed the DO
Substant Care
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FACTURY UTRIZATION - 2003

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0.0%
0.0%
0.0%
0.0% 51029 | Physical Princip Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip Character | Princip 19785 8 \$ 88 13278 17138 40,4% Skilled Under 22 Intermediate 0.0 Sheltered Care TOTALS

TOTAL Ferresh RESIDENTS BY A OF GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003
JARE SAL UNDER ZZ INTERMED, DD SHELTENED NURSING CARE AGE GROUPS Choor 18 18 to 44 45 to 59 60 to 64 65 to 74

Source Lang-Term Care Facility Questionnaire for 2008, Illands Department of Public Health, Health Systems Development

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2150 MANCHESTER ROAD WYNISCAPE

WHEATON, IL. 80187

Reference Mumbers Fludby ID 6006361 Health Service Avec 007 Preming Service Area 703

SINGLE DOUBLE AVERAGE DALLY PAYMENT RATES LEVEL OF CARE
Nursing Care
Shibot Linder 22
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Shefor 101ALS RESIDENTS SY PAYNENT SOURCE AND LEVEL OF CARE Medican Medicald Public Insurance Numbrg Care Skilled Under 22 Sheltstad Care TOTALS

S臣	RESIDENTS BY RACIAL/ETHINGITY GROUPING	ALEDBOOK	Y GROUP!	١		ATE	STAFFING	
RACE	Mercing	SHI MOZZ	105/00	Shake	Totals	EMPLOYMENT		FULL-TIME
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T A	*	0	0	٥	•	Physidens		800
HawaisaPac, NJ.	6		0	٥	0	Offector of Number		8
Wate	=	D	0	0	727	Registered Maries		82
Race Unimown	¤	٥	٥	•	Ŋ	S N		8
Total	142	0	٥	a	2.	Corffled Adam		92.00
					ı	Other Hosth Staff		88
ETIMACITY		SHUMGZZ	9	Shetler	TOPS	Non-Health Stat		82
Hapanic	*	0	-	0	-	Total		â
Non-Hispanit	=	0	0	0	7			3
Ethnicity Unknown	0	•	0	0	•			
Total	142	٥	۰	٥	142			
	WET REV	NET REVENUE BY PAYOR SOURCE (FISCAL Year Data)	# SOURC	E (Fiscal Ye	or Data)	5	Charley	Charty Cera
						ď	Cere Eq	Expense as A of
Medican	Medical	Other Public		Privado fraumendo	Private Pey	TOTALS EY	Expense To	Total Not Revenue
25.03	11.1%	40°0	-4-	2.0%	31.5%	100.0%		**0

Cere 8 8

TOTALS 100.0% 14,080,257

Private Pey 31.8% 4.478,471

360,000

Medicald 13.1% 1,841,372

Medicara 52,6% 7,400,414

Source Long-Term Care Feddin Questionnaire for 2000, Bands Department of Public Heart, Health Systems Development

WINTELD WOODS RESIDENTS BY PRIMARY DEAGNOSIS

28 WEST 141 UBERTY ROAD WASHELD, IL 60180

ILLINOON LOWG-TERM CLIKE PROFILE-CALENDAR YEAR 2005 WINFIELD WOODS

MARKIN

Heelth Sankto Avea D07 Plenntng Seinlico Aroa 703 Reference Numbers Facility ID 6005334

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

"Nervous System Non Alzhelmor Alzheimot Chrosso Mental Rhoss Developmental Chotolicy

nediceld Redpirat fedicers Redplent fental lifess

Orug Artificion

Health Service Area 007 Plenning Service Area 703 Feedily 10 6005334

28 WEST 141 LIBERTY ROAD

WARFIELD, IL 80190 Reference Numbers Contact Person and Tehrohome

Destrue Corp.

Onemia Darg 620-668-9696

Neoplestra Endochno?Aetabolic

Aggress/Anth-Societ Chronic Acorbolism Developments by Chebbod

Blood Disorders

Afterday System Disorders

spiretory System Circulatory Byetem

gentive System

Skin Characters
Musculo-electrat Cheoders
Helpries and Polisorings
Othor Medical Conditions
Non-Medical Conditions

Kotte: Reported restrations denoted by "I"

/entitrior Dependent medicus Disona w/ teolotion

Other Restrictors No Restrictions

Under 65 Years Oid Unable to Self-Medicate

Data Completed 4242000

Registered Agent Information

Micheel Cremanosco 111 E. Wecker, Suito 2000

CHCogo, 11, 60603

FACULTY OWNERSHIP LIMITED LIMITED LIMITED CO

Vitals Aid Reciplent

AVERAGE DAR,Y PAYMENT RATES LEVEL OF CARE
Aursing Care
Shilled Under 22
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Shetor TOTALB ㅁㅇ이걸 Medicare Medicard Public Nursing Care 5killed Under 22 ICF/DD Shaltered Care LEVEL OF CARE

			***************************************	***************************************			
æ	RESIDENTS BY RACIALIETHINGTY GROUPING	CALIETHING	ITY GROUP	£		DUITALE	
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O B C	67	0	0	0	•0	Physidens	90
上記を建造の方式、道、		٥	0	0	0	Officials of regarding	2
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Roca Unimoses	-	•	•	0	-	567	8.00
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Edmicity Undoorn	-	0	0	0	-		
Total	£	٥	•	•	ä		

ADMISSIONS AND DESCHARGES - 2008

Residents on 1/1/2006
Total Astrosione 2003
Total Checkneys 2008
Residents on 12/11/2006

0 0

AVAILABLE MEDICARE MEDICADO 9509 CENTIFIED CENTIFIED

BEDS BEDS SET-UP IN USE

EVEL OF CARE

LICENSEO BEDS, BEDS, IN LOS, MEDICARE/MEDICATO CERTIFIED BEDS

Charity Caro
Erpanso es % of
Total Not Revenue
0.0%

Chaiffy Care Expertso

100.0% \$252,190

Pitveto Pay 12.5% 665,402

Ozhor Public Private Insurance 0.0% 0.0% 0

Meditald 67.5% 4 590 791

Medicare Q.0%

HET REVENUE BY PAYOR SOURCE (Place) Year Data)

Satth Oce. Pet. 95.4% Licensed Peak Beds Š **X**00 TOTAL Pet. days BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOUPHER Herdon Modead Other Public Charity
LEVEL OF EAVE Pin days Occ. Pat Part Charity
Muran Cor. Pat Pat Cars Pat Cars Pat Cars Pat Cars Pat Cars
Muran Cor. Pat Pat Cars P FACTURY URICZATION - 2008 86.3% 13070 8 Ameny Core Subset trace 22 Intermediate Co. Contract Core TOTAL/REDS Skilled Under 22 Intormodiste DO Shelzered Cara

TOTAL Formit RESTORATS BY AGE GROUP, SEX AND LEVEL OF CARE . DECEMBER 31, 2008 INTERMED, DO NURSING CARE AGE GROUPS 65 to 74 75 to 84 45 m 55

Source Lary Twm Care Feetily Questionnahr to 2008, filtrath Copalitrans of Public Health, Health Systams Dovelopment

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Source: Long-Term Care Facily Questionnaire for 2008, Ninois Department of Public Health, Health Systems Developmen 8/17/2009

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PM 7/2009

DUPAGE CONVALENCENT CENTER	ADMISSION RESTRICTIONS	паслока	RESIDENTS BY PRIMARY DIAGNOSIS	580
MD IN COUNTY FARM RD	. Aggressive/Anti-Bodel	-	CHACINOSIS	
WHEATON, R., 60167	Chronic Alcoholism	-	Меореята	~
Retaining Numbers Facility ID 6002812	Davelepmentally Disabled	•	Endocthe/Natabale	•
Health Service Area 007 Planning Service Area 703	703 Orag Addiston	-	Ebood Disordors	0
Acmiejstrator	Martest Recipient	•	Nervous System Non Abheimer	Б
Beth Welch	Medicare Resident	•	Alzheimer Ulbesse	ß
	Montal Illness	-	Mental Thesa	÷
Contact Person and Telephore	Non-Ambulatory		Covelsymental Osotality	*7
Barbers Mide	Non-Mothite	Þ	Circulatory Bystem	3
	Public Aid Recipient	٥	Respiratory System	₽
	Under 65 Years Old	0	Digestion System	0
and the second of	Unable to Self-Medicate	0	Cembourinary System Disordors	47
Registered Agent information	Verifiette Dependent	-	Skin Disordera	•
	Introdious Disease ve topicalon	tation 1	Musculo-shalots Disorders	Ŋ
	Other Restrictors	•	faithfes and Poteorings	•
•	No Restrictions	0	Other Medical Conditions	8
FACULTY OWNERSHIP	Note: Apported restrictions denoted by 'I'	ns denoted by 'I'	Non-Medical Conditions	•

	LICENSED	BEDS, BEC	183 E 8	E, MEDICA	REMEDIC	LICENSED BEDS, BEDS IN USE, MEDICAREMEDICASD CERTIFIED BEDS	D BECOS		ADMINISTORS AND	
		PEAK	PEAK						DESCHARGES - JUSS	
	LICENSED BEOS	8503	808	803	8 E05	AVAILABLE	BEDS AVAILABLE MEDICARE	MEDICAID	Sampleson on 1/2/2008	ķ
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Number Care	500	ş	Ŗ	8	22	173	ន	906		- C
Sadhed Under 22	0	0	Ď	•	•	0		o	Residents on 12/31/2008	ß
Intermediate OD	0	O	0	Q	•	0		o		
Shellward Cara	0	•	•	•	0	ø				
TOTAL	508	덿	336	×	82	479	3	905		
79				_	ACUTY	FACTURY UPILIZATION - 2008	2002			•

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT BOURCE

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Wiled Under 22			Ģ	Š		-	0	0	0	60.0	0.0
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heltered Care				į	٥	٥	٥	0	٥	Š	Š
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Mode of Services Mode of Services Mode of Services Mode of Services Mode of Services Mode of Services Mode of Services Mode of Services Mode of Services Ferruse Ferruse		MURSIN	IG CARE	57. G	NDER 22	INTER	MED. CO	꿆	TERED .	ř	OTAL	GRAND
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	0.07,72	_	18 702 179		•	4	190,527		0	23 084 429	•		

8/17/2008

Source Long-Torm Care Faidly Questionnaire for 2008, Illineis Department of Public Health, Health Systems Development

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947/2008

Modelens Entactine Metabolic Bood Disorders "Navous Systom Non Atheline! Autheline Deesse Mental Bhess ADMISSION RESTRICTIONS Developmentally Disabled Aggmesthe/Anti-Social Chronic Abobotism Medicald Recipient Medican Recipient Chry Addedon Fartal (Frees) Health Service Area 607 Plantsing Service Area 703 Facility fo 6000251 MANOR CARE - NAPERVILLE 200 WEST MARTIN AVENUE NAPERVALLE, IL. 80540 Reference Numbers Anathu Ratha

HUNOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 - HANOR CARE - HAPERVILLE

Gerthoutnary System Disorders America Atalastal Cinordors Injerior and Policorings Other Medical Conditions Developmental ObjetoRy Cravatory System Opendes System Site Clearment Verdistor Depandant Infectious Diverse w/ Indiation Index 65 Years Oid Inette to Sea Headons Putter Ald Recipient Other Restrictions No Restrictions Deta Completed 4/21/2009 Contact Person and Telephone Registered Agent Information CT Corporation System 208 St. LaSoth Street

Anathu Raims 630-355-4111

Von-Medical Conditions linie: Reported residentary described by "1"

Chicago, IL 60804

ADMISSIONS AND DISCHARGES - 2008 LICENSED REDS, BEDS IN USE, MEDICAREMEDICAD CERTIFIED BEDS FACILITY OWNERSHIP LIMITED LIABILITY CO

Ratioonta on 171/2008
Total Admissions 2008
Total Discharges 2008
Residents on 12/21/2008 MEDICAID CERTIFIED AVALABLE MEDICARE BEDS CERTIFIED BES 8508 SET-UP Ş 9 LCENSED LEVEL OF CARE
Numbro Care
Stilled Under 22
Intermediate DO
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BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT BOURCE FACTURY UNILIZATION - 2003

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GRAND TOTAL Ferrals 4 P RESIDENTS BY AGE OROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2041 SHELTERED INTERNET, ID BIC UNIDER 22 MURSDAG CARE ACE GROUPS Under 18 18 to 44 45 to 59 13 13 18 18

Source Long-Torm Care Feeting Cuestionnains for 2000, (Bhoin Department of Public Hoarh, Health Systems Development

Page 1217 of 2242

200 WEST MARTIN AVENUE NAPERVILE, IL 60540

Reference Numbers Fedity (D. 600023) Health Service Area 007 Planning Service Area 703

TOTALS RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE Medican Medicaid Public Insurance 25.00

Norstra Cere Stated Under 22

SINGLE DOUBLE

AVERAGE DARY PAYMENT RATES

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Nº°

LEVEL OF CARE
Numing Care
Stiffed Under 22
Intermedials DD
Shelter ០០០ និ Shekarad Care TOTALE CFAD

RES	RESIDENTS BY RACIAL/ETHALCITY GROUPING	CALFETHARCH	TY GROUP	2		6	BTAFFING	
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Havenillery Pac. Ed.	0	0	0	٥	•	Obsertor of Murshing		1.00
NATION AND AND AND AND AND AND AND AND AND AN	*	•	۰	0	8	Registered Murses		8
Race Unknown	0		•			LPN3		90.00
Total	103	٥	0	0	ŝ	Cording Aides		34.00
						Other Health Staff		33.00
ETHACCITY	Phirade	SHUM22	Š	Shorts	Total	Non-Mesell Staff		32.00
Hispanic	7	0	٥	0	3	Totale		126 00
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Total	103	0		٥	ā			
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						J	Š	Experse as
Medican	MeScald	Other Public		Private insurance	Pribate Pay	TOTALS E.	Espanse	Total Not Reverse
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TOTALS 100.0% 12,288.328

Patronto Pary 10,7% 1,309,443

8.0 540,553 Medicald

Nedicara 53.6% 8,059,772

NET REVENUE BY PAYOR SOURCE (Flycal Year Date) Other Public Phrete Insurence 1.5% 15.4% 15.4% 100,498 1,093,043 Source: Long-Term Care Facility Gressionshins for 2008, Minds Department of Public Health, Health Systems Developm

971772009

ADMISSION RESTRICTIONS

Aggressbra/Anif-Sociel Chronic Abeholism Developmentally Chabled

Reference Numbers Fedity ID 60/9993 Health Service Area DOT Planting Service Area 703

WHEATON CARE CENTER 1225 MANCHESTER HOAD WHEATON, E. 80187

ILLINOIS LONG-TERM CARE PROFILE-CALPHOAR YEAR 2009 WHEATON CARE CENTER

WHEATON CARE CENTER 1325 MANCHESTER ROAD WHEATON, IL. 60107

Reference Numbers Fedity ID 600963 Health Senios Area DO? Pisareng Senios Area 703

ferrous System Wan Attheir

Endoctne/Metabotic Blood Disordien

relopmental Disability

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Medicare Rediplom Mental litress

sticald Recipient

AVERAGE DALLY PAYMENT RATES LEVEL OF CARE
Norsing Gara
Skilled Under 22
Intermediate DD
Shelter TOTALS Cherry RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE Other Medicaid Public Insurance 룓 Nutricky Care Skiled Under 22 ICF/DO Sheftered Care LEVEL OF CARE TOTALS

Genitourhan System Dispeders

Olgastran System

Injuries and Petsorings Other Medical Conditions Non-Medical Conditions Manado-statetal Claorden

TOTALS

Vote: Reported restletions demoted by '1'

FACAUTY OWNERSHIP UMITED PARTNERSHIP

niectous Orserse 🗝 Isolato

Carer Restrictions No Restrictions

Justile to Self-Medicals /entitator Depondent

Date Completed S/4/2009

Registered Agent Information

totals And Recopperate Jndey 65 Years Old

Contact Person and Telephone Lawyib G. Javies 630,468-2500

COURTS C. Jurie Admirestrator

SINGLE DOUBLE

WHEATON

RES	RESIDENTS BY RACIAL/ETHWICHY GROUPING	CULTETHING	TY GROUP	3 6		STAFFING	. 01
PACE	Mursing	Mursing Sidurida?	ICFOD	Shafter	Totals	EMPLOYMENT	PUL-TIME
Asian	0	•	0	0	-	CATEGORY	EQUIVALENT
Arner: Indian	-	•	D	0	-	Administrations	9.
Bhot	5	0	Ð	0	1	Physicians	0.00
Howelen/Pac. 194	a	0	-	0	0	Director of Nursing	8,
White	8	۰	0	0	8	Registrated Nurses	8,
Race Unknown	•	0	•	0	œ	CPNS	8.0
Total	#15	٥	-	6	110	Carified Aides	19.00
						Other Health Staff	900
EDWICTY	Numbry	Shilling22	CFOO	Shelter	Totals	Non-Health Staff	32.00
Hispanic	2	0	0	0	c÷	Totals	2008
Non-Hapanio	ţ	0	•	٥	1 07		
Ethnicity Unknown	•	•	•	a	٠		
Tobi	116	٥	-	0	118		

ADMISSIONS AND DISCHARGES - 2808

LICENSED BEDS, BEDS IN USE, MEDICAREMEDICALD CERTIFIED BEDS

	NST REVEN	UE BY PAYOR	NET REVENUE BY PAYOR SOURCE (Fluck Year Data)	(Deta)		Charty	Charley Charlity Care
				i		Ç	Expense on % of
Medican	Medicald	Other Public	Andicald Other Public Prinate Immunitore	Private Pay		Expense	Se Total Met Revenue
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Numbra Care	2	អ្ន	ž	ឱ	=	ů	18	2	Total Circhettes 2009
Staffed Under 22	0	۰	0	0	•	ò		Ģ	Residents on 12/31/2008
intermediate DO	٥	0	0	0	0	0		0	
Shaffered Core	c	0	0	•	0	a			
TOTAL DECK	Š	ž	123	ij	£	•	1.0	53	
31				•	ACILITY!	ACTURY UTILIZATION - 2008	2002		

FACILTY L'ILIZATION - 2003 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Licensed Peak Beds Beds Set Up Occ. Pet. Occ. Pol. TOTAL Pet, days Modesté Charle Insurance Par Centre Pri days Oct. Pet days Pari da M.1% 36439 2047 6.9% LEVEL OF CARE Pat days Doc Por. Nursing Cara Stalled Under 22 Intermediate CO Sheltered Care TOTALS

•		MESIDEN	ITB BY AG	E GROWP, SI	EX AND LE	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008	· DECE	IBER 21, 2008			
	N. L. S. S. N.	LARSING CARE	Ą	BKL UNDER 22	MER	NTERMED, DO	쁔	SHELTERED	۲	TOTAL	GRAND
AGE GROUPS	M218	Ferrale	98	Male Fernale	Male	Mais Fornele	Marks Marks	Miste Fernale	4	Fernate	TOTAL
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362	~	ţ	٥	•	٥	٥	0	۵	N	22	7
ģ	~	*	0	0	0	0	٥	•	2	50	В
TOTALS	8	8	o	6	0	•	0	o	8	8	5

9/17/2009

Shares Larg-Term Care Facility Questionnaire for 2003, Mindio Department of Public Health, Health Systems Devokopment

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Source: Ling-Term Care Facility Questionnaire for 2008, lithora Department of Public Health, Phalib Systems Developm

947/2009

ADMINISTON RESTRICTIONS

Aggrensk nv/Anti-Social Chronic Alcoholism Developmentally Obselved

Nedicaid Recipient Aedicare Recipient

नक्ताक्षा शिक्षक

Contact Person and Telephone

Joffey & White

Tristra Goodnough \$30-878-8100

hug Addiction

Reference Numbers Facility ID 6001713 Hastil Sevice Area 007 Planning Sewice Area 703

30 WEST 300 NORTH AVENUE WEST CHECAGO, IL. 80185

RESIDENTS BY PRINARY DIAGNOSIS

Neoplasma Endoctine Melabosa

Blood Disorders

WOOD GLEN RURSING A REHAB CTR. 30 NEST 300 NORTH AVENUE WEST CHCAGO, 11, 80183

Reference Numbers Feating (O. 6001713 Hostb Service Area 007 Praming Service Area 703

Mervous System Nan Alzheimer Azheimer (Kaesse Memasiènets

Developmental Obustiffy

replietory System Cittalistary System

Ogestive System Sidn Claordera

RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE

TOTALS 8000 Other Medicald Public Insurance Munsing Core Stiffed Under 22 Shalared Certs

TOTALS

Mountary System Croaders

Injuries and Polsonings Other Medical Conditions Non-Medical Conditions Musculo-shaleds Disorders

TOTALS

Yore: Reported restlictions denoted by 'I'

FACULTY OWNERSHIP UNITED LABILITY CO

Ventitator Depondent nitectoria Diversa w/ Rolation

Other Restrictions

Unable to Self Medicaro Public Ald Recipient Under 65 Years Ob

Darb Completed 4/9/20/9

Registered Agent Information

SINGLE DOUBLE

Nursing Care 6xtled Under 22 Intermediate DD Sheller LEVEL OF CARE

AVERAGE DAILY PAYMENT RATES

WEST CHICAGO

ILLIND'S LONG-TERM CARE PROFILE-CALENDAR YEAR 7001 WOOD OLEN MURSING & REMABICTR

Porce		RESTORNTS BY RACIAL/ETHNICHY GROUPING	T GROUP	3		STAFFIND.	
Anim	Munding	SMUnd22	tCF/DD	Shefler	Totals	EMPLOYMENT	
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Effect	ā	0	0	0	ā	Physidans	000
HerzienPat. 14,	0	0	0	٥	0	Director of Narshing	8
White	178	0	•	•	Ë	Registered Nurses	11,00
Rece Unknown	0	0	0	•	٥	CPNN	8,
Total	ê,	0	٥	0	88	Certified Airlos	18.80
	1	40.00	9		i	Other Health Staff	14.00
- Detin	Duran.	SULPREZZ	5	Share	10mg	Non-Health Stad	37.00
Hispenic	÷	0	Þ	0	œ	- Figure	2
Man-Heapenic	18	0	0	0	ě	1	
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Total .	200	۰	۰	0	200		•

ADMISSIONS AND CESCHARGES - 2009

Residente en 1/1/2008
Total Admissions 2008
Total Discharges, 2008
Residenta en 12/31/2008

MEDICAID CERTIFIED

I AVAILABLE MEDICARE N E PEDS CERTIFICO C

BEDS IN USE

8ED3

PEAK LICENSED BEDS BEDS GET-UP

LEVEL OF CARE Nursing Care Sidled Under 22 Intermediate DO Shettered Core

LICENSED BEDR, BEDR IN USE, MEDICARE/MEDICALD CERTIFIED BEDS

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	Charity Charity Care	Coro Experise as % of	Experse Total Not Rovenue	9000	•
			TOTALS	100.0%	9 787 7469
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	NET REVENUE BY PAYOR SOLRCE (Fiscal Your Date		Alectosic Other Public Primits Insurance	0.1%	8.75
	UE BY PAYOR		Other Public	0,074	٥
	NET REVEN		Medicald	18.6% 18.6%	8,002,402
			Madicaro	Ž	948.530

Set Up Oct. Pet. 97.1% Licensod Pagk Beds

TOTAL Pat. days

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE Hedraid Other Hubble husiness Perfore Champ Perform One Per Performs Perform Conne 67695 88 48.

Medicara

FACHLITY UTILIZATION - 2008

182 182

TOTO TO CO.					•		•				
LEVEL OF CARE PER USES OUT PER CORE OUT, POR USES PER CORE PER CORE PER CORE	8	F.	Z Cara	98. Pg	Pot. days	Pat, dmps	Post तंत्रपुत	Pet, days	Pat. days	OR. PA OR. PA	
Number Care	ş	27	979	\$ BB	•	27	2635	0	73588	97.1%	67.1%
Skitted Under 22				Š	•	•	0	0	0	6	200
Intermediate DO			_	e e	۰	۰	O	•	0	800	£ 0
Shehered Care					•	•	0	•	0	É	\$
TOTALS	2043	, Z	67685	89.4%		#	3403		73588	07.1%	87.1%

		3	ZENTE BY	8	HESIDENIA BY AGE GROUP, SEX AND LEVEL OF CARE. "DECEMBER 31, 2008		18° 18'	CEMBER 31.	506		

		HENDENIA BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008									
	ALPISIN.	NURSING CARE	3,00	SKI, UNDER 22	REFER	INTERMED, DO	쭚	SHELTERED	_	TOTAL	GRANE
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TOTALS	ŝ	2	٥	b	-	۰	٥	۰	109	a	ş

Boarce Long-Term Caro Peday Guesticandre for 2008, listica Department of Pulno Health, Health Systems Development

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9/17/2009

Source Long-Term Care Fectiv Discedemate ha 2008, Lilnois Deportment of Public Health, Health Systems Developmen

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8/17/2009

OSWEGO	
The Tillers Norsing & Rehab Center, Inc.	
rlings long-term care profile-calendar year 2000	

The Titlers Numbing & Refush Center, The	Į.	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	RIMARY DIAGNO	8
4390 ROUTE 71		Aggrasaine/Anti-Social	CHAGNOSIS		
CSIMEGO, IL 80543		Chronic Ababahan 0	Neoplagnts	,	-
Reference Numbers Facility 1D 6009401	SHG.	Developmentally Clastified	Endocthe/Actubals		~
Health Sandos Area 000 Planting Sendos Area 093	infre Aree 093	Drug Autholien 1	Blood Claordens	•	~
Admiristrator		Medicaid Recipiem	"Newous System Non Atthelmer	on Atzhelmer	,
Robert M. Saron		Medicara Racipient 0	Alzheimer Disease	•	œ
		Manufact (Brayers	Marita West		۰
Contact Person and Telephone		Non-Ambukatory 0	Devolopmental Disatality	A P	~
Breft Sgron		Mon-Mohile 0	Circutatory System		⊼
830-554-1001	į	Putritic Ald Recipient 0	Respiratory System		~
	Commente	Under 63 Years Old 0	Обратова Бултан		-
	Q00007	Unable to Bolf Medicate 0	Centractnery System Disorders	m Obordera	*
Registered Agent fracemetion	POSITION AND ADDRESS OF THE PO	Ventilator Departdent	Side Disorders		-
Micheel Juraset		Intentions Disease w/ Isolation 0	filesculo-atalanal Chaptaera	spride:s	•
35 West Morace St. suite 1100		Offise Restrictions 0	hiputes and Potsonings	5	\$
Chicego, P. 60503		No Restrictors 0	Other Modes Conditions	Bota	0
FACH ITY CHARESHIP		Mary Branch or death of the Control	Non-Wedgel Conflicts	200	•
FOR PROF CORPORATION		these, repaired restitutions desired by	TOTALS		2

ADMISSIONS AND CHECHARGES - 2503 UCENSEO BEDS, BEDS IN USE, MEDICAREMEDICATO CERTIFIED SEOS

		ž	PEAK						one - canadam	•
,	LICENSEO	8CD	SCO8	BEDS	BEDS		AVASABLE HEDICARE MEDICALD	MEDICALD	Resistents on 177,008	7
LEVEL OF CARE	8503	SET-UP	8	USED SET-UP IN-USE	¥ CSE	14 Ta	CERTIFIED CERTIFIED	CERTIFIED	Total Admissions 2008	1
Nursing Core	88	8	S	76	76	23	7	P	Total Discharoda 2008	2,0
Shifted Under 22	•	0	0	•	0	•		0	Residents on 12/31/2003	2
intermedate DO	Þ	•	•	0	0	Ó		0		
Shokared Care	•	0	0	۰	•	٥				
TOTALBEDS	8	2	8	6	2	ಣ	ā	9		
33					A COUNTY	ACTUITY UTHITATION - YOUR	TOUR STOUR			

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Littinged Pept Beds	Bods Set Up	Ober Put Oper Put.	1 <u>4</u>	*600 *C00	W0.00 40.00 4	* 0.0% 0.0%	80.3%
	101	Per. days	23062	٥			279065
Ì	ŝ	Par. chay	•	0	0	•	0
£	Ì	Pet day	19249	•	9	•	19246
	STATE OF STA	Pet co	ğ	-	0	•	Ē
	Other Public	P.C. days	•	•	•	-	•
	ā	뷮	68.74	6	ģ		£.8
	Merchanic	Pat days C	<u>*</u>	•	•		1484
	e		272 53.6%				£.53
	Medicara	Par days	223				6272
		LEVEL OF CARE Piet days Oct. Pet days Oct. Pet days Pet days Pet days Pet days	Munsing Care	SMed Under 32	Intermediate DO	Shellered Care	TOTALS

residenty by ace group, bex and level of care - december 31, 2008

									2		
	MISHON	MURSING CARE	200	SC UNDER 22	PET S	INTERNED, DO	쭒	SHELTERED	۲	TOTAL	CRAND
AGE GROUPS	Mato	Mate Formule	22	F		Mark Ferrale	444	Make Fernado	8	Mete Ferrale	TOTAL
Under 18	0	0	0	Q	0	•	0	•	•	0	•
16 to 4	٥	•	0	0	•	٥	0	•	0	0	•
45 to 30	-	-	0	0	•	۰	•	•	-	-	~
15 ac (8)	-	-	0	0	۰	۰	0	0	-	-	~
65 to 74	7	4	0	0	•	•	•	•	N	~	•
75 to 04	7	7	0	0	0	0	0	0	•	5	52
55+	-	8	0	•	٠	Q	0	o	^	8	Ŷ
TOTALS	15	£	0	0	۰	o	0	0	15	2	R

Source Long-Term Care Fedday Quasdonnelin for 2008, Minds Department of Public Hoath, Health Systems Development

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REENOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 The Tibers Munching & Refeb Cembe, Inc.

The TOkes Numbing & Refats Center, fro.
4308 FOLTE 71
OSWEGO, IL. 1054.1
Reserved the Number - Ending ID. 6003401
Health Centers Area 009 Plainting Service Area 093

REI	SEEMTS BY	PAYMENT	SOURCE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE	10 PC	2		AVERAGE DALLY PAYMENT RATES	Y PAYMENT	RATES
LEVEL Cerson	1	Charter Made Date Inches	e de		Private Charlity	5	Charly	LEVEL OF CARE	SINGLE DOUBL	1800
	i Britania i		2	THE PERSON OF	Ē	3	2	Myratery Cara	E	ži
Harsing Care	**	•	o	0	ŧ	۰	e	Shilled Under 22	0	_
Skilled Unday 22	0	•	0	0	0	0	0	Internedate DO	0	_
iCF00		•	0	0	0	0	0	Sheller	-	
Sheltend Care	:		0	•	•	٥	a		•	
TOTALS	82	-	۰	0	ı	٥	٤			

EG9	RESIDENTS BY RACALETHMICTY GROUPING	KALETHMO	ITY GROUP	£		STAPFING	ş
RACE	Newfing	Standzz	CERO	Shelter	101	EMPLOYMENT	FUL TIME
Asian	0	0	٥	-	-	CATEBORY	EOUVALENT
Amer, Inden	0	•	0	0	•	Administrations	8.
Black	۰	٥	0	0	0	Physicians	80
Havellander, M.	٥	٥	0	0	۰	Director of Numbing	9.
White	æ	•	0		£	Rogistand Nurses	16.00
Rate Untrown	0	•	Ф	0	٥	\$ <u>\$</u>	8
Total	10	0		0	92	Certified Aldes	8
7	1			;	;	Other Health Staff	00:0
HWCII	Surray.	SECURIZE	00/50	Sheetar	Total	Non-Health Staff	8
Haranet Haranet	0	0	٥	0	6	Totals	00 801
Non-Hs panto	æ	0	٥	0	P	!	
Ehrlich Untnown	0		0	0	0		
Total	E	0	•	٥	2		

	NET REVEN	UE BY PAYOR:	VET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	r Oarle)		Chentry	Chierty Cera
Madiones	1	44.0	others from	100	2004	E .	C. Douge its % of
			anua mena stanta	in a north	9		DOMESTIC PROPERTIES
\$	102	*60	0.4%	51,0%	100.0%		\$
4,093,474	172,895	0	26,536	4,551,052	6,824,046	•	

6002/21/6

ADMISSION RESTRICTIONS

Aggrestes/Arth-Bodel
Chronic Acoholium
Developmentally Disobled
Drug Addiction

Rehence Numbers Facility ID 6014955 Health Sentos Area 007 Planting Sentos Ates 703

WESTBUAY CARE CENTER 1800 ROBIN LANE

USLE, IL 60532

adcare Redplen

RESIDENTS BY PRIMARY DAGADSIS

HESTBURY CARL CENTER

1600 ROBIN LANE LISLE, IL, 60532

Health Service Area 507 Planning Service Area 703 Facility 10 8014955 Reference Numbers

Nervous System Non Alzhei Azheimer Disesse

EndoctheMetabole Blood Obenters

velopmental Disability

RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE

STHOLE DOUBLE

LISE

ALINOM LONG-TERM CARE PROPILE-CALENDAR YEAR 2008 WESTBURY CARE CENTER

ž

AVERAGE DAILY PAYMENT RATES Nurting Care 93/bd Under 22 bramodists DD 3hother LEVEL OF CARE TOTALB Medicare Medicaid Public Insurance 2 Number Care Stilled Under 22 icF/DD Sheltered Care

Derhary Bystem Disorders

Respiratory System Digostre System Inculationy System

Skin Disordera Mosculo-skeletal Disordera tripistes and Pothorings Other Medical Conditions Netwikedizal Conditions

Variation Dependent relections Disease w/ Isolation

Anable to Self-Medicate Public Ald Resiptem Under 25 Years Old

Completed 4/23/2009

Registered Agent Information

Coefect Person and Telephone Celty Foreign GO-810-000

Cathy Flanagen

Note: Reported restrictions denoted by Th

PACILITY OWNERSHIP LIMITED LIABILITY CO

As Residents

FULTINE EDUIVALENT STATFING Concer of Nursing Registered Nurses CATECORY Certified Aides Other Health Staff Non-Health Staff Totale Administrators RESIDENTS BY RACIAL/ETHNICHY GROUPING Hospitan Pac. N. Race Undnown Agree, bridge

7

FTHMCTTY

£ 1 % 2

Residents on 1/4/2003
Total Adentesions 2008
Total Discherges 2008
Residents on 12/31/2008

ADMISSIONS AND DISCHARGES - 2008

LICENSED BEDS, REDS IN USE, MEDICARE/MEDICAND CERTIFIED BEDS

Hispanic	•	0		0		Total		78.00
Non-Hapanic	7	o	~	-	•			
Ethylothy Untrrown	0	0	•	۰				
Total	\$	0	2	6	1			
	HET REVEN	UE BY PAYOR	HET REVENUE BY PAYOR SOURCE (Flucal Year Data)	Year Date			A C	Charty Care
Modesire	Medicald	Other Pubble	Other Public Private Insurance	_	Private Pay Ti	TOTALS	Epenso	Total Net Revenue
22.3%	1600	5	7	£	66.4%			6 .0

100,054 7,005,818

Private Pay 88.4% 4,630,799

Other Public Private Insurance 0.0% 1.3% 0.0% 0.0% 0.0%

Modeste 32.3% 2,280,938

AVAILABLE MEDICARE MEDICAD

BEDS CERTIFIED CERTIFIED 95 PEAK LICENSED REDS LEVEL OF CARE Street Lines Core
Street Lines Core
Street Core
Toring Ecos
Toring Ecos
Toring Ecos

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE FACILITY UNITZATICN - 2508

Licenson Post Beds
Both Set Up
Oper, Pet. Oper Pet.
68.8% 88.8% 6 8319 Modern Medical Other Public Petros Cherty

Holdsid Other Public Petros Oce Pet Petros Cherty

Minter Const. Petros 6319 8 8 Š 5185 25.0% Selled Under 22 Intermediate CO Shaffared Care TOTALS

RESIDENTS BY A OE GROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 2009
ARE SIX UNDER 22 INTERMED. DD 8HELTERED

TOTAL Female ENG. UNIDER 22 NURSING CARE AGE GROUPS 5 MAS 15 to 44 45 to 59

Source Long-Term Care Fedility Outstoonains for 2008, Illinois Department of Public Health, Mealth Systems Developmen

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Source Long-Term Care Facility Questionnains for 2009, Illinois Department of Public Health, Health Systems Developme

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8417/2009

SNOW VALLEY NRBG & REMABICTR	ADMISSION RESTRICTIONS	RELIDENTS BY PRIMARY DIAGNOSIS	21SO
5000 UNCOLN AVENUE	Aggranates/Anti-Social	DIAGNOSIS	
LISLE, IL. 60537	Chronic Alcoholism	Меоріезтв	٥
Reference Numbers Facility ID 6006078	Dove-topmentally Citabled 1	EndocrineAllatetolic	٥
Heelch Service Area OG? Plansfrig Service Area 703	Drug Addiction 0	Blood Cheordens	•
Administrator	Medicald Recipient	"Newcas System Non Alzheimer	•
Doing Variable	Medicano Radiplant	Atheiner Chatere	8
	Mantal thans	· March Green	•
Contact Person and Telephore	Non-Ambulatory 0	Developmental Disability	•
Debigs Vadidar	Non-Motile 0	Chountony System	•
630-652-5100	Public Aid Recipient 0	Respiratory System	•
Completed	Under 65 Years Old 0	Digestro System	•
	Unable to Serf-Medicate 0	Gertholithary System Disorders	•
Agent information	Ventilator Dependent	Ston Disorders	0
David Arcain	Infectious Ciseases w Incistion 0	Meaculo-eleiptel Disordana	**
	Other Restrictions 0	Injustes and Potsonings	۰
CVBriblion, IL BUACUZ	No Restrictions 0	Other Madical Conditions	-
PACILITY OWNERSHIP	Mars. Description and officer described to: 2)	Non-Markosi Conditions	0
LIMITED LIABILITY CO	to day the state of the state o	TOTALS	₹

		ş	₽ 4	; 2	=	•		
ADMISSIONS AND	DISCHARGES - ZOON	and the same of the same of	Trial Administration 2008	Total Charlemen 2013	Residents on 12/31/2009			
		MEDICAD	CERTIFIED	22	٥	•		5
D BEDS		AVAILABLE MEDICARE	CERTIFIED (ā				5
AEDASEO BEDS, BEDS IN USE, MEDICAREMEDICAJO CERTIFIED BEDS		_	HECK	2	0	0	0	01
REMEDIC		BEDS	il N	÷	0	٥	٥	+
. MEDICA		6	USED SETUP INUSE	š	•	•	•	5
SO IN USE	ž	200	OEED	*	0		0	ě
BEDS, BEI	ž	8	SET-UP	51	0	0	٥	25
LICENSED		LICENSEO	SG 39	\$	0	٥	0	15
			LEVEL OF CARE	Marriang Core	Skilled Under 22	intermedate DO	Shaffered Care	TOTALBEDS

85

FACURY UTILIZATION - 2005 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE PAYER PHOSA CHRITY

							2			5		
	Medican	ę	Medicald		Other Public Insurence		A N	5	TOTAL	Bects	Ste	
LEVEL OF CARE Patchy One. Pcf. Patchys Occ. Pct. Pet. days		F. P.	Pat days	E S	Pet. days	Pat. days	Pat. days Pat. days Pat. cays	Pet cays	Pet, days	100 Pd		
Number Care	<u>5</u>	£	10516	ž	•	Þ	63	•	16915	\$9.0g	\$600B	
Skilled Under 22			•	6	۰	•	0	۰	•	É	ć	
intermediate DO			a	É	۰	٥	0	•	٥	60.0	ő	
Shaffered Care					•	٥	•	•	0	150	r di	
TOTALS	Ē	5	10518	\$6.3%	0	101	4670	0	16915	8.9	80°E	

		RESIDE	METER BY AC	ill GROUP, 5	EX AND LE	RESIDENTS BY AGS GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2004	- PECE:	KBER 30, 20	3		
	KERSH	URSTING CARE	3 28	SKI, UNDER 22	INTER	INTERNED, DD	E S	SMELTERED		HAL.	GWWD
AGE OROUPS	Male	Mode Formatio	Mate	Ferrada	of N	Mate Female	Netes	Mate Ferrale	15	Math Farrels	TOTAL
Under 18	0	٥	0	٥	0	0	o	•	•	-	-
13 to £	•	٥	0	4	٥	٥	0	•	0	0	0
45 to 59	0	-	0	a	۰	•	0	•	0	-	-
50 to 64	***	ĸ	ø		0	•	0	0	~	•	w
63 to 74	٥	7	0		0	•	0	0	•	4	ri
325	2	œ	0	-	0	•	0	•	N	ÇÎN.	=
85+	-	2	0	-	•	•	0	0	*	Ė	R
TOTALS	1	ž	•	0	0	6	0	۰	1	A	7

Source Long-Term Care Feetity Questionness for 2000, Blook Dopartment of Public Health, Health Systems Development

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ILLINGIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 SNOW VALLEY NRSG & REHAD CTR

USLE

SHOW YALLEY NISO & REHAB CTR SOOD UNCOLN AVENUE USLE, R, 80532

Reference Mumbers Fedfry ID 6006376 Health Service Area 007 Plenning Service Area 703

Ð	RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE	PAYMEN	BOURC	E AND LEV	E. OF CA	¥		AVERAGE DARY DAVISENT DATES	DAVISERIT	. 07170
LEVEL			8		Private	Private Charity		EVEL OF CARE		STATE OF STA
OF CARE	Medican	Medicald	Public	Medican Medicald Public Impurance	è	į	Care TOTALS	Number Care	2 2	S
Nursing Care	6 7	ន	٥	0	**	٥	;	Skind Under 22	•	
Stelled Under 22	•	۰	0	0	٥	Þ	0	Printern and acts OO	•	
ICF/DO		۰	•	0	Þ	0	۰			· c
Shaltered Care			٥	0	•	٥	0	Ī	•	•
TOTALS	n	Я	٥	•	*	•	4			
	RESIDEN	TS BY RAC	ALCETH:	RESIDENTS BY RACIAL ETHNICITY GROUPING	2			STAFFING	2	
RACE		Negho	SHORE	Nursing Statuto2 ICF/CD Shifter	Š		Totah	EMPLOYMENT		FULL-TIME
Andan		,	ľ				.	CATECORY	Ĉ	FAST ENT

	RESIDENTS BY RACIAL/ETHNICITY GROUPING	CALETHNICT	Y GROUP!	£		18	STAFFUNG	
RACE	Nursho	Numbra Status 22	CFOD	SP MAN	Totah	EMPLOYMENT		FUL-TINE
Asien	+	٥	-	•		CATECORY		EQUIVALENT
Amer. Indien	•	0	₽	0	0	Administrators		87
Biack	M	0	0	٥	2	Physidens		8
Hawades Pao, Isl.	•	0	0	٥	o	Obsertor of Nursalno		8,
YAPAGO	Я	٥	0	٥	8	Registered Nurses		8
Race Unknown	~	0	•	6	~	No.1		8
Total	÷	0	-	~	÷	Centred Aldes		120.
-				•.		Other Health Start		207
EDWICTY	Nursing	SKUMZZ	<u>8</u>	Steller	Total	Non-Heath Staff		16.00
Hapanio	~	•	0	٥	2	Transfer		27.00
Non-Hapanic	Я	•			ß			
Etherioty Unioness	0	0	•	0	0			
Total	41	0	-	a	=			
	NET REVE	NET REVENUE BY PAYOR SOURCE (FISCAL YEAR DASS)	R SOURC	E (Fiscal Ya	ar Deta)		Charmy	Charley Care
							e S	Expense as % of
Medicara	Mendone	Other Public Printe Insurance		frequence	Private Per	TOTALS	Erpense	Total Net Revenue
17.0%	47.3M	40°	_	1,5	£,	100.000		6.0
161.04	1 285 067	•		;			•	

TOTALS 100.6% 2,720,559

Private Per 34.2% 931,604

Other Public Private Insurance ACM 1.5% 0

Messcarid 47.3% 1,285,967

Medicare 17.0% 461,195

Source: Long. Farm Cere Fielly Overstoonsies for 2009, Illinots Dopartment of Public Health, Health, Health, Systems Development

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MAPERMI	
ALDEN ESTATES OF NAPERVILLE	
LLINDIS LONG-TERIS CARE PROFILE-CALENDAR YEAR 2008 — ALDEN ESTATES OP NAPERVILLI	

ALDEN ESTATES OF NAPERWILE	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY CHARGOCTER	P
1525 SOUTH OXFORD UANE	Aggregative/Anti-Sodial	-	DIAGNOSIS	
AMPERVALE, IL 60565	Charle Alecholism	_	Neoplesma	0
Reference Nonchers Fedility to 6007033	Developmentally Disabled .		Endocrine/Metabotic	ĸ
Hearth Service Area BOT Parroling Service Area 703	Drug Addiction		Blood Disordays	٥
A deniminatorios	Medicald Reciptors		"Have System Non Alzheimer	8
Clara Leonard	Medicare Recipient	۰	Alzhelmer Diserse	R
	Mental Ilmss	۰	Montal Process	٥
Contact Person and Telephone	Non-Ambudatory (Developmental Oktobility	-
Chris Relation	Non-Mobile		Circulatory System	27
773-288-3873	Putble Aid Recipient	٥	Respiratory Synthern	-
Completed	Under 65 Years Old	0	Digestine System	-
	Unable to Sett-Medicate		Gentourhary System Disorders	۰
il Information	Ventiator Dependani	_	Skin Disordera	٥
Kanneth J. Flach	Infection Disease w/ Induton		Masculo-steletal Deputors	0
4200 W. Peternon A.va. Suite 140	Other Restrictions	0	dripules and Poissonings	۰
Checkgo, it suchs	No Pestrictions		Other Meritoral Conditions	0
FACTUTY CHANGESHIP	Martin Barrented meritaines described for		Non-Medical Conditions	۰
FOR PROF CORPORATION	The state of the s		TOTALS	121

		DKAK	DEAN						ă	DISCHARGES - 2008	900
			,	-	1						
		8	8	803	96 60 80	AVAILABLE	MEDICAR!	MEDICARD		Registeries on 171/2008	37
EVEL OF CARE	SEDS	왕	8	2 178	is use	BEDS	CERTIFIED	CERTIFIED		Total Actualments 2000	2 8
Nursing Care	200	£	<u>1</u>	5.	πı	£	Ř	F	Total	oftel Phychemore 2078	
Salled Under 22	0	•	9	-	0	0			Residents	Residents on 12/11/2008	
fixte.mediate DD	0	0	-	•	ò	0		•			
Shellored Care	-	•	0	0	0	0					
TOTALBEDS	202	Ē	£	2	121	78	8	2	1		
36				_	PACILITY	FACILITY UTILIZATION - 2008	2003				
i			BY LEVEL	GF CAR	E PROVIDE	BY LEVEL OF CARE PROVIDED AND PAINENT PAYMENT SOURCE	INT PAYMEN	T SOURCE			
						Private	Private	(Appelle)		Commed	Prest Beech
	Medicara	5	Modicald	智	Other Put	Other Public Insurance	Pary.	8	TOTAL		5
EVEL OF CARE PARCHY OCH POR	Per ctoys 0	- 1	Pat. Unya Oct. Pct. Pat. days	S. P.	Par day	Pet days	Pat days	Part days	Pet, days	90 80 80	a a
Musing Care	787	ž.	41715	5		1173 218	\$	-	\$0841	25	78.9%
Birthord Umdor 22			_	Š	*		0	0	0	0.0%	80
Intermediate DO			-	Š	*	_	۰	۰	0	0.0%	Š
Shohered Care						- -	6	•	0	1600	6 00
TOTALS	1 02	¥8.	\$134	\$2.13	1173	3 216	9897	c	\$0041	83.7%	78.8%

		MEBIDEN	ITS BY AG	E GROUP,	SEX AND LE	REDIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 2006	- OECE	HBER 11, 2008			
	MURSEL	AURENIG CARE	SP US	SAL UNDER 22	21.ES	INTERNED, DO	SHE	SHELTERED	¥	TOTAL	SAN O
GE GROUPS	् श्रम्	Made Fernele	Mak	Fernale	28	Make Formate	4	Male Female	¥86	Mase Ferrate	TOTAL
Under 18	9	-	0	9	٥	٥	٥	0	-	0	0
18 to 44	0	-	0	•	•	-	0	٥	۰	_	-
45 to 59	2	n	•	0	0	•	0	٥	2	-	5
60 to 64	•	7	0	6	0	•	0	۵	m	М	v
65 to 74	•	0	•	0	0	-	0	٥	æ	2	2
75 to 84	2	23	0	0	٥	-	0	0	5	æ	\$
450		Ŧ	۰	0	0	•	0	ø	ø	2	2
TOTALS	€	2	٥	0	a	o	0	-	\$	4	121

Source Long Form Cara Pacity Questionnaire to 2000, Illinois Dopariment of Pytho Health, Health Systems Developmen

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RLINO'S LONG-TERM CARE PROFILE-CALENDAR YEAR 7008 ALDEN ESTATES OF NAPERVILE

NAPERMLLE

ALDEN ESTATES OF IMPERNILLE
1525 SOUTH OXFORD LAVE
1625 SOUTH OXFORD LAVE
1625 SOUTH OXFORD LAVE
1625 SOUTH OXFORD LAVE
1625 SOUTH OXFORD OXFO

ā	,
LEVEL OF CARE	1
ENT SOURCE AND	
RESIDENTS BY PAYM	

Ä	RESIDENTS BY PAYMENT BOURCE AND LEVEL OF CARE	PAYMENT	SOURCE	E AND LEVI	TO COL	æ		AVERAGE DALLY PAYMENT RATES	Y PAYMENT	RATES
LEYEL OF CARE	Medicare	Medicard	Pot S	Other Medicare Medicaid Public fineurance	Private Charity Pay Care TOTALS	Private Charity Pay Cens	TOTALS	LEVEL OF CARE	SINGLE	SINGLE DOUBLE
Nursing Cere	21	8	-	-	Ξ	•	127	Stellard Uniter 22	3 0	9
Skilled Under 22	a	0	0	₽	٥	0	-	OC attraction	•	
CFADD		0	0	•	D	0	-	Shafter	•	
Sheltered Care			0	•	٥	0			•	•
TOTALS	12	ē	n	-	Ξ.	٥	121			
	REBIDEN	TS BY RAC	ALETH	REBIDENTS BY RACIAL/ETHIACTTY OROUPPING	COMMO			STA	STAFFING	

REN	REBIDENTS BY RACIAL/ETHNICTLY OROUPING	MALETHNACT	Y GROUP	NO.			STAFFING	•
RICE	Wareting	SkUndzz	ICF/DD	Shafter	Totals	EMPLOYMENT		FULL-TIME
Acien	*	٥	٥	b	+	· CATEGORY		EQUIVALENT
Armen, hazkan	9	a	-	-		Administrations		8
Shek	7	o	-	-	7	Physicians		8
HavetenPac. N.	•	a	-	-		Director of Nursha	9	1.00
White	116	0	-	-	118	Partitioned Nurses		87.5
Pace Unfortuna	Ġ	0	0	٥	•	. E		5.7 E.7
18.	127	•	0		121	Certified Alden		27.23
					į	Other Faster State	10.0	3.91
ETHENCITY	Munding	SidUnd22	10F/00	Chetter	Totals	Non-Health Staff		40.39
Hapanic			٥	-	*	Totale	· veter printer (envelope)	P7 64
Hon-Hapenite	#	o	0	٥	611			5
Ethridiy Unknown	٥	0	0	٥	•			
Total	121	0	0	٥	127	-		
	NET REVE	NET REVENUE BY PAYOR BOURCE (FISCAL YOUR DATA)	S BOURC	E (Piscal Ya	ar Ostal		Charty	Charry Cere
				7	Ì		5	Expense as % of
Medicara	Medicald	Other Public		Private traumance	Princip Pay	TOTALS	Expertise	Total Not Reversion
15.9%	£ 5	2.8%		20%	1,5%	138.TB		600
128.180	5 974 287	220047		C19 612	200	4 000 000	•	

FACILITY NOTES 514/2008 Name changed from "Alden-Naparville Rehab & Care".

Name Change

8117/2009

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HRLLSIDE PEHABIUTATION & CAPP CENTER	NTER TER	ADMISSION RESTRICTIONS	9	RESIDENTS BY PRIMARY DIAGNOSTS	StSC	
1308 GALVE FARM ROAD		Apprenaive/Anti-Social	-	DIAGNOSIS		
YORKWILE, IL 60560		Chronic Acoholism	0	Neopleams	-	
Reference Numbers Fedity ID 6004451	453	Developmentally Disabled	-	Endocrinablembolic	_	
Health Sewice Area 000 Planning Bervice Area 003	co Aros 003	Drug Actitation	-	Blood Disorders	-	
Arterinferenter		Medicald Recipient	0	"Marrow System Non Azhemer	Ŧ	
Jacob Kocas		Medicare Recipient	٥	Altheimer Diseases	12	
		Months (floors	-	Montal Brace	-	
Captact Demos and Talenhore		Non-Anturkalony	•	Owelopmental Osability	۰	
Andth Kocza		Hon-Watih	٥	Chrustany System	4	
630-557-5611	;	Public Aid Recipient	•	Respiratory System		
		Under 85 Years Old	0	Digostive System	~	
	The Pool	Unable to Salfadedicate	•	Gentourisary System Disordors	m	
Registered Agent Information	*2021124	Vandistar Dependent	-	Shiri Chordens	٥	
		Infectious Discusse we Inclution	•	Machinish sharinted Disputions	2	
		Other Restrictions	•	Injuries and Policorings	•	
		No Restrictions	0	Other Medical Conditions		
		Manage of the second se	, J. P. 197	Non-Wedest Conditions	0	
LANTED LABILITY CO		ישוני. עולאטנים ובזוניםטעם מפשעים וא ז	6	TOTALS	ž	

ADKISSIONS AND DISCHARGES - 2008 LICENSED BEDS, GEDS IN USE, MEDICARE/MEDICATO CERTITIED BEDS

מפיניאנותבים - יניתים	AVAILABLE MEDICARE MEDICAID Suctions on Income	BEDS CERTIFIED CERTIFIED Total Administration 2008	15 79 58 Total Charterons 2008	0 Residents on 12/31/2009	•	c	15 79 58	ACTITY UNITZATION - 2008
	BEOS	₩ 25 2	2	•	0	0	3	ACIUM U
	8	SET UP IN USE	6	•	0	0	69	
Æ	RECO	89	8	6	•	•	2	
Ä	REDS	SET-UP	8	0	•	0	8	
	LICENSED	BEDS	ž	0	0	•	٤	
		LEVEL OF CARE	Mushing Care	Skilled Under 22	Od enganement	Shortwood Care	TOTAL	37

FACILITY UTILIZATION - 2008 BY LEVEL OF CARE PROVIDED AND PÄTTENT PAYMENT GOURCE

						et et et	Printe	Ę		Lonnoed	Pert Bects
	Medicare		Medicald	Ŋ	Other Public	PHENTENCE	ď	O E	10TAL	6	Set Up
LEVEL OF CARE Par days One, Put, Pari, days One, Pot. Pat, days	Pat days Or	ų į	Part, days	Oct. Per	Pot. days	Pat days Pat days Pat days	Pert days	Pat. days	Pat days	Oct Pat	Oct. Pat.
Kursing Care	3611	6.0	138	\$3,6%	°	2	202	0	13622	17.2	46.00
Styled Under 22			-	6	·	•	0	۰	0	Š	
Intermediate DO			-	6	o *	0	0	•	•	Š	
Shettered Care					٥	•	0	0	0	¥00	
TOTALS	2477	8.63	11384	168	a خ	8	77.73	0	11622	77.2%	80,3%

4 RESUDENTS BY AGE OROUP, SEX AND LEVEL OF CARE - DECENDER 31, 2003 DATE SIAL UNDER 22 BITERAND. DO SHELITERED WINDS HASS Forests Made Ferrado Mais Ferrate MURSING CARE Mate Fortable ACE GROUPS Under 16 18 to 44 45 to 59 60 to 60 73 to 64 83 to 707 4.3

Source Long-Term Care Faulty Questionals to 2000, Ulnes Department of Pybloc Health, Health Systems Development

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P/17/7009

YORKVILLE ILLDIONS LONG-TERM CARE PROFILE-CALENDAR YEAR 2006 HILLSIDE REMABILITATION & CARE CENTER

YORKVALLE, IL. 81550 Refrence Numbers Facility ID 6004451 Health Service Area 009 Pleaning Service Area 003 RESIDENTS BY PAYMENT SOURCE AN	TORNALLE, IL BOSO Reference Numbers Facilities Health Service Area 509 Pt RESIDENTS BY	ny (D. 6004 Barriéng Sarv 7 PAYNEWE	MS1 fcs Anno 'Souffe	ARM ROND LL BESON LL	7. OF CA#	15		AVERAGE DAILY PAYMENT RATES	PAYMENT	RATES
ሆያላዊ ዕና ርሌላቸ	Madcers	Other Madesid Public Impurance	8 8	PRUTING	į į	harth.	TOTALS	LEVEL OF CARE	SINGLE	SINGLE DOUBLE
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Stiffed Under 22	9	٥	0	¢	-	0	0	Intermodate DD	•	•
02,60		۰	0	0	•	0	•	Sheller	•	**
Shekend Cere			0	6	۰	٥	٥		•	•
TOTALS	~	*	o	0	æ	٥	8			

괄	RESIDENTS BY RACIALIETHROTTY GROUPING	CALIETHNICA	TY GROUP!	£		STAFFING	2
RACE	Muniting	SIGNATZ	C 100	Sheke	Totals	EMPLOYMENT	FULL-TAKE
Aults	٥	0	•		0	CATEGORY	ECULVALENT
Armer . Indien	•	•	0	0	o	A.C. reminstrations	8.
Black	•	0	o	0	0	Physidene	000
Hamalen/Pac, Iti.	•	0	o	0	0	Director of Nurshing	1.00
White	ŧ	0	0	0	2	Registered Nurses	8
Race Untrrown	0	0	0	c		IPM	3,00
Total	3	٥	6	0	ş	Certified Alder	21.8
						Other Health Staff	3.00
ETHANCITY	Numbro	SHUMOZZ ICFADO	ICF/00	Sherror	Totals	Non-Heath Staff	12.00
Hyperic	0	0	D	0	0	Total	83
Non-Hupenic	3	0	0	0	3	ļ	
Ethnicity Ontrover	•	٥	0	٥	٥		
Total	\$	٥	0	٥	z		
	NETREY	NET REVENUE BY PAYOR SOURCE (FISCAL Year Date)	OR SOURC	E (Fiscal Y)	ar Deta)	Charty	Cherty Cara

	NET REVEN	LE BY PAYOR	VET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	ır Detta)		£ 5	Cherty Cera Experts as N of
Medican	Modesh	Other Public	Private frautorice	Private Pay	TOTALS	Experso	Total Net Revenue
25.0%	31,6%	42.5%	ğ	40°0	100 OF		3600
B42, 848	1,195,516	1,612,673	0	0	3,792,215	a	
				***************************************			,

South Eigh Rehab & Hithcare Ct	
ILLINGIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008	

SOUTH ELGIN

RESIDENTS BY PRIMARY DIAGNOSIS DIAGNOSIS

ADVISSION RESTRICTIONS

Aggress/volt-Social
Chroric Alcoholden
Developmentally Disabled

South Eight Rahab & Hithness Ct.
746 SPRING STREET
SOUTH ELGON, IL., 40177
Afferbring Rahaban Fadilly ID, 4000710
Houth Service Area 008 Planning Service Area 089

Medicaid Recipient Medicare Recipient Mental libress

Drug Addition

SOUTH ELGIN

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 - Booth Eigh Rahad & Mitheur CI

Moditions
Entrodine/Metabolic
Blood Decream
Breatous System Nam Attheimer
Attheimes Obsesso
Mental illness
Developmental Disability

Respiratory System Objestive Bystem Geriloszinsty System Disordets

Chronistery System

Skin Disorders

Murcuto-statista Disorders

rightes and Poberings

Other Heddred Conditions

Man Med cel Conditions

TOTALS

Vote: Reported restletions demoterally '1'

FACILITY CHANGROUP LIMITED LABILITY CO

No Restrictions

Vertlator Dopondani Kiectous Disease vd Isolaton Office Restrictions

Public Aud Rectylens Under tid Years Off Unable to Self-Medicale

Dete Completed 4/17/2009

Registered Agent Information

Martiany Smyder 830 W. Trakerenk Or Penna, R. 81614

Contact Person and Telephone Markey Sinder SOLARLESSO

Mary Karton

BEDS BEDS AVAILABLE MEDICARE MEDICAD SET-UP IN USE BEDS CERTIFIED CERTIFIED

LICENSED BEDS, BEDS IN USE, MEDICARS/WEDICALD CERTIFIÉO BEDS

PEAK UCENSED BEDS BEDS SET-UP

South Egia Rehab & Hithere Ci 748 SPRSAG STREET SOUTH ELGIR, IL. 68177 Bhinnine Hamber Faoilty 10 0000718 Heath Sawke Area 008 Phinning Service Area 098

	PERSONAL IS ST. THINKING SOUNCE AND LEVEL OF LARGE					į		PARCHAE TARLE LANGER MAINED	KATMEN!	2
EVE			ð		Private Charlity			LEVEL OF CARE	SINGLE DOUBLE	COURTE
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Skifted Under 22	ø	0	0	•	0	0	•	OD executation	٥	•
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and Principles 3	RES	RESIDENTS BY RACIAL/ETHNICHY OROUPING	CALVETHING	TY OROUP	٤		STAFFING	
r Medical Conditions 3	RACE	Hundry	Numbe Std.hxd22 rCF.000 Sheller	7CF.000	Shaler	Total	ENPLOYMENT	Ę
Medical Conditions +	Aslan	٥	-	0	0	0	CATEGORY	EQUIX
57e	Armer, Indian			•	•	0	Administrators	
	98 4	۲.	•	0	0	~	Physidians	
	Hawalen Pac Isl	•	٥	-	0	Ď	Checter of Numbra	
ADMINSTONS AND	Wile	\$	۰	o	0	\$	Registered Munes	
DISCHARGES - 2008	Race Unknown	a	•	•	•	7	CPAGE	
Residence on 177,2008 60	1961	£\$	٥	•	٥	\$	Confided Aidos	
Total Administrate 2003 128	ETHNICTY	Norsh	Nursing SxLind22 ICF00 Sheller	ICF/DD	Sheller	Toksie	Other Health Staff Hon-Health Staff	
Desidents on 1201/2008	Hapanio	N	0	0	۰	~	Trees	
	Non-Physpanic	19	•	•	0	47	1	
	Ethnichy Untorown	0	0	•	0	•		
	Total	3	-	0	-	\$		

Charlty Cere
Experse as % of
Total Net Revenue
0.0%

Chanty Care Expense

100.0% 100.0% 3.674,200

Private Pay 8.7% 317,950

Other Public Private Insurance 0.1% 1,9% 5,403 65,180

Madicald 0 55.0% 2,050,539

Medicare 25.4% 1.225.721

NET REVENUE BY PAYOR SOURCE (Flocal Year Date)

			}							COCK TO THE PARTY OF THE PARTY	S
LEVEL OF CAPIE	RED3	S L	1387 1387	SET-UP	E 558	BEDS	CERTIFIED	CERTIFIED		Total Schristisms 2005	3 5
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Shattered Care	0	•	•	•	0	•					
TOTAL BEDS	8	8	8	8	67	ş	=	8			
38				_	FACILITY	FACTLITY UTILIZATION - 2000	2002				
			PY LEVE	LOFCLR	E PROVIDE	DY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	NT PAYMEN	T SOURCE			
						Private	Private	Charly		Licensed Pertit Berts	Perit Berts
	Medican	5	Z	Madicaid	Other Pub	Other Public Imagnoto	Ē	Ç	TOTAL	9	5
LENEL OF CARR Pict. One Pic. Pick days Doc. Pic. Pick days	Pat. days C	j L	Pet days	P. P.	F		Pet days Pat days Pat days	Pat. days	Pat Gays	ę Į	j d
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Skilled Under 22				2 0	ž	•	•	•	•	200	6
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Shelfered Cera						- -	•	•	•	160 a	6
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1812	7	~	•	0	•	0	•	۰	~	~	•
45 to 59	utr	•	•	•	0	•	•	0	*	•	=
88 tr	m	•	٥	0	0	•	D	٥	r	•	_
63 to 74	~	•	٥	0	0	0	0	٥	^	•	•
75 to 84	~	•	•	0	0	0	•	•	*	•	•
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TOTALS	1	я	۰	٥	•	0	•	0	12	អ	9

Source Long-Term Care Pacity Oursdonnaire for 2008, Illinois Dapariment of Public Meetin, Heath Systems Development

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Gourna Long-Term Care Faciliy Quesdonnaire for 2000, Winds Dapantnam of Public Hearth, Feath Systems Developmen

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TOWER HILL MEALTHCARG CENTER 750 KANE STREET SOUTH ELGIN, IL, 60177

SOUTH ELGIN

NUMBES LONG-TERM CARE PROFILE-CALENDAR YEAR 1008 TOWER HILL HEALTHCARE CENTER	E-CALENDAR YEAR 2008	TOWER HILL HEALTHCAR	E CENTER	ECUTH ELGIN	
TOWER HILL HEALTHCARE CENTER	٠	ADMISSION RESTRICTIONS	2	RESIDENTS BY PRIMARY (MAGNOSIS	250
759 KAKE STREET	2	Aggressive/Anti-Scale	0	DIAGNOSIS	
SOUTH ELGIN, IL. 80177	5	Optonic Alcoholism	0	Neoplasma	C
Perference Numbers Facility ID 6001203	_	Developmentally Disabled	٥	Endonine-Matabolic	•
Health Service Area OUS Planning Service Area OSS	_	Orug Addiction	0	Blood Disorders	*
Administrator	N	Modicaro Redpiera	0	Novous Bystem Non Alzheimer	•
JEREMY AMSTER	¥	Medicare Recipion	0	Atthelmer Disease	•
	1	Wartisi i brass	•	Hental Ilmees	£
Contact Person and Telephone	ź	Non-Ambulation	0	Obvelopmental Disobility	۰
CHERT, CAR.	£	Non-Motile	0	Chratatory System	Ę
847.982.2300		Public Aid Recipient	•	Respiratory System	Z,
	Completed	John 65 Years Oil	0	Digesthre Systom	\$
	_	Unethe to Get Modern	0	Gentlauthary System Disorders	5
Registered Agent Information		Ventilator Dependant	0	5'dn Charden	ŧn
SHELDON WOLFE	Ī	Infectious Cisema w Including	0	Matter lo-existents Oborden	80
7434 SKOME BLVD	8	Other Restrictions	0	Injuries and Potsonings	Ŋ
Stokie, it euo??	2	No Restrictions	-	Other Medical Conditions	-
GACTI ITY CHANGE PAINED	5	the state of the s	1	Non-Medical Conditions	٥
I BATTED LIABILITY CO		in. Augment rendered being		TOTALS	ā

		BED8, BEI	25 25 25 25 25 25 25 25 25 25 25 25 25 2	Ž	LICENSED BED8, BED9 IN USE, MEDICARE/MEDICAID CERTITIED BEDS	AID CERTIFIE	DEED		٠,	ADMISSIONS AND	į
		PEAK	Æ						ä	DISCHARCES - 2001	Ę
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Sheltored Care	0	۰	٥	0	0	o					
TOTAL BEDS	82	Ą	\$	8	1	ĸ	28	\$	í		
39					יאכונות נ	FACILITY UTILIZATION - 2008	5000				
			OY LEVE	COCCAR	E PROVIDE	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	INT PAYMEN	T SOURCE			
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Under 18	۰		à		٥		•	-	•		•
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	2	100	2	į	2								Jornsod Peels Bects	Set Up	Oct. P.d.	69.3%	8	1 00	260	50 J.K
	ADMITS SLORES AND	Macronices - 600s	Doublant in 1717000	Cota Actualistics 2009	otal Okchamer 2003	Residents on 12/31/2008			-				Compad	Beds	8	25.23	60	800	\$ 00	39.3%
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٠	LICENSED BEDB, BEDB IN USE, MEDICARE/MEDICAID CERTIFIED BEDG		BEDS AV	S USE	Ē	0	0	•	150	FACT ITY TOTAL DATION - 2009	PROVIDED			Other Public Insurance	Pal days	0	0	•	٥	•
,	, MEDICAR		8	SET-UP	38	0	0	0	2	Z	CPCARE						5	500		1600
	25 K S	Ę		USED	2	٥	a	٥	\$		BY LEVE			Medicaid	Paters	4750				00073
	BED8, 0E	PEA E	E03	ണ	8	٥	•	۰	8					Ē	됩	6				7.8%
	KENDED		CCENSED	8603	68 F7	0	•	•	8					Medican	the Part days Occ. Por. Part days Occ. Par. Part days	2003				9656
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Charry Cere
Exports as % of
Total Net Revenue .
0.0% 25.00 27.00 SINGLE DOUBLE AVERAGE DAILY PAYMENT RATES BTAFFING Charity Corra LEVEL OF CARE
Number Care
Sybed Under 22
Intermedate DO
Sheets CATEGORY Physicians Director of Numera Registered Numes Certified Aldes Other Health Staff Non-Health Staff Totals Administration TOTALS 100.0% 12,103,635 Private Pay 37,4% 4,530,076 TOTALS HET REVENUE BY PAYOR SOUNCE (FISCA) YEAR DELE Totals Other Public Private Insurance 0.0% 0.0% 0 RECORDENTS BY PAYMENT BOURCE AND LEVEL OF CARE RESIDENTS BY RACZAL/ETHNACTLY GROUPING Medicare Medicaid Public Insurance Reference Nambers Fedfry ID 6003261 Heefs Service Area 006 Planting Service Area 029 Nodeski O 39.1% 4,728,588 Š ŝ Ē 5 Number Care Stiffed Unider 22 ICF/DD RACE Aden Arrer, frofen Strok Shothered Care LEVEL OF CARE TOTALS

Source: Long-Team Care Feathy Questonnairs for 2003, When Department of Public Health, Health Systems Developmen

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Source) ong Tenn Care Fechity Oversonnere for 2008, Binole Department of Public Health, Health Systems Development

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LOMBACID	R.L.WOIS LONG-1	RLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 - BEACON MILL	CALENDAR Y	EAR 2008	GEACON	겉	CRAMBARD	5	
RESIDENTS BY PRIMARY DIAGNOSIS	BEACON HILL	0.00							
Necptaerte	LOWBARD, IL 60145	97							
Endocrine/Metabolic 5	Berboors Marth	Section Configuration Configuration Accounts	Ę						
Blood Disordere	TA CTACK STATE	the fife Section Ages (IV) Photopics Section Section 5175	200						
Teleston System Non Alzheiner								•	
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CONTRACTOR OF STATE O	OF CARE	Medicare Medicald	Public Imurance		Pay Cera	TOTALS		ķ	5
Annual Control of the	Musika Cara	•	_	-	8	8		3 *	·
Caratacay of them	Section 1	, ,	•		3 .	: •	27 January Cuesting	>	>
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Olymphy System ()	Service of the servic	>	9			-	Shetter	0	0
Gerticulfnery System Disorders 4	Shekarad Cere		0	0	9	•			
Sidn Disorder	TOTALS	0	Đ	0	0 08	8			
Musculo etratetal Cherchen 23									
Infurites and Poteonings		RESIDENTS BY RACIALIETHMACITY GROUPING	MLETHACT	Y GROUPIN	•		STAFFING	g	
Other Modical Constions 4	RACE	Mureho	CHARGO	CE/DO	Shefter	Totals	FMSTOWNENT		and.
Neo-Madest Conditions 0	April	-	٥	0	٥	-	CATEODRY	B	EQUIVALENT
TOTALS 29	Arme, Indian	0	•		-		Administrations		8
	140					, 4			3 1
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	HewaleyPeo, Isl.	•	٥	0	ó	0	Oirochor of Neursing		8
ADMISSIONS AND	et.wv	£	0	0	÷	%	Registered Number		00.0
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Recipients on 1/1/2008	Total	8			•	8	Confiled Aides		8.04
TIMED Total Administras 2008 289							Office Health office		18.00
	ELMACHA	Orient Orient	Skilma 22	Ş Ş	Shelter	Totals	Non-Health Staff		19.00
5	HApsinic	0	۰	0	0	0	Totale		8 20
	Non-Hapanic	8	0	0	٥	8	5		3
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٠		NET REVE	NET REVENUE BY PAYOR BOURCE (Flocal Year Data)	R BOURCE	(Flaced Year	r Deta)	Charity	5	Chertry Care
RCB	:							_	Expense on % of
A Street Park Barts	Medicaro	Medica	8	To the second	Private Insurance	Private Pay	TOTALS Expense	•	Total Not Remortun
TOTAL RACE SCALE	¥8:17	8	É	_	\$ 00	Sc. 4%	100.0%		360
a ba	2,005,211	0	-	_	0	2,851,517	4. 556, 729		

AVALLABLE MEDICARE MEDICALD
DEDS CERTIFIED CERTIFIED

8E0S

809

PEAK UCENSED GEDS

EVEL OF CARE Numbrig Cate Staled Under 22 Informediate DD Sheltered Cate

LICENSED BEDS, BEDS IN LIBE, MEDICAREMEDICAID CENTIFIED BEDS

ADMINISTION RESTRICTIONS
Aggress-No-Nerd-Sodial
Chonde Abchreichen
I Dug Addrictor
Modizale Recipien
Modizale Recipien
Modizale Recipien
Modizale Recipien

Reference Numbers - Facility ID 5000772 Health Bendos Area DO? Planning Sendos Area 703

BEACON MIL 2400 SOUTH FINLEY ROAD LOABARD, IL. 80148

LOMBARD

rlingts long-term care profile-calendar year 2008 - Olacon Mill

Under 65 Years Chi Unable to Self-Mediane Vendator Dapandert Infactions Disease of Itolation Other Restrictions

Public Ald Recipient

Contact Person and Telephone Chils Andersen 630-801-4002

Date Completed 415/2003

Registered Agent Information

Note: Reported restrictions denoted by '1'

PACILITY OWNERSHIP NON PROF CORPORATION

No Restrictions

Source Larg Term Care Facility Outscionnates for 2009, Linnis Department of Public Heath, Heath Systems Development

9/17/2009

TOTAL Ferrate

RESUBUTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 11, 2008
WHE SAL LANDER 22 INTERMED. DO SHELTERED
GROUP - Majo Femals Majo Female Majo Femals

AGE GROUPS

Chider 18

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31882

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Medicare
LEVEL OF CARE Pel days Occ Pc.
Abrahy Caro 4252 55394

Skined Under 22 Intermediate DD

Sharkened Care

TOTALS

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOUNCE Herdrald Other Public historica Private Charity
Policitys Occ Pot Peri days Pat days Pat days Pat days Pat days Pat days Pat days

Source: Lorg-Term Care Fecility Oversionnaire for 2000, limbia Department of Public Health, Health Systems Devotopme

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Providence Healthcare and Rahab Center

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Source: Long-Torn Care Fact by Cuestionnins for 2008, Hinds Department of Public Health. Health Systems Developme

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Source Long-Torm Care Facility Cuestionnaire for 2008. Linda Department of Public Health, Haulth Systems Development

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Source, Large Yerm Care Fecility Questionness for 2006, Illinois Department of Public Health, Health Systems Development

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1110.1730(e)(1) - Unnecessary Duplication of Services

- 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;

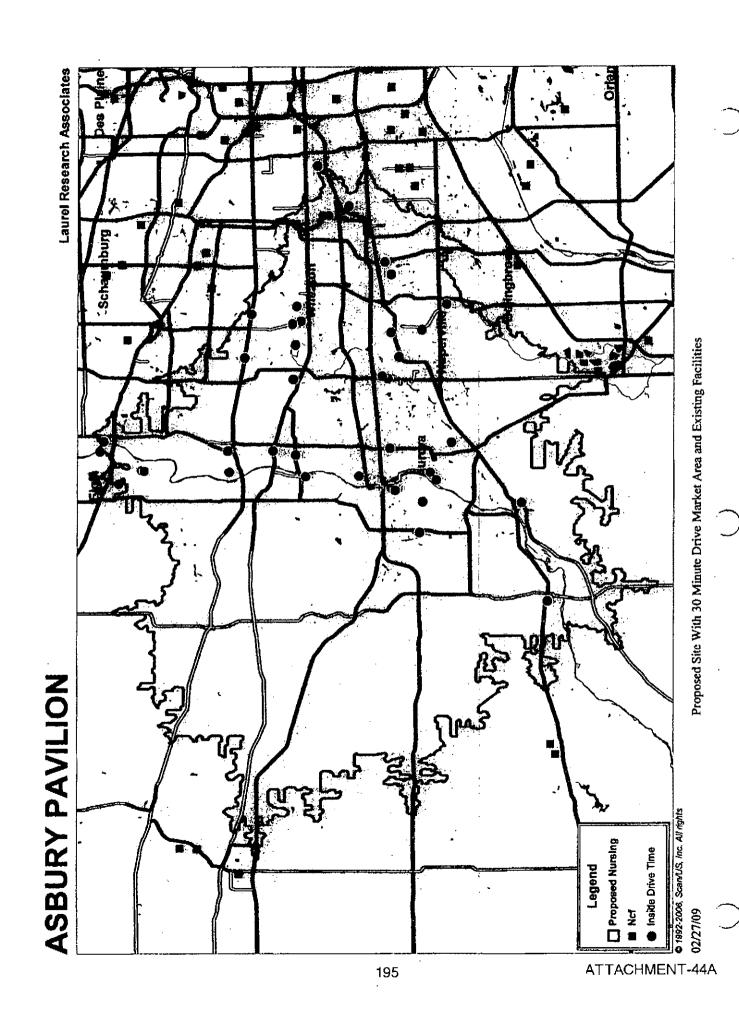
Appended as ATTACHMENT-44A is a map identifying the 30-minute travel time. This map has an associated demographic profile that it compiles for the zip code centroids. Therefore, it is more precise than a 30-minute estimate using zip code areas only. This map is a product of Scan/US, Inc.

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

ATTACHMENT-12C the Appended also under demographic profile for the 30-minute travel time contour from This profile utilizes the most recent population Scan/US, Inc. numbers available for the State of Illinois population and provides a five year projection all derived from zip code centroids. These population projections are similar to those used in the States Inventory of Health Care Facilities and Services and Need Determinations and in the overall population estimates and projections from the Illinois Department of Commerce and Economic Opportunity. Refer to the Chart also appended as ATTACHMENT-12C.

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.

A chart indicating the names and addresses of the existing nursing care facilities within the 30-minute travel time contour and their respective travel times from the Applicant's proposed site is appended as ATTACHMENT-37A.



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:
 - A) A ratio of beds to population that exceeds one and one-half times the State average;
 - B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 III. Adm. Code 1100; or
 - C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

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 2,720 that are existing or approved. Thus, there is a need for an additional 228 beds. Therefore, it would appear that this item is not applicable.

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 III. Adm. Code 1100, this item is not applicable. However, it is not the Applicant's intent to affect other providers as a result of this project since the State has already identified a need for additional beds.

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 11.1% between Calendar Years 2008 and 2013. More impressive is that the over 65 population is expected to increase at the astounding rate of 30.5%. 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 12.2%. This is a rate equitable to the soaring growth rate of the Kane County Planning Area which is 10.7%, 26.9% and 12.8% for

the respective age cohort of total population, 65+ and 75+. 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. Typically there are reduced 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.

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 40 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 n 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;
- 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 and 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 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.

A health care manpower study provided by the Illinois Department of Employment Security is provided and appended as ATTACHMENT-50B. This study states that with a North Aurora, Illinois location of the facility, DuPage County's western communities are entirely feasible as a source of labor. "In this care, a significant increase in occupational skills within the three jobs is available."

PROPOSED STAFFING	PATTERN
Position Title	FTE
Administrator	1
Director of Nursing	1
Maintenance Director	1
Housekeeping	2
Dietary	6
Registered Nurses	. 5
Licensed Practical Nurses	5
Certified Nursing Assistants	15
Admissions	1
Receptionist/Office	<u>3</u>
Total	40





December 26, 2008

Mr. John Kniery
Foley & Associates
1638 South MacArthur Boulevard
Springfield, Illinois 62704

Dear John:

The data you requested related to the registered nurse, licensed practical nurse, and nursing aide, orderly and attendant occupations in the Kane County labor market is shown below. Kane County for the three occupations is considered the relevant labor market since an adequate supply of candidates is available for these skills within the county boundaries. With a North Aurora, Il location of the facilities, however, DuPage County's western communities are entirely feasible as a source of labor. In this case, a significant increase in occupational skills within the three jobs is available.

OCCUPATIONAL EMPLOYMENT PROJECTIONS 2004 to 2014 KANE COUNTY

		EMPLOY				AL OPENINGS Replacement
	2004	2014	Change	1000	Crown	Keplacement
Registered Nurse	3,393	4,112	719-21%	143	72	71
Licensed Practical Nurse	768	835	67- 9%	24	7	17
Nursing Aides, Orderlie & Attendants	s, 1,817	2,082	265-15%	50	26	24

Rod R. Blagojevich, Governor Maureen T. O'Donnell, Director

.33 SOUTH STATE STREET CHICAGO, ILLINOIS 60603-2802 www.ides.state.il.us 203 For Kane County, the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match employment system for these occupations in the January 1, 2008 to November 30, 2008 time period is shown below. This is as always an indication, neither comprehensive nor complete, of workforce availability in the Kane County area. Not all job seekers, particularly RN's, register with Skills Match. The data include individual job seekers available at least part of the 01/01/08-11/30/08 period but not necessarily the entire period.

RN-2

LPN-3

Aide/Orderly/Attendant-5

Sincerely

Richard W. Kaye

Chicago Labor Market Economist

Illinois Department of Employment Security.

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 III. 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 75 nursing care beds.

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.

Appended as ATTACHMENT-52A, the Applicant has received 6 letters of support from community groups and interested parties.



Kane County Senior Services Greater Elgin Senior Center 101 S. Grove Avenue Elgin, IL 60120 1-800-942-1724 + (847) 741-0404 Fax: (847) 741-2163 McHenry County Senior Services McHenry Township Recreation Center 3519 N. Richmond Rd. McHenry, IL. 60050 1-800-339-3200 • (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 Kendail 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

To Whom It May Concern:

11/17/09

I recommend the addition of a skilled facility on the campus of Asbury Gardens. I believe it to be beneficial to those residents who have to have a rehab stay due to a recent hospital stay. This will allow for a husband and wife who may need different levels of care to stay together. Another plus is having the next phase of care right on the campus for the resident to just move over.

I have met quite a few of residents who live at Asbury Gardens and they have not had any complaints against the staff or facility. The staff is experienced and has a great rapport with the residents and other professionals from the community. In closing I highly recommend this addition to the campus of Asbury Gardens.

Respectfully,

Ventress Herron M.S.W.

So. Kane/Kendall Supervisor

Senior Services Associates Inc



SPRINGFIELD OFFICE: 235-E STRATTON BUILDING SPRINGFIELD, ILLINOIS 62706 217/558-1002 FAX: 217/782-0927



DISTRICT OFFICE: 8 E. GALENA BLVD., SUITE 240 AURORA, ILLINOIS 60506 630/264-6855 FAX: 630/264-6752

Linda Chapa LaVia

STATE REPRESENTATIVE • 83RD DISTRICT CHAIRMAN • APPROP - ELEMENTARY & SECONDARY EDUCATION COMMITTEE VICE CHAIRMAN • VETERANS' AFFAIRS COMMITTEE

September, 2009

Joseph Chase Asbury Gardens 210 Airport Rd. North Aurora, IL 60542

Dear Mr. Chase:

We appreciate having Asbury Gardens in the community. You have provided a much needed facility for the seniors; so that they can live independent or with some assisted care. I support your efforts to get a license to build a connecting nursing facility on the adjacent grounds. This will indeed benefit your residents; as they will be able to remain on campus for all levels of care. Please call me if I can be of any assistance to you. Thank you again for your commitment to our senior population and their needs.

Sincerely,

Linda Chapa LaVia State Representative

Senior Services Downer Place of LSSI Senior Residences

2007 West Downer Place Aurora, Illinois 60506 630.897.7340 630.897.7348 fax



Lutheran Social Services of Illinois

April 17, 2009

To Whom It May Concern:

I am pleased to hear of your plans to build a nursing home on the campus of Asbury Gardens and Asbury Towers in Aurora, Illinois.

I am the Social Service Coordinator at a HUD building in which 142 seniors reside. I have referred several residents to Asbury Gardens and Towers. Having toured these facilities, I can see that enormous benefits will be reaped by those most in need.

Expanding the continuum of care will benefit not only those residents for whom these services are needed, but the community will benefit by having options for placing loved ones. I firmly believe that competition creates a better product, which, in this case, is the essential care of the most vulnerable of our citizens.

I look forward to hearing further about the progress being made toward this initiative. Please feel free to contact me if you should have any questions.

Sincerely,

Mark Dunklau PSC

Markefourblan PSE

Social Services Coordinator/ Downer Place

630-966-9821

Practical Practitioners, LLC

10310 S. 82nd Court, Palos Hills, IL. 60465

To Whom It May Concern:

I understand that Asbury Gardens at 210 Airport Road in North Aurora is planning to build a Nursing Home on their property. I am a Nurse Practitioner who has being seeing patients at Asbury Gardens since 2000. I feel that this new addition to the area would be a great asset to the community.

I believe that there is a definite need for this type of facility. Continuum of care is very important in treating the elderly. With the addition of this new facility, the residents would be able to keep the same physicians for continuity of care. Also, their friends and neighbors would just be a short walk away. I look forward to this new addition in the area.

Jacqueline a. Dice Corr

Jacqueline A. Rice CNP

Nurse Practitioner



April 15, 2009

To Whom It May Concern:

I understand that Asbury Gardens at 210 Airport Road in North Aurora is planning to build a Nursing Home on their property. Best Care is a home health agency which has worked in Asbury Gardens before it was an SLF and we still do home care visits for qualified patients in the SLF. We have worked in the North Aurora area for over 14 years. We feel that this new addition to the area would be a great asset to the community.

I believe that there is a definite need for this type of facility. The idea of continuum of care on one campus is exciting. It is very difficult for the elderly to make and keep friends because of their limitations in traveling. With this new addition, when someone moves to the nursing home on campus, their friends could just walk a short distance to see them. Socialization is so important for the elderly.

We look forward to this new addition in North Aurora.

Sincerely,

Diane M. Drews Administrator

Diane M. Drews



AESTATERPEANNING AESTATERPEAN

> Law ElderLaw 2275 Church Road Aurora, IL 60502 630.585.5200 Phone 630.566.0811 Fax

www.lawelderlaw.com

Areas of concentration:

VA & Medicaid Assistance

Disability/Special Needs

Asset Protection Planning

Guardianships & Probate

Estate Planning

April 15, 2009

To Whom It May Concern:

I am pleased to hear of your plans to build a skilled care nursing facility on the campus of Asbury Gardens located in Aurora, Illinois.

Our law firm practices in the area of elder law assisting clients with life transitioning, estate planning and long-term care planning. It has been my privilege to work with the staff and some of the residents at Asbury Gardens and Towers. I am aware of the wishes of the residents and family members to remain connected with your staff and facility when skilled nursing care becomes necessary for a resident.

The continuum of care is a much needed concept at Asbury and would compliment your existing retirement community and Supportive Living Facility. The married couples who are residents at your facility would certainly benefit from the ability to remain in connected facilities when one of them needs a higher level of care.

Please keep me informed as to your progress so I can consult with my clients as to when your skilled care nursing facility would open. We have many clients that we could refer to you.

Sincerely,

Jonathan Johnson

Eaw ElderLaw

Vice President of Marketing and Client Services

212

1110.1730(j) - Zoning

j) Zoning – Review Criterion

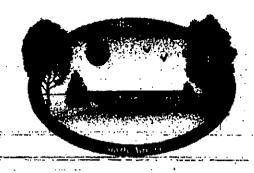
The applicant shall document one of the following:

1) The property to be utilized has been zoned for the type of facility to be developed;

Appended as ATTACHMENT-53A is a copy of the Village of North Aurora, Kane County, Illinois Ordinance Number 08-11-24-03 approving the special use for the subject property.

N/A 2) Zoning approval has been received; or

N/A 3) A variance in zoning for the project is to be sought.



VILLAGE OF NORTH AURORA KANE COUNTY, ILLINOIS

Ordinance No. 08-11-24-03

ORDINANCE APPROVING A SPECIAL USE FOR THE PROPERTY LOCATED 210 AIRPORT ROAD, NORTH AURORA, ILLINOIS

> Adopted by the Board of Trustees and President of the Village of North Aurora this <u>24</u> day of <u>November</u> 2008

Published in Pamphlet Form
by authority of the Board of Trustees of the
Village of North Aurora, Kane County, Illinois,
this 24 day of November 2008

THE VILLAGE OF NORTH AURORA

ORDINANCE NO. 08-11-24-03

ORDINANCE APPROVING A SPECIAL USE FOR THE PROPERTY LOCATED 210 AIRPORT ROAD, NORTH AURORA, ILLINOIS

WHEREAS, the Village of North Aurora has received an application for a special use to allow a convalencent home for the property located at 210 Airport Road, North Aurora, Kane County, Illinois, and

WHEREAS, public notice was given and a public hearing was held pursuant to such notice before the Plan Commission in accordance with Village ordinances and State statutory requirements for special uses on November 4, 2008; and

WHEREAS, the property for which the special use has been requested is currently in the Village and zoned B-2 General Commercial and is legally described as follows:

THE PART OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF SECTION 4, TOMBUTTO 38 MORTH. RANGE & BART OF THE THIRD PRINCIPLA MERCHIAN, MERCHINED AS POLICES: (THE WAST like of the southerst 1/4 of Sate Section is assumed as "ecres" for the following COURSES): COMMUNICIPE AT A PURPL' IN THE SAST LINE OF THE CHICAGO, BURGLINGTON AND COLUCY PARLICAL, SAID POINT ARABS MONTH O DEGREES, 13 MINUSES, O SECONDS VEGT, A DISTRICT 60.80 PERT PROM SCOTH LING OF SAID SECTION; TERROR MODIES 84 DEGREES, 53 MINUTES, O SECUROS EAST, 18.98 PAST; TERROS MONTE 37 DEGRESS, 46 MINUTES, 0 SECONDS BAST, 366.79 PERF TO A POINT OF THEMSE WITH A CHEVED LINE, THEMSE MORTHWANTERLY ALCOHO SAID CORVE CONVEX TO THE MORTHWHIT HAVING A RADIUS OF 247 vert, a dispersent of 189.26 feet to the point of besidens; termes needs 76 🗆 DESCRIPT, AS MINISTER, S SECONDS HAST, ALCHE & LIMI WHIGHT TO SAID CHIVE, 108.56 PERC, THEORE SOUTH 76 ESSENCE, 48 MINORES, 0 SECOND SAST, 77.34 FEST THEORE SCORE 62 DESCRIPT, 24 ROWSERS, 0 RECORDS BASY, 150.44 PROFF; TERRICE SCORE 52 DECREES, 39 MINUSES, O BROWNS BEST, 148.36 FERT; THURCE SCOTS OF DESCRIS, 20 MUNICIPAL, O RECORDS MARY 255-31 FIRST TO A POINT NO THE MORROWAY LINE OF THE Horrschie ilzendes tole hegisky, said line miles 125 part horrschierenen of iby RUGHT ARRIVE MEASURE) AND PARALLEL WITH THE CENTER LINE OF CONSTRUCTION, THREET NORTH AS DECEMBED, 53 MINEYERS, O SECONDS MAST, ALCHE SAID MISE, A76.70 FRET TO A POTET IN THE WESTERLY LINE OF STRIE MINIST NO. 31 (SAID LINE RETRY 33 SENT REST OF THE CANTER LINE); THERE'S MINETS 13 DECEMBER, 53 MINERS, 20 SECOND MEST, ALING AND LIER, 744.25 FEET TO A POINT WHICH IS 470.89 FEET SOUTHERSTRUCK OF THE INCOMPRESENTATION OF SAID WISTONIA LAND AND THE MORTH LINE OF THE SCOTE 1/2 OF THE SCOTH 1/2 OF SAID SECTION; THENCE SOUTH 70 DEGREES, 26 MINUTES, 13 SECONDS WEST, 1194.94 PRET TO THE POINT OF REGISERS, IN KARE COURTS, VILLENIES.

THE VILLAGE OF NORTH AURORA

WHEREAS, the Plan Commission, after consideration of all of the relevant factors and the evidence presented, has recommended approval of the requested special use to allow a convalescent home.

NOW, THEREFORE, BE IT ORDAINED by the President and the Board of Trustees of the Village of North Aurora, as follows:

- 1. The Recitals set forth above are incorporated herein as the material and significant findings of the President and the Board of Trustees.
- 2. A special use to allow a convalescent home is bereby approved for the property located at 210 Airport Road, North Aurora, Kane County, Illinois, subject to the conditions imposed in Section 3 below.
 - 3. The grant of the special use to allow a convalescent home is conditioned as follows:
 - A. The special use is granted to the Applicant, Chicago Title Land Trust, as successor to LaSalle National Bank, under Trust No. 124422-08, and the current beneficiary of said Trust, and is not transferable to a third party without Village Board approval (except that the beneficiary may change the form of ownership without Board approval);
 - B. The special use is granted for the current use and expansion plans for building AA and J and accessory building K as described in the site plan attached hereto and incorporated herein by reference as Exhibit "A," and the use shall not be expanded without amendment to the special use;
 - C. The final site and building plan shall be submitted to the Village staff and consultants for review and approval in compliance with existing codes and ordinances and compatibility with existing structures prior to the issuance of a construction permit;
 - D. Construction traffic shall access shall be coordinated with and approved by the Superintendant of Public Works, including provisions for direct site access from Lincolnway (Route 31) prior to the beginning of construction.
 - E. A public sidewalk shall be constructed along the frontage of Airport Road in conjunction with the new addition construction.
- This Ordinance shall take immediate full force and effect from and after its passage, approval as required by law.

THE VILLAGE OF NORTH AURORA

Presented to the Board of Trustees of the Village of North Aurora, Kane County, Illinois, this 24 day of November, 2008, A.D.

Passed by the Board of Trustees of the Village of North Aurora, Kane County, Illinois,

this 24 day of November, 2008, A.D.

Dale Berman

Max Herwig

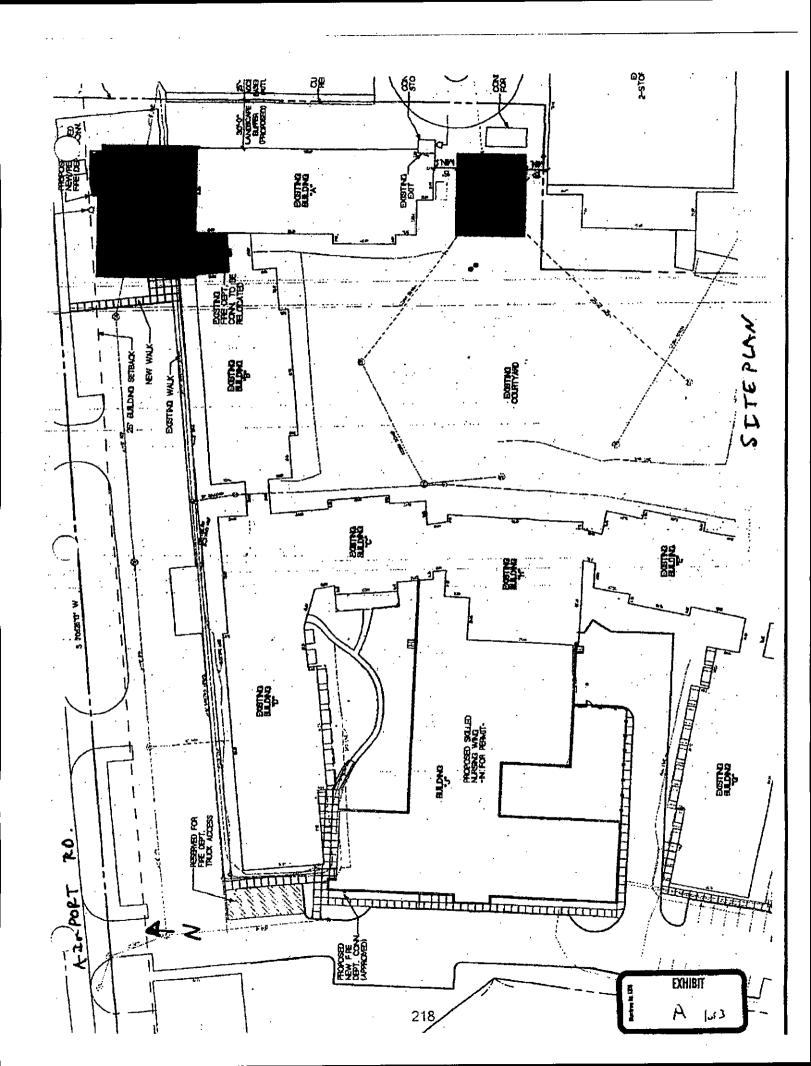
Mark Gaffino

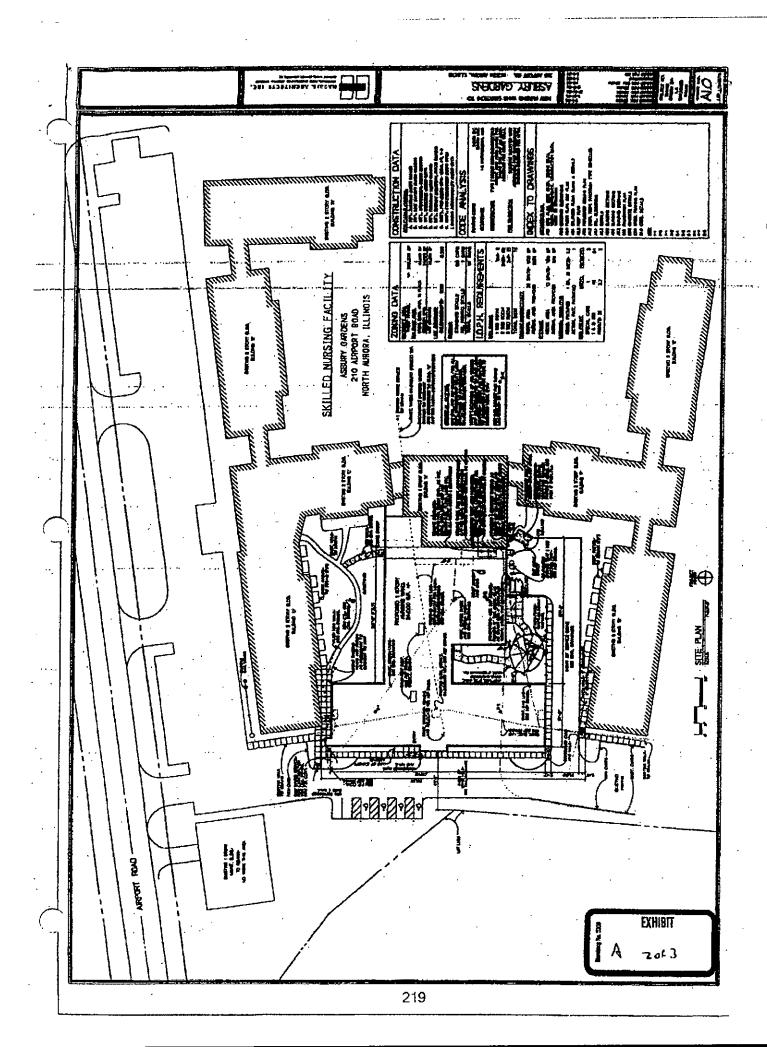
Linda Mitchell

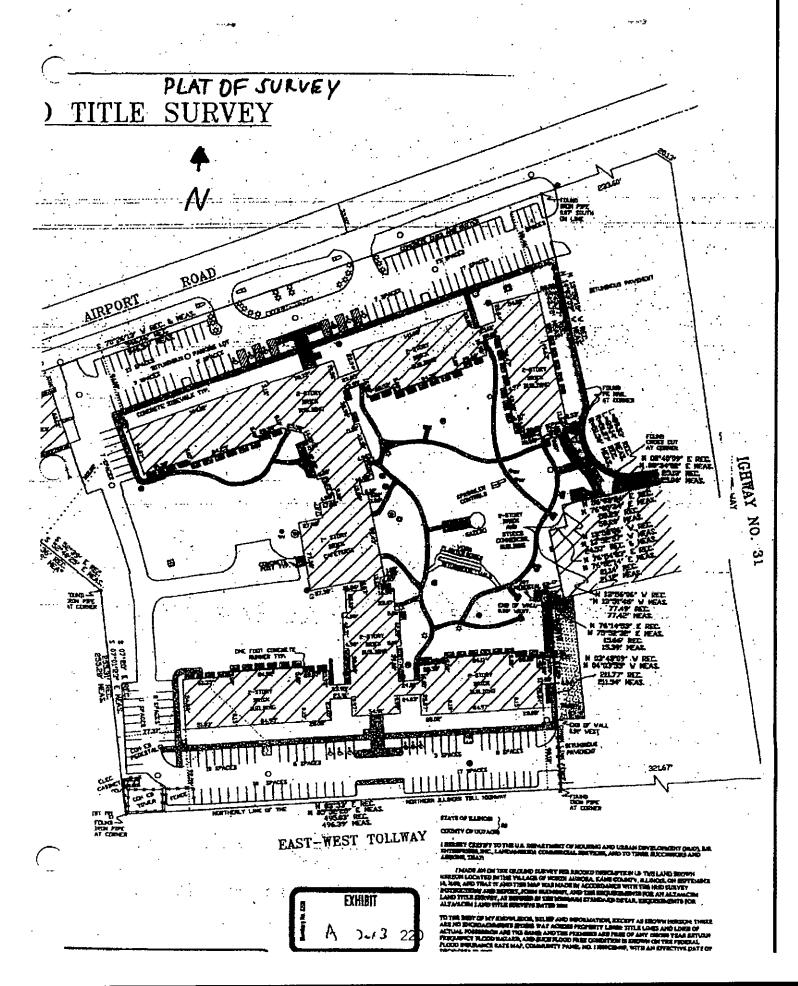
Michael Herlihy III 425

Robert Strusz

Approved and signed by me as the President of the Board of Trustees of the Village of North Aurora, Kane County, Illinois, this 24 day of November, 2008, A.D.







1110.1730(k) - Assurances

- k) Assurances
 - 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 III. Adm. Code 1100 for each category of service involved in the proposal.
 - Por 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.

A signed and dated statement attesting to the above assurance is appended as ATTACHMENT-54A.

Asbury Pavilion Nursing E Rehabilitation Center

OCCUPANCY CERTIFICATION

Asbury Pavilion Nursing & Rehabilitation Center, LLC, an Illinois limited liability company, and EJR Enterprises, Inc., an Illinois corporation, are each an applicant for a certificate of need for a new skilled nursing facility with respect to the property commonly known as 210 Airport Road, North Aurora, Illinois 60542. The undersigned applicants hereby covenant and agree that they understand that the rules of the Health Facility Planning Board require them to give this certification stating that by the second year of operation after the project completion, they shall achieve and maintain an occupancy standard at a minimum annual average of 90% or higher.

Its:

Asbury Pavilion Nursing & Rehabilitation Center, LLC

By: ______ ARI HAA!

EJR Enterprises, Inc.

Name: SAMUEL SELESICI

lts: 12-28-09

EJR Enterprises, Inc. Profit & Loss

January through December 2006

	2006
Income	
Rental Income	935,235.50
Total Income	935,235.50
Expense	
Interest	542,591.76
Depreciation	413,054.48
Property Taxes and Insurance	240,401.66
Total Expenses	1,196,047.90
Net Income	(260,812.40)

07/15/08

EJR Enterprises, Inc Balance Sheet As of December 31, 2006

ASSETS

Current Assets	
Key Escrow-R.E. Taxes	70,754.14
Key Escrow-Insurance	6,802.94
Key Escrow-Financial Statements	5,562.45
Total Other Current Assets	83,119.53
Total Current Assots	83,119.53
Fixed Assets	
1400 · Land	1,114,671,10
1410 · Land Improvements	267,257.22
1420 · Building	5,412,200.91
1430 · Building Improvements	4,889,378.21
1440 · Furniture & Fixtures	939,945.51
1450 · Machinery & Equipment	46,663.70
1460 - Accumulated Depreciation	(7,509,656.28)
1470 · Goodwill	232,732.01
1480 · Accumulated Amortization	(109,898.06)
Total Fixed Assets	5,283,294.32
Other Assets	
A/A(Loan Costs)	(53,032.00)
New Loan Oct98-Loan Costs	220,695.26
Construction in Progress	38,694.00
Total Other Assets	206,357.26
TOTAL ASSETS	5,572,771.11
LIABILITIES & EQUITY	
Liabilities	
2230 · Real Estate Taxes Payable	53,000.00
Total 2200 · Taxes Payable	53,000.00
Total Other Current Liabilities	53,000.00
Total Current Liabilities	53,000.00
Long Term Liabilities	
2370 · KeyBank Real Estate Capital	7,919,512.01
Total Long Term Liabilities	7,919,512.01
Total Liabitities	7,972,512.01

07/15/08

EJR Enterprises, Inc Balance Sheet As of December 31, 2006

Equity	(2,399,740.90)
TOTAL LIABILITIES & EQUITY	5,572,771.11

07/15/0B

EJR Enterprises, Inc. Profit & Loss

January through December 2007

Income ·	
Rental Income	924,290.17
Total Income	924,290.17
Expense	
Interest	531,942.86
Depreciation	451,098.96
Property Taxes and Insurance	229,456.33
Total Expenses	1,212,498.15
Net Income	(288,207.98)

EJR Enterprises, Inc. **Balance Sheet** As of December 31, 2007

ASSETS	
Current Assets	
Key Escrow-R.E. Taxes	20,382.75
Key Escrow-Insurance	61,942.36
Key Escrow-Financial Statements	5,562.45
Total Other Current Assets	87,887.56
Total Current Assets	87,887.56
Fixed Assets	
1400 · Land	1,114,671.10
1410 · Land Improvements	287,257.22
1420 · Building	5,412,200.91
1430 · Building Improvements	5,577,187.40
1440 · Furniture & Fixtures	1,080,862.69
1450 · Machinery & Equipment	81,986.94
1460 · Accumulated Depreciation	(7,960,755.24)
1470 · Goodwill	232,732.01
1480 · Accumulated Amortization	(109,898.06)
Total Fixed Assets	5,696,244.97
Other Assets	
A/A(Loan Costs)	(53,032.00)
New Loan Oct98-Loan Costs	220,695.26
Construction in Progress	38,694.00
Total Other Assets	206,357.26
TOTAL ASSETS	5,990,489.79
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
2230 · Real Estate Taxes Payable	53,000.00
Total 2200 · Texes Payable	53,000.00
Total Other Current Liabilities	53,000.00
Total Current Liabilities	53,000.00
Long Term Liabilities	
2370 · KeyBank Real Estate Capital	7,756,621.03
Total Long Term Liabilities	7,756,621.03
Total Liabilities	7,809,621.03
Equity	(1,819,131.24)
TOTAL LIABILITIES & EQUITY	5,990,489.78

EJR Enterprises, Inc. Profit & Loss January through December 2008

	Jan - Dec 08
Income	
Rental Income	761,823.17
Total Income	761,823.17
Expense	
Miscellaneous	600.00
Closing Costs	82,465.50
Property Insurance Expense	28,619.93
Depreciation	465,048.27
Interest Expense	459,574.87
Taxes - Property	190,562.87
Total Expense	1,226,871.44
iet Income	-465,048.27

EJR Enterprises, Inc. Balance Sheet As of December 31, 2008

	Dec 31, 08
ASSETS	
Current Assets	
Checking/Savings	
MB Financial - 1560013641	124,418.63
Total Checking/Savings	124,418.63
Fixed Assets	
Building	5,412,200.91
Building Improvements	5,659,037.40
Furniture and Fixtures	1,091,112.69
Land	1,114,671.10
Land Improvements	267,257.22
Machinery and Equipment	154,431.39
Accumulated Depreciation	-8,425,803.51
Accumulated Amortization	-109,898.06
Total Fixed Assets	5,163,009.14
Other Assets	
Goodwill	232,732.01
A/A (Loan Costs)	-53,032.00
Construction in Progress	38,694.00
New Loan Oct98	220,695.26
Total Other Assets	439,089.27
TOTAL ASSETS	5,726,517.04
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
MB Financial Bridge Loan	7,700,000.00
Total Long Term Liabilities	7,700,000.00
Total Liabitities	7,700,000.00
Equity	-1,973,482.96
TOTAL LIABILITIES & EQUITY	5,726,517.04

FORECASTED BALANCE SHEET OPERATING ENTITY ASBURY GARDEN NURSING UNIT

	2013
ASSETS CURRENT ASSETS: CASH ACCOUNTS RECEIVABLE PREPAID EXPENSES INVENTORY TOTAL CURRENT ASSETS	\$763,195 \$370,475 \$0 \$25,000 \$1,158,670
NON-CURRENT ASSETS DEFFERED FINANCING COSTS ACCUM. AMORT FINANCING COSTS TOTAL NON-CURRENT ASSETS	\$0 \$0 \$0
PROPERTY AND EQUIPMENT LAND & IMPROVEMENTS BUILDINGS & IMPROVEMENTS FURNITURE & EQUIPMENT LESS ACCUMULATED DEPRECIATION NET PROPERTY & EQUIPMENT	\$0 \$0 \$0 \$0 \$0
RESERVES AND OTHER ASSETS TOTAL ASSETS	\$0 <u>\$1,158,670</u>
CURRENT LIABILITIES: ACCOUNTS PAYABLE ACCRUED EXPENSES CURRENT PORTION OF LONG TERM LOANS FROM OFFICERS DUE TO AFFILIATES TOTAL CURRENT LIABILITIES LONG-TERM DEBT	\$275,400 \$0 \$0 \$0 \$0 \$275,400 \$0 \$275,400
EQUITY: CAPITAL OPERATING PROFIT OR LOSS RETAINED EARNINGS	\$161,742 \$721,528
TOTAL EQUITY TOTAL LIABILITIES AND EQUITY	\$883,270 \$1,158,670

Asbury Gardens Continuing Care Retirement Center (CCRC)

FORECASTED INCOME STATEMENT OPERATING ENTITY	
ASBURY GARDEN NURSING UNIT	Forecast <u>2013</u>
INCOME RESIDENT FEES	\$1,515,525
SUBSIDIES	\$3,115,408
FOOD STAMPS	
RESPITE FEES	
CLEANING SERVICE	
DINING ROOM BEAUTY SHOP	
LAUNDRY ROOM	
RENTAL INCOME	
OTHER INCOME	
TOTAL REVENUE	\$4,630,934
OPERATING COSTS AND EXPENSES	64 550 679
NURSING COSTS ACTIVITY COSTS	\$1,550,678 \$92,850
SOCIAL SERVICES COSTS	\$34,881
REHABILITATION COSTS	\$29,984
DIETARY COSTS	\$270,011
HOUSEKEEPING AND MAINTENANCE	\$396,077
LAUNDRY COSTS	\$50,071
EMPLOYEE WELFARE COSTS	\$361,499
GENERAL AND ADMINISTRATIVE COSTS MARKETING	\$437,380 \$81,413
START UP AND MOVING COSTS	\$01, 4 13
MANAGEMENT FEE	\$27 <u>7</u> ,856
TOTAL OPERATING COSTS	\$3,304,844
NET OPERATING INCOME	\$1,326,090
CAPITAL EXPENSES	
DEPRECIATION	\$0
INTEREST EXPENSE	\$0
RENT	\$420,000
REAL ESTATE TAXES	\$139,623
AMORTIZATION OF LOAN COSTS	<u> \$0</u>
TOTAL CAPITAL EXPENSES	\$559,623
AMON LADY EYDENCE	
ANCILLARY EXPENSE. SPECIAL COST CENTERS	\$3,877
PROVIDER PARTICIPATION FEE	\$41,063
TOTAL ANCILLARY EXPENSE	\$44,939
NET INCOME OR (LOSS)	\$721,527

SCHEDULE 1-PROJECTED REVENUE

EST REVENUE BY TYPE	
PRIVATE	\$1,087,372
INSURANCE	\$428,153
MEDICAID	\$1,829,547
MEDICARE	\$1,285,861
TOTAL	\$4,630,934
SCHEDULE 2-PROJECTED COSTS	
NURSING COSTS	
SALARIES	\$1,492,778
NURSING SUPPLIES	\$47,601
QUALITY ASSUR NURSING	\$3,112
MEDICAL LIBRARIAN	\$2,818
MEDICAL DIRECTOR	\$4,369
PHARMACY	\$0
VETERANS EXPENSE	\$0
TOTAL NURSING COSTS	\$1,550,678
ACTIVITY COSTS	
SALARIES	\$82,697
SUPPLIES	\$10,153
TOTAL ACTIVITY COSTS	\$92,850
SOCIAL SERVICES COSTS	
SALARIES	\$32,035
SOCIAL WORKER CONSULTANT	\$2,846
TOTAL SOCIAL SERVICES	\$34,881
REHABILITATION COSTS	
SALARIES	\$29,215
SUPPLIES	\$30,147
CONSULTANT	\$0
TOTAL REHAB	\$29,984
DIETARY COSTS	
SALARIES	\$121,097
FOOD COST	\$126,936
KITCHEN SUPPLIES	\$19,675
DIETICIAN	\$2,302
TOTAL DIETARY .	\$270,011

Asbury Gardens Continuing Care Retirement Center (CCRC)

HOUSEKEEPING AND MAINTENANCE	
SALARIES	\$124,941
SUPPLIES	\$42,206
UTILITIES	\$165,540
SCAVENGER & EXTERMINATOR	\$0
REPAIRS & MAINTENANCE	\$63,095
ELEVATOR MAINTENANCE	\$0
FIRE CONSULTANT	\$296
LANDSCAPING	\$0
TOTAL PLANT	\$396,077
LAUNDRY COSTS	
SALARIES	\$25,956
SUPPLIES	\$13,963
LINEN REPLACEMENT	\$10,153
TOTAL LAUNDRY	\$50,071
GENERAL AND ADMINISTRATIVE COSTS	
SALARIES	\$196,559
SUPPLIES	\$8,568
LICENSE, PERMITS AND FEES	\$2,940
INSURANCE	\$112,621
TELEPHONE	\$6,784
PROFESSIONAL FEES	\$20,353
TRANSPORTATION	\$1,131
EQUIPMENT RENTAL	\$4,749
ADVERTISING AND PROMOTION	\$81,413
DUES AND SUBSCRIPTIONS	· \$1,131
HOLIDAY EXPENSE	\$1,131
TOTAL ADMINI	\$0
TOTAL ADMIN	\$437,380
EMPLOYEE WELFARE COSTS	
PAYROLL TAXES	\$222,232
HEALTH, WELFARE, AND EMP BEN	\$84,389
WORKERS COMP INSURANCE	\$42,405
CLASSIFIED ADVERTISING	\$12,475
TOTAL EMPLOYEE WELFARE	\$361,499

CON Application

Asbury Gardens Continuing Care Retirement Center (CCRC)

EJR ENTERPRISES, INC.
FORECASTED BALANCE SHEET
LTC FACILITY OWNER

LIC FACILITY OWNER	2013
ASSETS CURRENT ASSETS:	2013
CASH	\$23,534
ACCOUNTS RECEIVABLE	\$0
TOTAL CURRENT ASSETS	\$23,534
NON-CURRENT ASSETS:	04 444 074
LAND BUILDINGS & IMPROVEMENTS	\$1,114,671 \$15,999,496
EQUIPMENT	\$2,748,319
LOAN & CLOSING COSTS	\$385,357
LESS ACCUM DEPRECIATION	(\$10,674,004)
LESS ACCUM AMORTIZATION	(\$123,025)
GOODWILL	\$232,732
TOTAL NON-CURRENT ASSETS	\$9,683,546
TOTAL ASSETS	\$9,707,080
LIABILITIES AND EQUITY CURRENT LIABILITIES: MEMBER'S LOANS	\$0
OTHER CURRENT LIABILITIES	\$0 \$0
TOTAL CURRENT LIABILITIES	\$0 \$0
NON-CURRENT LIABILITIES:	
MORTGAGE PAYABLE OPTION DEPOSIT	\$11,108,792
TOTAL NON-CURRENT LIABILITIES:	\$11,108,792
TOTAL LIABILITIES	\$11,108,792
EQUITY:	•
CAPITAL MEMBER'S EQUITY	\$0 (\$1.300.418)
RETAINED EARNINGS	(\$1,290,118) \$0
OPERATING PROFIT OR LOSS	(\$111,593)
TOTAL EQUITY	(\$1,401,712)
TOTAL LIABILITIES AND EQUITY	\$9,707,080

EJR ENTERPRISES, INC. FORCASTED INCOME STATEMENT LTC FACILITY OWNER

	YEAR 2013
INCOME RENT REIMBURSED EXPENSES INTEREST INCOME	\$1,640,683 \$0 \$0
TOTAL REVENUE	\$1,640,683
OPERATING COSTS AND EXPENSES	
LICENSE AND PERMITS	\$0
DEPRECIATION	\$508,045
INTEREST EXPENSE	\$722,071
AMORTIZATION OF CAPITAL FIN. CHGS.	\$7,160
REAL ESTATE TAXES AND	\$471,581
INSURANCE EXPENSE	\$32,380.82
OTHER EXPENSES	\$0
MANAGEMENT FEES	\$0
LEGAL AND PROFESSIONAL	\$11,038
TOTAL OPERATING COSTS	\$1,752,276
NET INCOME OR (LOSS)	(\$111,593)

Asbury Gardens Continuing Care Retirement Center (CCRC)

ASBURY GARDEN NURSING UNIT
FORECASTED BALANCE SHEET
COMBINED OWNER AND OPERATOR

COMBINED OWNER AND OPERATOR	2013
ASSETS CURRENT ASSETS: CASH ACCOUNTS RECEIVABLE PREPAID EXPENSES INVENTORY TOTAL CURRENT ASSETS	\$786,729 \$370,475 \$0 \$25,000 \$1,182,204
NON-CURRENT ASSETS LAND BUILDINGS & IMPROVEMENTS EQUIPMENT LOAN & CLOSING COSTS LESS ACCUM DEPRECIATION LESS ACCUM AMORTIZATION GOODWILL	\$1,114,671 \$15,999,496 \$2,748,319 \$385,357 (\$10,674,004) (\$123,025) \$232,732
TOTAL NON-CURRENT ASSETS	\$9,683,546
TOTAL ASSETS	<u>\$10,865,750</u>
LIABILITIES AND EQUITY CURRENT LIABILITIES: ACCOUNTS PAYABLE ACCRUED EXPENSES MEMBER'S LOANS OTHER CURRENT LIABILITIES	\$275,400 \$0 \$0 \$0
TOTAL CURRENT LIABILITIES	\$275,400
NON-CURRENT LIABILITIES: MORTGAGE PAYABLE OPTION DEPOSIT TOTAL NON-CURRENT LIABILITIES:	\$11,108,792 \$0 \$11,108,792
TOTAL LIABILITIES	\$11,384,192
EQUITY: CAPITAL MEMBER'S EQUITY RETAINED EARNINGS OPERATING PROFIT OR LOSS TOTAL EQUITY	\$161,742 (\$1,290,119) \$0 \$609,935 (\$518,442)
TOTAL LIABILITIES AND EQUITY	\$10,865,750

ASBURY GARDEN NURSING UNIT FORCASTED INCOME STATEMENT COMBINED OWNER AND OPERATOR

	YEAR 2013
	,
INCOME	\$5,851,617
OPERATING COSTS AND EXPENSES	
NURSING COSTS	\$1,550,678
ACTIVITY COSTS	\$92,850
SOCIAL SERVICES COSTS	\$34,881
REHABILITATION COSTS	\$29,984
DIETARY COSTS	\$270,011
HOUSEKEEPING AND PLANT COSTS	\$396,077
LAUNDRY COSTS	\$50,071 \$361,499
EMPLOYEE WELFARE COSTS GENERAL AND ADMINISTRATIVE COSTS	\$437,380
MARKETING	\$81,413
START UP AND MOVING COSTS	\$0
MANAGEMENT FEE	\$277,856
TOTAL OPERATING COSTS	\$3,304,844
NET OPERATING INCOME	\$2,546,773
CAPITAL EXPENSES	
DEPRECIATION	\$508,045
INTEREST EXPENSE	\$722,071
AMORTIZATION OF CAPITAL FIN. CHGS.	\$7,160
REAL ESTATE TAXES AND INSURANCE	\$503,961
TOTAL CAPITAL EXPENSES	\$1,741,238
ANCILLARY EXPENSE.	
SPECIAL COST CENTERS	\$3,877
PROVIDER PARTICIPATION FEE	\$41,063
TOTAL ANCILLARY EXPENSE	\$44,939
NET INCOME OR (LOSS)	\$760,596

9/22/09

RE: Nursing Facility 210 Airport Rd, N. Aurora, IL 60542

To whom it may concern:

We have two options about how to finance this project. Option 1 is to get a conventional construction loan with no down payments, but with full recourse. Option 2 is to get a HUD construction loan with a 10% down payment, but with non-recourse and amortized over a longer period of time. Additionally, option 2 will require us to hire a contractor that employs union workers which will increase our construction costs by more than 30%. We chose option 1 because the costs and restrictions were less compared to a HUD loan. We currently have a one year bridge loan, interest only, on the whole property that can be extended from year to year.

Michael Zahtz Corporate Officer



February 27, 2009

Michael Zahtz 8170 McConnick Blvd, Suite 228 Skokic, IL 60076

RE: Asbury Pavilion Nursing and Rehabilitation Center, L.L.C.

To Whom It May Concern:

As a follow-up to our conversation on the financing of your SNF project at Asbury Pavilion, we are very interested in financing the project. Your preliminary plans show total costs of slightly over \$5,000,000. The bank will finance 80% of cost. We would require eash equity into the project of the remaining 20%. Your existing cash resources and unused credit lines at the bank are more than sufficient to cover the cash equity requirement.

We appreciate our relationship with you and your organization.

Picase call the undersigned with any questions.

Mitchell A. Morgenstern Senior Vice President

847-745-3426



BANK LEUMI USA*

March 25, 2009

Mr. Moshe Kahn 29 E. Madison St., Ste. 1510 Chicago, IL 60602

RE: Asbury Pavillon Nursing & Rehabilitation Center, LLC

Dear Mr. Kahn:

We have reviewed the Certificate of Need Application for the construction of a nursing home facility at Asbury Pavilion. Since you have a considerable amount of deposits with our bank and you have had with us a substantial line of credit, we believe you will have no problem in contributing equity to this project.

Sincerely,

Uri Shuker/ Senior Vice President Regional Manager

MEMBER FUIC

LEASE AGREEMENT

	day of
2009 by and between EJR ENTERPRISES, INC., as lessor ("Lessor"),
and ASBURY PAVILION NURSING & REHABILITATION CENTER, LLC,	an Illinois
limited liability company, as lessee ("Lessee").	

WITNESSETH

WHEREAS, Lessor is the owner in fee simple title of that certain tract of land, situated in the County of Kane, State of Illinois, and commonly known as 210 Airport Road, North Aurora, Illinois, all as more particularly described in Exhibit A attached hereto and made a part hereof ("Demised Premises"), and the building and other improvements located therein ("Improvements");

WHEREAS, Lessor is also the owner of the furniture, fixtures, equipment and supplies located on and used on or about the Demised Premises ("Personal Property"); and

WHEREAS, Lessor desires to lease a portion of the Demised Premises, Improvements and Personal Property, as depicted more particularly in Exhibit B attached hereto and made a part hereof (collectively, the "Property") to the Lessee and Lessee desires to lease the Property from Lessor.

NOW, THEREFORE, in consideration of the Property and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and the above Recitals, which are incorporated herein, it is agreed that the use and occupancy of the Property, shall be subject to and in accordance with the terms, conditions and provisions of this Lease.

ARTICLE I - DEMISED PREMISES, IMPROVEMENTS AND PERSONAL PROPERTY

1.1 Lessor, its successors and assigns, for and in consideration of the rents, covenants and agreements hereinafter reserved, mentioned and contained on the part of the Lessee, to be paid, kept and performed, does hereby lease unto Lessee, its successors and assigns, the Property to be used in and upon the Property, for the term hereinafter specified and for use and operation therein and thereon of a supportive living facility.

ARTICLE II - TERM OF LEASE

- 2.1 The term of this Lease shall be for a period of ten (10) years commencing on the date hereof (the "Commencement Date"). This Lease shall automatically be extended for additional one (1) year terms, unless terminated by either party upon giving sixty (60) day notice.
- 2.2 The obligations of Lessor, with respect to the consummation of the transaction contemplated hereby, are subject to and conditioned upon receipt of written consent and approval of this Lease, upon the commencement of the initial term of this lease, from all parties whose

consent or approval is required or necessary, including the holder of any mortgage encumbering the Property ("Mortgagec").

ARTICLE III - RENT

- 3.1 Lessee shall pay to Lessor, or as Lessor shall direct, as fixed monthly rent for the Property ("Base Rent"), over and above all other additional payments to be made by Lessee as provided in this Lease, in the amount of Fifteen Thousand Dollars (\$15,000.00) per month.
- 3.2 This Lease is and shall be deemed and construed to be a net-net-net lease and the Rent specified herein shall be net to the Lessor in each year during the term of this Lease. The Lessee shall pay all costs, expenses and obligations of every kind whatsoever relating to the Property, which may arise or become due during the term of this Lease, including insurance and taxes on the Property, but specifically excluding any principal and interest payments due with respect to any mortgage that currently encumbers or in the future may encumber the Property ("Mortgage") and Lessor's payments due with respect thereto ("Additional Rent"; Base Rent and Additional Rent shall collectively be the "Rent").
- 3.3 In the event the Commencement Date shall be other than the first day of the month, Lessec shall pay to Lessor (a) a pro rata portion of the Rent for the month; and (b) a pro rata portion of all tax, insurance and other deposits provided for in this Lease. All Rent payments, together with all tax and insurance deposits provided for in this Lease, shall be paid in advance on the first day of each month; provided, however, notwithstanding anything to the contrary contained elsewhere herein, Lessee shall pay to Lessor all monthly Rent payments, plus any late charges, due and owing under the Lease, not less than seven (7) days prior to the due date of Lessor's payment to its lender or mortgagee, under the mortgage against the Property. Unless otherwise notified in writing, all checks shall be made payable to EJR Enterprises, Inc., and shall be sent to 8170 McCormick Boulevard, Suite 228, Skokie, Illinois 60076.

ARTICLE IV - LATE CHARGES

4.1 If payment of any sums required to be paid or deposited by Lessee to Lessor under this Lease, or payments are made by Lessor under any provision hereof for which Lessor is entitled to reimbursement by Lessee, shall become overdue beyond seven (7) days after the date on which they are due and payable under this Lease, a late charge, equal to any late charge imposed on Lessor by the Mortgage, if any, shall become immediately due and payable to Lessor as liquidated damages for Lessee's failure to make prompt payment. Said late charges shall be due and payable within four (4) days after the date on which Lessor mails notice to Lessee that such late charges became payable. If non-payment of any late charge shall occur, Lessor shall have, in addition to all other rights and remedies, all the rights and remedies provided for herein and by law in the case of non-payment of Rent. Failure by Lessor to timely insist upon the strict performance by Lessee of its obligations to pay late charges, for which proper notice hereunder has been given, shall not constitute a waiver by Lessor of its rights in any instance thereafter occurring.

ARTICLE V - PAYMENT OF TAXES AND ASSESSMENTS

- 5.1 Lessee will pay or cause to be paid, as provided herein, as Additional Rent, before any fine, penalty, interest or cost may be added thereto for the non-payment thereof, all taxes, assessments, licenses and permit fees and other governmental charges, general and special, ordinary and extraordinary, forescen and unforeseen, of any kind and nature whatsoever, which during the term of this Lease may have been, or may be assessed, levied, confirmed, imposed upon, or become due and payable out of or in respect of, or become a lien on the Property or any part thereof ("Taxes and Assessments").
- 5.2 Any Taxes and Assessments, relating to a fiscal period of any authority, a part of which is included in a period of time before or after the term of this Lease, shall be adjusted pro rata between Lessor and Lessee and each party shall be responsible for its pro rata share of any such Taxes and Assessments.
- 5.3 Nothing herein contained shall require Lessee to pay income taxes assessed against Lessor, or capital levy, franchise, estate, succession, or inheritance taxes of Lessor.
- 5.4 Lessee shall have the right to contest the amount or validity, in whole or in part, of any Taxes and Assessments by appropriate proceedings diligently conducted in good faith, but only after payment of such Taxes and Assessments, unless such payment would operate as a bar to such contest or interfere materially with the prosecution thereof, in which event, Lessee may postpone or defer such payment only if neither the Property nor any part thereof would, by reason of such postponement or deferment, be in danger of being forfeited or lost.
- 5.5 Upon the termination of any such proceedings, Lessee shall pay the amount of such Taxes and Assessments or part thereof as finally determined in such proceedings (the payment of which may have been deferred during the prosecution of such proceedings), together with any costs, fees, interest, penalties, or other liabilities in connection therewith.
- 5.6 Lessor and Mortgagee shall not be required to join in any proceedings referred to in this Article, unless the provisions of any law, rule or regulation at the time in effect shall require that such proceedings be brought by or in the name of Lessor (or Mortgagee), in which event Lessor (or Mortgagee) shall join in such proceedings or permit the same to be brought in its name. Lessor (or Mortgagee) shall not ultimately be subject to any liability for the payment of any costs or expenses in connection with any such proceedings and Lessee will indemnify and save harmless Lessor (or Mortgagee) from and against any and all such costs and expenses, including reasonable attorneys' fees. Lessee shall be entitled to any refund of any real estate taxes and penalties or interest thereon received by Lessor (or Mortgagee) but previously paid or reimbursed in full by Lessee.
- 5.7 If any income, profits or revenue tax shall be levied, assessed, or imposed upon the income, profits, or revenue arising from rents payable hereunder, partially or totally in lieu of or as a substitute for real estate taxes imposed upon the Property, then Lessee shall be responsible for the payment of such tax.

ARTICLE VI - TAX AND INSURANCE DEPOSITS

6.1 If required by any Mortgage, Lessee shall be required to make deposits for annual real estate taxes and will make deposits with Mortgagee, of an amount equal to one-twelfth (1/12th) of the annual real estate taxes or such greater amount as may be required by the Mortgagee pursuant to the Mortgage. If required by the mortgage, Lessee shall make deposits for annual insurance premiums for insurance on the Property. Said deposits shall be due and payable as Additional Rent on the same day of each month as the Base Rent is due; shall not bear interest, unless interest on the deposits is paid to Lessor, in which event Lessor will credit Lessee with the full amount of said interest; and shall be held by Mortgagee to pay the real estate taxes and insurance premiums, as they become due and payable. If the total of the payments, as made under this Article, shall be insufficient to pay the real estate taxes and insurance premiums when due, then Lessee shall, on demand, pay Lessor, prior to the due date of any said real estate taxes or insurance premiums, the amount necessary to make up the deficiency in its pro rata share in the initial year of the term hereof and thereafter shall pay the full deficiency, upon demand.

ARTICLE VII - OCCUPANCY

- During the term of this Lease, the Property shall be used and occupied by Lessee for and as a supportive living facility. Lessee shall at all times maintain, in good standing and full force, all the licenses issued by the State of Illinois and any other governmental agencies, permitting the operation on the Property of a supportive living facility.
- 7.2 Lessee will not suffer any act to be done or any condition to exist on the Property which may be dangerous, which may, in law, constitute a public or private nuisance, or which may void or make voidable any insurance then in force on the Property.
- 7.3 Upon termination of this Lease for any reason, Lessee will return to Lessor the Property in the same condition as existed on the Commencement Date, reasonable wear and tear excepted, and qualified and sufficient for licensing under present law by the State of Illinois and any and all governmental agencies, having jurisdiction over the Property, as a supportive living facility.

ARTICLE VIII - INSURANCE

8.1 Lessee shall, at its sole cost and expense, during the full term of this Lease, maintain fire and casualty insurance, with extended coverage endorsement, malicious mischief and vandalism, on the Property, on the standard form, with a responsible company or companies approved by Lessor and Mortgagee, which approval will not be unreasonably withheld. Such insurance shall, at all times, be maintained (without any co-insurance clause) in an amount equal to the full replacement value, but not less than that required by the Mortgagee, but in any event in an amount sufficient to prevent Lessor and Lessee from becoming co-insurers under applicable provisions of the insurance policies. Such insurance shall contain a loss payable clause to the Mortgagee, as said Mortgagee's interest may appear, and otherwise shall be payable to Lessor and Lessee as their interests may appear.

- 8.2 Lessee shall also, at Lessee's sole cost and expense, cause to be issued and shall maintain during the entire term of this Lease, in amounts in each case not less than those required by any Mortgage:
- (a) public liability policy naming Lessor's beneficiary and Lessee, as insured, and insuring them against claims for personal injury, or property damage occurring upon, in or about the Property, or in or upon the adjoining streets, sidewalks, passageways and areas, which policy shall also provide contractual coverage with respect to Lessee's indemnification in this Lease;
 - (b) boiler explosion insurance, under the terms of which Lessor, its beneficiary, and Lessee will be insured, as their interests may appear, against any loss or damage which may result from any accident or casualty in connection with any boiler used in the Property, whereby any person or persons may be injured or killed or property damaged in or about the Property; and
 - (c) professional malpractice insurance.
 - 8.3 All policies of insurance shall provide that:
 - (a) They are carried in favor of the Lessor, Lessee and such other parties as may be required by the Mortgage, as their respective interests may appear, and any loss shall be payable as therein provided, notwithstanding any act or negligence of Lessor or Lessee, which might otherwise result in forfeiture of insurance;
 - (b) They shall not be canceled, terminated, reduced, or materially modified, without at least thirty (30) days prior written notice to Lessor and Mortgagee, as named in said policies; and
 - (c) They contain a standard mortgagee clause in favor of any Mortgagee and, if obtainable, a waiver of the right of subrogation against funds paid under the standard mortgagee endorsement, which are to be used to pay the cost of any repairing, rebuilding, restoring, or replacing.
- 8.4 Lessee shall, at all times, keep in effect business interruption insurance, with a loss of rents endorsement naming Lessor as an insured, in an amount at least equal to the amount required by the Mortgage and if no Mortgage currently encumbers the Property, then in the amount at least sufficient to cover:
 - (a) The aggregate of the cost of all Taxes and Assessments due during the period of the next succeeding twelve (12) months, following the occurrence of the business interruption;
 - (b) The cost of all insurance premiums for insurance required to be carried by Lessee for such twelve (12) month period; and

(c) The aggregate of the amount of the Rent for the next succeeding twelve (12) month period.

All proceeds of the loss of rents endorsement shall be applied, first, to the payment of any and all Rent payments for the next succeeding twelve (12) months; and, second, to the payment of any Taxes and Assessments and insurance deposits required for the next succeeding twelve (12) months.

In the event the amount of such insurance proceeds exceeds Fifty Thousand Dollars (\$50,000.00), such insurance proceeds, as may be paid to Lessee and Lessor, shall be deposited with Lessor and Lessee and shall be held and disbursed for the repairing, rebuilding, restoring, or replacing of the Property, any portion thereof, or any improvements from time to time situated thereon or therein, in accordance with the pertinent provisions of the Mortgage and this Lease.

8.5 No sums shall be paid by Lessor toward such repairing, rebuilding, restoring, or replacing, unless it shall be first made to appear to the reasonable satisfaction of Lessor that (1) Lessee is not in default under this Lease; and (2) the amount of money necessary to provide for any such repairing, rebuilding, restoring, or replacing (according to any plans or specifications which may be adopted therefor), in excess of the amount received from any such insurance policies, has been expended or provided by Lessee for such repairing, rebuilding, restoring, or replacing; and (3) the amount received from such insurance policies is sufficient to complete such work.

In the event there is any amount required in excess of the amount received from such insurance policies, Lessee shall deposit such excess funds with Lessor (or at Lessor's direction with Mortgagee), so that the total amount available will be sufficient to complete such repairing, rebuilding, restoring, or replacing, in accordance with the provisions of the Mortgage, this Lease and any plans and specifications submitted in connection therewith, free from any liens or encumbrances of any kind whatsoever. The funds so held shall be disbursed only upon the presentment of architect's or general contractor's certificates, waivers of lien, contractor's sworn statements and other evidence of cost and payments, as may be reasonably required.

ARTICLE IX - LESSOR'S RIGHT TO PERFORM

9.1 Should Lessee fail to perform any of its covenants herein agreed to be performed, Lessor, upon four (4) days notice to Lessee, may, but shall not be required to, make such payment or perform such covenants and all sums expended by Lessor thereon shall be payable within four (4) days after demand by Lessor to Lessee, stating the amount due. Payment shall be made by Lessee to Lessor, with interest thereon, at such rate of interest as Lessor incurs when borrowing funds, or, if Lessor actually borrows such funds, the interest rate charged the Lessor, from date thereof until paid and, in addition, Lessee shall reimburse Lessor for Lessor's reasonable expenses in enforcing or performing such covenants, including reasonable attorneys' fees. Any such costs or expenses incurred or payments made by the Lessor shall be deemed to be Additional Rent payable by Lessee and collectible as such by Lessor.

9.2 Performance of or payment to discharge said Lessee's obligations shall be optional with Lessor and such performance and payment shall in no way constitute a waiver of, or a limitation upon, Lessor's other rights hereunder.

ARTICLE X - REPAIRS AND MAINTENANCE

- and maintain, or cause to be kept and maintained, the Property (including the grounds, sidewalks and curbs abutting the same), in good order and condition without waste and in a suitable state of repair at least comparable to that which existed immediately prior to the Commencement Date (ordinary wear and tear excepted); and will make, or cause to be made, as and when the same shall become necessary, all structural and nonstructural, exterior and interior, replacing, repairing and restoring necessary to that end. All replacing, repairing and restoring, required of Lessee, shall be (in the reasonable opinion of Lessor) of comparable quality at least equal to the original work and shall be in compliance with all standards and requirements of law, licenses and municipal ordinances, necessary to operate the Property as a supportive living facility.
- damaged or destroyed by fire or other casualty (any such event being called a "Casualty"), Lessee shall promptly replace, repair and restore the same as nearly as possible to the condition it was in immediately prior to such Casualty, in accordance with all of the terms, covenants, conditions and other requirements of this Lease and the Mortgage, applicable in the event of such Casualty. The Property shall be so replaced, repaired and restored, as to be of at least equal value and substantially the same character as prior to such Casualty. If the estimated cost of any such restoring, replacing, or repairing is Fifty Thousand Dollars (\$50,000.00) or more, the plans and specifications for same shall be first submitted to and approved in writing by Lessor, which approval shall not be unreasonably withheld, and Lessee shall immediately select an independent architect, approved by Lessor, which approval shall not be unreasonably withheld, conducting. Lessee covenants that it will give to Lessor prompt written notice of any Casualty, affecting the Property in excess of Fifty Thousand Dollars (\$50,000.00).
- 10.3 Provided that Lessee is not then in default under this Lease, Lessee shall have the right, at any time and from time to time, to remove and dispose of any personal property located on the Property, which may have become obsolete or unfit for use, or which is no longer useful in the operation of the Property; provided Lessee promptly replaces such personal property, so removed or disposed of, with other personal property free of any security interest, liens, or encumbrances. The replacement personal property shall be of the same character and of at least equal usefulness and quality, as any such personal property so removed or disposed of. The replacement property shall automatically become the property of and shall belong to the Lessor and Lessee shall execute such bills of sale or other documents, reasonably requested by Lessor, to vest ownership of such personal property in Lessor.

ARTICLE XI - ALTERATIONS AND DEMOLITION

11.1 Lessee will not remove or demolish the Property or any portion thereof, or allow it to be removed or demolished, without the prior written consent of the Lessor. Lessee further agrees that it will not make, authorize, or permit to be made any changes or alterations in or to the Property in excess of Twenty Thousand Dollars (\$20,000.00), without first obtaining the Lessor's written consent thereto, which consent shall not be unreasonably withheld. All alterations, improvements and additions to the Property shall be in quality and class at least equal to the original work, shall become the property of the Lessor and shall meet all building and fire codes and all other applicable codes, rules, regulations, laws and ordinances.

ARTICLE XII - COMPLIANCE WITH LAWS AND ORDINANCES

- Throughout the term of this Lease, Lessee, at its sole cost and expense, will obey, observe and promptly comply with all present and future laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the Property and the operation thereof as a supportive living facility including the sidewalks, alleyways, passageways, vacant land, parking spaces, curb cuts and curbs adjoining the Property, whether or not such law, ordinance, order, rules, regulation or requirement shall necessitate structural changes or improvements.
- 12.2 Lessee shall likewise observe and comply with the requirements of all policies of public liability, fire insurance and all other policies of insurance at any time in force with respect to the Property.
- 12.3 Lessee shall promptly apply for, procure and keep in good standing and in full force and effect all necessary licenses, permits and certifications, required by any governmental authority for the purpose of maintaining and operating on the Property a supportive living facility.

ARTICLE XIII - DISCHARGE OF LIENS

- 13.1 Lessee will not create, permit to be created or to remain and Lessee will discharge any lien, encumbrance or charge levied on account of any lien, security agreement or chattel mortgage, or otherwise, which might be or become a lien, encumbrance or charge upon the Property or any part thereof or the income therefrom, for work or materials or personal property furnished or supplied to, or claimed to have been supplied to or at the request of Lessee, without the consent of Lessor, which consent shall not be unreasonably withheld.
- 13.2 If any mechanics, laborer's, or materialman's lien, caused or charged to Lessee, shall at any time be filed against the Property, Lessee shall have the right to contest such lien or charge.

ARTICLE XIV - INSPECTION OF PREMISES BY LESSOR OR MORTGAGEE

- 14.1 At any time during business hours, Lessor or its authorized representative shall have the right to enter and inspect the Property.
- 14.2 Lessor agrees that the person or persons upon entering and inspecting the Property will cause as little inconvenience to the Lessee as may reasonably be possible, under the circumstances.

ARTICLE XV - CONDEMNATION

- 15.1 If all of the Property is taken by the exercise of the power of eminent domain, or sold under eminent domain proceedings, this Lease shall terminate as of the date possession is taken by the condemnor.
- domain, or sold under eminent domain proceedings and, if such exercise affected the improvements located on the Property, Lessor, subject to the requirements contained in the Mortgage, shall, with reasonably diligence, restore or rebuild, to the extent reasonably practicable, any improvements located upon the Property affected by the taking, but shall not be obligated to spend, for such restoration, any amount in excess of the amount awarded or paid to Lessor by the condemnor for such purpose. In the event the amount awarded shall be insufficient to repair and restore the Property and neither party elects to furnish additional funds needed, then both Lessor and Lessee shall have the right to terminate this Lease.
- 15.3 In the event that all or less than all of the Property are taken or sold and this Lease shall terminate as provided herein, then, as between Lessor and Lessee, Lessor shall be entitled to the entire award for the Property.

ARTICLE XVI - RENT ABSOLUTE

16.1 Damage to or destruction of any portion of the buildings, structures, or fixtures upon the Property, by fire, the elements, or any other cause whatsoever, whether with or without fault on the part of Lessee, shall not terminate this Lease, entitle Lessee to surrender the Property, entitle Lessee to any abatement of or reduction in Rent, Additional Rent or any other amounts payable hereunder, or otherwise affect the respective obligations of the parties hereto, any present or future law to the contrary notwithstanding.

ARTICLE XVII - ASSIGNMENT AND SUBLETTING

17.1 During the term of the Lease, Lessee shall not assign this Lease or in any manner whatsoever further sublet, assign, encumber, transfer all or any part of the Property, or in any manner whatsoever sell, transfer, or assign an interest in the Property, any interest in the Lessee, or a majority of the outstanding shares or partnership interests in Lessee, without the prior written consent of the Lessor, which consent shall not be unreasonably withheld; provided, however, that if Mortgagee prohibits the further subleasing, assignment, transfer, or

encumbrance of the Property, Lessor's withholding of its consent to the same shall not be deemed unreasonable. Any violation, breach, or attempted violation or breach of the provisions of this Article by Lessee, or any acts inconsistent herewith, shall vest no right, title, or interest herein, hereunder, or in the Property, in any such transferee or assignee; and such act shall be deemed an Event of Default under this Lease.

ARTICLE XVIII - EVENTS OF DEFAULT

- 18.1 The following acts or events shall be deemed to be a default ("Event of Default") on the part of the Lessee:
 - (a) The failure of Lessee to pay when due any Rent payment, any part thereof, or any other sum or sums of money due or payable to the Lessor, under the provisions of this Lease, when such failure shall continue for a period of five (5) days after notice that such payment is due;
 - (b) The failure of Lessee to perform, or the violation by Lessec of, any of the covenants, terms, conditions, or provisions of this Lease, if such failure or violation shall not be cured within fifteen (15) days after the date of notice thereof by Lessor to Lessee;
 - (c) Notwithstanding anything to the contrary contained elsewhere herein, the failure of Lessee to comply, or the violation by Lessee of, any of the terms, conditions, or provisions of the Mortgage (except for those terms, conditions, or provisions requiring payment of principal and interest), if such failure or violation shall not be cured (if cure is permitted thereunder), within fourteen (14) days (or five (5) days less than such lesser period as may be provided in the Mortgage), after notice thereof by Lessor to Lessee;
 - (d) The failure of Lessee to replace, within twenty-five (25) days after notice by Lessor to Lessee, a substantial portion of the Property, previously removed by Lessee;
 - (e) The making, by the beneficiary of Lessee, of an assignment for the benefit of creditors;
 - (f) The levying of a writ of execution or attachment on or against the property of Lessee, which is not discharged or stayed by action of Lessee contesting same, within twenty-five (25) days after such levy or attachment (provided that, if the stay is vacated or ended, this paragraph shall again apply),
 - (g) If the proceedings are instituted in a court of competent jurisdiction for the reorganization, liquidation, or involuntary dissolution of the beneficiary of Lessee, for its adjudication as a bankrupt or insolvent, or for the appointment of a receiver of the property of Lessee, said proceedings are not dismissed and any receiver, trustee, or liquidator appointed therein is not discharged within twenty-five (25) days after the institution of said proceedings;

- (h) The sale of the interest of Lessee in the Property, under execution or other legal process;
- (i) The failure on the part of Lessee, during the term of this Lease, to cure or abate any violation claimed by any governmental authority, or any officer acting on behalf thereof, of any law, order, ordinance, rule, or regulation, pertaining to the operation of the supportive living facility located on the Property and within the time permitted by such authority for such cure or abatement;
- (j) The institution of any proceedings against Lessee, by any governmental authority, to revoke any license granted to Lessee for the operation of a supportive living facility, operated on the Property, from participation in the Medicaid reimbursement program, subject to Lessee's right to contest as provided in Article XIX hereof; or
 - (k) The abandonment of the Property by Lessee.

ARTICLE XIX - RIGHT TO CONTEST

19.1 Anything to the contrary contained herein notwithstanding, Lessee shall have the right to contest, upon written notice thereof to the Lessor, the validity or application of any law, regulation, or rule mentioned herein and to delay compliance therewith, pending the prosecution of such proceedings; provided, however, that no civil or criminal liability would thereby be incurred by Lessor, that no lien or charge would thereby be imposed upon or satisfied out of the Property, that such contest is diligently conducted in good faith and that the effectiveness and good standing of any license, certificate, or permit, affecting the Property or the supportive living facility operated thereon, would continue in full force and effect during the period of such contest.

ARTICLE XX - LESSOR'S REMEDIES UPON DEFAULT

- 20.1 Upon the occurrence of an Event of Default on the part of Lessee, Lessor may, if it so elects, and with or without any demand whatsoever upon Lessee, terminate this Lease and Lessee's right to possession of the Property, or, at the option of the Lessor, terminate Lessee's right to possession of the Property, without terminating this Lease. Upon any such termination of this Lease, or upon any such termination of Lessee's right to possession, without termination of this Lease, Lessee shall vacate the Property immediately and shall quietly and peaceably deliver possession thereof to the Lessor. Lessee hereby grants to the Lessor full and free license to enter into and upon the Property, in such event and to repossess the Property, as the Lessor's former estate. In the event of any such termination of this Lease, the Lessor shall again have possession and enjoyment of the Property, to the extent as if this Lease had not been made.
- 20.2 Upon the occurrence of an Event of Default on the part of Lessee and Lessor elects either to terminate this Lease or to terminate Lessee's right to possession of the Property, then all licenses, certifications, permits and authorizations, issued by any governmental agency, body, or authority in connection with or relating to the Property and the supportive living facility operated thereon, shall be deemed as being assigned to Lessor, to the extent same are legally assignable. Lessor shall also have the right to continue to utilize the telephone number and name

used by Lessee, in connection with the operation of the supportive living facility located on the Property. This Lease shall be deemed and construed as an assignment for purposes of vesting in Lessor all right, title and interest in and to (a) all licenses, certifications, permits and authorizations, obtained in connection with the operation of the supportive living facility located on the Property and (b) the name and telephone number, used in connection with the operation of the supportive living facility located on the Property. Lessee hereby agrees to take such other action and execute such other documents as may be reasonably necessary to vest in Lessor all right, title and interest to the items specified herein.

- Rent or any additional payment required hereunder, in any case where (a) Lessor has given to Lessee a written notice, specifying a situation which, as hereinbefore provided, must be remedied by Lessee within a certain time period, and (b) for causes beyond Lessee's control, it would not reasonably be possible for Lessee to remedy such situation, within such period, then this Lease, and the term and estate hereby granted, shall not expire and terminate at the expiration of such time period, as otherwise hereinbefore provided; provided all of the following: (x) that Mortgage permits such an extension of time; (y) that Lessee, immediately upon receipt of such notice, advises Lessor, in writing, of Lessee's intention to institute, and, as soon as reasonably possible thereafter, duly institutes, and thereafter diligently prosecutes to completion, all steps necessary to remedy such situation, and remedies same; and (z) subject to the provisions of Article XIX, that any license or certification necessary for the operation of the Property, as a supportive living facility, is not affected thereby.
- 20.4 No receipt of funds by Lessor subsequent to service of any notice of an Event of Default, termination of this Lease, possession of the Lessee or commencement of any suit or proceedings against Lessee shall in any way reinstate, continue or extend this Lease, affect the notice of the Event of Default or demand or be deemed a waiver by Lessor of any of its rights, unless consented to in writing by Lessor.
- 20.5 The specific remedies to which Lessor may resort, under the terms of this Lease, are cumulative and are not intended to be exclusive of any other remedies or means of redress, to which Lessor may be lawfully entitled, in case of any breach or threatened breach by Lessee of any provision of this Lease. The failure of Lessor to insist, in any one or more cases, upon the strict performance of any of the terms, covenants, conditions, provisions, or agreements shall not be construed as a waiver, or relinquishment of any such term, covenant, condition, provision, agreement. The exercise by Lessor of any one or more remedies granted it hereunder shall neither be deemed an election of said remedy or remedies nor bar or preclude Lessor from the simultaneous or successive exercise of any other remedy or remedies hereunder.

ARTICLE XXI - LIABILITY OF LESSOR

21.1 It is expressly agreed by the parties that, to the extent permitted by law, in no case shall Lessor be liable, under any express or implied covenant, agreement, or provision of this Lease, for any damages whatsoever to Lessee beyond the loss of Rent reserved in this Lease, accruing after or upon any act or breach hercunder on the part of Lessor, for which damages may be sought to be recovered against Lessor.

ARTICLE XXII - SECURITY FOR RENT

22.1 Lessor shall have a first lien paramount to all others, except that of Mortgagee, on every right and interest of Lessee in and to this Lease, and on any furnishings, equipment, fixtures, accounts receivable, or other property of any kind belonging to Lessee. Such lien is granted for the purpose of securing (a) the payments of rents, charges, penalties and damages, herein covenanted to be paid by Lessee and (b) the performance of all of Lessee's obligations under this Lease. Such lien shall be in addition to all rights to Lessor given and provided by law. This Lease shall constitute a security agreement, under the Uniform Commercial Code, granting Lessor a security interest in any furnishings, equipment, fixtures, accounts receivable, or other personal property of any kind, belonging to Lessee. Upon request by Lessor, Lessec shall execute and deliver such financing statement and other documents reasonably required, to perfect said security interest or the security interest of Mortgagee.

ARTICLE XXIII - INDEMNIFICATION

23.1 Lessee agrees to protect, indemnify and hold Lessor harmless from and against any and all claims, demands and causes of action, of any nature whatsoever, for injury to or death of persons; or loss of or damage to property (a) occurring on the Property, or on any adjoining sidewalks, streets, ways, or (b) in any manner growing out of, or connected with the use and occupation of, the Property, the condition thereof, the use of any existing or future sewer system, or the use of any adjoining sidewalks, streets, or ways, arising during the term of this Lease. Lessee further agrees to pay any reasonable attorneys' fees and expenses, incident to the defense by Lessor of any such claims, demands, or causes of action.

ARTICLE XXIV - SUBORDINATION PROVISIONS

24.1 This Lease and Lessee's interest in the Property shall be subject and subordinate to any Mortgage given to Lessor by any lender, which may encumber the Property and all renewals, modifications, consolidations, replacements and extensions thereof. Lessee agrees to execute and deliver, upon demand, such further instruments, subordinating this Lease to any such liens or encumbrances, as shall be desired by Lessor.

ARTICLE XXV - LESSEE'S FAITHFUL COMPLIANCE WITH THE MORTGAGE

25.1 Anything in this Lease contained to the contrary notwithstanding, Lessee shall, at all times and in all respects, fully, timely and faithfully comply with and observe each and all of the conditions, covenants and provisions required on the part of the Lessor under the Mortgage (except for those requiring payment of principal and interest) and any renewal, modification, extension, replacement, or consolidations or the Mortgage, to which this Lease is subordinate or to which it later may become subordinate. These conditions, covenants and provisions include, without limitation, those that relate to the care, maintenance, repair, insurance, restoration, preservation and condemnation of the Property, Events of Default and rights to cure, notwithstanding that they may require compliance and observance to a standard or degree in excess of that otherwise required by the provisions of this Lease, or performance not required by the provisions of this Lease. Further, Lessee shall not do, or permit to be done, anything that

would constitute a breach of, or default under, any obligation of the Lessor, under the Mortgage. It is the intention hereof that Lessee shall fully, timely and faithfully comply with and observe each and all of such covenants, conditions and provisions of any Mortgage affecting the Property, so that they will at all times be in good standing and there will not be any default on the part of the Lessor thereunder.

ARTICLE XXVI - MORTGAGE RESERVES

26.1 Lessee shall pay to Lessor the amount any tax, insurance, or other reserve required under the Mortgage and against the Property, during the term of this Lease not later than five (5) days prior to the due date of Lessor's payment.

ARTICLE XXVII - LESSEE'S ATTORNMENT

- 27.1 Lessee covenants and agrees that if, by reason of a default, upon the part of the Lessor herein, in the performance of any of the terms and conditions of the Mortgage, which default causes the estate of the Lessor under the Mortgage to be terminated by foreclosure proceedings or otherwise, Lessee will attorn to and will recognize the purchaser at such foreclosure proceedings, or the Mortgagee, as the Lessor, under this Lease. Lessee covenants and agrees to execute and deliver, at any time and from time to time, upon the request of Lessor or the Mortgagee, any instrument that may be necessary or appropriate to evidence such attornment.
- 27.2 If the Mortgage permits, and if Lessor defaults in the performance of any of the terms, provisions, covenants, or conditions, under the Mortgage, or fails to timely pay the amounts due thereunder, then, immediately upon notice of such default or failure on the part of Lessor, Lessee shall have the right to cure such defaults, upon five (5) days notice to Lessor, and to make such payments as are due from Lessor, directly to the Mortgagee. To the extent such payments are accepted by the Mortgagee for the credit of Lessor, Lessee shall have the right to deduct the amounts expended by Lessee to cure such defaults from the next succeeding Rent payment or payments, due under this Lease. Such deductions shall not constitute an Event of Default under this Lease. Lessor shall mail to Lessee copies of all notices of default received by Lessor, with respect to the Mortgage.

ARTICLE XXVIII - REPRESENTATIONS

28.1 Lessor represents and covenants as follows: (a) Lessor has received no notice of building code or zoning code violations, with respect to the Property, which have not been cured; (b) Lessor has received no notice of any special assessments, or intent to levy any special assessments, with respect to the Property; (c) to the best of Lessor's knowledge, all real estate tax obligations or assessments, which are due and owing, have been paid; (d) Lessor is a limited liability company, duly organized, validly existing and in good standing under the laws of the State of Illinois; and (e) Lessor has full right and power to enter into, or perform its obligations under, this Lease and has taken all requisite action to authorize the execution, delivery and performance of this Lease.

All representations of Lessor contained in this Lease shall be true on and as of the Commencement Date, as though made at that time.

- Lessee represents and covenants to Lessor as follows: (a) Lessee is a Illinois limited liability company duly organized, validly existing and in good standing, under the laws of the State of Illinois; (b) Lessee has full right and power to enter into, or perform its obligations under, this Lease and has taken all requisite partnership action to authorize the execution, delivery and performance of this Lease; and (c) Lessee has examined the Property, and the supportive living facility located thercon, prior to the acceptance and execution of this Lease. No representations or warranties, express or implied, have been made by or on behalf of Lessor, with respect to the condition of the Property. Lessee represents that it is satisfied with the condition thereof, and is leasing the Property in "AS IS/WHERE IS" condition and Lessor shall in no event whatsoever be liable for any latent or patent defects therein.
- 28.3 In the event Lessor defaults or breaches any representation, warranty, or covenant contained herein, Lessee, as its sole and exclusive remedy, shall have the right to terminate this Lease.

ARTICLE XXIX - ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE

- All of the suppliers' and merchants' accounts payable, for goods or services to be delivered or furnished after the Commencement Date, shall be the obligation of and shall be paid by Lessee. Lessee shall assume the responsibility for and pay when due, all vacation pay of employees of the supportive living facility, accrued through the Commencement Date.
- 29.2 The accounts receivable accrued, whether or not billed, at the time of the Commencement Date, shall be the property of and belong to Lessee ("Lessee's Accounts Receivable"). Lessee shall apply payments—from residents owing money for services rendered, before and after the Commencement Date hereof and which are allocated to a particular time period—toward the particular receivable and time period to which such payments are so allocated. Lessee shall apply payments—from residents owing money for services rendered, before and after the Commencement Date hereof and which are not allocated to a particular time period—toward the payment of Lessee's Account Receivable for that particular resident.
- 29.3 Lessor agrees to and does hereby, assign to Lessee, to the extent assignable, any and all warranties, presently held by Lessor, on the heating, ventilation and air-conditioning systems and the roof and foundation of the Property.

ARTICLE XXX - LICENSURE PROVISIONS

30.1 If possession is terminated at any time, the parties shall request appropriate inspections by governmental agencies, upon the return of the Property to Lessor. Lessee agrees that it will cure any violations found, involving the Property, provided such violations were not in existence on the Commencement Date. Lessee agrees to execute such documents and take such action as may be required, in order to restore Lessor to ownership and possession of the Property.

30.2 For the purposes of the licensing requirements of the State of Illinois for long term care facilities, from and after the Commencement Date until such term as Lessee hereunder shall receive from the State of Illinois a license in its own name to operate the Property, this Lease shall not be deemed, interpreted or construed to be a lease, but rather this Lease shall be deemed, interpreted and construed for such purposes to be a management agreement and Lessee shall be the managing agent of Lessor; provided, however, that all other obligations, promises, covenants and duties of Lessee hereunder and the terms and conditions hereof shall at all times remain in full force and effect and be valid and enforceable on the parties hereto.

ARTICLE XXXI - FINANCIAL STATEMENTS

- 31.1 Lessee shall furnish to Lessor (or directly to Mortgagee) any financial reports of Lessee required by the Mortgage, if any. In the event no Mortgage encumbers the Property, then Lessee shall furnish such financial reports to Lessor within such time frames as Lessor reasonably requests.
- 31.2 At all times, Lessec shall keep and maintain full and correct records and books of account of the operations of Lessee in the Property and records and books of account of the entire business operations of Lessee, in accordance with generally accepted accounting principles. Upon request by Lessor, Lessee shall make available for inspection by Lessor, or its designee, during reasonable business hours, the said records and books of account, covering the entire business operations of Lessee, on the Property

ARTICLE XXXII - MISCELLANEOUS

- 32.1 Lessee, in consideration for paying the Rent and all other charges herein provided and for observing and keeping the covenants, agreements, terms and conditions of this Lease on its part to be performed, shall lawfully and quietly hold, occupy and enjoy the Property, during the term of this Lease and subject to its terms, without hindrance by Lessor, or by any other person or persons claiming under Lessor.
- 32.2 All payments to be made by the Lessee hereunder, whether or not designated as Additional Rent, shall be deemed Additional Rent, so that in default of payment when due, the Lessor shall be entitled to all of the remedies available at law, equity or under this Lease, for the nonpayment of Rent.
- 32.3 It is understood and agreed that any consent by Lessor, requiring Lessor's consent under the terms of this Lease, or failure on the part of Lessor to object to any such action taken by Lessee, without Lessor's consent, shall not be deemed a waiver by Lessor of its rights to require such consent for any further similar act by Lessee. Lessee hereby expressly covenants and warrants that, as to all matters requiring Lessors consent under the terms of this Lease, it will secure such consent, for each and every happening of the event requiring such consent and will not claim any waiver on the part of Lessor of the requirement to secure such consent.

- 32.4 Lessee represents that it did not deal with any broker in connection with this Lease and hereby indemnifies Lessor against the claims or demands of any broker claimed through a relationship with Lessee.
- 32.5 Should Lessee hold possession of the Property, after the expiration of the term of this Lease, with or without the consent of Lessor, Lessee shall become a tenant on a month-to-month basis, upon all the terms, covenants and conditions herein specified, excepting, however, that Lessee shall pay Lessor monthly Rent, for the period of such month-to-month tenancy, in an amount equal to twice the last amount of Rent specified.
- 32.6 All notices, demands, or requests, which may or are required to be given by either party to the other, shall be in writing, shall be effective upon receipt and shall be sent by personal delivery or United States certified mail, return receipt requested, with postage thereon prepaid, addressed to the other party hereto.
- 32.7 Upon demand by either party, Lessor and Lessee agree to execute and deliver a recordable short form Memorandum of Lease, so that either party may record the same.
- 32.8 Each party agrees, upon not less than five (5) days prior written request from the other party, to execute, acknowledge and deliver to the other party a statement in writing, certifying that this Lease is (a) unmodified, (b) in full force and effect (or, if there have been modifications, that the same is in full force and effect as modified and stating the modifications), (c) the dates to which the Rent, Taxes and Assessments and other charges have been paid, (d) whether this Lease is then in default, or (e) whether any events have occurred that, with the giving of notice or the passage of time, or both, could constitute a default hereunder. It is intended that any such statement, delivered pursuant to this section, may be relied upon by any prospective assignce, mortgagee, or purchaser of either the fee interest in the Property or of this Lease.
- 32.9 All of the provisions of this Lease shall be deemed and construed to be "conditions" and "covenants," as though the words specifically expressing or importing covenants and conditions were used in each separate provision.
- 32.10 The headings and title in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit, or describe the scope or intent of this Lease, nor in any way affect this Lease.
- 32.11 The recitals, set forth at the beginning of this Lease, constitute an integral part of this Lease.
- 32.12 This Lease contains the entire agreement between the parties and any executory agreement hereafter made shall be ineffective to change, modify, or discharge it in whole or in part, unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification, or discharge is sought. This Lease cannot be orally changed or terminated.

- 32.13 Except as otherwise expressly provided, the covenants, conditions and agreements in this Lease shall bind and inure to the benefit of the Lessor, Lessee and their respective successors and assigns.
- 32.14 All nouns and pronouns and any variations thereof, shall be deemed to refer to the masculine, feminine, neuter, singular, or plural, as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities, or any other thing or things may require. The term "or" shall be deemed to mean "and/or". The term "including" shall be deemed to mean "including, without limitation".
- 32.15 If any term or provisions of this Lease shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Lease shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized to do so, on behalf of each of them respectively, the day and year first above written.

LESSOR:	LESSEE:
EJR ENTERPRISES, INC., an Illinois corporation	ASBURY PAVILION NURSING & REHABILITATION CENTER, LLC, an Illinois limited liability company
Ву:	
Name: Jack Reiss	~
Its: President	Ву:
	Name: Jack Reiss
	Its: Manager

EXHIBIT A

REAL PROPERTY LEGAL DESCRIPTION

THAT PART OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 8, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: (THE WEST LINE OF THE SOUTHWEST 1/4 OF SAID SECTION IS ASSUMED AS "NORTH" FOR THE FOLLOWING COURSES): COMMENCING AT A POINT IN THE EAST LINE OF THE CHICAGO, BURLINGTON, AND QUINCY RAILROAD, SAID POINT BEARS NORTH 0 DEGREES, 13 MINUTES, 0 SECONDS WEST, A DISTANT 60.80 FEET FROM SOUTH LINE OF SAID SECTION; THENCE NORTH 84 DEGREES, 53 MINUTES, 0 SECONDS EAST, 18.98 FEET; THENCE NORTH 32 DEGREES, 46 MINUTES, 0 SECONDS EAST, 366.79 FEET TO A POINT OF TANGENCY WITH A CURVED LINE; THENCE NORTHEASTERLY ALONG SAID CURVE CONVEX TO THE NORTHWEST HAVING A RADIUS OF 247 FEET, A DISTANCE OF 189.26 FEET TO THE POINT OF BEGINNING; THENCE NORTH 76 DEGREES 40 MINUTES, 0 SECONDS EAST, ALONG A LINE TANGENT TO SAID CURVE, 108.56 FEET; THENCE SOUTH 76 DEGREES, 48 MINUTES, 0 SECONDS EAST, 77.34 FEET; THENCE SOUTH 63 DEGREES, 24 MINUTES, 0 SECONDS EAST, 110.44 FEET; THENCE SOUTH 52 DEGREES, 39 MINUTES, 0 SECONDS EAST, 148.36 FEET; THENCE SOUTH 07 DEGREES, 20 MINUTES, 0 SECONDS EAST 255.31 FEET TO A POINT IN THE NORTHERLY LINE OF THE NORTHERN ILLINOIS TOLL HIGHWAY, SAID LINE BEING 135 FEET NORTHWESTERLY OF (BY RIGHT ANGLE MEASURE) AND PARALLEL WITH THE CENTER LINE OF CONSTRUCTION; THENCE NORTH 85 DEGREES, 53 MINUTES, 0 SECONDS EAST, ALONG SAID LINE, 876.70 FEET TO A POINT IN THE WESTERLY LINE OF STATE HIGHWAY NO. 31 (SAID LINE BEING 33 FEET WEST OF THE CENTER LINE); THENCE NORTH 13 DEGREES, 53 MINUTES, 20 SECONDS WEST, ALONG SAID LINE, 744 .25 FEET TO A POINT WHICH IS 470.89 FEET SOUTHEASTERLY OF THE INTERSECTION OF SAID WESTERLY LINE AND THE NORTH LINE OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF SAID SECTION; THENCE SOUTH 70 DEGREES, 26 MINUTES, 13 SECONDS WEST, 1194.94 FEET TO THE POINT OF BEGINNING (EXCEPT THAT PART TAKEN FOR ROADWAY IN CONDEMNATION GENERAL NO. 57-853 RECORDED JULY 21, 1999 AS DOCUMENT NUMBER 1999K071729), IN KANE COUNTY, ILLINOIS.

EXHIBIT B

PROPERTY

NEW DEBT CONVENTIONAL MORTGAGE

LOAN AMOUNT			\$4,292,000.00		
INTEREST RATE	6.509	%	0.0054166667		
TERM(MONTHS)	25		300		
PAYMENT AMOU	JNT		\$28,979.89.		
FIRST PAYMENT	MAF	RCH 2012			
LOAN AMORT	IZATIO	N	\$4,292,000	NEW MORTGAG	βE
PAYMENT#	PAY	MENT .	PRINCIPAL	INTEREST	REMAIN BAL
2012	1	\$28,979.89	\$5,731.56	\$23,248,33	\$4,286,268.44
	2	\$28,979.89	\$5,762.60	\$23,217,29	\$4,280,505.84
	3	\$28,979.89	\$5,793.82	\$23,186,07	\$4,274,712.02
	4	\$28,979.89	\$5,825.20	\$23,154,69	\$4,268,886.82
	5	\$28,979.89	\$5,856.75	\$23,123 14	\$4,263,030.06
	6	\$28,979.89	\$5,888.48	\$23,091 41	\$4,257,141.59
	7	\$28,979.89	\$5,920.37	\$23,059 52	\$4,251,221.21
	8	\$28,979.89	\$5,952.44	\$23,027.45	\$4,245,268.77
	9	\$28,979.89	\$5,984.69	\$22,995 21	\$4,239,284.08
	10	\$28,979.89	\$6,017.10	\$22,962.79	\$4,233,266.98
	1	\$28,979.89	\$6,049.70	\$22,930 20	\$4,227,217.28
	12	\$28,979.89	\$6,082.46	\$22,897.43	\$4,221,134.82
	13	\$28,979.89	\$6,115.41	\$22,864,48	\$4,215,019.41
	14	\$28,979.89	\$6,148.54	\$22,831 36	\$4,208,870.87
	15	\$28,979.89	\$6,181.84	\$22,798.05	\$4,202,689.03
	16	\$28,979.89	\$6,215.33	\$22,764,57	\$4,196,473.71
	17	\$28,979.89	\$6,248.99	\$22,730.90	\$4,190,224.71
	18	\$28,979.89	\$6,282.84	\$22,697,05	\$4,183,941.87
	19	\$28,979.89	\$6,316.87	\$22,663,02	\$4,177,625.00
	20	\$28,979.89	\$6,351.09	\$22,628,80	\$4,171,273.91
	21	\$28,979.89	\$6,385.49	\$22,594.40	\$4,164,888.42
	22	\$28,979.89	, \$6,420.08	\$22,559,81	\$4,158,468.34
	23	\$28,979.89	\$6,454.85	\$22,525.04	\$4,152,013.49
	24	\$28,979.89	\$6,489.82	\$22,490,07	\$4,145,523.67
	25	\$28,979.89	\$6,524.97	\$22,454,92	\$4,138,998.70
	26	\$28,979.89	\$6,560.32	\$22,419,58	\$4,132,438.38
	27	\$28,979.89	\$6,595.85	\$22,384,04	\$4,125,842.53
	28	\$28,979.89	\$6,631.58	\$22,348,31	\$4,119,210.95
	29	\$28,979.89	\$6,667.50	\$22,312,39	\$4,112,543.46
	30	\$28,979.89	\$6,703.61	\$22,276,28	\$4,105,839.84
	31	\$28,979.89	\$6,739.93	\$22,239,97	\$4,099,099.92
	32	\$28,979.89	\$6,776.43	\$22,203,46	\$4,092,323.48
	33	\$28,979.89	\$6,813.14	\$22,166,75	\$4,085,510.34
	34 ·	\$28,979.89	\$6,850.04	\$22,129,85	\$4,078,660.30
2015	35	\$28,979.89	\$6,887.15	\$22,092 74	\$4,071,773.15
	36	\$28,979.89	\$6,924.45	\$22,055 44	\$4,064,848.70
	37	\$28,979.89	\$6,961.96	\$22,017 93	
	38	\$28,979.89	\$6,999.67	\$21,980 22	
	39	\$28,979.89	\$7,037.59		
	40	\$28,979.89	\$7,075.71	\$21,904 18	
	41	\$28,979.89	\$7,114.03	\$21,865,86	\$4,029,659.74

NEW DEBT CONVENTIONAL MORTGAGE

				•
LOAN AMOUNT	•	\$4,292,000.00		•
INTEREST RATE	6.50%	0.0054166667		
TERM(MONTHS)	25	300		
PAYMENT AMOUN	Т	\$28,979.89		
FIRST PAYMENT	MARCH 2012			
LOAN AMORTIZ	'ATION	\$4,292,000	NEW MORTGAG	E
PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
42	\$28,979.89	\$7,152.57	\$21,827,32	\$4,022,507.17
43	\$28,979.89	\$7,191.31	\$21,788 58	\$4,015,315.86
44	\$28,979.89	\$7,230.26	\$21,749,63	\$4,008,085.60
45	\$28,979.89	\$7,269.43	\$21,710,46	\$4,000,816.17
· 46	\$28,979.89	\$7,308.80	\$21,671,09	\$3,993,507.36
47	\$28,979.89	\$7,348.39	\$21,631,50	\$3,986,158.97
48	\$28,979.89	\$7,388.20	\$21,591.69	\$3,978,770.77
49	\$28,979.89	\$7,428.22	\$21,551 68	\$3,971,342.56
50	\$28,979.89	\$7,468.45	\$21,511:44	\$3,963,874.11
51	\$28,979.89	\$7,508.91	\$21,470 98	\$3,956,365.20
52	\$28,979.89	\$7,549.58	\$21,430,31	\$3,948,815.62

NEW DEBT CONVENTIONAL MORTGAGE

LOAN AMOUNT	\$4,292,000.00
INTEREST RATE 6.50%	0.0054166667
TERM(MONTHS) 25	300
PAYMENT AMOUNT	\$28,979.89

FIRST PAYMENT MARCH 2012

LOAN AMORTIZATION \$4,292,000 NEW MORTGAGE

PAYMENT # PAYMENT PRINCIPAL INTEREST REMAIN BAL

ANNUAL TOTALS

				\$0.00
2011				\$4,292,000.00
2012	\$289,798.91	\$58,733.02	\$231,065,89	\$4,233,266.98
2013	\$347,758.70	\$74,798.64	\$272,960 06	\$4,158,468.34
2014	\$347,758.70	\$79,808.04	\$267,950,65	\$4,078,660.30
	\$347,758.70	\$85,152.93	\$262,605,76	\$3,993,507.36

Criterion 1120.210(c), Operating Start-up Costs

Supplemental/Overtime Personnel	\$10,000
Building Prep/Certification	\$10,000
Advertising and Promotion	\$31,000
Classified Advertising	\$5,000
Supplies .	\$5,000
Training	\$5,000
Total	\$66,000
Initial Operating Deficit	
thru 2012	(\$88,258)
Total Start-up and Deficit	(\$154,258)

This project is an addition to the existing SLF facility and since some number of patients will be available to move to the new building on opening, only a small initial deficit is expected. The start-up costs will be small and mostly associated with movement of patients and promotion of the new facility. They will be funded by the normal cash flow from operations. The entity operating the nursing unit is a new company and does not have financial history.

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

Moshe Cal Moster KOHN

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:
- 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.

Board Member or Officer	Board Member or Officer
Notarization: Subscribed and sworn to me this the day of Secondary Signature of Notary	Notarization: Subscribed and sworn before me this 28 day of Necember 2009 Caroly York Signature of Notary

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"OFFICTAL SEAL"

Carolym Spoils

Notary Public, State or fillinois
My Commission Exp. 02/15/2010

"OFFICIAL STAL"
Carolyn Spother
Notary Public, State of utinois
My Commission Exp. 02/19/2010

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	\$2,500
-	Subsoil Drilling and Testing	\$5,500
AIT	Total	\$8,000
NT	Site Preparation	
	General Earth Work	\$20,000
	Rough Grading	\$10,000
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	Total	\$30,000
	Off Site Work	
	Access	\$10,000
	Total	\$10,000
	Consulting and Fees	
	Con Application Fees	\$10,000
	Legal Fees	\$15,000
	CON Application Preparation	\$40,000
	Total	\$65,000
	Other Costs To Be Capitalized	
	Taxes During Construction	\$38,000
	Insurance During Construction	\$23,000
	Tittle And Recording	\$6,000
•	Organizational Costs	\$10,000
	Cost Certification Audit	\$8,000
	Loan Costs	\$179,000
	Total	\$264,000 267

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Criterion 1120.310(d), Project Operating Costs

Salaries	\$2,105,278
Supplies	\$299,249
Welfare and Benefits	\$361,499
Total Direct Cost	\$2,766,026
Year of Target Utilization	Year 2013
Patient Days Per Year	24,820
Resultant Costs Per Patient Day	\$111.44

Criterion 1120.310(e), Project Capital Costs

Depreciation	\$176,185
Interest	\$272,960
Property Taxes	\$139,623
Rent	\$0
Other	\$7,160
Total Annual Capital Costs	\$595,928
Year of Target Utilization	Year 2013
Patient Days Per Year	24,820
Capital Cost Per Patient Day	\$24.01