

09-077

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DEC 31 2009

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Asbury Pavilion Nursing and Rehabilitation Center		
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].

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		

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

Type of Ownership

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

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

Primary Contact

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

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

Additional Contact

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

Name: Charles 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

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Joseph Chase
Title: Administrator
Company Name: Asbury Gardens Retirement Communities
Address: 210 Airport Road, North Aurora, Illinois 60542
Telephone Number: (630) 896-7778
E-mail Address: chmazel18@aol.com
Fax Number: (630) 896-6759

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: EJR Enterprises, Inc.
Address of Site Owner: 29 East Madison Street, Suite 1510, Chicago, Illinois 60602
Street Address or Legal Description of Site: 210 Airport Road

APPEND DOCUMENTATION AS ATTACHMENT 2. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Asbury Pavilion Nursing and Rehabilitation Center, LLC
Address: 210 Airport Road, North Aurora, Illinois 60542

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

APPEND DOCUMENTATION AS ATTACHMENT 4. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

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

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

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

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care	+75				
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

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

3. Narrative Description

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

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.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
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.			

Related Project Costs

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

Land acquisition is related to project 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 Final Working

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 **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

APPEND DOCUMENTATION AS ATTACHMENT 3 IN NUMBERED SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

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

FACILITY NAME: Asbury Pavilion Nursing and Rehabilitation Center			CITY: North Aurora		
REPORTING PERIOD DATES: From: _____ to: _____					
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)					
TOTALS:					

CERTIFICATION

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

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

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

Samuel Seleski
SIGNATURE

Moshe Kahn
SIGNATURE

SAMUEL SELESKI
PRINTED NAME

MOSHE KAHN
PRINTED NAME

OWNER
PRINTED TITLE

OWNER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of December 2009

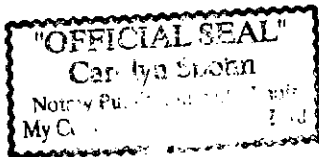
Notarization:
Subscribed and sworn to before me
this 28th day of December 2009

Carolyn Spohn
Signature of Notary

Carolyn Spohn
Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of 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.

Moshe Kel
 SIGNATURE
MOSHE KATHN
 PRINTED NAME
OWNER
 PRINTED TITLE

[Signature]
 SIGNATURE
ARCI HANS
 PRINTED NAME
Agent
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 28th day of December 2009

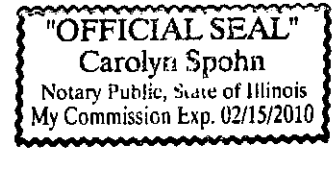
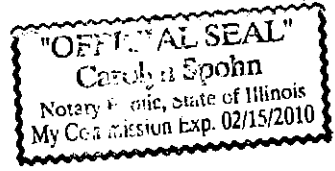
Notarization:
Subscribed and sworn to before me this 28th day of December 2009

Carolyn Spohn
Signature of Notary

Carolyn Spohn
Signature of Notary

Seal

Seal



*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.

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

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

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

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

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

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

Indicate bed capacity changes by Service:

Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> General Long Term Care	0	+75	+75	0	0
<input type="checkbox"/>					
<input type="checkbox"/>					

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

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

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 Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		
1110.1730(f)(2) & (3) - Documentation			X		
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110,1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X		X	X

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

APPLICABLE REVIEW CRITERIA	ATTACHMENT NUMBER
Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	33
Planning Area Need - Service to Planning Area Residents	34
Planning Area Need - Service Demand - Establishment of Category of Service	35
Planning Area Need - Service Demand - Expansion of Existing Category of Service	36
Planning Area Need - Service Accessibility	37
Description of Continuum of Care	38
Components	39
Documentation	40
Description of Defined Population to be Served	41
Documentation of Need	42
Documentation Related to Cited Problems	43
Unnecessary Duplication of Services	44
Maldistribution	45
Impact of Project on Other Area Providers	46
Deteriorated Facilities	47

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

T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

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

Yes No 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 – 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 or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected 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
<u>CURRENT RATIO</u>	
1. CURRENT ASSETS	\$23,534
2. CURRENT LIABILITIES	\$0
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	N/A
<u>NET MARGIN PERCENTAGE</u>	
4. NET INCOME OR (LOSS)	(\$111,593)
5. NET OPERATING REVENUE	\$1,640,683
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	-7%
<u>DEBT SERVICE COVERAGE RATIO</u>	
NET INCOME(LOSS)+DEPR+	
7. INTEREST+AMORTIZATION	\$1,125,683
8. PRINCIPAL + INTEREST	\$944,247
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	1.19
<u>DEBT CAPITALIZATION RATIO</u>	
10. LONG TERM DEBT	\$11,108,792
11. LONG TERM DEBT + EQUITY	\$9,707,080
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	114%
<u>DAYS CASH</u>	
13. CASH AND INVESTMENTS	\$23,534
14. OPER EXPENSE LESS DEPR/365	\$3,389
15. DAYS CASH ON HAND(LINE13/LINE 14)	7
<u>CUSHION RATIO</u>	
16. CASH AND INVESTMENTS	\$23,534
17. MAX ANNUAL DEBT SER	\$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 assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?

Yes No

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

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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios – 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:				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 NURSING UNIT
 FORECASTED VIABILITY RATIOS WORKSHEET
 OPERATING ENTITY

2013

CURRENT RATIO

1. CURRENT ASSETS	\$1,158,670
2. CURRENT LIABILITIES	\$275,400
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	4.21

NET MARGIN PERCENTAGE

4. NET INCOME OR (LOSS)	\$721,527
5. NET OPERATING REVENUE	\$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	\$3,245,217
8. PRINCIPAL + INTEREST	\$0
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	N/A

DEBT CAPITALIZATION RATIO

10. LONG TERM DEBT	\$0
11. LONG TERM DEBT + EQUITY	\$883,270
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0.00%

DAYS CASH

13. CASH AND INVESTMENTS	\$763,195
14. OPER EXPENSE LESS DEPR/365	\$4,342
15. DAYS CASH ON HAND(LINE13/LINE 14)	175.8

CUSHION RATIO

16. CASH AND INVESTMENTS	\$763,195
17. MAX ANNUAL DEBT SER	\$0
18. CUSHION (LINE 16/LINE 17)	N/A

T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

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

Yes No

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

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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios – 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 as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected 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 OPERATOR
 2013

CURRENT RATIO

1. CURRENT ASSETS	\$1,182,204
2. CURRENT LIABILITIES	\$275,400
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	4.29

NET MARGIN PERCENTAGE

4. NET INCOME OR (LOSS)	\$760,596
5. NET OPERATING REVENUE	\$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	\$3,731,950
8. PRINCIPAL + INTEREST	\$963,500
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	3.87

DEBT CAPITALIZATION RATIO

10. LONG TERM DEBT	\$11,108,792
11. LONG TERM DEBT + EQUITY	\$10,590,350
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	104.90%

DAYS CASH

13. CASH AND INVESTMENTS	\$786,729
14. OPER EXPENSE LESS DEPR/365	\$7,766
15. DAYS CASH ON HAND(LINE13/LINE 14)	101.3

CUSHION RATIO

16. CASH AND INVESTMENTS	\$786,729
17. MAX ANNUAL DEBT SER	\$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 verification 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

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

\$5,365,000 TOTAL FUNDS AVAILABLE

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

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes 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.

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

U. Economic Feasibility

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

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

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

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

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

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

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

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

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

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

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$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	0	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 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

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

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 APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification	28-30
2	Site Ownership	
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
4	Flood Plain Requirements	32-36
5	Historic Preservation Act Requirements	37-38
6	Description of Project	
7	Project and Sources of Funds Itemization	
8	Cost Space Requirements	39
9	Discontinuation	
10	Background of the Applicant	40-48
11	Purpose of the Project	49-54
12	Alternatives to the Project	55-90
13	Size of the Project	91
14	Project Service Utilization	92
15	Unfinished or Shell Space	
16	Assurances for Unfinished/Shell Space	
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	Categories of Service:	
19	Planning Area Need	
20	Service Demand – Establishment of Category of Service	
21	Service Demand – Expansion of Existing Category of Service	
22	Service Accessibility – Service Restrictions	
23	Unnecessary Duplication/Maldistribution	
24	Category of Service Modernization	
25	Staffing Availability	
26	Assurances	
	Service Specific:	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
32	Non-Hospital Based Ambulatory Surgery	
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34	Service to Planning Area Residents	95-98
35	Service Demand-Establishment of Category of Service	99-103
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	104-192
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
42	Documentation of Need	
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46	Impact of Project on Other Area Providers	197-198
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	199-204
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52	Community Related Functions	206-212
53	Zoning	213-220
54	Assurances	221-222
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56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	Clinical Service Areas Other than Categories of Service:	
62	Need Determination - Establishment	
63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
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72	Utilization- Major Medical Equipment	
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74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
75	Financial Feasibility	223-265
76	Economic Feasibility	266-269
77	Safety Net Impact Statement	

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 **Asbury Pavilion Nursing and Rehabilitation Center**. Appended as **ATTACHMENT -1A** are the Certificate of Good Standings for both Applicant entities and their corresponding Articles of Organization.

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

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

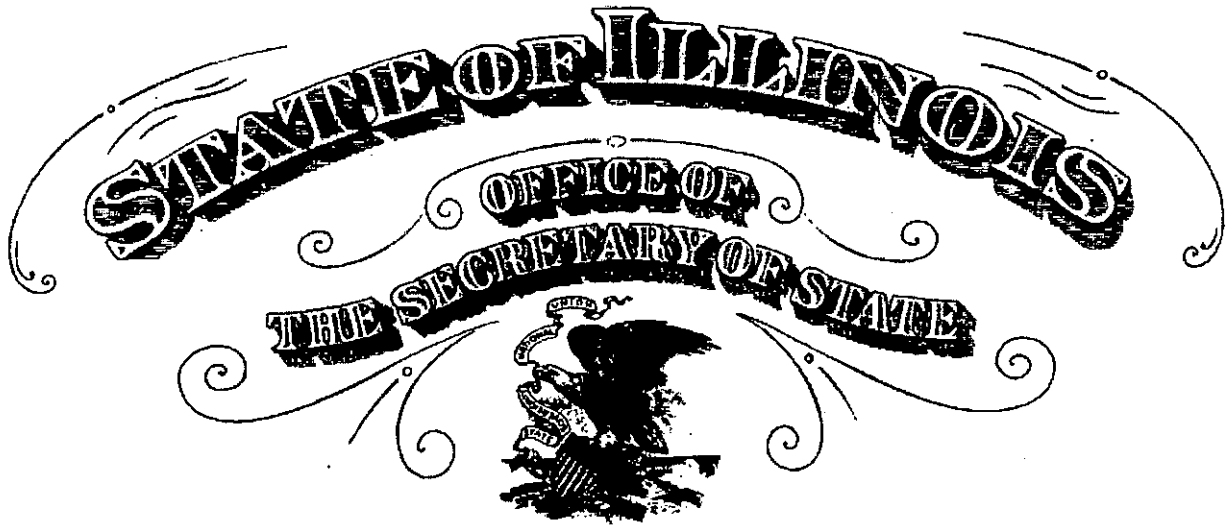
Authenticate at: <http://www.cyberdrivellinois.com>

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

Jesse White

SECRETARY OF STATE

ATTACHMENT -1A



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>

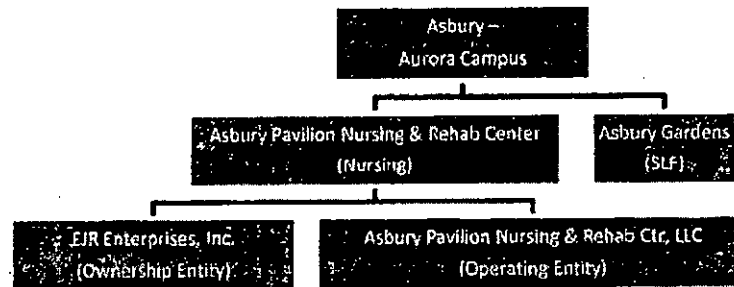
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of DECEMBER A.D. 2009

Jesse White

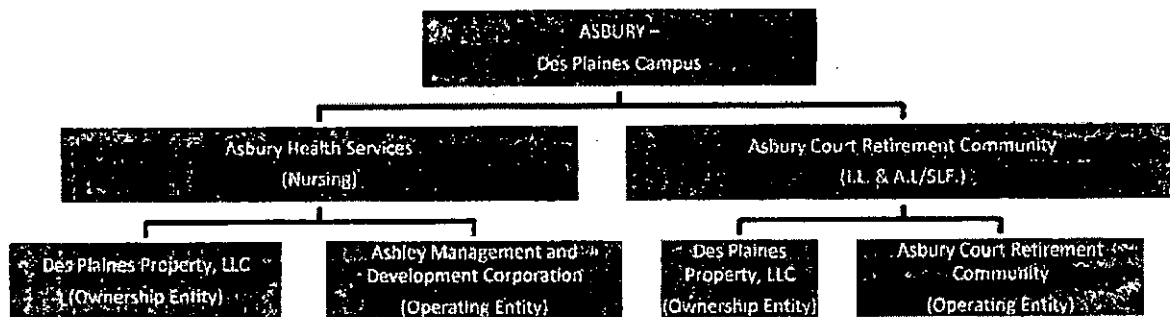
SECRETARY OF STATE

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 Asbury Pavilion Nursing and Rehabilitation Center. Existing on the campus is Asbury Gardens 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.



Facility Name/Location/Units	Ownership/Operating Entity (ies)
Moraine Court Bridgeview, Illinois	Moraine Court LTD, LLC

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.

ATTACHMENT-4



HARRIS ARCHITECTS INC.

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, IL 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

ATTACHMENT-4A



8
 80000 FT
 80000 FT
 ZONING
 JOHN'S PANEL 033
 JOHN'S PANEL 034
 88° 18' 45"

JOHN'S PANEL 034

This is the official Flood Insurance Rate Map (FIRM) for the community of Kane County, Illinois. It is a product of the National Flood Insurance Program (NFIP) and is used to determine flood insurance rates. The map is based on the best available data and is subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) at 4845 Marking Road, Hialeah, FL 33009.

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
 FLOOD INSURANCE RATE MAP
 KANE COUNTY,
 ILLINOIS
 AND INCORPORATED AREAS

MAP NUMBER
 170000000
 MAP REVISED
 AUGUST 3, 2008

MAP SCALE 1" = 1000'

0 1000 2000
 FEET
 METERS

34

NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP KANE COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 340 OF 410

THIS MAP UNDER THE NATIONAL FLOOD INSURANCE PROGRAM

DATE OF ISSUE: 12/20/02
DATE OF PREVIOUS EDITION: 12/20/02

FOR A COMPLETE LIST OF PANELS AND MAPS, SEE THE FIRM MAP NUMBER 170896C0340F

EFFECTIVE DATE: DECEMBER 20, 2002

MAP NUMBER
170896C0340F

EFFECTIVE DATE:
DECEMBER 20, 2002

Federal Emergency Management Agency



LEGEND ON REVERSE



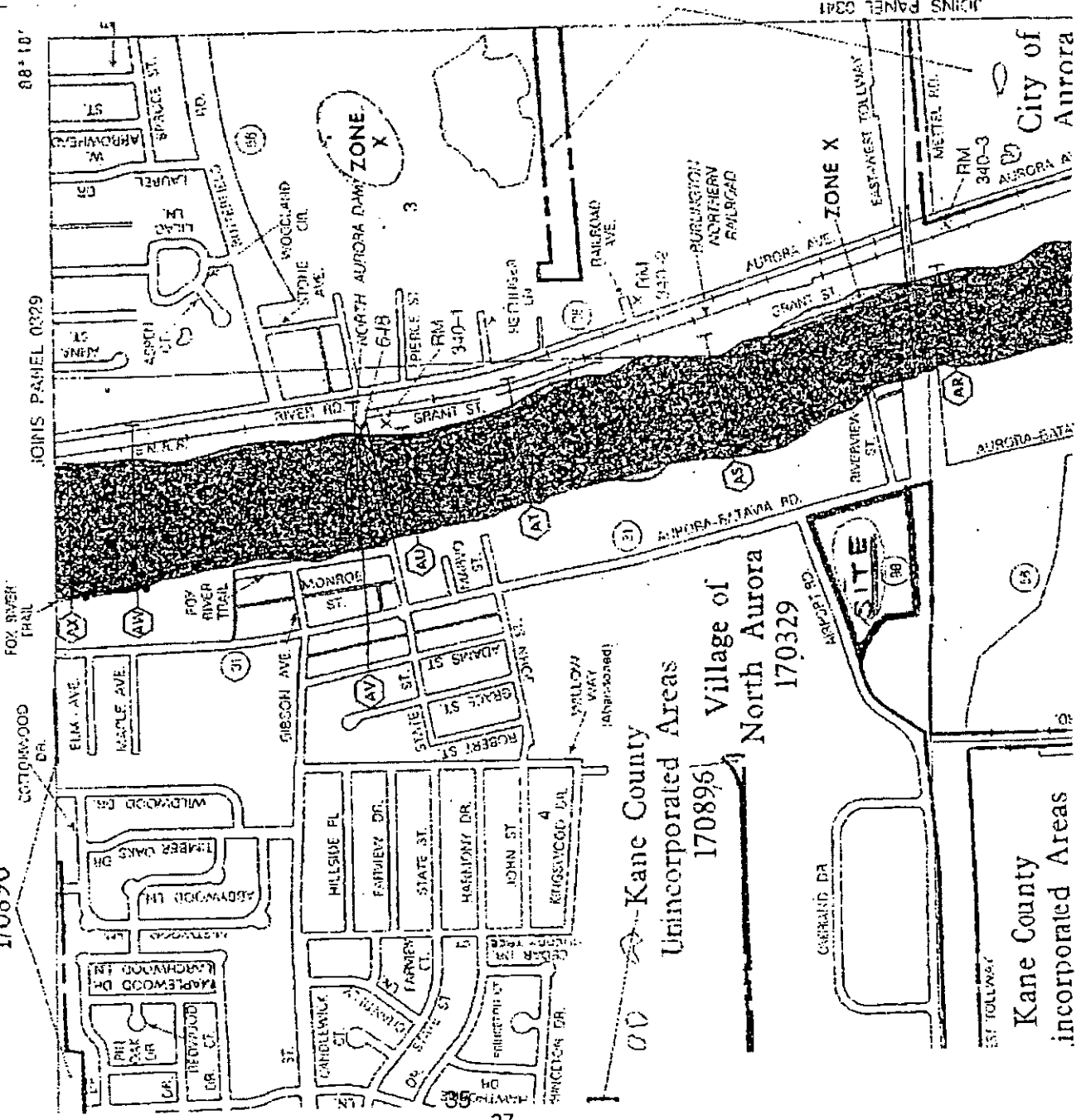
APPROXIMATE SCALE



Unincorporated Areas
170896

Unincorporated Areas
170896
Village of
North Aurora
170329

Incorporated Areas

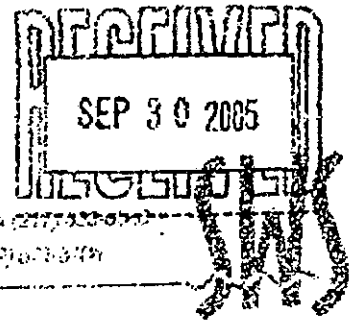


JOINS PANEL 0341

City of
Aurora



Illinois State Water Survey



Main Office • 2224 Guilford Drive • Champaign, IL 61820-7495 • Tel (217) 557-2210 • Fax (217) 557-0722
Field Office • P.O. Box 697 • Peoria, IL 61652-0697 • Tel (309) 671-3192 • Fax (309) 671-3179

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

Requester: Gina M. Kuczy, Charles H. Foley & Associates, Inc.
Address: 1638 S. MacArthur Blvd.
City, state, zip: Springfield, IL 62704 Telephone: (217) 544-1551

Site description of determination:
Site address: Asbury Gardens, 210 Airport Rd (Parcels 15-04-451-007 & -008)
City, state, zip: North Aurora, IL
County: Kane Sec: SW¼ of SW¼ Section: 4 T. 38 N. R. 8 E. PM: 3rd
Subject area: See legal description attached. (Area bounded by Airport Rd. on the north, IL 31 on the east, and the I-88 right-of-way on the south and west.)

The property described above IS NOT located in a Special Flood Hazard Area (SFHA).
Floodway mapped: Yes Floodway on property: No
Source used: FEMA Flood Insurance Rate Map (FIRM). An annotated copy is attached.
Community name: City of North Aurora, IL Community number: 170329
Panel/map number: 17089C0340 F Effective Date: December 20, 2002
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP); State and Federal grants as well as flood insurance may not be available.
- N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or X).
- N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
- N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
- X f. Is not located in a Special Flood Hazard Area. Flood insurance may be available at non-floodplain rates.
- N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
- N/A h. Exact structure location is not available or was not provided for this determination.

Note: This determination is based on the current Federal Emergency Management Agency (FEMA) flood hazard map for the community. This letter does not imply that the referenced property will or will not be free from flooding or damage. A property or structure not in a Special Flood Hazard Area may be damaged by a flood greater than that predicted on the FEMA map or by local drainage problems not mapped. This letter does not create liability on the part of the Illinois State Water Survey, or employee thereof for any damage that results from reliance on this determination.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 4 (1979), or State floodplain regulations, may be directed to John Lentz (847/608-3100) at the IDNR Office of Water Resources.

William Saylor
William Saylor, CEM IL-02-0007, Illinois State Water Survey

Title: ISWS Surface Water & Floodplain Information Date: 9-30-2005

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.**

ATTACHMENT-5



Illinois Historic Preservation Agency

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

Kane County
North Aurora
210 Airport Road
Establish Nursing Care Beds, Asbury Gardens

PLEASE REFER TO: IHPA LOG #018092005

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 amended, 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.

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

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

ATTACHMENT-5A

Cost Space Requirements

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

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
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 Clinical			16,681	16,681	0		
NON CLINICAL							
Office/Administration			825	825	0		
Employee Lounge/ Locker/Training			310	310	0		
Mechanical/Electrical			144	144	0		
Lobby			555	190	365		
Storage/Maintenance Corridor/Public Toilets			850	850	0		
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

RECEIVED 2/13/09



STATE OF ILLINOIS
HEALTH FACILITIES PLANNING BOARD

525 WEST JEFFERSON STREET • SPRINGFIELD, ILLINOIS 62761 • (217)782-3516

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.

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,



Jeffrey 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.

Name Asbury Gardens
Address 210 Airport Road
City/State/Zip North Aurora, Illinois 60542

Number of Units 150 Maximum Number of Residents 193

[Signature]
Rod R. Blagoevich, Governor

[Signature]
Barry S. Maram, Director

November 13, 2003
Effective Date

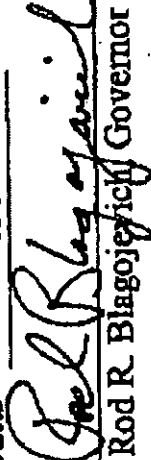


State of Illinois
Department of Healthcare and Family Services

**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
Number of Units 150 Maximum Number of Residents 179


Rod R. Blagojevich
Governor


Barry S. Maram, Director

July 22, 2005
Effective Date




*Asbury Pavilion Nursing
& Rehabilitation Center*


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: 
Name: ARI HAAS
Its: A Agent

EJR Enterprises, Inc.

By: 
Name: SAMUEL SELESKI
Its: 12-28-09



09/14/09

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,

A handwritten signature in black ink that reads "Moshe Kal".

ATTACHMENT-10C

PURPOSE OF PROJECT

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

According to the Long-Term Care Bed Inventory Update October 16, 2009, Health Service Area (HSA) VIII shows a documented need for 228 additional beds (refer to **ATTACHMENT-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.

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

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

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

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

ATTACHMENT-11

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 10/16/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Name Change	03/31/2008	CONTINENTAL NURSING & REHAB CT, CHICAGO	Name changed from Continental Care Center.	
	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 beds, total now 37 nursing care beds.	
	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 Terrace.	
	Bed Change	04/22/2009	SCHWAB REHABILITATION HOSP, CHICAGO	Board discontinued nine nursing care beds, total now 21 nursing care beds.	
	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	08/31/2009	CENTRAL NRSG & REHAB CENTER, CHICAGO	Name changed from Central Nursing.	New
Planning Area 6-C	Bed Change	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	01/18/2008	RENAISSANCE PARK SOUTH, CHICAGO	Name changed from Halsted Terrace 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 62 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.	
	P-08-064	01/27/2009	ASBURY HEALTHCARE, DES PLAINES	Permit issued to establish a 75 bed nursing care facility.	
	CHOW	06/10/2009	HARBOR HOUSE, WHEELING 50	Change of ownership occurred.	
	Name Change	06/10/2009	HARBOR HOUSE, WHEELING	Name changed from New Perspective-Wheeling.	
	CHOW	08/05/2009	PLUM GROVE NURSING & REHAB CTR.	Change of ownership occurred	

ATTACHMENT-11A

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 10/16/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
			PALATINE	
	Name Change	08/05/2009	PLUM GROVE NURSING & REHAB CTR, PALATINE	Name changed from Plum Grove of Palatine, The.
Planning Area 7-B	Name Change	11/02/2007	SKOKIE MEADOWS NURSING CTR. II, SKOKIE	Name changed from Skokie Meadows II.
	Name Change	12/20/2007	MANORCARE OF WILMETTE, WILMETTE	Name changed from Manor Care - Wilmette.
	Name Change	05/16/2008	LIEBERMAN CENTER FOR HLTH & RE, SKOKIE	Name changed from Lieberman Geriatric Hlth. Ctr.
	Name Change	05/21/2008	REGENCY REHABILITATION CENTER, NILES	Name changed from Regency Healthcare & Rehab Ctr.
	Name Change	06/20/2008	NILES NRSG & REHAB CENTER, NILES	Name changed from Hampton Plaza Nsg & Rehab Ctr.
	Name Change	10/08/2008	ALDEN ESTATES OF SKOKIE, SKOKIE	Name changed from Manor Care - Skokie.
	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, NORTHBROOK	Discontinued 64 sheltered care beds, total now 102 nursing care beds.
	CHOW	03/06/2009	NILES NRSG & REHAB CENTER, NILES	Change of ownership occurred.
	Bed Change	04/13/2009	WESTMINSTER PLACE, EVANSTON	Discontinued six nursing care beds, total now 204 nursing care beds and 51 sheltered care beds.
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	12/20/2007	MANORCARE OF WESTMONT, WESTMONT	Name changed from Manor Care - Westmont.
	Bed Change	12/31/2007	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 permit 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	01/13/2009	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	Board discontinued ten nursing care beds, total now 34 nursing care beds.
	Bed Change	04/22/2009	WEST SUBURBAN HOSPITAL & MED C. OAK PARK	Board discontinued 29 nursing care beds, total now 50 nursing care beds.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 10/16/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	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
Planning Area 7-E	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 facility 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 Terrace.	
Bed Change	08/14/2008	LEXINGTON OF LAGRANGE, 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	07/15/2009	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

Kane	Bed Change	10/24/2002	COVENANT HEALTH CARE CENTER, BATAVIA	Discontinued 49 sheltered care beds, total now 99 nursing care beds.	
	Name Change	12/01/2007	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	11/10/2008	MANORCARE OF ELGIN, ELGIN	Name changed from Manor Care - Elgin.	
	Bed Change	01/01/2009	COUNTRYSIDE CARE CENTER, AURORA	Discontinued four nursing care beds, total now 203 nursing care beds.	
P-08-083	09/01/2009	GREENFIELDS OF GENEVA, GENEVA	Permit issued to establish a 40 bed nursing care facility.		
P-08-099	09/02/2009	MEADOWBROOK MANOR, GENEVA	Permit issued to establish a 150 bed nursing care facility.		

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 10/16/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Lake	Bed Change	05/22/2007	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Discontinued eight nursing care beds, total now 240 nursing care beds.
	Name Change	04/02/2008	PAVILION OF WAUKEGAN, WAUKEGAN	Name changed from Pavilion of Waukegan II.
	Closure	04/09/2008	JOHN J. KELLY ILL. VETS HOME, NORTH CHICAGO	Board deemed facility discontinued as of April 9, 2008. 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 - Libertyville.
	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 beds, total now 88 nursing care beds.
	P-05-036	06/15/2009	RENAISSANCE GARDENS SEDGEBROOK, LINCOLNSHIRE	Licensed 44 permit nursing care beds, still have 44 permit nursing care beds.
	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 care beds. New
McHenry	Bed Change	06/19/2008	VALLEY HI NURSING HOME, WOODSTOCK	Added one nursing care bed, total now 128 nursing care bed.
Health Service Area 009				
Grundy	CHOW	08/01/2009	WALNUT GROVE VILLAGE, MORRIS	Change of ownership occurred.
Kankakee	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.
Kendall	Name Change	09/22/2005	THE TILLERS NSG & REHAB CTR., OSWEGO	Name changed from Tiller'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.
Will	Name Change	10/15/2007	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 ownership occurred.
	P-08-082	09/01/2009	VICTORIAN VILLAGE, HOMER GLEN	Permit issued to establish a 50 bed nursing care facility.
Health Service Area 010				
Henry	Bed Change	04/22/2009	HAMMOND-HENRY DISTRICT HOSPITAL, GENESE0	Board discontinued nine nursing care beds, total now 56 nursing care beds.
Mercer	P-08-056	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.
Rock Island	Name Change	12/01/2007	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	Facility with 245 nursing care beds in Coal Valley closed and new replacement facility with 245 nursing care beds in East Moline licensed.
	Name Change	04/16/2009	HOPE CREEK CARE CENTER, EAST MOLINE	

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 10/16/2009

LONG-TERM CARE GENERAL NURSING BED NEED

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 006			
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	213	185	28
Will	3,055	2,794	261
HEALTH SERVICE AREA 010			
Henry	428	518	(90)
Mercer	182	172	10
Rock Island	1,259	1,553	(294)
HEALTH SERVICE AREA 011			
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 16 BED NEED			
PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	257	360	(103)
HSA 2	265	333	(68)
HSA 3	228	383	(155)
HSA 4	319	334	(15)
HSA 5	253	703	(450)
HSA 6,7,8 & 9	3,316	1,121	2,195
HSA 10	84	56	28
HSA 11	222	384	(162)

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 care. 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 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. A recap of all population statistics are provided as **Table I** and **Table II**.

Table I

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

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.

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). If 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.

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

The alternative of the "Project as Proposed" is based on the identified bed need and the overwhelming growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care.

Admit/Discharge Report: 01/01/2008 - 09/14/2009

Date	Resident
Discharged Return Not Anticipated	
01/02/2008 P	[REDACTED]
01/11/2008 S	[REDACTED]
01/23/2008 L	[REDACTED]
01/24/2008 W	[REDACTED]
01/26/2008 J	[REDACTED]
01/28/2008 Z	[REDACTED]
02/07/2008 S	[REDACTED]
02/09/2008 B	[REDACTED]
02/28/2008 T	[REDACTED]
01/2008 P	[REDACTED]
03/01/2008 K	[REDACTED]
03/14/2008 H	[REDACTED]
03/19/2008 R	[REDACTED]
03/20/2008 H	[REDACTED]
03/20/2008 A	[REDACTED]
03/24/2008 J	[REDACTED]
03/29/2008 H	[REDACTED]
04/06/2008 M	[REDACTED]
04/06/2008 F	[REDACTED]
04/07/2008 R	[REDACTED]
04/19/2008 E	[REDACTED]
04/25/2008 L	[REDACTED]
04/28/2008 M	[REDACTED]
05/12/2008 S	[REDACTED]
05/20/2008 V	[REDACTED]

05/22/2008	B	
05/26/2008	B	
06/11/2008	R	
06/17/2008	B	
06/23/2008	M	
06/23/2008	N	
06/29/2008	K	
06/29/2008	K	
07/01/2008	F	
07/05/2008	S	
07/08/2008	M	
07/22/2008	B	
07/27/2008	M	
08/05/2008	N	
08/29/2008	S	
09/31/2008	W	
09/05/2008	B	
09/08/2008	M	
09/10/2008	C	
09/15/2008	J	
09/15/2008	J	
09/19/2008	J	
09/27/2008	K	
09/27/2008	D	
09/30/2008	R	
10/08/2008	D	
10/10/2008	T	
10/16/2008	N	
10/16/2008	A	
12/22/2008	N	
12/26/2008	M	

12/27/2008	S	
12/29/2008	H	
03/2009	B	
01/06/2009	C	
01/15/2009	R	
01/17/2009	G	
01/26/2009	K	
01/29/2009	S	
01/29/2009	H	
02/09/2009	C	
02/10/2009	S	
02/16/2009	P	
02/28/2009	H	
03/01/2009	J	
03/06/2009	N	
11/2009	H	
03/12/2009	B	
03/17/2009	M	
03/18/2009	T	
03/29/2009	R	
03/31/2009	M	
04/09/2009	B	
04/18/2009	D	
04/30/2009	T	
05/04/2009	S	
05/05/2009	K	
05/11/2009	S	
05/12/2009	B	
05/22/2009	G	
05/28/2009	B	
05/30/2009	W	

05/31/2009	D	
06/09/2009	H	
06/24/2009	M	
07/30/2009	S	
08/03/2009	B	
08/24/2009	C	
09/07/2009	F	

Therapy Discharges
that returned.

Admit/Discharge Report: 01/01/2008 - 09/14/2009

Date	Resident
Discharged Return Expected	
01/03/2008	S
02/09/2008	P
02/25/2008	M
02/26/2008	K
03/26/2008	S
04/01/2008	R
04/14/2008	R
05/17/2008	G
05/19/2008	S
10/2008	H
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	K
08/19/2008	G
09/15/2008	H
10/04/2008	H
10/29/2008	H
11/05/2008	S
11/05/2008	S
11/12/2008	K
11/18/2008	G

11/24/2008	R	
12/03/2008	H	
12/11/2008	G	
12/22/2008	K	
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	K	
04/23/2009	S	
05/04/2009	A	
07/14/2009	R	
07/27/2009	M	
08/04/2009	F	
08/04/2009	G	
08/21/2009	C	
09/02/2009	Z	
09/03/2009	E	

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
 General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ALDEN OF WATERFORD	AURORA	Kane County	99	24,340	0	0
APOSTOLIC CHRISTIAN RESTHAVEN	ELGIN	Kane County	50	17,906	0	0
ASBURY PAVILION NURS & REH CTR (PERMIT)	NORTH AURORA	Kane County	75-15		0	0
4/25/2006 05-064	Permit issued to construct and establish a 75 bed nursing care facility.					
ASTA CARE CENTER OF ELGIN	ELGIN	Kane County	102	30,891	0	0
AURORA REHAB & LIVING CENTER	AURORA	Kane County	195	59,566	0	0
Formerly "Aurora Manor".						
10/5/2007 Bed Change	Added 10 Nursing care beds to existing facility; facility now licensed for 195 Nursing care beds.					
BATAVIA REHAB & HLTHCARE CTR	BATAVIA	Kane County	63	14,235	0	0
11/7/2005 Name Change	Formerly Firwood Health Care Center.					
COUNTRYSIDE CARE CENTER	AURORA	Kane County	207-4-203	69,197	0	0
COVENANT HEALTH CARE CENTER	BATAVIA	Kane County	99	35,071	49	0
ELMWOOD TERRACE HEALTHCARE CTR	AURORA	Kane County	68	13,892	0	0
Formerly "Elmwood Center".						
FOX RIVER PAVILION	AURORA	Kane County	121	37,158	0	0
FOX RIVER PAVILION (PERMIT)	AURORA	Kane County	-22		0	0
12/4/2007 07-065	permit issued to discontinue current facility with 121 Nursing Care beds and to establish a replacement facility with 99 Nursing Care beds, a reduction of 22 beds.					
HERITAGE MANOR - ELGIN	ELGIN	Kane County	94	29,572	0	0
JENNINGS TERRACE	AURORA	Kane County	60	17,799	103	22,118
MANOR CARE ELGIN	ELGIN	Kane County	88	27,179	0	0
MAPLEWOOD CARE	ELGIN	Kane County	203	74,095	0	0
NORTH AURORA CARE CENTER	NORTH AURORA	Kane County	129	39,055	0	0
11/3/2005 Name Change	Formerly Maplewood Health Care Center.					
PROVENA GENEVA CARE CENTER	GENEVA	Kane County	107	34,798	0	0
PROVENA MCAULEY MANOR	AURORA	Kane County	87	23,792	0	0
PROVENA PINE VIEW CARE CENTER	ST. CHARLES	Kane County	120	37,810	0	0
ROSEWOOD CARE CENTER OF ELGIN	ELGIN	Kane County	139	41,482	0	0
ROSEWOOD CARE CENTER ST. CHARLES	ST. CHARLES	Kane County	109	28,851	0	0
SHERMAN WEST COURT	ELGIN	Kane County	120	29,236	0	2,308
7/27/2007 Bed Change	Discontinued 8 Sheltered Care beds and added 8 Nursing Care beds; facility now authorized for 120 Nursing Care beds.					
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	19,400	0	0
11/7/2005 Name Change	Formerly Alderwood Health Care Center.					
GREEN FIELDS OF GENEVA	GENEVA	Kane County	+ 40			
08-08-08 31 issued 5/1/09 to establish a 40 bed nursing care facility	Kane County					
MEADOWBROOK MANOR	GENEVA	Kane County	+ 150			
ATTACHMENT						

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Illinois Health Facilities Planning Board
Illinois Department of Public Health

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	47,801	0	0
Planning Area Totals			2,609	753,126	462,103	24,426

AGE GROUPS	2005 HSA Estimated Population		2005 HSA Minimum Use Rates		2005 HSA Maximum Use Rates		2015 PSA Projected Populations	2015 PSA Planned Patient Days	2015 PSA Planned Bed Need (90% Occ.)	Beds Needed	
	0-64 Years Old	65-74 Years Old	75+ Years Old	2005 PSA Use Rates (Per 1,000)	2005 HSA Use Rates (Per 1,000)	2005 HSA Maximum Use Rates					
0-64 Years Old	498,820	1,376,000	362.5	217.5	580.0	513,100	189,139	Planned Average Daily Census	2,948	-339	
65-74 Years Old	278,763	65,900	4,230.1	2,538.1	6,768.1	35,500	172,863	2,653.1	2,948	228	
75+ Years Old	1,510,697	57,800	26,136.6	15,682.0	41,818.6	23,700	606,577	968,379	2,948	228	
2005 PSA Estimated Populations			2005 HSA Minimum Use Rates			2005 HSA Maximum Use Rates			2015 PSA Planned Patient Days		2,948
0-64 Years Old	165,547	449,100	368.6	217.5	580.0	513,100	189,139	Planned Bed Need	2,948	228	
65-74 Years Old	98,734	20,300	4,863.7	2,538.1	6,768.1	35,500	172,863	Average Daily Census	2,948	228	
75+ Years Old	488,845	19,100	25,594.0	15,682.0	41,818.6	23,700	606,577	Planning Area Totals	2,948	228	

1) PSD-064 abandoned on 9/18/08 to establish a 75 bed nsg. care facility.
 2) Documented 4 nursing care beds, total now 208 nursing care beds, 1/01/09
 3) Documented 418 c.f. beds, total now 99 nsg. care beds, 10/24/02.

Illinois Health Facilities Planning Board					
Inventory of Health Care Facilities and Services and Need Determinations					
State/ County	Age Group	2000	2005	2015	% (+/-) 2010-2015
Kane	All	407,400	488,500	572,300	17.2%
	65+	34,200	39,400	59,200	50.3%
	75+	16,200	19,100	23,700	24.1%

Source: Inventory of Health care Facilities and Services and Need Determinations, Vol. 2, Parts vi-vii, 2002 & 2008 ed.

IDCEO								
State/ County	Age 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%	10.7%
	65+		38,858	46,618	20.0%	59,144	52.2%	26.9%
	75+		18,700	20,983	12.2%	23,665	26.8%	12.8%
6-Co. area	All		2,548,188	2,735,738	7.4%	2,885,202	13.2%	5.5%
	65+		235,518	275,501	17.0%	336,914	43.1%	22.3%
	75+		115,079	125,501	9.1%	138,499	20.4%	10.4%
Illinois	All	12,440,846	12,875,035	13,279,091	3.1%	13,748,695	6.8%	3.5%
	65+		1,550,281	1,658,029	7.0%	1,889,689	21.9%	14.0%
	75+		784,527	804,549	2.6%	840,003	7.1%	4.4%
	85+		230,002	269,950	17.4%	298,054	29.6%	10.4%

Source: http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls

Scan/US 30-Minute Travel Time Demographics						
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+	64,857	83,447	28.7%	108,869	30.5%
	75+	31,673	38,465	21.4%	43,150	12.2%
	85+	8,987	12,361	37.5%	12,879	4.2%

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

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

State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
DeKalb	All	89,118	95,427	101,735	6.8%	108,233	13.4%	114,992	6.2%	120,664	4.9%	124,200	2.9%
	65+	8,857	9,394	9,984	6.1%	10,594	19.6%	12,510	18.1%	15,172	21.3%	17,858	17.7%
	75+	4,653	4,708	4,811	1.2%	4,811	3.4%	5,289	9.9%	6,271	18.8%	7,640	21.8%
	85+	1,402	1,402	1,625	16.9%	1,717	22.5%	1,772	3.2%	1,882	6.2%	2,158	14.7%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	DuPage	905,764	930,482	948,549	1.8%	958,778	3.0%	1,010,323	5.4%	1,028,713	1.8%	1,034,039	0.7%
	All	98,909	110,734	133,018	14.3%	133,018	37.3%	163,604	23.0%	196,131	19.9%	223,164	13.6%
	75+	49,043	52,240	58,486	6.5%	58,486	15.2%	68,629	21.6%	88,114	25.5%	108,031	23.1%
	85+	15,391	18,855	20,818	22.5%	20,818	35.3%	23,388	12.3%	26,409	12.8%	32,388	22.6%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	Kane	404,834	459,164	516,914	12.8%	572,277	24.9%	630,593	10.2%	669,645	6.0%	679,403	1.6%
	All	38,858	48,618	59,144	20.0%	59,144	52.2%	74,699	26.3%	91,214	22.1%	106,115	16.3%
	75+	18,700	20,983	23,886	12.2%	23,886	29.6%	28,924	22.2%	37,096	30.2%	47,379	28.8%
	85+	5,883	7,285	8,177	23.8%	8,177	39.0%	9,138	11.7%	10,346	13.3%	12,732	23.1%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	Kendall	54,633	61,418	68,588	11.7%	73,748	20.1%	78,694	6.7%	83,471	6.1%	85,060	1.9%
	All	5,256	6,449	7,836	22.7%	7,836	48.1%	9,591	22.4%	11,964	24.8%	14,289	19.5%
	75+	2,428	2,738	3,096	12.8%	3,096	27.6%	3,894	26.8%	4,842	24.3%	5,907	22.0%
	85+	601	741	837	23.3%	837	39.3%	950	13.6%	1,109	16.7%	1,484	32.0%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	Lake	645,503	703,760	762,918	9.1%	794,851	12.0%	820,250	3.2%	863,245	5.2%	873,024	1.1%
	All	61,497	71,884	81,994	16.9%	88,400	40.3%	103,621	18.9%	120,889	22.3%	147,543	16.5%
	75+	29,480	32,738	37,338	11.0%	35,859	21.6%	42,240	17.8%	53,400	26.4%	65,532	22.7%
	85+	8,284	10,584	12,477	27.8%	12,477	51.0%	13,484	8.1%	15,404	14.2%	18,017	23.9%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	McHenry	280,528	297,835	337,034	13.1%	377,315	28.6%	407,931	8.1%	434,286	6.5%	443,398	2.1%
	All	30,412	30,412	30,412	0.0%	39,922	85.4%	50,823	26.5%	64,646	27.7%	78,064	20.8%
	75+	12,098	12,098	12,098	0.0%	14,582	36.3%	18,756	26.6%	25,026	30.4%	31,727	26.8%
	85+	2,734	3,178	3,178	16.2%	4,015	46.6%	4,432	10.4%	5,381	21.4%	7,215	34.1%
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
	Illinois	12,440,848	12,875,035	13,279,091	3.1%	13,748,695	8.6%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
	All	1,550,281	1,658,028	1,658,028	7.0%	1,889,889	21.8%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%
	75+	784,527	804,549	804,549	2.6%	840,003	7.1%	936,745	11.6%	1,125,122	20.1%	1,353,163	20.3%
	85+	230,002	269,950	269,950	17.4%	298,054	29.6%	314,338	5.9%	342,525	8.0%	402,311	17.5%

Source: http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls

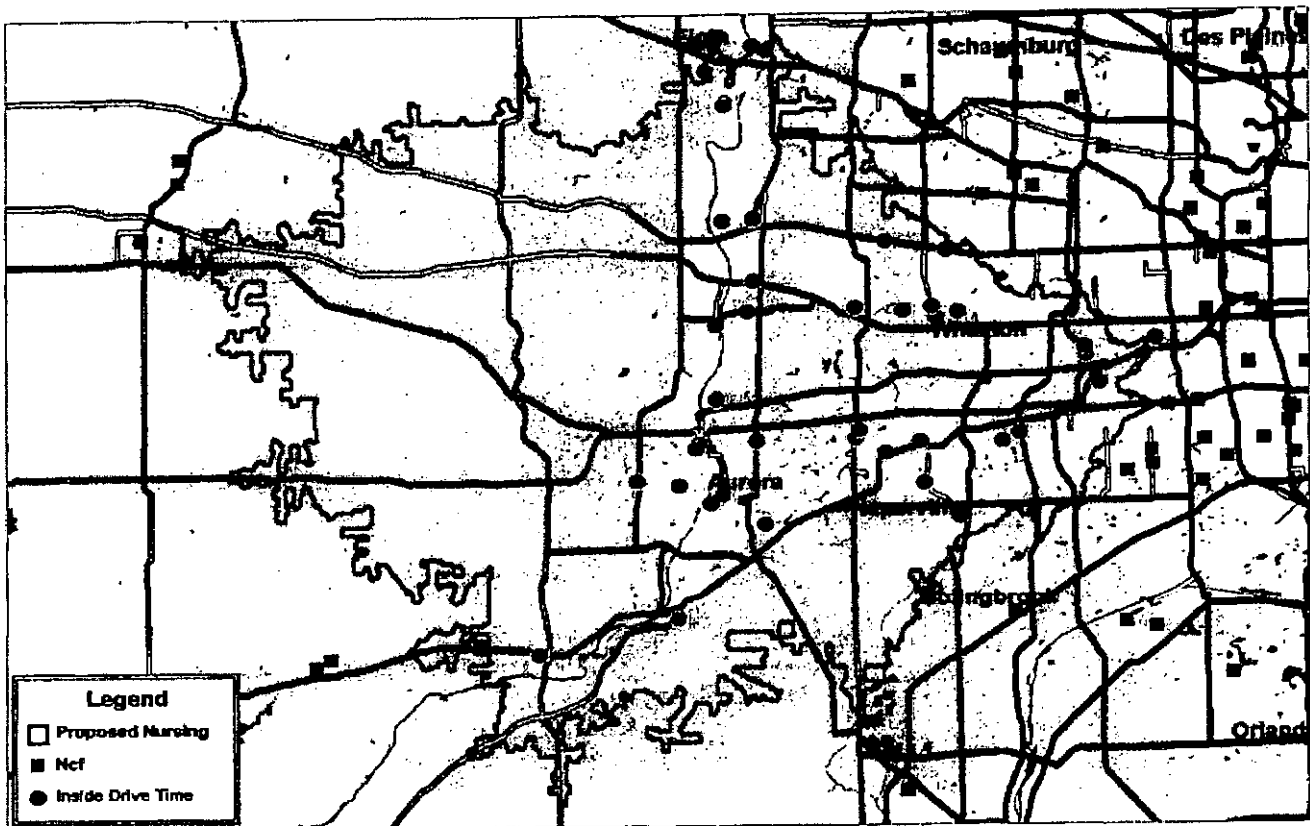
State/Country	Age Group	2000	2005	2010	% (+/-) 05-10	2015	% (+/-) 10-15	2020	% (+/-) 15-20	2025	% (+/-) 20-25	2030	% (+/-) 25-30
Kane and Surrounding Counties	All	2,548,186	2,735,738	2,735,738	7.4%	2,885,202	13.2%	3,052,753	5.2%	3,197,024	4.4%	3,239,124	1.3%
	65+	235,518	275,501	275,501	17.0%	336,914	43.1%	414,648	23.1%	505,806	22.0%	587,031	16.1%
	75+	115,079	125,501	125,501	9.1%	138,499	20.4%	167,732	21.1%	213,309	21.2%	264,216	23.9%
	85+	34,275	42,245	42,245	23.3%	48,041	40.2%	53,160	10.7%	60,531	13.9%	74,974	23.9%

Source: http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls

MapFacts Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009



	2000 Census		2008 Estimates		2013 Projections	
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 Non-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		\$33,766		\$36,260	

Key Demographic Profile: 1990/2000

ASBURY PAVLION

Scan/US, Inc.

30 Minute Drive Time Market Area

02/27/2009

	1990 Census		2000 Census		1990 - 2000 Change	
Population	616,215		802,850		186,635	30.3%
Group Quarters	11,455	1.9%	14,341	1.8%	2,886	25.2%
Population By Race						
White	551,966	89.6%	674,262	84.0%	122,296	22.2%
Black	23,400	3.8%	34,234	4.3%	10,834	46.3%
American Indian/Alaskan	921	0.1%	1,612	0.2%	691	75.0%
Asian/Pacific Islander	17,732	2.9%	38,347	4.8%	20,615	116.3%
Other Race	22,196	3.6%	40,558	5.1%	18,362	82.7%
Hispanic Origin	46,923	7.6%	102,299	12.7%	55,376	118.0%
Diversity Index	21		29		8	39.6%
Population By Age						
< 18 Years	175,597	28.5%	236,658	29.5%	61,061	34.8%
18 - 64 Years	389,742	63.2%	501,335	62.4%	111,593	28.6%
65+ Years	50,876	8.3%	64,857	8.1%	13,981	27.5%
Median Age	32.2		34.1		1.9	5.9%
Population In Households						
In Families	604,760		788,509		183,749	30.4%
In Non-families	538,507	89.0%	687,928	87.2%	149,421	27.7%
	66,253	11.0%	100,581	12.8%	34,328	51.8%
Households						
Families	214,650		277,802		63,152	29.4%
With Kids	161,183	75.1%	206,067	74.2%	44,884	27.8%
Non-family	90,403	56.1%	119,932	58.2%	29,529	32.7%
	53,467	24.9%	71,735	25.8%	18,268	34.2%
Average Household Size						
Average Household Size	2.8		2.8		0.0	0.7%
Average Family Size	3.3		3.3		0.0	-0.1%
Average Non-family Size	1.2		1.4		0.2	13.2%
Population, 16+ In Labor Force						
Employed	339,708		425,237		85,529	25.2%
White Collar	328,024	96.6%	410,288	96.5%	82,264	25.1%
Blue Collar	227,770	69.4%	292,678	71.3%	64,908	28.5%
	100,270	30.6%	117,610	28.7%	17,340	17.3%
Average Household Income						
Average Household Income	\$55,369		\$84,829		\$29,460	53.2%
Median Household Income	\$48,650		\$71,836		\$23,186	47.7%
Total Housing Units						
Occupied	224,665		288,107		63,442	28.2%
Owner-Occupied	214,650	95.5%	277,802	96.4%	63,152	29.4%
Renter-Occupied	156,137	72.7%	215,098	77.4%	58,961	37.8%
	58,513	27.3%	62,704	22.6%	4,191	7.2%
Average Home Value						
Average Home Value	\$148,100		\$217,224		\$69,125	46.7%
Median Home Value	\$139,023		\$200,136		\$61,113	44.0%
Average Contract Rent						
Average Contract Rent	\$533		\$755		\$222	41.6%
Median Contract Rent	\$520		\$742		\$222	42.6%

Demographic Profile: 2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

Population	1,094,666		Total Aggregate Income (\$Mil)	\$39,692.8
In Households	1,080,232	98.7%	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 2.1%
In Group Quarters	14,434	1.3%	\$10,000 - \$14,999	4,682 1.3%
			\$15,000 - \$19,999	7,529 2.1%
			\$20,000 - \$24,999	5,822 1.6%
Race: White	851,453	77.8%	\$25,000 - \$29,999	8,079 2.2%
Black	69,119	6.3%	\$30,000 - \$34,999	9,171 2.5%
American Indian	2,428	0.2%	\$35,000 - \$39,999	10,419 2.8%
Asian	82,311	7.5%	\$40,000 - \$49,999	20,090 5.5%
Pacific Islander	604	0.1%	\$50,000 - \$59,999	25,655 7.0%
Other/Multi-Racial	88,751	8.1%	\$60,000 - \$74,999	31,025 8.5%
Hispanic Population	226,336	20.7%	\$75,000 - \$99,999	54,801 14.9%
			\$100,000 - \$124,999	46,970 12.8%
Labor Force: Pop, 16+ Years	836,747		\$125,000 - \$149,999	39,492 10.8%
In Armed Forces	222	0.0%	\$150,000 - \$199,999	44,337 12.1%
Employed	575,972	68.8%	\$200,000 - \$249,999	19,369 5.3%
Unemployed	30,454	3.6%	\$250,000+	31,819 8.7%
Not In Labor Force	230,099	27.5%		
Education: Pop, 25+ Years	703,335		Aggregate Household Income (\$Mil)	\$38,995.4
No HS Diploma	49,727	7.1%	Aggregate Family Income (\$Mil)	\$32,721.7
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	\$106,245
College Degree	200,284	28.5%	Average Family Income	\$121,102
Graduate/Professional Degree	119,687	17.0%	Average Non-Family Income	\$64,786
Households	367,034		Median Household Income	\$103,316
Families	270,199	73.6%	Median Family Income	\$116,964
Non-Families	96,835	26.4%	Median Non-Family Income	\$66,590
Average Size: Household	2.9		Disposable Household Income	
Family	3.6		< \$10,000	8,495 2.3%
Non-Family	1.1		\$10,000 - \$14,999	4,753 1.3%
			\$15,000 - \$19,999	8,220 2.2%
Total Housing Units	395,321		\$20,000 - \$24,999	7,937 2.2%
Vacant	28,287	7.2%	\$25,000 - \$29,999	11,257 3.1%
Owned	293,640	74.3%	\$30,000 - \$34,999	12,956 3.5%
Rented	73,394	18.6%	\$35,000 - \$39,999	12,749 3.5%
			\$40,000 - \$49,999	33,509 9.1%
Persons In Households: 1	85,094	23.2%	\$50,000 - \$59,999	28,643 7.8%
2	90,745	24.7%	\$60,000 - \$74,999	49,900 13.6%
3-4	131,547	35.8%	\$75,000 - \$99,999	61,628 16.8%
5+	59,648	16.3%	\$100,000 - \$124,999	45,436 12.4%
			\$125,000 - \$149,999	28,584 7.8%
Vehicles Available	754,491		\$150,000 - \$199,999	25,459 6.9%
Average Vehicles/HH	2.1		\$200,000 - \$249,999	9,911 2.7%
			\$250,000+	17,597 4.8%
Vehicles Per Household: 0	8,804	2.4%	Aggregate Disposable Income (\$Mil)	\$31,210.7
1	100,699	27.4%	Average Disposable Income	\$85,035
2	170,424	46.4%	Median Disposable Income	\$80,969
3+	87,107	23.7%		

Demographic Profile: 2013

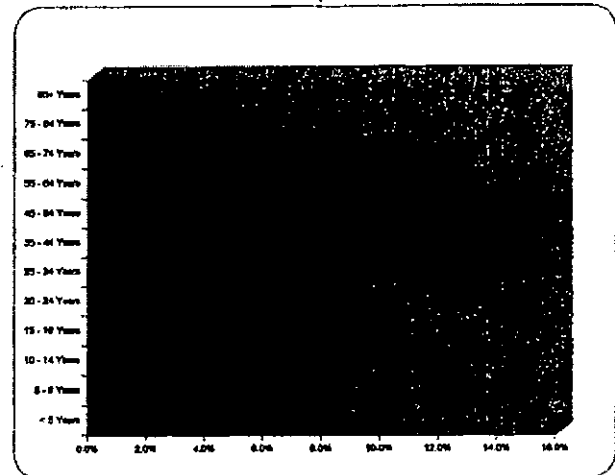
ASBURY PAVILION
30 Minute Drive Time Market Area

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	81,403	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%

Median Age 36.3

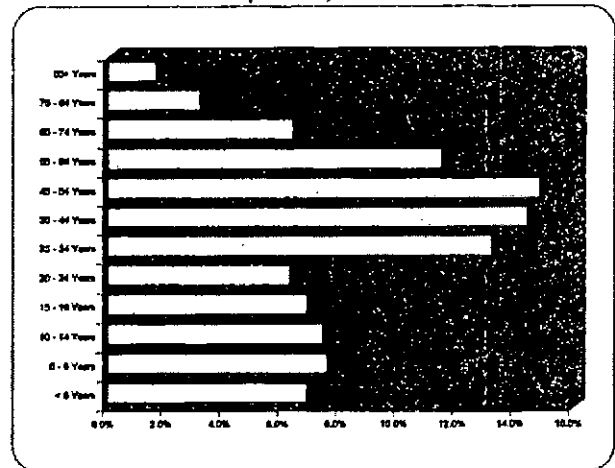
Total Population



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%

Median Age/Female 37.1

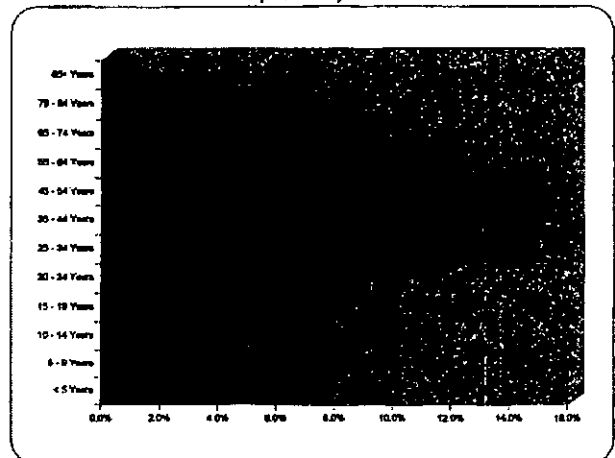
Population, Female



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	81,768	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

Population, Male



Income By Age Update: 2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
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	
Householder, 25 - 34 Years	59,949	18.0%	61,701	16.8%	1,752	-1.2%
< \$10,000	1,120	1.9%	1,015	1.6%	-105	-0.2%
\$10,000-\$19,999	1,870	3.1%	1,667	2.7%	-203	-0.4%
\$20,000-\$29,999	3,286	5.5%	2,639	4.3%	-647	-1.2%
\$30,000-\$39,999	4,766	8.0%	4,259	6.9%	-507	-1.0%
\$40,000-\$49,999	5,296	8.8%	4,414	7.2%	-882	-1.7%
\$50,000-\$59,999	5,750	9.6%	6,156	10.0%	406	0.4%
\$60,000-\$74,999	8,443	14.1%	7,235	11.7%	-1,208	-2.4%
\$75,000-\$99,999	11,170	18.6%	11,125	18.0%	-45	-0.6%
\$100,000-\$124,999	7,112	11.9%	7,670	12.4%	558	0.6%
\$125,000-\$149,999	4,415	7.4%	5,673	9.2%	1,258	1.8%
\$150,000-\$199,999	3,722	6.2%	5,285	8.6%	1,563	2.4%
\$200,000 +	2,999	5.0%	4,563	7.4%	1,564	2.4%
Median Income	\$76,285		\$85,510		\$9,224	
Householder, 35 - 44 Years	79,250	23.8%	78,086	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-\$29,999	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-\$49,999	4,863	6.1%	3,694	4.7%	-1,169	-1.4%
\$50,000-\$59,999	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	-0.6%
\$125,000-\$149,999	8,385	10.6%	9,461	12.1%	1,076	1.5%
\$150,000-\$199,999	8,462	10.7%	10,438	13.4%	1,976	2.7%
\$200,000 +	8,900	11.2%	11,429	14.6%	2,529	3.4%
Median Income	\$98,906		\$110,490		\$11,584	

Income By Age Update: 2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
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%	-441	-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-\$49,999	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-\$149,999	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	

Income By Age Update: 2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
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%	747	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 Estimates		2013 Projections	
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-family Households	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%
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%	75,871	7.7%	88,751	8.1%
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%	270,199	73.6%
With Children	119,190	42.9%	142,773	42.8%	157,195	42.8%
Non-Families	71,735	25.8%	87,333	26.2%	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		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%	73,394	18.6%
Vehicles Available	525,250		666,602		754,491	
Average Vehicles/HH	1.9		2.0		2.1	

Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

		2000 Census		2008 Estimates		2013 Projections	
Total Households		277,802		333,474		367,034	
Total Aggregate Income (\$Mil)		\$23,777.1		\$33,256.9		\$39,692.8	
Per Capita Income		\$29,616		\$33,766		\$36,260	
Households	< \$10,000	8,608	3.1%	7,971	2.4%	7,774	2.1%
By	\$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		\$116,964	
	Non-Family	\$41,949		\$58,520		\$66,590	
Households	< \$10,000	9,601	3.5%	8,722	2.6%	8,495	2.3%
By	\$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%	7,937	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%	14,366	4.3%	12,749	3.5%
	\$40,000 - \$49,999	34,738	12.5%	32,186	9.7%	33,509	9.1%
	\$50,000 - \$59,999	33,390	12.0%	32,160	9.6%	28,643	7.8%
	\$60,000 - \$74,999	43,946	15.8%	49,479	14.8%	49,900	13.6%
	\$75,000 - \$99,999	38,805	14.0%	56,571	17.0%	61,628	16.8%
	\$100,000 - \$124,999	18,203	6.6%	34,938	10.5%	45,436	12.4%
	\$125,000 - \$149,999	9,836	3.5%	20,307	6.1%	28,584	7.8%
	\$150,000 - \$199,999	7,318	2.6%	16,716	5.0%	25,459	6.9%
	\$200,000 - \$249,999	2,801	1.0%	6,738	2.0%	9,911	2.7%
	\$250,000+	5,098	1.8%	12,870	3.9%	17,597	4.8%
Disposable Aggregate (\$Mil)		\$19,041.4		\$26,460.6		\$31,210.7	
Disposable Average Income		\$68,543		\$79,348		\$85,035	
Disposable Median Income		\$58,011		\$72,511		\$80,969	

Demographic Trends: 2000/2008/2013

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

	2000 Census		2008 Estimates		2013 Projections	
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%	76,944	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	2.8%	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%	38,196	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	1.8%	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	3.8%	21,225	4.3%	31,098	5.7%
75 - 84 Years	8,431	2.1%	10,431	2.1%	13,033	2.4%
85+ Years	2,247	0.6%	3,654	0.7%	3,896	0.7%
Median Age (Males)	33.2		34.3		35.5	

Demographic Profile: 2008

ASBURY PAVILION
30 Minute Drive Time Market Area

Scan/US, Inc.
02/27/2009

Population	984,928		Total Aggregate Income (\$Mil)	\$33,256.9
In Households	970,501	98.5%	Per Capita Income	\$33,766
In Families	869,020	88.2%	Household Income:	
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%
			\$15,000 - \$19,999	7,604 2.3%
			\$20,000 - \$24,999	7,812 2.3%
			\$25,000 - \$29,999	8,135 2.4%
			\$30,000 - \$34,999	10,486 3.1%
			\$35,000 - \$39,999	9,996 3.0%
			\$40,000 - \$49,999	22,735 6.8%
			\$50,000 - \$59,999	23,057 6.9%
			\$60,000 - \$74,999	34,960 10.5%
			\$75,000 - \$99,999	53,473 16.0%
			\$100,000 - \$124,999	43,900 13.2%
			\$125,000 - \$149,999	31,316 9.4%
			\$150,000 - \$199,999	31,889 9.6%
			\$200,000 - \$249,999	12,629 3.8%
			\$250,000+	22,507 6.7%
Race: White	785,445	79.7%		
Black	55,119	5.6%		
American Indian	2,256	0.2%		
Asian	65,788	6.7%		
Pacific Islander	449	0.0%		
Other/Multi-Racial	75,871	7.7%		
Hispanic Population	177,641	18.0%		
Labor Force: Pop, 16+ Years	740,519			
In Armed Forces	195	0.0%		
Employed	510,036	68.9%		
Unemployed	26,747	3.6%		
Not In Labor Force	203,541	27.5%		
Education: Pop, 25+ Years	621,789		Aggregate Household Income (\$Mil)	\$32,579.7
No HS Diploma	52,959	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	16.2%	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 2.6%
Non-Family	1.2		\$10,000 - \$14,999	5,051 1.5%
			\$15,000 - \$19,999	8,607 2.6%
			\$20,000 - \$24,999	9,867 3.0%
			\$25,000 - \$29,999	12,065 3.6%
			\$30,000 - \$34,999	12,831 3.8%
			\$35,000 - \$39,999	14,366 4.3%
			\$40,000 - \$49,999	32,186 9.7%
			\$50,000 - \$59,999	32,160 9.6%
			\$60,000 - \$74,999	49,479 14.8%
			\$75,000 - \$99,999	56,571 17.0%
			\$100,000 - \$124,999	34,938 10.5%
			\$125,000 - \$149,999	20,307 6.1%
			\$150,000 - \$199,999	16,716 5.0%
			\$200,000 - \$249,999	6,738 2.0%
			\$250,000+	12,870 3.9%
Total Housing Units	354,780			
Vacant	21,306	6.0%		
Owned	263,967	74.4%		
Rented	69,507	19.6%		
Persons In Households: 1	74,818	22.4%		
2	87,649	26.3%		
3-4	119,182	35.7%		
5+	51,825	15.5%		
Vehicles Available	666,602			
Average Vehicles/HH	2.0			
Vehicles Per Household: 0	10,034	3.0%		
1	92,403	27.7%	Aggregate Disposable Income (\$Mil)	\$26,460.6
2	157,640	47.3%	Average Disposable Income	\$79,348
3+	73,397	22.0%	Median Disposable Income	\$72,511

Demographic Profile: 2008

ASBURY PAVILION
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%

Median Age 35.2

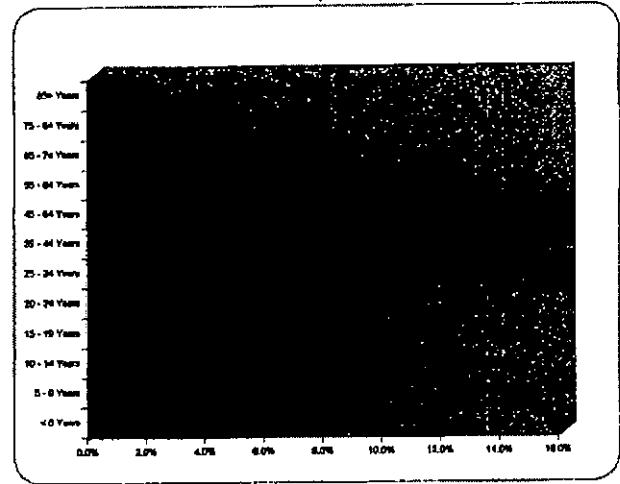
Population, Female	491,968	49.9%
< 5 Years	38,196	7.8%
5 - 9 Years	38,204	7.8%
10 - 14 Years	36,657	7.5%
15 - 19 Years	32,848	6.7%
20 - 24 Years	29,760	6.0%
25 - 34 Years	68,539	13.9%
35 - 44 Years	77,199	15.7%
45 - 54 Years	73,701	15.0%
55 - 64 Years	48,727	9.9%
65 - 74 Years	23,757	4.8%
75 - 84 Years	15,673	3.2%
85+ Years	8,707	1.8%

Median Age/Female 36.0

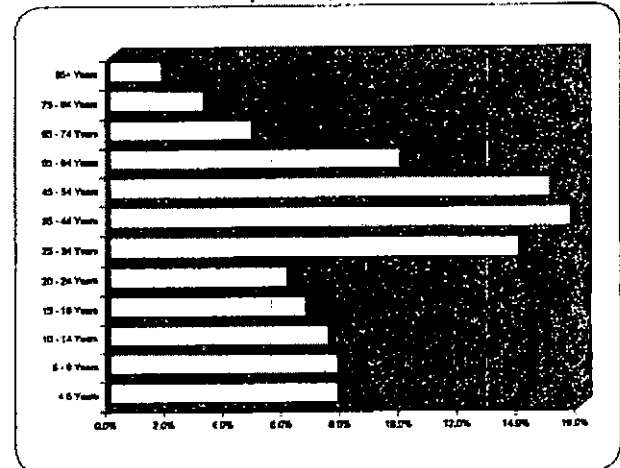
Population, Male	492,960	50.1%
< 5 Years	39,855	8.1%
5 - 9 Years	38,740	7.9%
10 - 14 Years	38,353	7.8%
15 - 19 Years	37,324	7.6%
20 - 24 Years	33,202	6.7%
25 - 34 Years	69,443	14.1%
35 - 44 Years	78,756	16.0%
45 - 54 Years	73,098	14.8%
55 - 64 Years	48,879	9.9%
65 - 74 Years	21,225	4.3%
75 - 84 Years	10,431	2.1%
85+ Years	3,654	0.7%

Median Age/Male 34.3

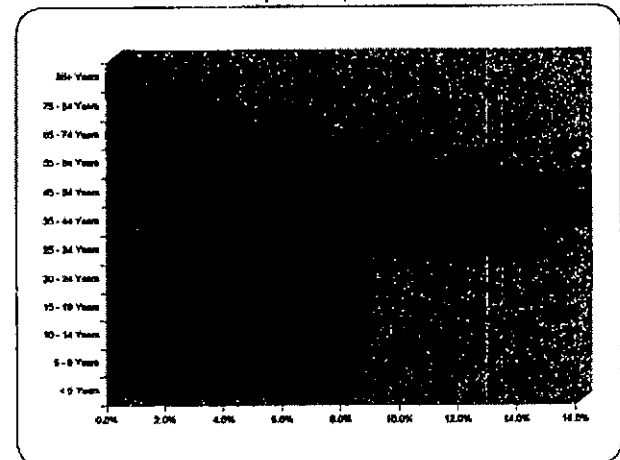
Total Population



Population, Female



Population, Male



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

ID No.	Facility Name	City	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Potential NRSG Beds -90%	Cost Report Adj.	Adj.	# of Set-up Nursing Beds	Set-up Occupancy	Potential NRSG Beds -90%	Admissions	ALOS
6005912	Provena McAuley Manor	Aurora	87	24,941	78.3%	10.16			87	78.3%	10.16	556	44.9
6006605	North Aurora Care Center	North Aurora	129	41,465	87.8%	2.81			129	87.8%	2.81	59	702.8
6000574	Aurora Rehab & Living Center	Aurora	195	62,660	87.8%	4.24			189	90.6%	-1.16	292	214.7
6007223	Fox River Pavilion (1)	Aurora	99	36,593	101.0%	-10.88			99	101.0%	-10.88	81	451.8
6002844	Elmwood Terrace Healthcare Ctr	Aurora	68	20,338	81.7%	5.01	20,565	82.6%	68	82.6%	5.01	54	376.6
6004899	Lennox Terrace, Inc. (2)	Aurora	60	17,057	77.7%	7.40			60	77.7%	7.40	76	581.8
6002208	Covenant Health Care Center	Batavia	99	34,990	96.6%	-6.50			99	96.6%	-6.50	105	333.2
6001174	Countryside Care Centre (3)	Aurora	203	68,951	92.8%	-5.69			203	92.8%	-5.69	325	212.2
6014773	Alden of Waterford	Aurora	99	29,410	81.2%	8.74			99	81.2%	8.74	601	48.9
6008171	Batavia Rehab & Hlthcare Ctr.	Batavia	63	18,407	79.8%	6.13	18,510	80.3%	63	87.2%	1.63	28	657.4
6014253	Tabor Hills Healthcare Facility, Inc.	Naperville	211	66,217	85.7%	8.98			211	85.7%	8.98	257	257.7
6003503	Provena Geneva Care Center	Geneva	107	33,359	85.2%	5.16			106	86.0%	4.26	220	151.6
6031910	St. Patrick's Residence	Naperville	209	72,878	95.3%	-11.02			209	95.3%	-11.02	145	506.8
6014518	Meadowbrook Manor	Naperville	245	84,457	94.2%	-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	99.7%	-11.67	38	1,152.6
6006175	Community Nsg. & Rehab Center	Naperville	153	44,423	79.3%	16.33			149	81.5%	12.73	186	238.8
Sub-total <10miles			2,147	699,966	89.1%	16.87			2,131	89.9%	2.87		
6007439	Provena Pine View Care Center	St. Charles	120	34,511	78.6%	13.71			120	78.6%	13.71	256	134.8
6014666	Rosewood Care Center of St. Charles	St. Charles	109	29,116	73.0%	18.52			109	73.0%	18.52	260	112.0
6008361	Wynscape	Wheaton	209	51,029	66.7%	48.68			161	86.6%	5.48	859	59.4
6005334	Windfield Woods	Winfield	138	48,190	95.4%	-8.29	48,491	96.0%	138	96.0%	-8.29	16	3,011.9
6002612	DuPage Convalescent Center	Wheaton	508	118,966	64.0%	132.10			360	90.3%	-1.10	414	287.4
6000251	Manor Care - Naperville	Naperville	118	36,644	84.8%	6.08			112	89.4%	0.68	825	44.4
6009983	Wheaton Care Center	Wheaton	123	40,598	90.2%	-7.49			123	96.1%	-7.49	60	676.6
6001713	Wood Glen Nsg. & Rehab Ctr	West Chicago	207	71,598	97.1%	-14.79			207	97.1%	-14.79	82	897.5
6009401	The Tillers Nursing & Rehab Center (4)	Oswego	106	29,085	75.0%	15.93			98	81.1%	8.73	254	114.5
6014955	Westbury Care Center	Lisle	55	17,875	88.8%	0.66			55	88.8%	0.66	244	107.4
6008676	Snow Valley Nsg. & Rehab Ctr	Lisle	51	16,915	90.6%	-0.32			51	90.6%	-0.32	49	345.2
6007031	Alden Estates of Naperville	Naperville	203	50,641	68.2%	44.34			176	78.6%	20.04	138	367.0
6004451	Hillside Rehabilitation & Care Ctr	Yorkville	79	22,311	77.2%	8.78			69	90.3%	-0.22	115	194.0
6008718	South Elgin Rehab. & Hlthcare Ctr	South Elgin	90	20,612	62.6%	24.68			80	70.4%	15.68	128	161.0
6003268	Tower Hill Healthcare Center	South Elgin	206	67,356	89.3%	1.37			206	89.3%	1.37	121	556.7
6000772	Bacon Hill	Lombard	108	35,914	90.9%	-0.93			108	90.9%	-0.93	269	133.5
6007876	Providence Healthcare and Rehab Ctr	Downers Grove	145	40,980	77.2%	18.53			141	79.4%	14.93	666	100.8
6006720	Oak Brook Health Care Centre	Oak Brook	156	50,910	89.2%	1.80			156	89.2%	1.80	184	276.7
Sub-total: 10 - 30 miles			2,731	785,281	78.6%	302.88			2,470	87.2%	67.98		
Total			4,878	1,485,247	83.2%	332.15			4,601	88.5%	70.45	8,165	187.2
						6.8%					1.4%		
	New Permian Marian Joy Rehab Hospital (5)	Wheaton	20										
	New Permian Monarch Landing (6)	Naperville	24										
	New Permian Greenfields of Geneva (7)	Geneva	40										
	New Permian Meadowbrook Manor-Geneva (8)	Geneva	150										
Total Licensed Beds			5,112										

Source: Long-Term Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development.
www.mapquest.com
Illinois Department of Healthcare and Family Services, Annual Facility Cost Reports

- (1) P-07-065 issued on 12/18/2007 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 new 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 3/17/2009 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:

1. 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 Ill. Adm. Code 1100.

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

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

Category of Service	Indicate bed capacity changes by Service:		Indicate # of beds changed by action(s):		
	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> 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:**

1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)

- b) Planning Area Need - Review Criterion
The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (formula calculation)
- A) The number of beds to be established for general long term care is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

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 Ill. 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 Ill. 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 Ill. Adm. Code 1100. Thus, this item appears to be not germane.

ATTACHMENT-33

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 its service area. Based on the admission data for residents 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, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

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.

<u>2007</u>	<u>Zip Code</u>	<u>No. of Residents</u>	<u>Communities</u>	<u>County</u>	<u>< 30-min</u>	<u>%</u>	<u><10 Miles</u>	<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	2	Lombard	DuPage	x				
	60172	1	Roselle	DuPage					
	60515	2	Downers Grove	DuPage	x				
	60517	1	Downers Grove	DuPage	x				
	60521	1	Hinsdale	DuPage					
	60523	2	Hinsdale	DuPage					
	60532	1	Lisle	DuPage	x				
	60540	1	Naperville	DuPage	x		x		
	60560	2	Naperville	DuPage	x		x		
	60565	1	Naperville	DuPage	x		x		
	52773	1		Iowa					
	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		x		
	60506	7	Aurora	Kane	x		x		
	60510	6	Batavia	Kane	x		x		
	60511	2	Big Rock	Kane	x		x		
	60538	7	Montgomery	Kane	x		x		
	60542	35	N. Aurora	Kane	x		x		
	60543	2	Oswego	Kendall	x				
	60035	1	Highland Park	Lake					
	60073	1	Round Lake	Lake					
	60085	1	Waukegen	Lake					
	60098	1	Woodstock	McHenry					
	60156	1	Lake of the Hills	McHenry					
	48104	2		Michigan					
	48124	1		Michigan					
	60403	1	Joliet	Will					
	60491	1	Lockport	Will					
	60544	2	Plainfield	Will					
Total		118	72		61%	79	67%	70	59%

<u>2008</u>	<u>Zip Code</u>	<u>No. of Residents</u>	<u>Communities</u>	<u>County</u>	<u>< 30-min</u>	<u>%</u>	<u><10 Miles</u>	<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	1	Lisle	DuPage	x					
	60565	1	Naperville	DuPage	x		x			
	60123	2	Elgin	Kane						
	60174	2	St. Charles	Kane	x					
	60175	4	Lilly Lake	Kane	x		x			
	60502	1	Aurora	Kane	x		x			
	60504	1	Aurora	Kane	x		x			
	60505	2	Aurora	Kane	x		x			
	60506	7	Aurora	Kane	x		x			
	60510	1	Batavia	Kane	x		x			
	60538	2	Montgomery	Kane	x		x			
	60542	4	N. Aurora	Kane	x		x			
	60543	1	Oswego	Kendall	x					
	65681	1		Missouri						
	29650	1		South Carolina						
	60443	2	Matteson	Will						
	60544	1	Plainfield	Will						
	62948	1	Herrin	Williamson						
Total		41		26	63%		28	68%	24	59%
<u>2009</u>	<u>Zip Code</u>	<u>No. of Residents</u>	<u>Communities</u>	<u>County</u>	<u>< 30-min</u>	<u>%</u>	<u><10 Miles</u>	<u>%</u>		
Through	60171	1	River Grove	Cook						
July	60193	1	Schaumburg	Cook						
	60548	1	Sandwich	DeKalb						
	60137	1	Glen Ellyn	DuPage						
	60148	2	Lombard	DuPage	x					
	60188	1	Carol Stream	DuPage						
	60189	1	Wheaton	DuPage	x					
	60515	1	Downers Grove	DuPage	x					
	60523	1	Hinsdale	DuPage						
	60532	1	Lisle	DuPage	x					
	60560	3	Naperville	DuPage	x		x			
	60564	2	Naperville	DuPage	x		x			
	60505	3	Aurora	Kane	x		x			
	60506	7	Aurora	Kane	x		x			
	60510	3	Batavia	Kane	x		x			
	60538	3	Montgomery	Kane	x		x			
	60542	4	N. Aurora	Kane	x		x			
	60545	1	Plano	Kendall						
	60002	1	Antioch	Lake						
	60440	1	Bolingbrook	Will						
	60490	1	Bolingbrook	Will						
	60544	1	Plainfield	Will						
	60585	1	Plainfield	Will						
Total		42		20	48%		30	71%	25	60%

1110.1730(b)(3) Planning Area Need - Service Demand - Establishment of Category of Service

3) Service Demand – Establishment of General Long Term Care

The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

A) Historical Referrals

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.

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:
- i) 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) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
 - 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. The need 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.

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY PSA SUMMARY

HEALTH SERVICE AREA	008	ADMISSIONS AND DISCHARGES - 2005
LTC PLANNING AREA	089	A. Residents on January 1, 2005 2806
		B. Total Admissions 2005 4919
		C. Total Discharges 2005 4936
		D. Residents on December 31, 2005 2789

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity	TOTALS
Nursing Care	262	1187	367	25	530	3,294
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	136	0	0	0	139
Shelter	262	1323	367	26	805	6,789
TOTALS						

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Total
Asian	25	0	6	2	33
Indian	3	0	1	0	4
Black	294	0	12	0	306
Hispanic or Pacific Islander	0	0	0	0	0
White	1997	0	118	233	2348
Unknown	75	0	2	1	78
Total	2394	0	139	256	2789

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity	TOTALS
Nursing Care	179	162	179	162	0	682
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	190	112	112	0	0	414
Shelter	112	112	112	112	0	450

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Private Pay		Charity		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	111	98	155	44	0	3	2	0	271
45 to 54	5	9	95	111	93	33	2	3	10	8	0
55 to 64	5	8	57	43	26	7	1	5	4	11	0
65 to 74	16	31	74	112	10	4	2	1	22	43	0
75 to 84	33	67	77	202	4	0	3	4	59	164	2
85 Over	19	65	50	398	0	1	1	4	81	376	0
TOTALS	79	181	459	864	278	89	9	17	181	624	2

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	72.10
Physicians	28.43
Director of Nursing	32.00
Registered Nurses	377.03
LPN's	137.00
Certified Aides	810.66
Other Health Staff	528.55
Non-Health Staff	1018.43
Totals	3004.44

Note: Numbers preceding each section refer to the number of the question in the survey.
*Does not include Alzheimer diagnoses.

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY PSA SUMMARY

HEALTH SERVICE AREA	008	ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA	089	None	19	61
		Alzheimer/Alcoholism	20	162
		Chronic Alcoholism	12	27
		Developmentally Disabled	24	131
		Drug Addiction	5	325
		Medicaid Recipient	5	661
		Medicare Recipient	16	152
		Mental Illness	3	350
		Non-ambulatory	3	148
		Non-Mobile	4	88
		Public Aid Recipient	6	35
		Respiratory System	1	21
		Under 65 Years Old	1	215
		Unable to Self-Medicize	3	85
		Other Restrictions	5	216
		No Restrictions	1	2789
		No Restrictions	16	
		Other Medical Conditions	18	

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

LEVEL OF CARE	Licensed Beds	Set-Up	Used	Beds in Use	Medicare Certified	Medicaid Certified	Total Certified
Nursing Care	2931	2873	2631	2377	2394	1482	1905
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	141	141	141	139	141	141	141
Skilled Care	496	374	279	308	256		
TOTAL BEDS	3568	3388	3051	3322	2789	1482	2046

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate DD		Sheltered		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	230	83	0	0	41	63	0	0	371
45 to 54	169	149	0	0	14	15	2	0	305
55 to 64	75	67	0	0	1	3	2	4	147
65 to 74	113	167	0	0	1	1	10	24	292
75 to 84	154	393	0	0	0	0	63	178	636
85 Over	128	643	0	0	0	0	24	103	784
TOTALS	889	1505	0	0	57	82	62	194	1781

PATIENT DAYS BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare		Medicaid		Other Public		Private Pay		Charity	
	Occ.	Pct.	Occ.	Pct.	Occ.	Pct.	Occ.	Pct.	Occ.	Pct.
Nursing Care	92982	448002	347083	889087	83.0	84.7	84.7	84.7	448002	64.4
Skilled Under 22	0	0	0	0	0.0	0.0	0.0	0.0	0	0.0
ICF/DD	0	0	0	0	0.0	0.0	0.0	0.0	0	0.0
Shelter	49369	1095	90464	96.1	98.1	98.1	98.1	98.1	49369	66.6
TOTALS	92982	497371	445101	1035458	79.5	83.7	83.7	83.7	92982	127.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity
Nursing Care	92982	448002	172	448002	64.4
Skilled Under 22	0	0	0	0	0
ICF/DD	0	0	0	0	0
Shelter	49369	1095	90464	96.1	98.1
TOTALS	92982	497371	172	497371	66.6

Note: Numbers preceding each section refer to the number of the question in the survey.
*Does not include Alzheimer diagnoses.

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2009 LTC PLANNING AREA

HEALTH SERVICE AREA 008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	290	1,299	11	33	465	2	2,110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	169	0	0	1	0	170
Sheltered Care	0	0	0	0	79	0	79
TOTALS	290	1,468	11	33	465	2	2,359

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	183
Skilled Under 22	0	0
Intermediate DD	180	215
Sheltered	87	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Sheltered	TOTALS
Asian	17	0	11	0	28
Amer. Indian	0	0	1	0	1
Black	153	0	18	1	170
Hispanic	1	0	0	0	1
White	1,922	0	142	78	2,142
Race Unknown	17	0	0	0	17
Total	2,110	0	170	79	2,359

ETHNICITY

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Sheltered	TOTALS
Hispanic	79	0	0	0	79
Non-Hispanic	1,848	0	161	79	2,088
Ethnicity Unknown	163	0	0	0	163
Total	2,110	0	170	79	2,359

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.50
Physicians	1.00
Director of Nursing	27.00
Registered Nurses	282.71
LPNs	180.29
Certified Aide	187.36
Other Health Staff	189.48
Non-Health Staff	790.22
TOTALS	2,249.57

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
29.9%	42.6%	0.2%	3.1%	24.2%	Expenses as % of Total Net Revenue 0.1%
43,772,724	63,183,893	250,788	4,983,799	36,916,070	218,834

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2008 LTC PLANNING AREA

HEALTH SERVICE AREA 008

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	18	15	10	19	112	172	413	179	360	182	53	96	30	205	94	147	37	2,359
Aggravated/Alcohol-Related	18																	
Chemical Misadventure		15																
Endocrine/Metabolic			10															
Blood Disorder				19														
Nervous System Non-Alzheimer					112													
Alcohol Abuse						172												
Mental Illness							413											
Developmental Disability								179										
Circulatory System									360									
Respiratory System										182								
Digestive System											53							
Genitourinary System Disorders												96						
Skin Disorders													30					
Musculo-Skeletal Disorders														205				
Injury and Poisonings															94			
Other Medical Conditions																147		
Non-Medical Conditions																	37	
TOTALS																		2,359

Adm: Reported restriction derived by '1'

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

LEVEL OF CARE	Licensed Beds	Peak Beds	Beds in Use	Medicare Certified	Medicaid Certified
Nursing Care	2,358	2,324	2,324	2,110	1,940
Skilled Under 22	0	0	0	0	0
Intermediate DD	173	172	172	170	141
Sheltered Care	152	103	103	79	73
TOTALS	2,881	2,800	2,800	2,359	2,359

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	2,278	2,278
Skilled Under 22	4,029	4,029
Intermediate DD	4,708	4,708
Sheltered Care	2,359	2,359
TOTALS	13,374	13,374

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	113,145	405,142	68,194	14,888	177,459	1,088
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	61,941	120,096	0	0	82,486	0
Sheltered Care	0	0	0	0	27,157	0
TOTALS	113,145	547,083	68,194	14,888	387,102	1,088

ADDITIONAL DATA:

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	113,145	405,142	68,194	14,888	177,459	1,088
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	61,941	120,096	0	0	82,486	0
Sheltered Care	0	0	0	0	27,157	0
TOTALS	113,145	547,083	68,194	14,888	387,102	1,088

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	TOTAL
Under 10	0	0	0	0	0
10 to 14	76	28	0	0	104
15 to 19	164	121	0	0	285
20 to 24	48	59	0	0	107
25 to 29	114	118	0	0	232
30 to 34	104	307	0	0	411
35 to 39	158	708	0	0	866
40 to 44	72	1,383	0	0	1,455
TOTALS	722	2,363	0	0	3,085

ATTACHMENT-35B

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:

- i) 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 Area 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) Most recently published IDPH Long Term Care Questionnaire.

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

ATTACHMENT-37

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

ID No.	Facility Name	Address	City	Zip Code	# of Licensed Nursing Beds	Travel Time Adjusted 77 JAC 1100.510(d)	Drive Distance
6000772	Beacon Hill	2400 South Finley Road	Lombard	60148	108	28.75	19.03
6005318	Lexington Health Care Center	2100 South Finley 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	1325 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	24.15	12.74
6006175	Community Nsg & Rehab Center	1136 North Mill Street	Naperville	60563	153	17.25	10.87
6000251	Manor Care - Naperville	200 West Martin Avenue	Naperville	60540	118	24.15	13.13
6014518	Meadowbrook Manor	720 Raymond Drive	Naperville	60563	245	17.25	10.09
6008676	Snow Valley Nsg & Rehab Ctr	5000 Lincoln Avenue	Lisle	60532	51	24.15	14.9
6014252	Tabor Hills Healthcare Facility, Inc.	1347 Crystal Avenue	Naperville	60563	211	13.8	8.67
6000574	Aurora Rehab & Living Center	1601 North Farnsworth	Aurora	60505	195	5.75	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
6002944	Elmwood Terrace Healthcare Ctr	1017 West Galena Blvd	Aurora	60506	68	10.35	3.99
6008171	Batavia Rehab & Hlthcare Ctr.	520 Fabyan Parkway	Batavia	60510	63	13.8	7.64
6007223	Fox River Pavilion (1)	400 East New York	Aurora	60505	99	10.35	3.79
6006902	Heritage Manor Elgin LLC	355 Raymond Street	Elgin	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 & Hlthcare 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
6014666	Rosewood Care Center of St. Charles	850 Dunham Road	St. Charles	60174	109	21.85	11.64
6007033	Alden Estates of Naperville	1525 South Oxford Lane	Naperville	60565	203	26.45	15.69
6009872	West Chicago Terrace	928 Joliet Road	West Chicago	60185	120	20.7	10.8
6007876	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
					5364		
New Permit	Marian Joy Rehab Hospital (5)	26W171 Roosevelt	Wheaton	60187	20	21.85	12.06
New Permit	Monarch Landing (6)	2255 Erickson Drive	Naperville	60563	24	13.8	7.95
New Permit	Greenfields of Geneva (7)	Kcslinger Road & Frndship Way	Geneva	60134	40	18.4	9.8
New Permit	Meadowbrook Manor-Geneva (8)	37W220 Keslinger Road	Geneva	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.
(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.

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

Admit/Discharge Report: 01/01/2007 - 09/14/2009

Date of Admission	Resident	Zip Code
01/07/2007	[REDACTED]	60185
01/18/2007	[REDACTED]	60542
01/20/2007	[REDACTED]	60510
01/24/2007	[REDACTED]	60115
01/25/2007	[REDACTED]	60542
01/25/2007	[REDACTED]	60542
01/28/2007	[REDACTED]	60540
01/28/2007	[REDACTED]	60538
01/29/2007	[REDACTED]	60542
01/30/2007	[REDACTED]	60542
02/04/2007	[REDACTED]	60185
02/06/2007	[REDACTED]	60542
02/06/2007	[REDACTED]	60542
02/08/2007	[REDACTED]	60542
02/08/2007	[REDACTED]	60542
02/10/2007	[REDACTED]	60542
02/12/2007	[REDACTED]	60542

02/12/2007	B		60134
02/13/2007	B		60148
02/14/2007	N		60506
02/14/2007	J		60542
02/15/2007	T		60542
02/19/2007	C		60542
02/21/2007	Z		48104
02/21/2007	Z		48104
02/26/2007	R		60542
03/04/2007	C		60634
03/05/2007	S		60542
03/09/2007	S		60185
03/11/2007	M		60542
03/13/2007	M		60560
03/17/2007	S		60172
03/20/2007	B		60542
03/27/2007	R		60523
03/28/2007	W		60506
03/28/2007	W		60506
03/29/2007	G		60542
04/01/2007	M		60542
04/01/2007	L		60542
04/01/2007	C		60542

04/01/2007	W		60542
04/01/2007	S		60542
04/01/2007	S		60542
04/01/2007	S		60542
04/01/2007	K		60542
04/01/2007	S		60542
04/01/2007	K		60542
04/01/2007	B		60542
04/01/2007	W		60542
04/02/2007	P		60520
04/03/2007	B		60098
04/07/2007	O		60137
04/21/2007	N		60510
04/22/2007	S		60174
04/29/2007	S		60120
04/29/2007	R		60523
05/06/2007	C		60148
05/08/2007	K		60175
05/10/2007	P		60491
05/13/2007	F		60511
05/13/2007	F		60511
05/15/2007	E		60542

05/17/2007	SC		60085
05/17/2007	BR		60202
05/21/2007	PC		60631
05/28/2007	BR		60134
06/03/2007	PA		60123
06/03/2007	PI		60515
06/03/2007	MA		60174
06/10/2007	MC		60505
06/11/2007	HE		60623
06/12/2007	DI		60466
06/17/2007	BU		60543
06/21/2007	BA		60035
06/30/2007	MB		60538
07/08/2007	BE		60506
07/08/2007	JO		60510
07/10/2007	BE		60115
07/10/2007	BE		60115
07/15/2007	RA		60521
07/19/2007	BA		60403
08/08/2007	ZL		60565
08/08/2007	DI		52773
08/11/2007	W		60542
08/11/2007	W		60542

08/11/2007	K		60543
08/12/2007	A		60131
08/13/2007	P		60515
08/14/2007	S		60538
08/21/2007	L		60134
08/29/2007	F		60156
09/11/2007	C		60123
09/15/2007	P		60505
09/25/2007	G		60103
10/04/2007	L		60185
10/07/2007	V		60510
10/14/2007	K		60506
10/14/2007	K		60506
10/23/2007	W		60506
10/31/2007	P		60538
11/02/2007	W		60510
11/04/2007	R		60120
11/06/2007	T		50613
11/08/2007	C		60538
11/10/2007	R		60544
11/12/2007	J		60532
11/15/2007	B		60560
11/17/2007	A		60554

11/19/2007	H		60073
12/02/2007	H		48124
12/03/2007	L		60510
12/09/2007	K		60538
12/09/2007	K		60538
12/10/2007	A		60517
12/13/2007	H		60504
12/23/2007	M		60175
12/23/2007	M		60175
01/13/2008	K		60163
01/30/2008	G		60506
02/03/2008	F		60506
02/07/2008	C		60542
02/20/2008	T		60101
03/26/2008	G		60565
03/30/2008	J		60506
03/31/2008	S		60178
04/05/2008	S		60506
04/13/2008	H		60614
04/13/2008	M		60504
04/13/2008	C		60502
04/20/2008	R		60175
04/26/2008	M		62948

05/03/2008	D		60542
05/10/2008	JO		60175
05/10/2008	JO		60175
05/23/2008	SI		60505
05/25/2008	TI		29650
06/04/2008	G		60506
06/13/2008	M		60543
06/16/2008	N		65681
06/19/2008	D		60544
06/21/2008	TR		60506
07/10/2008	SA		60542
07/14/2008	C		60548
07/17/2008	PO		60443
07/17/2008	PO		60443
07/20/2008	SA		60123
08/19/2008	C		60506
08/24/2008	RD		60174
09/06/2008	PI		60174
09/19/2008	LE		60123
09/26/2008	HA		60532
10/04/2008	W		60185
10/15/2008	W		60510
10/23/2008	RA		60505

11/09/2008	BA		60542
11/16/2008	EN		60538
11/17/2008	EN		60538
11/24/2008	EN		60175
01/04/2009	GA		60548
01/07/2009	KI		60532
01/08/2009	MI		60545
01/09/2009	CA		60560
01/25/2009	LE		60564
01/26/2009	NI		60505
01/27/2009	KA		60538
02/01/2009	KA		60193
02/01/2009	GA		60505
02/04/2009	GA		60505
02/15/2009	BE		60542
02/15/2009	MI		60002
02/19/2009	DI		60544
03/01/2009	RA		60490
03/01/2009	RO		60189
03/05/2009	MI		60542
03/08/2009	BU		60188
03/08/2009	KA		60171
03/15/2009	WA		60510

03/19/2009	KU		60542
03/22/2009	FR		60506
03/25/2009	AL		60506
4/13/2009	IZ		60148
4/15/2009	AN		60560
5/17/2009	GA		60560
5/26/2009	ST		60506
5/31/2009	ST		60523
6/7/2009	M		60564
7/13/2009	CI		60538
7/14/2009	CA		60137
7/17/2009	KU		60510
7/18/2009	HA		60506
7/28/2009	HE		60506
8/1/2009	AN		60506
8/1/2009	AN		60506
8/8/2009	W		60585
8/9/2009	M		60542
8/12/2009	M		60510
8/21/2009	BR		60148
8/24/2009	N		60538
8/26/2009	AN		60515
8/27/2009	HA		60440






9/1/2009	M		64114
9/12/2009	F		60504

MAPQUEST

Provencal McAuley Manor

Total Travel Estimates: 2 minutes / 1.25 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 . Continue to follow S LINCOLNWAY/IL-31 .	0.7 mi
	3: Turn RIGHT onto SULLIVAN RD .	0.3 mi
	4: 400 SULLIVAN RD is on the LEFT .	0.0 mi

B: 400 Sullivan Rd, Aurora, IL 60506-1452










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MAPQUEST

North Aurora Care Center

Total Travel Estimates: 5 minutes / 1.98 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 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 .	0.6 mi
	5: Turn LEFT onto BANBURY RD .	0.4 mi
	6: 310 BANBURY RD is on the LEFT .	0.0 mi

B: 310 Banbury Rd, North Aurora, IL 60542-1260









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MAPQUEST

Aurora Rehab & Living Center

Total Travel Estimates: 5 minutes / 3.58 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	2.4 mi
	4: Take the SOUTH FARNSWORTH AVE exit.	0.4 mi
	5: Turn SLIGHT RIGHT onto N FARNSWORTH AVE .	0.3 mi
	6: 1601 N FARNSWORTH AVE is on the LEFT .	0.0 mi

B: 1601 N Farnsworth Ave, Aurora, IL 60505-1509








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MAPQUEST

Fox River Pavilion

Total Travel Estimates: 9 minutes / 3.79 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 . 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
	6: 400 E NEW YORK ST is on the RIGHT .	0.0 mi

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








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MAPQUEST

Elmwood Terrace Healthcare Ctr.

Total Travel Estimates: 9 minutes / 3.99 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 . Continue to follow IL-31 .	1.2 mi
	3: Turn RIGHT onto W INDIAN TRL/W 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
	6: 1017 W GALENA BLVD is on the RIGHT .	0.0 mi

B: 1017 W Galena Blvd, Aurora, IL 60506-3753

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MAPQUEST

Jennings Terrace, Inc.

Total Travel Estimates: 9 minutes / 4.18 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 . Continue to follow IL-31 .	2.0 mi
	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
	7: 275 S LASALLE ST is on the RIGHT .	0.0 mi

B: 275 S Lasalle St, Aurora, IL 60505-4258





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MAPQUEST

Covenant Health Care Center

Total Travel Estimates: 10 minutes / 4.88 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 LEFT onto S LINCOLNWAY/IL-31/IL-56 . Continue to follow IL-31 . | 4.7 mi |
|  | 3: 831 N BATAVIA AVE is on the LEFT . | 0.0 mi |

B: 831 N Batavia Ave, Batavia, IL 60510-2198








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MAPQUEST

Countryside Care Centre

Total Travel Estimates: 9 minutes / 5.77 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 I-88 W/RONALD REAGAN MEMORIAL TOLLWAY/IL-56 W toward DE KALB/IOWA (Portions toll).	2.5 mi
	4: Take the ORCHARD ROAD exit.	0.4 mi
	5: Turn LEFT onto ORCHARD RD .	2.2 mi
	6: Turn LEFT onto W GALENA BLVD .	0.1 mi
	7: 2330 W GALENA BLVD is on the RIGHT .	0.0 mi

B: 2330 W Galena Blvd, Aurora, IL 60506-4246











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MAPQUEST

Alden of Waterford

Total Travel Estimates: 18 minutes / 7.10 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 . Continue to follow IL-31 .	2.9 mi
	3: Turn LEFT onto W GALENA BLVD .	1.7 mi
	4: Stay STRAIGHT to go onto HILL AVE .	1.4 mi
	5: Turn LEFT onto MONTGOMERY RD .	0.8 mi
	6: Turn LEFT onto ALDEN CIR .	0.1 mi
	7: Turn RIGHT onto LAUREN LN .	0.1 mi
	8: Turn RIGHT onto RANDI DR .	0.0 mi
	9: 2021 RANDI DR is on the RIGHT .	0.0 mi

B: 2021 Randi Dr, Aurora, IL 60504-4758












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MAPQUEST

Batavia Rehab & Healthcare Ctr.

Total Travel Estimates: 12 minutes / 7.64 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 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 .	2.3 mi
	5: Turn LEFT onto KIRK RD/CR-77 .	3.9 mi
	6: Turn RIGHT onto E FABYAN PKWY/CR-8 .	0.4 mi
	7: Turn LEFT onto FABYAN PKWY .	0.1 mi
	8: 520 FABYAN PKWY .	0.0 mi

B: 520 Fabyan Pkwy, Batavia, IL 60510













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MAPQUEST

Tabor Hills Healthcare Facility, Inc.

Total Travel Estimates: 12 minutes / 8.67 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 I-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 . | 0.2 mi |
|  | 6: Turn 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 |
|  | 9: 1347 CRYSTAL AVE is on the RIGHT . | 0.0 mi |

B: 1347 Crystal Ave, Naperville, IL 60563-0149












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MAPQUEST

Provena Geneva Care Center

Total Travel Estimates: 14 minutes / 8.81 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 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 .	2.3 mi
	5: Turn LEFT onto KIRK RD/CR-77 .	5.1 mi
 	6: Turn LEFT onto E STATE ST/IL-38 .	0.4 mi
	7: 1101 E STATE ST is on the RIGHT .	0.0 mi

B: 1101 E State St, Geneva, IL 60134-2438













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MAPQUEST

St. Patrick's Residence

Total Travel Estimates: 14 minutes / 9.59 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 I-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 .	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
	9: 1400 BROOKDALE RD is on the LEFT .	0.0 mi

B: 1400 Brookdale Rd, Naperville, IL 60563-2126












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MAPQUEST

Meadowbrook Manor

Total Travel Estimates: 15 minutes / 10.09 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 I-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 .	1.4 mi
	6: Turn LEFT onto N AURORA RD .	1.2 mi
	7: Turn LEFT onto RAYMOND DR/CR-1 .	0.3 mi
	8: 720 RAYMOND DR is on the RIGHT .	0.0 mi

B: 720 Raymond Dr, Naperville, IL 60563-9758












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MAPQUEST

West Chicago Terrace

Total Travel Estimates: 18 minutes / 10.80 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 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
 	4: Turn LEFT onto E STATE ST/IL-56. Continue to follow IL-56.	6.3 mi
 	5: Turn LEFT onto IL-59.	2.2 mi
	6: Turn LEFT onto JOLIET ST.	1.3 mi
	7: 928 JOLIET ST is on the LEFT.	0.0 mi

B: 928 Joliet St, West Chicago, IL 60185-3725

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MAPQUEST

Community Usq. & Rehab. Center

Total Travel Estimates: 15 minutes / 10.87 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	8.2 mi
	4: Take the WINFIELD ROAD exit.	0.4 mi
	5: Turn RIGHT onto WINFIELD RD .	0.2 mi
	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
	8: 1136 N MILL ST is on the LEFT .	0.0 mi

B: 1136 N Mill St, Naperville, IL 60563-3577

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MAPQUEST

Prorena PineView Care Center

Total Travel Estimates: 21 minutes / 11.55 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 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
 	6: Turn LEFT onto N 5TH AVE/IL-25 .	0.7 mi
	7: Turn RIGHT onto ALLEN LN .	0.1 mi
	8: 611 ALLEN LN is on the RIGHT .	0.0 mi

B: 611 Allen Ln, Saint Charles, IL 60174-1355













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MAPQUEST

Rosewood Care Ctr. of St. Charles

Total Travel Estimates: 19 minutes / 11.64 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 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 .	2.3 mi
	5: Turn LEFT onto KIRK RD/CR-77 .	7.5 mi
 	6: Turn LEFT onto E MAIN ST/IL-64 W .	0.5 mi
	7: Turn RIGHT onto DUNHAM RD/CR-19 .	0.3 mi
	8: 850 DUNHAM RD is on the RIGHT .	0.0 mi

B: 850 Dunham Rd, Saint Charles, IL 60174-1494














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MAPQUEST

Wynscape

Total Travel Estimates: 21 minutes / 12.74 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 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 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 .	0.4 mi
	8: Turn RIGHT onto MANCHESTER RD .	0.0 mi
	9: 2180 MANCHESTER RD is on the RIGHT .	0.0 mi

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













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MAPQUEST

Winfield Woods

Total Travel Estimates: 22 minutes / 12.77 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 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 mi
	5: Turn LEFT onto WINFIELD RD/CR-13 . Continue to follow WINFIELD RD .	2.9 mi
	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
	9: 28W141 LIBERTY ST is on the RIGHT .	0.0 mi

B: 28w141 Liberty St, Winfield, IL 60190-1955













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MAPQUEST

DuPage Convalescent Center

Total Travel Estimates: 21 minutes / 12.99 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 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 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
	8: 400 N COUNTY FARM RD is on the LEFT .	0.0 mi

B: 400 N County Farm Rd, Wheaton, IL 60187-3908













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MAPQUEST

Manor Care - Naperville

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 I-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

B: 200 Martin Ave, Naperville, IL 60540-6516














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MAPQUEST

Total Travel Estimates: 24 minutes / 13.77 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 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 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
	9: 1325 MANCHESTER RD is on the LEFT .	0.0 mi

B: 1325 Manchester Rd, Wheaton, IL 60187-4760












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MAPQUEST

Wood Glen Nursing + Rehab Ctr

Total Travel Estimates: 22 minutes / 13.95 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 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 .	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
	7: 30W300 NORTH AVE is on the RIGHT .	0.0 mi

B: 30w300 North Ave, West Chicago, IL 60185











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MAPQUEST

The Tilles Nursing & Rehab Center, Inc.

Total Travel Estimates: 21 minutes / 14.22 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 I-88 W/RONALD REAGAN MEMORIAL TOLLWAY/IL-56 W toward DE KALB/IOWA (Portions toll).	2.5 mi
	4: Take the ORCHARD ROAD exit.	0.4 mi
	5: Turn LEFT onto ORCHARD RD .	8.8 mi
 	6: Turn LEFT onto IL-71 .	1.9 mi
	7: 4390 STATE ROUTE 71 .	0.0 mi

B: 4390 State Route 71, Oswego, IL 60543-9866












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MAPQUEST

Westbury Care Center

Total Travel Estimates: 21 minutes / 14.72 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	10.4 mi
	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 .	1.6 mi
	7: Turn RIGHT onto YACKLEY AVE/CR-40 .	1.3 mi
	8: Turn LEFT onto ROBIN LN .	0.2 mi
	9: 1800 ROBIN LN .	0.0 mi

B: 1800 Robin Ln, Lisle, IL 60532-2086












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MAPQUEST

Alden Estates of Naperville

Total Travel Estimates: 23 minutes / 15.69 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 I-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.	3.8 mi
	6: Turn LEFT onto 75TH ST/CR-33 E.	4.2 mi
	7: Turn RIGHT onto OXFORD LN.	0.4 mi
	8: 1525 OXFORD LN.	0.0 mi

B: 1525 Oxford Ln, Naperville, IL 60565-1511













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MAPQUEST

Hillside Rehabilitation + Care Center

Total Travel Estimates: 22 minutes / 16.59 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: Take the I-88 W ramp toward DE KALB/IOWA .	0.7 mi
 	4: Merge onto IL-56 W (Portions toll).	7.0 mi
 	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
	8: 1308 GAME FARM RD is on the LEFT .	0.0 mi

B: 1308 Game Farm Rd, Yorkville, IL 60560-2110









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South Elgin Rehab & Healthcare Ctr

MAPQUEST

Total Travel Estimates: 25 minutes / 16.61 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 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 .	12.4 mi
	5: Turn SLIGHT RIGHT onto HOPPS RD .	0.5 mi
	6: HOPPS RD becomes W SPRING ST .	1.1 mi
	7: 746 W SPRING ST is on the LEFT .	0.0 mi

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











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MAPQUEST

Tower Hill Healthcare Center

Total Travel Estimates: 25 minutes / 16.79 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 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 .	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 mi
	9: 759 KANE ST is on the RIGHT .	0.0 mi

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

















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MAPQUEST

Beacon Hill

Total Travel Estimates: 25 minutes / 19.03 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	15.6 mi
 	4: Merge onto I-355 N/VETERANS MEMORIAL TOLLWAY toward NORTHWEST SUBURBS (Portions toll).	1.1 mi
	5: Take the BUTTERFIELD RD/IL-56 exit.	0.6 mi
 	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 mi
	12: 2400 S FINLEY RD is on the RIGHT .	0.0 mi

B: 2400 S Finley Rd, Lombard, IL 60148-7029

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MAPQUEST

Providence Healthcare and Rehab Center

Total Travel Estimates: 24 minutes / 19.08 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	17.3 mi
	4: Take the HIGHLAND AVE exit.	0.3 mi
	Merge onto HIGHLAND AVE/CR-9 S toward GOOD SAMARITAN HOSPITAL/MIDWESTERN COLLEGE/KELLER COLLEGE .	0.6 mi
	6: Turn RIGHT onto 35TH ST .	0.3 mi
	7: Turn RIGHT onto SARATOGA AVE .	0.1 mi
	8: 3450 SARATOGA AVE is on the LEFT .	0.0 mi

B: 3450 Saratoga Ave, Downers Grove, IL 60515-1141









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MAPQUEST

Oak Brook Health Care Centre

Total Travel Estimates: 25 minutes / 20.70 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	19.8 mi
	4: Take the MIDWEST RD exit.	0.2 mi
	5: Keep RIGHT at the fork to go on MIDWEST RD/CR-15 .	0.2 mi
	6: 2013 MIDWEST RD .	0.0 mi

B: 2013 Midwest Rd, Oak Brook, IL 60523-1312












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MAPQUEST

MarianJoy Rehab Hospital

Total Travel Estimates: 19 minutes / 12.06 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 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 mi
	5: Turn LEFT onto WINFIELD RD/CR-13.	2.0 mi
 	6: Turn RIGHT onto ROOSEVELT RD/IL-38.	0.8 mi
	7: 26W171 ROOSEVELT RD.	0.0 mi

B: 26w171 Roosevelt Rd, Wheaton, IL 60187-6078

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Monarch Landing

Total Travel Estimates: 12 minutes / 7.95 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 I-88 E/RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	6.4 mi
	4: Take the IL-59 exit.	0.3 mi
	5: Turn LEFT onto IL-59 .	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
	10: CITYGATE LN becomes ERICKSON DR .	0.1 mi
	11: 2255 ERICKSON DR .	0.0 mi

B: 2255 Erickson Dr, Naperville, IL 60563-4164








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MAPQUEST

Greenfields of Geneva

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 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 .	4.5 mi
	5: Turn LEFT onto KESLINGER RD/CR-41 .	2.7 mi
	6: KESLINGER RD & FRIENDSHIP WAY .	0.0 mi

B: Keslinger Rd & Friendship Way, Geneva, IL 60134

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MAPQUEST

Meadowbrook Manor - Geneva

Total Travel Estimates: 12 minutes / 7.59 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 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.	0.5 mi
	6: 37W220 KESLINGER RD is on the RIGHT.	0.0 mi

B: 37w220 Keslinger Rd, Geneva, IL 60134-3532

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

ID No.	Facility Name	City	# of Licensed Nursing Beds	Nursing Occupancy	Cost Report Adl.	GSF per Bed	Age of Building	Beds Not Certified
6005912	Provena McAuley Manor	Aurora	87	78.3%		586.2	21	83
6006605	North Aurora Care Center	North Aurc	129	87.8%		215.6	35	0
6000574	Aurora Rehab & Living Center	Aurora	195	87.8%		379.0	34	6
6007223	Fox River Pavilion (1)	Aurora	99	101.0%		262.9		-22
6002844	Elmwood Terrace Healthcare Ctr	Aurora	68	81.7%	82.6%	1131.6	77	0
6004899	Jennings Terrace, Inc. (2)	Aurora	60	77.7%		666.7	46	52
6002208	Covenant Health Care Center	Batavia	99	96.6%		372.6	27	0
6002174	Countryside Care Centre (3)	Aurora	203	92.8%		293.3	26	0
6014773	Alden of Waterford	Aurora	99	81.2%		598.0	6	59
6008171	Batavia Rehab & Hlthcare Ctr.	Batavia	63	79.8%	80.3%	226.8	35	0
6014252	Tabor Hills Healthcare Facility, Inc.	Naperville	211	85.7%		246.0	12	0
6003503	Provena Geneva Care Center	Geneva	107	85.2%		336.4	9	38
6011910	St. Patrick's Residence	Naperville	209	95.3%		562.9	18	41
6014518	Meadowbrook Manor	Naperville	245	94.2%	95.0%	445.6	11	0
6009872	West Chicago Terrace	West Chica	120	99.7%		224.2		0
6006175	Community Nsg & Rehab Center	Naperville	153	79.3%		405.8	21	0
Sub-total <10miles			2147	89.1%	89.2%	403.5	27	257
6007439	Provena Pine View Care Center	St. Charles	120	78.6%			19	60
6014666	Rosewood Care Center of St. Charles	St. Charles	109	73.0%		369.3	8	89
6008361	Wynscape	Wheaton	209	66.7%		279.4	38	209
6005334	Windfield Woods	Winfield	138	95.4%	96.0%	152.1	11	0
6002612	DuPage Convalescent Center	Wheaton	508	64.0%		506.6	60	0
6000251	Manor Care - Naperville	Naperville	118	84.8%		257.3	40	85
6009963	Wheaton Care Center	Wheaton	123	90.2%	96.1%		19	0
6001713	Wood Glen Nsg & Rehab Ctr	West Chica	207	97.1%			12	0
6009401	The Tillers Nursing & Rehab Center (4)	Oswego	106	75.0%		372.6	35	100
6014955	Westbury Care Center	Ulsie	55	88.8%			12	55
6008676	Snow Valley Nrsng & Rehab Ctr	Lisle	51	90.6%		235.7	35	0
6007033	Alden Estates of Naperville	Naperville	203	68.2%		320.5	28	0
6004451	Hillside Rehabilitation & Care Ctr	Yorkville	79	77.2%	78.9%	245.4	19	21
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	62.6%		168.5	37	0
6003263	Tower Hill Healthcare Center	South Elgin	206	89.3%		199.2	12	0
6000772	Beacon Hill	Lombard	108	90.9%			19	108
6007876	Providence Healthcare and Rehab Ctr	Downers G	145	77.2%		439.4	45	129
6006720	Oak Brook Health Care Centre	Oak Brook	156	89.2%			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
								24.2%
New Permi Marian Joy Rehab Hospital (5)		Wheaton	20					
New Permi Monarch Landing (6)		Naperville	24					
New Permi Greenfields of Geneva (7)		Geneva	40					
New 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

- (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 2008 PROVENA MCAULEY MANOR AURORA

PROVENA MCAULEY MANOR
400 WEST SULLIVAN ROAD
AURORA, IL 60508
Reference Numbers Facility ID 6005912
Health Services Area 000 Planning Services Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other Insurance				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Private			
Nursing Care	30	4	0	1	27	0	62
Subd Under Z2	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	30	4	0	1	27	0	62

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Subd Under Z2	ICF/DD	Skilled	Private	Charity	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	2	0	0	0	0	0	2
Hispanic	0	0	0	0	0	0	0
White	60	0	0	0	0	0	60
Race Unknown	0	0	0	0	0	0	0
Total	62	0	0	0	0	0	62

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
44.4%	2.9%	0.0%	4.2%	48.7%	0.8%
3,047,200	178,507	0	291,323	3,341,504	52,377
TOTALS	100.0%	100.0%	6,659,019	52,377	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PROVENA MCAULEY MANOR AURORA

PROVENA MCAULEY MANOR
400 WEST SULLIVAN ROAD
AURORA, IL 60508
Reference Numbers Facility ID 6005912
Health Services Area 000 Planning Services Area 059

ADMISSION RESTRICTIONS

DIAGNOSIS	ADMISSION RESTRICTIONS
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Resident	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Vulnerable Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Total	3

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

LEVEL OF CARE	BEDES	PEAK	BEDES IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	87	87	87	87	87	Residents on 1/1/2008: 72
Subd Under Z2	0	0	0	0	0	Total Admissions 2008: 558
Intermediate DD	0	0	0	0	0	Total Discharges 2008: 569
Skilled Care	0	0	0	0	0	Residents on 12/31/2008: 62
TOTAL BEDS	87	87	87	87	87	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Unassisted	Peak Beds
Nursing Care	16377	1502	102.6%	1237	11835	197	78.3%
Subd Under Z2	0	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0.0%
TOTALS	16377	1502	102.6%	1237	11835	197	78.3%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PROVENA MCAULEY MANOR AURORA

PROVENA MCAULEY MANOR
400 WEST SULLIVAN ROAD
AURORA, IL 60508
Reference Numbers Facility ID 6005912
Health Services Area 000 Planning Services Area 059

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SK UNDER Z2		INTERMED. DD		SKILLED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2
45 to 59	0	1	0	0	0	0	0	0	1
60 to 64	0	1	0	0	0	0	0	0	1
65 to 74	1	2	0	0	0	0	0	0	3
75 to 84	5	14	0	0	0	0	0	0	19
85+	9	24	0	0	0	0	0	0	33
TOTALS	18	48	0	0	0	0	0	0	66

ATTACHMENT-37E

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 NORTH AURORA CARE CENTER NORTH AURORA

NORTH AURORA CARE CENTER
 310 DANFURY ROAD
 NORTH AURORA, IL 60542
 Reference Numbers Facility ID 608605
 Health Service Area 008 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE			MEDICAID			OTHER PUBLIC			PRIVATE PAY			CHURTY CARE			TOTALS	
	Nursing Care	Skilled Under ZZ	Intermediate DD	Nursing Care	Skilled Under ZZ	Intermediate DD	Nursing Care	Skilled Under ZZ	Intermediate DD	Nursing Care	Skilled Under ZZ	Intermediate DD	Nursing Care	Skilled Under ZZ	Intermediate DD	Single	Double
Nursing Care	0	104	0	0	0	0	0	0	0	0	0	0	0	0	0	130	130
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	104	0	0	0	0	0	0	0	0	0	0	0	0	0	130	130

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	Intermediate	Skilled	Shelter	Total
Asian	4	0	0	0	0	4
Amer Indian	0	0	0	0	0	0
Black	3	0	0	0	0	3
Hispanic	0	0	0	0	0	0
White	97	0	0	0	0	97
Race Unknown	0	0	0	0	0	0
Total	104	0	0	0	0	104

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
0.0%	93.2%	0.0%	0.0%	6.7%	0.0%
0	3,964,424	344	0	286,708	4,251,476

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 NORTH AURORA CARE CENTER NORTH AURORA

NORTH AURORA CARE CENTER
 310 DANFURY ROAD
 NORTH AURORA, IL 60542
 Reference Numbers Facility ID 608605
 Health Service Area 008 Planning Service Area 109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	12	0	4	28	1	1	0	0	0	0	0	0	109
Alzheimer's Disease	0	12	0	4	28	1	1	0	0	0	0	0	0	109
Stroke	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Heart Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurological	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	12	0	4	28	1	1	0	0	0	0	0	0	109

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Nursing Care	129	129	111	59	61	109
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	129	129	111	59	61	109

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unsettled	Post Boon
Nursing Care	0	30200	83.2%	0	2175	0	41465	87.8%
Skilled Under ZZ	0	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0	0.0%
TOTALS	0	30200	83.2%	0	2175	0	41465	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		INTERMED DD		SHELTERED		TOTAL	GRAND TOTAL
	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0
18 to 44	16	5	0	0	0	0	19	21
45 to 59	27	17	0	0	0	0	44	44
60 to 64	6	7	0	0	0	0	13	13
65 to 74	6	9	0	0	0	0	15	15
75 to 84	2	8	0	0	0	0	10	10
85+	0	5	0	0	0	0	5	5
TOTALS	59	50	0	0	0	0	59	109

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 AURORA REHAB & LIVING CENTER AURORA

AURORA REHAB & LIVING CENTER
 1801 NORTH FARMINGTON
 AURORA, IL 60505

Reference Numbers Facility ID 6000574
 Health Service Area 028 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	24	114	0	5	16	0	161
Skilled Under 22	0	0	0	0	0	0	0
ICF/ID	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	24	114	0	5	16	0	161

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/ID	Shelter	TOTALS
Ashken	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hispanic/Pac. Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Nurse	45.00
Other Health Staff	3.00
Non-health Staff	48.00
TOTALS	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity
32.0%	52.0%	0.0%	7.5%	0.0%
3,159,107	5,380,835	0	697,442	708,150
TOTALS	10,213,318	100.0%	10,213,318	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 AURORA REHAB & LIVING CENTER AURORA

AURORA REHAB & LIVING CENTER
 1801 NORTH FARMINGTON
 AURORA, IL 60505

Reference Numbers Facility ID 6000574
 Health Service Area 028 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Alzheimer's/Dementia	6
Chronic Alcoholism	0
Endocrine/Metabolic	0
Blood Disorders	1
Nervous System Non Alzheimer's	14
Alzheimer Disease	24
Mental Illness	29
Developmental Disability	2
Chronic System	44
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculoskeletal Disorders	5
Infectious Diseases w/ Isolation	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	161

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	BEDES	PEAK BEDES	BEDES IN USE	BEDES AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	165	169	162	169	169	169	Residents on 1/1/2008: 159
Skilled Under 22	0	0	0	34	169	169	Total Admissions 2008: 292
Intermediate	0	0	0	0	0	0	Total Discharges 2008: 289
Sheltered Care	0	0	0	0	0	0	Residents on 12/31/2008: 161
TOTALS	165	169	162	34	169	169	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds	Part Beds
Nursing Care	94.0%	13.7%	44.5%	84.5%	0	2382	3032
Skilled Under 22	0	0	0	0	0	0	0
Intermediate	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	94.0%	13.7%	44.5%	84.5%	0	2382	3032

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - OCTOBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Males	Females	Males	Females	Males	Females	Males	Females	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	9	2	0	0	0	0	0	0	11
45 to 59	16	7	0	0	0	0	16	7	25
60 to 84	3	6	0	0	0	0	3	6	9
85 to 94	20	12	0	0	0	0	20	12	32
75 to 94	12	35	0	0	0	0	12	35	47
95+	15	32	0	0	0	0	15	32	47
TOTALS	77	84	0	0	0	0	77	84	161

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOX RIVER PAVILION AURORA

FOX RIVER PAVILION
400 EAST NEW YORK
AURORA, IL 60505
Reference Numbers Facility ID 6007223
Health Services Area 008 Planning Services Area 008
Administrators Scott L. Braun
Contact Person and Telephone Denis Complied 42/L2008
630-987-4714
Registered Agent Information Steven N. Sier
5750 Old Orchard Drive, Suite 420
Starkville, IL 60077
FACILITY OWNERSHIP UNITED PARTNERSHIP

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	10	50	0	2	0	108
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	10	50	0	2	0	108

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	21	0	0	0	21
Hispanic/Latino	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	9	0	0	0	9
Total	108	0	0	0	108

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Directors of Nursing	1.00
Registered Nurses	5.00
LPNs	4.00
Certified Aide	20.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Pay	Private Insurance	Charity Care
21.0%	77.3%	0.0%	1.1%	0.0%
1,957,897	3,700,309	0	95,510	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOX RIVER PAVILION AURORA

FOX RIVER PAVILION
400 EAST NEW YORK
AURORA, IL 60505
Reference Numbers Facility ID 6007223
Health Services Area 008 Planning Services Area 008
Administrators Scott L. Braun
Contact Person and Telephone Denis Complied 42/L2008
630-987-4714
Registered Agent Information Steven N. Sier
5750 Old Orchard Drive, Suite 420
Starkville, IL 60077
FACILITY OWNERSHIP UNITED PARTNERSHIP

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents on 1/1/2008	Total Discharges 2008	Residents on 12/31/2008
Alzheimer's/Dementia	2	0	2
Chronic Alcoholism	13	0	13
Endocrine/Hypertensive	4	0	4
Blood Disorders	6	0	6
*Nervous System Non-Alzheimer	2	0	2
Admiral Disease	2	0	2
Neural/Itimes	60	0	60
Developmental Disability	4	0	4
Circulatory System	0	0	0
Respiratory System	2	0	2
Dependent System	0	0	0
Genitourinary System Disorders	0	0	0
Skin Disorders	3	0	3
Musculoskeletal Disorders	0	0	0
Injuries and Poisonings	3	0	3
Other Medical Conditions	0	0	0
Non-Medical Conditions	0	0	0
TOTALS	108	0	108

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDES	BEDES	BEDES	AVAILABLE	MEDICAID	MEDICAID	CERTIFIED	CERTIFIED
Nursing Care	121	121	110	123	108	13	121	121	121
Skilled Under 22	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0
TOTALS	121	121	110	123	108	13	121	121	121

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Peak Beds	Bed Up
Nursing Care	2395	32537	73.5%	1183	0	458	36500
Skilled Under 22	0	0	0.0%	0	0	0	82.0%
Intermediate DD	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0.0%
TOTALS	2395	32537	73.5%	1183	0	458	36500

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Unassisted	Peak Beds	Bed Up
Nursing Care	2395	32537	73.5%	1183	0	458	36500	82.0%
Skilled Under 22	0	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0	0.0%
TOTALS	2395	32537	73.5%	1183	0	458	36500	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	15	6	0	0	0	0	15	6	21
45 to 59	31	18	0	0	0	0	31	18	49
60 to 74	8	5	0	0	0	0	8	5	13
75 to 84	3	3	0	0	0	0	3	3	6
85+	0	1	0	0	0	0	0	1	1
TOTALS	66	42	0	0	0	0	66	42	108

ELMWOOD TERRACE HEALTHCARE CTR
 1017 WEST CALENA BOULEVARD
 AURORA, IL 60508
 Reference Numbers Facility ID 6002844
 Health Service Area 008 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	47	0	0	2	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	6	47	0	0	2	0	53

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Total
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hispanic	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	5	0	0	0	5
Total	53	0	0	0	53

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
35.8%	53.4%	0.0%	0.0%	0.8%	0.0%
1,131,181	1,750,008	0	0	278,717	0

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPNs	5.00
Certified Aides	19.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	31.00

ELMWOOD TERRACE HEALTHCARE CTR
 1017 WEST CALENA BOULEVARD
 AURORA, IL 60508
 Reference Numbers Facility ID 6002844
 Health Service Area 008 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

Diagnosis	Count
Alzheimer's/Dementia	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medical Recipient	0
Mental Illness	0
Non-Alcohol	0
Non-Alzheimer	7
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

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

LEVEL OF CARE	PEAK BEDS	PEAK SET-UP	BEDS IN USE	BEDS SET-UP	MEDICAID CERTIFIED	MEDICARE CERTIFIED
Nursing Care	68	64	68	53	68	68
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	68	64	68	53	68	68

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	54	54
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0
TOTALS	54	54

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Care	Charity Care	Peak Beds	Set Up
Nursing Care	2794	112%	153%	81.8%	0	20338	81.7%	81.7%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0.0%	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%
TOTALS	2794	112%	153%	81.8%	0	20338	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SKILLED CARE		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 15	0	0	0	0	0	0	0	0	0	0
15 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	5	3	0	0	0	0	0	0	5	3
75 to 84	1	3	0	0	0	0	0	0	1	3
85 to 94	0	3	0	0	0	0	0	0	0	3
95 to 104	4	10	0	0	0	0	0	0	4	10
105+	5	13	0	0	0	0	0	0	5	13
TOTALS	21	32	0	0	0	0	0	0	21	32

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 JENNINGS TERRACE, INC. AURORA

JENNINGS TERRACE, INC.
 275 SOUTH LAGALLE
 AURORA, IL 60405
 Reference Numbers Facility ID 6004659
 Health Services Area 008 Planning Services Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity	TOTALS
Nursing Care	0	0	2	43	2	47
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	79	0	79
TOTALS	0	0	2	122	2	126

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under ZZ	Intermediate DD	Sheltered	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hispanic	0	0	0	0	0
White	46	0	0	78	124
Race Unknown	0	0	0	0	0
Total	47	0	0	79	126

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity
0.0%	0.0%	0.0%	100.0%	0.0%
0	0	0	3,085,749	119,650
TOTALS	0.0%	0.0%	100.0%	3.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 JENNINGS TERRACE, INC. AURORA

JENNINGS TERRACE, INC.
 275 SOUTH LAGALLE
 AURORA, IL 60405
 Reference Numbers Facility ID 6004659
 Health Services Area 008 Planning Services Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggravated Social	3
Chronic Alcoholism	16
Endocrine/Metabolic	1
Blood Disorders	3
Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	11
Developmental Disability	23
Circulatory System	7
Respiratory System	3
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	32
TOTALS	126

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggravated Social	1
Chronic Alcoholism	0
Denominational/Religious	1
Drug Addiction	0
Medical Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Autostray	0
Non-Abuse	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal/Aggressive	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Total	3

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Nursing Care	78	78	78	78
Skilled Under ZZ	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	126	126	126	126
TOTALS	204	204	204	204

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Other Public	Private Insurance	Private Pay	Charity	Unpaid Beds	Set Up
Nursing Care	0	0.0%	0	730	15597	730	17057
Skilled Under ZZ	0	0.0%	0	0	0	0	0
Intermediate DD	0	0.0%	0	0	0	0	0
Sheltered Care	0	0.0%	0	27157	0	27157	72.0%
TOTALS	0	0.0%	0	42734	730	44214	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Subtotal	Male	Female	TOTAL
Under 18	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0
75 to 84	4	5	9	4	4	8
85+	8	31	39	16	41	59
TOTALS	10	37	47	20	87	126

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008

Government Health Care Center
 831 N. Bellevue Avenue
 BATAVIA, IL 60210
 Reference Numbers Facility ID 6002208
 Health Services Area 008 Planning Services Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	1	59	0	94
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0
TOTALS	5	29	0	1	59	0	94

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Black Hawaiian/Pac. Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
13.3%	17.3%	0.0%	0.0%	83.3%	0.1%
\$50,181	1,251,899	0	1,781	5,099,571	5,759
TOTALS	100.0%	7,218,442	5,759	100.0%	7,218,442

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008

Government Health Care Center
 831 N. Bellevue Avenue
 BATAVIA, IL 60210
 Reference Numbers Facility ID 6002208
 Health Services Area 008 Planning Services Area 069

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	Diagnosis	Count
Aggressive/Alcohol	Neoplasms	1
Chronic Alcoholism	Endocrine/Metabolic	2
Developmentally Disabled	Blood Disorders	0
Drug Addiction	Nervous System Non-Acheifer	5
Medicaid Recipient	Asthma Disease	1
Medicare Recipient	Mental Illness	5
Non-Residential	Developmental Disability	0
Non-Mobile	Cardiovascular System	14
Public Aid Recipient	Respiratory System	9
Under 65 Years Old	Digestive System	7
Unable to Self-Medicate	Genitourinary System Disorders	8
Variable Dependent	Skin Disorders	2
Infectious Disease w/ Isolation	Neurological Disorders	4
Other Restrictions	Injuries and Poisonings	22
No Restrictions	Other Medical Conditions	14
<i>Note: Reported restrictions denoted by !</i>		
TOTALS	Non-Medical Conditions	94

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions on 1/1/2008	Discharges on 12/31/2008
Nursing Care	94	94
Skilled Under ZZ	0	0
Intermediate DD	0	0
Sheltered Care	0	0
TOTALS	94	94

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds	Set-Up	Occupied
Nursing Care	2412	11290	0	12	21278	0	34850	94	94	94
Skilled Under ZZ	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	0
TOTALS	2412	11290	0	12	21278	0	34850	94	94	94

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	7	8	0	0	0	0	15
85+	11	67	0	0	0	0	78
TOTALS	18	75	0	0	0	0	93

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 COUNTRYSIDE CARE CENTRE AURORA

COUNTRYSIDE CARE CENTRE
 2330 WEST CALENA BOULEVARD
 AURORA, IL 60508
 Reference Numbers Facility ID 6002174
 Health Services Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	144	0	7	28	0	191
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
Shelter	12	144	0	7	28	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	Single	Double
Nursing Care	205	115
Skilled Under ZZ	0	0
Intermediate DD	0	0
Skilled Care	0	0
Shelter	205	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hispanic	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Cherity Care Expense as % of Total Net Revenue
3,008,170	6,899,333	0	679,291	1,619,739	0	0.0%
25.0%	56.3%	0.0%	5.3%	13.2%	0.0%	0.0%
TOTALS	TOTALS	TOTALS	TOTALS	TOTALS	TOTALS	TOTALS

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 COUNTRYSIDE CARE CENTRE AURORA

COUNTRYSIDE CARE CENTRE
 2330 WEST CALENA BOULEVARD
 AURORA, IL 60508
 Reference Numbers Facility ID 6002174
 Health Services Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1
Aggression/Anti-Social	1
Alcohol Abuse	1
Developmentally Disabled	1
Drug Addiction	1
Medicare Recipient	0
Medicaid Recipient	0
Mental Illness	0
Non-Amputatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Vascular Dementia	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	191

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Licensed Beds	169	325	323	181

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

LEVEL OF CARE	207	207	203	207	191	16	177	203
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under ZZ	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	207	207	203	207	191	16	177	203

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Nursing Care	5400	52847	0	8743	0	0	68551	91.0%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Skilled Care	0	0	0	0	0	0	0	0.0%
TOTALS	5400	52847	0	8743	0	0	68551	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	0	0	0	0	1
45 to 59	11	5	0	0	0	0	11	5	0	0	0	0	16
60 to 64	5	0	0	0	0	0	5	0	0	0	0	0	5
65 to 74	11	9	0	0	0	0	11	9	0	0	0	0	20
75 to 84	21	30	0	0	0	0	21	30	0	0	0	0	51
85+	13	79	0	0	0	0	13	79	0	0	0	0	92
TOTALS	62	129	0	0	0	0	62	129	0	0	0	0	191

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 ALDEN OF WATERFORD AURORA

ALDEN OF WATERFORD
 2021 RANCI DRIVE
 AURORA, IL 60504
 Reference Numbers Facility ID: 6014773
 Health Service Area 008 Planning Services Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	25	0	5	11	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DOO	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	34	25	0	5	11	0	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SubUnit22	ICF/DOO	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hispanic	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	1	0	0	0	1
Total	75	0	0	0	75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
59.3%	13.0%	1.1%	14.1%	12.5%	0.0%
5,206,173	1,144,974	95,802	1,243,103	1,105,325	0
TOTALS					8,893,317

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 ALDEN OF WATERFORD AURORA

ALDEN OF WATERFORD
 2021 RANCI DRIVE
 AURORA, IL 60504
 Reference Numbers Facility ID: 6014773
 Health Service Area 003 Planning Services Area 069

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	0
Admission Disorder	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-Skeletal Disorders	59
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	67	67
Skilled Under 22	0	0
ICF/DOO	0	0
Skilled Care	0	0
TOTALS	67	67

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	11222	31.0%	9533	65.1%	0	29410	81.2%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0.0%
ICF/DOO	0	0.0%	0	0.0%	0	0	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0	0.0%
TOTALS	11222	31.0%	9533	65.1%	0	29410	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	Skilled Under 22	ICF/DOO	Skilled Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	3	2	0	0	5
60 to 64	0	0	0	0	0
65 to 74	3	7	0	0	10
75 to 84	5	26	0	0	31
85+	5	19	0	0	24
TOTALS	20	55	0	0	75

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Batavia Rehab & Healthcare Ctr. BATAVIA

Batavia Rehab & Healthcare Ctr.
520 FABRYAN PARKWAY
BATAVIA, IL 60510
Reference Numbers Facility ID 6006171
Health Services Area 008 Planning Services Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICAID				PRIVATE PAY				TOTALS			
	Nursing	Skilled	Intermediate	Shelter	Nursing	Skilled	Intermediate	Shelter	Nursing	Skilled	Intermediate	Shelter
Nursing Care	0	43	0	0	0	0	0	0	0	43	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	43	0	0	0	0	0	0	0	43	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	Intermediate	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hispanic	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	53.2%	0.1%	10.7%	357,604	0.0%
0	1,766,907	2,242	0	0	0
TOTALS	2,148,753	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Batavia Rehab & Healthcare Ctr. BATAVIA

Batavia Rehab & Healthcare Ctr.
520 FABRYAN PARKWAY
BATAVIA, IL 60510
Reference Numbers Facility ID 6006171
Health Services Area 008 Planning Services Area 009

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Alc Social	0
Chronic Alcoholism	7
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	2
Non-Abuse	15
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Abuse	0
Violence	0
Violence w/ Isolation	1
Other Restrictions	2
No Restrictions	19
TOTALS	50

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	49	49
Skilled Under 22	26	26
Intermediate DD	50	50
Sheltered Care	0	0
TOTALS	125	125

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Peak Beds
Nursing Care	0	15016	0	2	2599	79.9%
Skilled Under 22	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0.0%
TOTALS	0	15016	0	2	2599	79.9%

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Peak Beds
Nursing Care	0	15016	0	2	2599	79.9%
Skilled Under 22	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0.0%
TOTALS	0	15016	0	2	2599	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	1	0	0	0	1	0	1
45 to 59	2	3	0	0	2	3	5
60 to 64	0	1	0	0	0	1	1
65 to 74	4	4	0	0	4	4	8
75 to 84	2	7	0	0	2	7	9
85+	4	22	0	0	4	22	26
TOTALS	13	37	0	0	13	37	50

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TABOR HILLS HEALTHCARE FACILITY, INC. NAPERVILLE

TABOR HILLS HEALTHCARE FACILITY, INC.
 1347 CRYSTAL AVENUE
 NAPERVILLE, IL 60543
 Reference Numbers Facility ID 6014252
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private	County	TOTALS
Nursing Care	20	62	0	3	98	0	0	183
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	20	62	0	3	98	0	0	183

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Asian	Amer. Indian	Black	Hispanic/Lat. Am.	White	Other	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	1	0	0	0	0	0	1
Hispanic/Lat. Am.	0	0	0	0	0	0	0
White	107	0	0	0	0	0	107
Other	1	0	0	0	0	0	1
TOTALS	109	0	0	0	0	0	109

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
13.4%	22.1%	0.0%	0.2%	92.4%	100.0%
2,040,297	2,831,830	0	22,410	8,279,402	13,289,959
					14,853

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TABOR HILLS HEALTHCARE FACILITY, INC. NAPERVILLE

TABOR HILLS HEALTHCARE FACILITY, INC.
 1347 CRYSTAL AVENUE
 NAPERVILLE, IL 60543
 Reference Numbers Facility ID 6014252
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	Count
Aggravated/Anx-Social	Nephrone	0
Chronic Alcoholism	Endocrine/Metabolic	2
Developmentally Disabled	Blood Disorders	2
Drug Addiction	Nervous System-Non Alzheimer	4
Medicaid Resident	Alzheimer Disease	16
Medicaid Resident	Mental Illness	54
Non-Alzheimer	Developmental Disability	26
Non-Mobile	Respiratory System	13
Public Aid Recipient	Digestive System	4
Under 65 Years Old	Gastrointestinal Disorders	9
Unable to Self-Medicate	Skin Disorders	2
Ventilator Dependent	Musculoskeletal Disorders	6
Infectious Disease w/ Isolation	Toxicology and Poisonings	34
Other Restrictions	Other Medical Conditions	13
No Restrictions	Non-Medical Conditions	0
<i>Note: Reported restrictions obtained by ?</i>		189

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	ADMISSIONS AND DISCHARGES - 2008
	SET-UP	USED	SET-UP	IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED	TOTAL	Readmissions on 1/1/2008
Nursing Care	211	208	211	189	52	211	211	174
Skilled Under 22	0	0	0	0	0	0	0	247
Intermediate DD	0	0	0	0	0	0	0	242
Skilled Care	0	0	0	0	0	0	0	189
TOTALS	211	208	211	189	52	211	211	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Insurance	Charity	Private Pay	Private Pay	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Books
Nursing Care	6071	31.9%	22417	28.0%	0	306	37523	0	68217
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0	0	0	0.0%
TOTALS	6071	31.9%	22417	28.0%	0	306	37523	0	68217

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	2	4	0	0	0	0	0	0	6
75 to 84	15	33	0	0	0	0	0	0	48
85+	23	112	0	0	0	0	0	0	135
TOTALS	40	149	0	0	0	0	0	0	189

PROVIDENA GENEVA CARE CENTER
 1101 EAST STATE STREET
 GENEVA, IL 60134
 Facility ID 8003503
 Health Service Area 008 Planning Services Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Medicaid	Private Pay	Cherity Care	TOTALS	AVERAGE DAILY PAYMENT RATES
	Medicaid	Medicaid	Medicaid	Private Pay	Cherity Care		SINGLE
Nursing Care	25	56	0	0	13	94	283
Skilled Under 22	0	0	0	0	0	0	0
Infirmaries DD	0	0	0	0	0	0	0
Skilled Care	25	56	0	0	13	94	0
TOTALS	25	56	0	0	13	94	215

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

EMPLOYMENT CATEGORY

Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.70
LPNs	7.80
Certified Aides	38.30
Other Health Staff	22.30
Non-Health Staff	9.80
Total	93.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherity Care
37.7%	48.4%	0.0%	0.9%	21.0%	Expense as % of Total Net Revenue 0.0%
2,315,650	2,482,124	0	52,710	1,202,078	0
				6,142,969	

PROVIDENA GENEVA CARE CENTER
 1101 EAST STATE STREET
 GENEVA, IL 60134
 Facility ID 8003503
 Health Service Area 008 Planning Services Area 089

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggressive/Ab-Social	1
Chronic Alcoholism	3
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicaid Resipient	0
Medicaid Resipient	20
Medicaid Resipient	30
Non-Abusive	0
Non-Abusive	0
Non-Abusive	20
Public Aid Recipient	7
Under 65 Years Old	2
Unable to Self-Medicate	1
Verifiable Dependence	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Total	94

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	BEADS IN USE	MEDICAID CERTIFIED	MEDICAID CERTIFIED	RESIDENTS ON 11/30/08	TOTAL ADMISSIONS 2008	TOTAL DISCHARGES 2008
Nursing Care	107	105	108	94	83	94	220	210
Skilled Under 22	0	0	0	0	0	0	0	0
Infirmaries DD	0	0	0	0	0	0	0	0
Skilled Care	107	105	108	94	83	94	220	210
TOTAL BEDS	107	105	108	94	83	94	220	210

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Pay	Cherity Care	Upward Beds	Peak Beds
Nursing Care	7285	31.0%	21023	63.2%	287	139	4946
Skilled Under 22	0	0.0%	0	0.0%	0	0	0.0%
Infirmaries DD	0	0.0%	0	0.0%	0	0	0.0%
Skilled Care	7285	31.8%	21023	63.2%	287	139	4946
TOTALS	7285	31.8%	21023	63.2%	287	139	4946

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING-CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	1
60 to 64	0	0	0	0	0	0	0	0	0
65 to 74	2	8	0	0	0	0	0	0	10
75 to 84	10	20	0	0	0	0	0	0	30
85+	8	47	0	0	0	0	0	0	55
TOTALS	20	74	0	0	0	0	0	0	94

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 St. Patrick's Residence NAPERVILLE

St. Patrick's Residence
1400 Brookside Road
NAPERVILLE, IL 60563
Reference Numbers Facility ID 8011910
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	101	0	0	0	113
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Shelter	0	0	0	1	0	1
TOTALS	12	101	0	0	0	113

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic/Lat	197	0	0	0	197
White	0	0	0	1	1
Race Unknown	0	0	0	0	0
Total	198	0	0	1	199

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
11.3%	37.5%	0.0%	0.0%	51.2%	0.0%
1,413,002	4,037,757	0	0	6,408,213	0
TOTALS	12,519,075	100.0%	100.0%	12,519,075	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 St. Patrick's Residence NAPERVILLE

St. Patrick's Residence
1400 Brookside Road
NAPERVILLE, IL 60563
Reference Numbers Facility ID 8011910
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Neurosis	7
Endocrine/Metabolic	25
Blood Disorders	1
Nervous System Non Alcoholic	87
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	28
Circulatory System	2
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	199

LICENSED BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	CERTIFIED
Nursing Care	209	209	209	198	11	103	203
Skilled Under ZZ	0	0	0	0	0	0	145
Intermediate DD	0	0	0	0	0	0	148
Sheltered Care	1	1	1	1	0	0	198
TOTALS	210	210	210	199	11	103	594

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	203	203
Skilled Under ZZ	145	145
Intermediate DD	148	148
Sheltered Care	198	198
TOTALS	694	694

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	3483	94,076	35033	61,274	31,982	0
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	614	0
TOTALS	3483	94,076	35033	61,274	32,596	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	0	0	1
75 to 84	1	27	0	0	0	0	1	17	20	39	39
85+	21	130	0	0	0	0	21	130	151	151	151
TOTALS	33	163	0	0	0	0	33	163	196	196	196

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Headtowneek Manor Naperville

Headtowneek Manor
720 Raymond Drive
Naperville, IL 60563
Reference Numbers Facility ID 6014516
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	147	0	5	54	0	229
Skilled Under ZZ	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	15	147	0	5	54	0	229

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	SKIND22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	191	0	0	0	191
Race Unknown	0	0	0	0	0
Total	229	0	0	0	229

ETHNICITY

ETHNICITY	Number	SKIND22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
30.6%	50.0%	0.0%	4.1%	15.1%	0.0%	100.0%
4,823,767	7,536,042	0	840,517	2,270,917	0	15,673,245

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Headtowneek Manor Naperville

Headtowneek Manor
720 Raymond Drive
Naperville, IL 60563
Reference Numbers Facility ID 6014516
Health Services Area 007 Planning Services Area 703

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggravated/And-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	87
Mental Illness	0
Non-Subsidiary	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	141
TOTALS	229

RESIDENTS BY PRIMARY DIAGNOSIS

RESIDENTS BY PRIMARY DIAGNOSIS	ADMISSIONS AND DISCHARGES - 2008
Neuropathy	Residents on 1/1/2008: 223
Endocrine/Metabolic	Total Admissions 2008: 302
Blood Disorders	Total Discharges 2008: 302
Nervous System Non-Alzheimer	Residents on 12/31/2008: 229
Alzheimer's Disease	
Developmental Disability	
Chronic System	
Respiratory System	
Digestive System	
Genitourinary System Disorders	
Skin Disorders	
Musculo-skeletal Disorders	
Injuries and Poisonings	
Other Medical Conditions	
Non-Medical Conditions	

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

LEVEL OF CARE	PEAK	BEDS USED	BEDS IN USE	AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	245	245	245	245	245	245	Residents on 1/1/2008: 223
Skilled Under ZZ	0	0	0	0	0	0	Total Admissions 2008: 302
ICF/DD	0	0	0	0	0	0	Total Discharges 2008: 302
Sheltered Care	0	0	0	0	0	0	Residents on 12/31/2008: 229
TOTAL BEDS	245	245	245	245	245	245	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Nursing Care	10818	38890	0	985	13568	0	0	94.2%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%
ICF/DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	10818	38890	0	985	13568	0	0	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	SKILLED UNDER ZZ	INTERMEDIATE DD	SHeltered	GRAND TOTAL
Under 18	0	0	0	0	0
18 to 44	1	0	0	0	1
45 to 59	4	0	0	0	4
60 to 64	3	0	0	0	3
65 to 74	11	0	0	0	11
75 to 84	20	0	0	0	20
85+	17	0	0	0	17
TOTALS	56	0	0	0	56

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1
45 to 59	4	0	0	0	0	0	0	0	4
60 to 64	3	0	0	0	0	0	0	0	3
65 to 74	11	0	0	0	0	0	0	0	11
75 to 84	20	0	0	0	0	0	0	0	20
85+	17	0	0	0	0	0	0	0	17
TOTALS	56	0	0	0	0	0	0	0	56

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

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 West Chicago Terrace WEST CHICAGO

West Chicago Terrace
 628 Joliet Road
 WEST CHICAGO, IL 60165
 Reference Numbers Facility ID 0009872
 Health Services Area 007 Planning Services Area 703

Administrative
 Margaret Eberbacher
 Contact Person and Telephone
 Margaret Eberbacher
 608-231-8292
 Date Completed 4/27/2009

Registered Agent Information
 Aram Pilibad
 608 N. Lincoln
 Lincolnwood, IL 60712

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Not-Booth	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medical Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Modifiable	0
Public Aid Recipient	11
Under 65 Years Old	2
Unable to Self-Medicate	1
Violator Disposition	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<i>Note: Reported restrictions denoted by '1'</i>	
TOTALS	120

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS AND DISCHARGES - 2008	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
	119	38	37	120

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

LEVEL OF CARE	PEAK	PEAK	BEDS	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
	SET-UP	USED	SET-UP	IN USE	IN USE	BEDS	CERTIFIED	CERTIFIED	
Nursing Care	120	120	120	120	120	0	0	120	119
Skilled Under 22	0	0	0	0	0	0	0	0	38
Intermediate DD	0	0	0	0	0	0	0	0	37
Skilled Care	0	0	0	0	0	0	0	0	120
TOTALS	120	120	120	120	120	0	0	120	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Learned Blind	Peak Bed	Set Up	Occ. Pct.
	Pct. days	Occ. Pct.	Pct. days	Occ. Pct.	Pct. days	Occ. Pct.	Pct. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	41510	94.7%	0	0.0%	43000	99.7%	99.7%	99.7%	99.7%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0.0%
TOTALS	0	0.0%	41510	94.7%	0	0.0%	43000	99.7%	99.7%	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	16	0	0	0	0	0	0	22	16	40
45 to 54	21	26	0	0	0	0	0	0	21	26	47
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	62	58	0	0	0	0	0	0	62	58	120

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 West Chicago Terrace WEST CHICAGO

West Chicago Terrace
 628 Joliet Road
 WEST CHICAGO, IL 60165
 Reference Numbers Facility ID 0009872
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	118	0	4	0	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	118	0	4	0	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	133
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

RESIDENTS BY RACE/ETHNICITY ORIGIN

RACE	Nursing	Skilled	ICF/DD	ICF/DD	Skilled	TOTALS
Asian	1	0	0	0	0	1
Amer. Indian	0	0	0	0	0	0
Black	24	0	0	0	0	24
Hispanic/Lat. Id.	0	0	0	0	0	0
White	95	0	0	0	0	95
Race Unknown	0	0	0	0	0	0
Total	120	0	0	0	0	120

ETHNICITY

ETHNICITY	Nursing	Skilled	ICF/DD	ICF/DD	Skilled	TOTALS
Hispanic	9	0	0	0	0	9
Non-Hispanic	111	0	0	0	0	111
Ethnicity Unknown	0	0	0	0	0	0
Total	120	0	0	0	0	120

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	94.3%	0.0%	0.0%	5.7%	0.0%
0	4,124,738	0	0	247,008	0
TOTALS	100.0%			4,371,747	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 COMMUNITY NSG & REHAB CENTER NAPERVILLE

COMMUNITY NSG & REHAB CENTER
 1138 NORTH HILL STREET
 NAPERVILLE, IL 60563
 Reference Number: Facility ID: 6008175
 Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	PAYMENT SOURCE					AVERAGE DAILY PAYMENT RATES	
	Medicare	Medicaid	Other	Private Pay	Charity Care	Single	Double
Nursing Care	17	84	0	2	31	185	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	17	84	0	2	31	0	134

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Total	Full-time Equivalent
Asian	0	0	0	0	0	1.00
Amer. Indian	0	0	0	0	0	0.00
Black	6	0	0	0	6	1.00
Hispanic/Pac. Isl.	0	0	0	0	0	0.00
White	123	0	0	0	123	13.00
Race Unknown	0	0	0	0	0	43.00
Total	134	0	0	0	134	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Category	Revenue	Percentage	Private Pay	Private Insurance	Charity Expense	Charity Expense as % of Total Net Revenue
Medicare	20,894	50.6%	0	0	0	0.0%
Medicaid	3,740,987	0.0%	0	0	0	0.0%
Private Pay	7,389,317	17.5%	1,262,856	156,771	0	0.0%
Private Insurance	156,771	2.1%	0	0	0	0.0%
Charity Expense	0	0.0%	0	0	0	0.0%
TOTALS	11,197,969	100.0%	1,262,856	156,771	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 COMMUNITY NSG & REHAB CENTER NAPERVILLE

COMMUNITY NSG & REHAB CENTER
 1138 NORTH HILL STREET
 NAPERVILLE, IL 60563
 Reference Number: Facility ID: 6008175
 Health Service Area 007 Planning Service Area 703

ADMISSIONS AND DISCHARGES - 2008

DIAGNOSIS	Admissions	Discharges
Aggressive/Anti-Social	1	0
Chronic Alcoholism	5	0
Encephalopathy	10	0
Encephalomyelitis	0	0
Epilepsy	0	0
Bipolar Disorder	1	0
Hemiparesis	0	0
Hemiparesis/Stroke	25	0
Major Depressive Disorder	0	0
Major Dementia	0	0
Manic Depression	0	0
Neurological Disorder	28	0
Neurological Disorder	20	0
Neurological Disorder	7	0
Other Medical Conditions	0	0
Other Medical Conditions	0	0
Other Medical Conditions	0	0
TOTALS	134	0

LICENSED BEDS IN USE, MEDICAID/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Licensed Beds	Peak	Set-Up	Used	Available	Medicaid	Medicaid Certified
Nursing Care	153	149	134	149	19	153	153
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	153	149	134	149	19	153	153

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Bed	Set-Up	Peak
Nursing Care	45.3%	56.6%	0.0%	0.0%	0.0%	0.0%	4423	79.3%	81.5%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Intermediate DD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
Skilled Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
TOTALS	45.3%	56.6%	0.0%	0.0%	0.0%	0.0%	4423	79.3%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female												
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PROVEMA PINE VIEW CARE CENTER ST. CHARLES

PROVEMA PINE VIEW CARE CENTER
 811 ALLEN LANE
 ST. CHARLES, IL 60174
 Reference Numbers Facility ID 8007439
 Health Service Area 008 Planning Services Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	41	0	1	28	0	89
Skilled Under Z2	0	0	0	0	0	0	0
Intermediate OD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	21	41	0	1	28	0	89

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Z2	ICF/DD	Skilled	Total
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expenses as % of Total Net Revenue
31.9%	0.0%	1.4%	23.8%	0.0%	0.0%
2,571,555	2,102,910	97,270	1,950,007	0	6,722,048

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PROVEMA PINE VIEW CARE CENTER ST. CHARLES

PROVEMA PINE VIEW CARE CENTER
 811 ALLEN LANE
 ST. CHARLES, IL 60174
 Reference Numbers Facility ID 8007439
 Health Service Area 008 Planning Services Area 083

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9
Aggressive/Alc-Social	0	0	0	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0	0	0	0
Neoplasia	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0
Stroke/Disorders	0	0	0	0	0	0	0	0	0	0
Hemato System Non Abstracter	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	0	0	0	0	0	0	0	0	0	0
Mental Illness	1	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0
Circulatory System	14	0	0	0	0	0	0	0	0	0
Respiratory System	16	0	0	0	0	0	0	0	0	0
Digestive System	4	0	0	0	0	0	0	0	0	0
Continuity System Disorders	4	0	0	0	0	0	0	0	0	0
Skin Disorders	4	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	5	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	5	0	0	0	0	0	0	0	0	0
Other Medical Conditions	18	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0
TOTALS	89	0	0	0	0	0	0	0	0	0

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

LEVEL OF CARE	PEAK	PEAK	BEDS	BEDS	BEDS	AVAILABLE	MEDICAID	MEDICAID	ADMISSIONS AND DISCHARGES - 2008
	SET-UP	USED	SET-UP	IN USE	BEDS	CERTIFIED	CERTIFIED	CERTIFIED	Residents on 1/1/2008
Nursing Care	120	120	101	120	89	31	120	80	266
Skilled Under Z2	0	0	0	0	0	0	0	0	237
Intermediate OD	0	0	0	0	0	0	0	0	89
Skilled Care	0	0	0	0	0	0	0	0	0
TOTALS	120	120	101	120	89	31	120	80	592

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Bed Up
Nursing Care	7847	1718	10658	65.8%	0	355	7451
Skilled Under Z2	0	0	0	0.0%	0	0	0
Intermediate OD	0	0	0	0.0%	0	0	0
Skilled Care	0	0	0	0.0%	0	0	0
TOTALS	7847	1718	10658	65.8%	0	355	7451

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED Z2		INTERMED. OD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	1
60 to 74	0	1	0	0	0	0	0	0	1
75 to 84	2	3	0	0	0	0	0	0	5
85+	8	15	0	0	0	0	0	0	23
TOTALS	17	72	0	0	0	0	0	0	89

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008
 ROSEWOOD CARE CTR ST. CHARLES
 ST. CHARLES, IL 60174

ROSEWOOD CARE CTR ST. CHARLES
 650 DANHAM ROAD
 ST. CHARLES, IL 60174
 Reference Numbers Facility ID 6014600
 Health Service Area 008 Planning Services Area 008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	9	18	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	9	18	0	0	44	0	71

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
TOTAL	71	0	0	0	71

STAFFERS

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPNs	0.00
Certified Aides	30.00
Other Health Staff	9.00
Non-Health Staff	37.00
TOTALS	101.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care
41.5%	9.7%	0.0%	2.5%	48.3%	0.0%	0.0%
1,027,139	381,787	0	80,500	1,816,521	0	0
TOTALS	100.0%	3,921,987				

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008
 ROSEWOOD CARE CTR ST. CHARLES
 ST. CHARLES, IL 60174

ROSEWOOD CARE CTR ST. CHARLES
 650 DANHAM ROAD
 ST. CHARLES, IL 60174
 Reference Numbers Facility ID 6014600
 Health Service Area 008 Planning Services Area 008

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
Nervous System (Non-Alzheimer)	5
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	3
Cardiovascular System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	29
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK BEDS	BEDS USED	BEDS AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS	DISCHARGES
Nursing Care	109	109	71	38	20	73	73
Skilled Under 22	0	0	0	0	0	260	260
Intermediate DD	0	0	0	0	0	71	71
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	109	109	71	38	20		

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care
Nursing Care	5710	41.1%	6349	86.7%	0	331	10736
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Skilled Care	0	0.0%	0	0.0%	0	0	0
TOTALS	5710	41.1%	6349	86.7%	0	331	10736

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care
Nursing Care	5710	41.1%	6349	86.7%	0	331	10736
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Skilled Care	0	0.0%	0	0.0%	0	0	0
TOTALS	5710	41.1%	6349	86.7%	0	331	10736

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	1	2	3
60 to 64	1	0	0	0	0	0	1	0	1
65 to 74	2	1	0	0	0	0	2	1	3
75 to 84	3	13	0	0	0	0	3	13	16
85+	5	43	0	0	0	0	5	43	48
TOTALS	12	59	0	0	0	0	12	59	71

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WYNESCAPE WHEATON

WYNESCAPE
 2180 MANCHESTER ROAD
 WHEATON, IL 60187
 Facility ID 6000381
 Health Services Area 007 Planning Services Area 703

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	TOTALS
Nursing Care	49	30	3	59	1	142
Skilled Under ZI	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	49	30	3	59	1	142

LEVEL OF CARE	Single	Double
Nursing Care	250	240
Skilled Under ZI	0	0
Intermediate DD	0	0
Skilled Care	0	0

RACE	Nursing	Skilled	Int	Skilled	Int	Skilled	Int	Totals
Asian	2	0	0	0	0	0	0	2
Amer. Indian	0	0	0	0	0	0	0	0
Black	4	0	0	0	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0	0	0	0
White	114	0	0	0	0	0	0	114
Race Unknown	22	0	0	0	0	0	0	22
Total	142	0	0	0	0	0	0	142

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	TOTALS
52.6%	13.1%	0.0%	2.6%	31.6%	100.0%	14,860,257
7,400,414	1,841,372	0	360,000	4,478,471	98,790	14,860,257

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WYNESCAPE WHEATON

WYNESCAPE
 2180 MANCHESTER ROAD
 WHEATON, IL 60187
 Facility ID 6000381
 Health Services Area 007 Planning Services Area 703

DIAGNOSIS	1	2	3	4	5	6
Aggravated Alcoholism	1	0	0	0	0	0
Chronic Alcoholism	1	0	0	0	0	0
Encephalomyelitis	1	0	0	0	0	0
Blood Clots	1	0	0	0	0	0
Nervous System Non-Alzheimer	3	0	0	0	0	0
Alzheimer Disease	3	0	0	0	0	0
Mental Illness	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0
Circulatory System	22	0	0	0	0	0
Respiratory System	16	0	0	0	0	0
Digestive System	11	0	0	0	0	0
Genitourinary System Disorders	4	0	0	0	0	0
Skin Disorders	4	0	0	0	0	0
Musculo-skeletal Disorders	6	0	0	0	0	0
Injuries and Poisonings	33	0	0	0	0	0
Other Medical Conditions	18	0	0	0	0	0
Non-Medical Conditions	11	0	0	0	0	0
TOTALS	142	0	0	0	0	0

LEVEL OF CARE	Admissions	Discharges	Transfers	Total
Nursing Care	136	106	0	136
Skilled Under ZI	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	142	106	0	142
TOTALS	278	212	0	278

LEVEL OF CARE	Licensed Beds	Peak Beds	Beds in Use	Medicare Certified	Medicaid Certified
Nursing Care	209	161	149	142	106
Skilled Under ZI	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	209	161	149	142	106

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	Unpaid	Peak Beds
Nursing Care	17136	43.6%	13278	0.0%	625	19795	193	51029
Skilled Under ZI	0	0.0%	0	0.0%	0	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0
Skilled Care	17136	43.6%	13278	0.0%	625	19795	193	51029
TOTALS	17136	43.6%	13278	0.0%	625	19795	193	51029

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	1	0	0	0	0	0	1
75 to 84	11	25	0	0	0	0	36
85+	27	72	0	0	0	0	99
TOTALS	38	103	0	0	0	0	142

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WINFIELD WOODS WINFIELD

WINFIELD WOODS
28 WEST 141 LIBERTY ROAD
WINFIELD, IL 60180
Reference Numbers Facility ID 005334
Health Service Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid		Other Insurance		Private Pay		Charity		TOTALS
	Medicaid	Private	Medicaid	Private	Medicaid	Private	Medicaid	Private	
Nursing Care	0	118	0	0	0	14	0	0	132
Skilled Under 22	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0	0	0
TOTALS	0	118	0	0	0	14	0	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	SNOW22	CF200	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	2	0	0	0	2
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	1	0	0	0	1
Total	132	0	0	0	132

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Directors of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	33.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
0.0%	87.5%	0.0%	12.5%	100.0%
0	4,596,791	0	855,402	5,252,193

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WINFIELD WOODS WINFIELD

WINFIELD WOODS
28 WEST 141 LIBERTY ROAD
WINFIELD, IL 60180
Reference Numbers Facility ID 005334
Health Service Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Neoplasms	2
Erdosheim's Disease	4
Blood Disorders	1
Neurological System Non-Alzheimer	3
Alzheimer's Disease	2
Mental Illness	118
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Constitutional System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Infectious Diseases w/ Isolation	2
Other Restrictions	0
No Restrictions	0
Non-Medical Conditions	0
TOTALS	132

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	138	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0
TOTALS	138	138

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	138	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0
TOTALS	138	138

UCCERSED BEDS IN USE, MEDICAID/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK USED	SETUP	BEIDS IN USE	MEDICAID CERTIFIED
Nursing Care	138	138	132	138
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
TOTALS	138	138	132	138

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid		Other Public		Private Insurance		Charity	
	Medicaid	Private	Medicaid	Private	Medicaid	Private	Medicaid	Private
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SHELTERED		TOTAL
	Male	Female	Male	Female	
Under 15	0	0	0	0	0
15 to 44	4	8	0	0	12
45 to 59	37	25	0	0	62
60 to 74	9	8	0	0	17
75 to 84	7	25	0	0	32
85+	3	4	0	0	7
TOTALS	60	72	0	0	132

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 DUPAGE CONVALESCENT CENTER WHEATON

DUPAGE CONVALESCENT CENTER
400 N COUNTY FARM RD
WHEATON, IL 60187
Reference Numbers Facility ID 8002812
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	254	0	2	\$1	0	329
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	22	254	0	2	51	0	329

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	SK Under 22	ICF/DD	Skilled	Totals
African Amer./Indian	5	0	0	0	5
Black	9	0	0	0	9
Hispanic	0	0	0	0	0
White	315	0	0	0	315
Race Unknown	0	0	0	0	0
Total	329	0	0	0	329

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurse	39.00
LPNs	13.00
Certified Aides	141.00
Other Health Staff	27.00
Non-Health Staff	430.00
Totals	381.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Care Expense as % of Total Net Revenue
21.2%	0.0%	14.4%	0.0%	0.0%	0.0%
\$1,171,723	\$0	\$4,190,327	\$0	\$0	
18,705,179	\$0	\$0	\$0	\$0	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 DUPAGE CONVALESCENT CENTER WHEATON

DUPAGE CONVALESCENT CENTER
400 N COUNTY FARM RD
WHEATON, IL 60187
Reference Numbers Facility ID 8002812
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	0
Nervous System Non Alzheimer	67
Alzheimer Disease	57
Mental Illness	17
Developmental Disability	5
Circulatory System	54
Respiratory System	8
Digestive System	0
Contaminatory System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	329

ADMISSIONS AND DISCHARGES - 2008

Admissions on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
325	414	414	329

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

LEVEL OF CARE	PEAK	BEDS SET-UP	BEDS IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED
Nursing Care	503	336	360	328	50
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTAL BEDS	503	336	360	328	50

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Nursing Care	9137	49.8%	92890	50.0%	632	10327	118860
Skilled Under 22	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0	0.0%
Skilled Care	0	0.0%	0	0	0	0	0.0%
TOTALS	9137	49.8%	92890	50.0%	632	10327	118860

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	19	8	0	0	19	8	27
45 to 59	26	26	0	0	26	26	52
60 to 64	2	8	0	0	2	8	10
65 to 74	10	18	0	0	10	18	28
75 to 84	30	40	0	0	30	40	70
85+	26	113	0	0	26	113	139
TOTALS	118	213	0	0	118	213	329

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 MAJOR CARE - NAPERVILLE

MAJOR CARE - NAPERVILLE
 200 WEST MARTIN AVENUE
 NAPERVILLE, IL 60540
 Reference Number Facility ID 6000251
 Health Service Area 007 Planning Service Area 703
 Admissions Director
 Anush Rishi
 Contact Person and Telephone
 Anush Rishi
 600-335-4111
 Registered Agent Information
 CT Corporation System
 208 S. LaSalle Street
 Chicago, IL 60604
 FACILITY OWNERSHIP
 LIMITED LIABILITY CO

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medical Recipient	0
Mental Illness	0
Non-Abusable	0
Non-Applicable	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Maintain	0
Verbalizer Dependent	1
Infectious Diseases w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<i>Note: Approved restrictions removed by 1/1</i>	
TOTALS	103

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

LEVEL OF CARE	PEAK BEDS	PEAK USED	PEAK SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICAID CERTIFIED	MEDICARE CERTIFIED
Nursing Care	113	112	112	103	15	117	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	113	112	112	103	15	117	33

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	ADMISSIONS	DISCHARGES
Nursing Care	69	69
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0
TOTALS	69	69

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Unused Beds	Peak Beds
Nursing Care	17319	4076	7468	5128	0	33	88.4%
Skilled Under 22	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0.0%
Skilled Care	0	0	0	0	0	0	0.0%
TOTALS	17319	4076	7468	5128	0	33	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	MALE	FEMALE	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	5	5	10
60 to 64	1	4	5
65 to 74	5	10	15
75 to 84	11	29	40
85+	33	70	103
TOTALS	55	118	173

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 MAJOR CARE - NAPERVILLE

MAJOR CARE - NAPERVILLE
 200 WEST MARTIN AVENUE
 NAPERVILLE, IL 60540
 Reference Number Facility ID 6000251
 Health Service Area 007 Planning Service Area 703
 Admissions Director
 Anush Rishi
 Contact Person and Telephone
 Anush Rishi
 600-335-4111
 Registered Agent Information
 CT Corporation System
 208 S. LaSalle Street
 Chicago, IL 60604
 FACILITY OWNERSHIP
 LIMITED LIABILITY CO

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private	Charity	TOTALS
Nursing Care	46	22	0	21	14	103
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	46	22	0	21	14	103

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
African American	0	0	0	0	0
Black	5	0	0	0	5
Hispanic	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
TOTAL	101	0	0	0	101

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private	Charity	TOTALS
85.6%	1.5%	15.4%	10.7%	100.0%
8,066,772	180,038	1,691,043	1,309,413	12,268,328

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private	Charity	TOTALS
85.6%	1.5%	15.4%	10.7%	100.0%
8,066,772	180,038	1,691,043	1,309,413	12,268,328

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

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL 60187
Reference Numbers Facility ID 8009983
Health Services Area 007 Planning Services Area 703

LEVEL OF CARE	Medicaid	Private Insurance	Private Pay	Charmy Care	TOTALS
Nursing Care	7	103	1	7	118
Skilled Under ZZ	0	0	0	0	0
Intermediate CD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	7	103	1	7	118

RESIDENTS BY RACIAL/ETHNICITY GROUPING	Nursing	Skilled	ICF/DD	Shelter	Total
Asian Amer. Indian	1	0	0	0	1
Black	13	0	0	0	13
Hispanic	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicaid	Other Public	Private Insurance	Private Pay	Charmy Care Expense as % of Total Net Revenue
Medicaid	6.0%	84.1%	0.5%	5.1%	0.0%
500,246	4,723,926	74,553	30,447	208,529	5,917,895

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WHEATON CARE CENTER WHEATON

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL 60187
Reference Numbers Facility ID 8009983
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS	DIAGNOSIS	Count
Alzheimer's/Dementia	0	0
Neoplasms	2	2
Endocrine/Metabolic	5	5
Blood Disorders	0	0
*Neuroc System Non Alzheimer	2	2
Alzheimer Disease	1	1
Mental Illness	17	17
Developmental Disability	0	0
Circulatory System	17	17
Respiratory System	7	7
Alzheimer System	1	1
Gerontological System Disorders	1	1
Skin Disorders	0	0
Manic-depressive Disorders	3	3
Injuries and Poisonings	2	2
Other Medical Conditions	60	60
Non-Medical Conditions	0	0
TOTALS		118

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS	PEAK	BEDES	BEDES	BEDES	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
LEVEL OF CARE	123	123	123	118	5	61	123	115
Nursing Care	0	0	0	0	0	0	0	60
Skilled Under ZZ	0	0	0	0	0	0	0	57
Intermediate CD	0	0	0	0	0	0	0	118
TOTALS	123	123	123	118	5	61	123	

ADMISSIONS AND DISCHARGES - 2008	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Admissions	115	60	47	118

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WHEATON CARE CENTER WHEATON

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL 60187
Reference Numbers Facility ID 8009983
Health Services Area 007 Planning Services Area 703

ADMISSION RESTRICTIONS	Count
Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Alzheimer	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbalizer Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Total	2

ADMISSIONS AND DISCHARGES - 2008	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Admissions	115	60	47	118

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	Medicaid	Other Public	Private Insurance	Private Pay	Charmy Care	Total
2007	30699	81.1%	64	1988	0	40588
2008	30489	81.1%	64	1988	0	40588

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WHEATON CARE CENTER WHEATON

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL 60187
Reference Numbers Facility ID 8009983
Health Services Area 007 Planning Services Area 703

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008	Male	Female	Total
Under 18	0	0	0
18 to 44	8	5	13
45 to 59	22	18	40
60 to 64	9	5	14
65 to 74	15	14	29
75 to 84	2	12	14
85+	2	6	8
TOTALS	56	60	116

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008	Male	Female	Total
Under 18	0	0	0
18 to 44	8	5	13
45 to 59	22	18	40
60 to 64	9	5	14
65 to 74	15	14	29
75 to 84	2	12	14
85+	2	6	8
TOTALS	56	60	116

AGE GROUPS	Male	Female	Total
Under 18	0	0	0
18 to 44	8	5	13
45 to 59	22	18	40
60 to 64	9	5	14
65 to 74	15	14	29
75 to 84	2	12	14
85+	2	6	8
TOTALS	56	60	116

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WOOD GLEN NURSING & REHAB CTR WEST CHICAGO
WOOD GLEN NURSING & REHAB CTR
 30 WEST 300 NORTH AVENUE
 WEST CHICAGO, IL 60618
 Facility ID 6001713
 Reference Numbers Facility ID 6001713
 Health Services Area 007 Planning Services Area 703
 Administrator Jeffrey S White
 Contact Person and Telephone
 Tere Goodough
 630-678-8100
 Date Completed 4/9/2008
 Registered Agent Information

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WOOD GLEN NURSING & REHAB CTR WEST CHICAGO
WOOD GLEN NURSING & REHAB CTR
 30 WEST 300 NORTH AVENUE
 WEST CHICAGO, IL 60618
 Facility ID 6001713
 Reference Numbers Facility ID 6001713
 Health Services Area 007 Planning Services Area 703

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggression/Ant-Social	0	0
Chemical Alcoholism	0	0
Neoplasms	1	15
Endocrine/Metabolic	1	15
Developmentally Disabled	0	7
Blood Disorders	0	10
Hemorrhagic System Non Adrener	0	10
Medicare Recipient	0	0
Medicare Recipient	0	0
Mental Illness	0	193
Developmental Disability	0	4
Circulatory System	0	16
Respiratory System	0	3
Operative System	0	8
Conditionary System Disorders	0	4
Side Disorders	0	0
Musculo-skeletal Disorders	0	8
Injuries and Poisonings	1	0
Other Restrictions	0	18
Case Medical Conditions	0	0
Non-Medical Conditions	0	200
TOTALS		

Note: Reported restriction removed by 'r'

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggression/Ant-Social	0	0
Chemical Alcoholism	0	0
Neoplasms	1	15
Endocrine/Metabolic	1	15
Developmentally Disabled	0	7
Blood Disorders	0	10
Hemorrhagic System Non Adrener	0	10
Medicare Recipient	0	0
Medicare Recipient	0	0
Mental Illness	0	193
Developmental Disability	0	4
Circulatory System	0	16
Respiratory System	0	3
Operative System	0	8
Conditionary System Disorders	0	4
Side Disorders	0	0
Musculo-skeletal Disorders	0	8
Injuries and Poisonings	1	0
Other Restrictions	0	18
Case Medical Conditions	0	0
Non-Medical Conditions	0	200
TOTALS		

Note: Reported restriction removed by 'r'

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

LEVEL OF CARE	LICENSED BEDS	BEDS IN USE	MEDICARE/MEDICAID CERTIFIED BEDS	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	207	207	207	Residents on 1/1/2008 198
Skilled Under 22	0	0	0	Total Admissions 2008 62
Intermediate DD	0	0	0	Total Discharges 2008 78
Skilled Care	0	0	0	Residents on 12/31/2008 200
TOTAL BEDS	207	207	207	

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

LEVEL OF CARE	LICENSED BEDS	BEDS IN USE	MEDICARE/MEDICAID CERTIFIED BEDS	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	207	207	207	Residents on 1/1/2008 198
Skilled Under 22	0	0	0	Total Admissions 2008 62
Intermediate DD	0	0	0	Total Discharges 2008 78
Skilled Care	0	0	0	Residents on 12/31/2008 200
TOTAL BEDS	207	207	207	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds		
Nursing Care	2043	217%	8785	88.4%	0	27	3433	0	7398	97.1%
Skilled Under 22	0	0%	0	0%	0	0	0	0	0	0%
Intermediate DD	0	0%	0	0%	0	0	0	0	0	0%
Skilled Care	0	0%	0	0%	0	0	0	0	0	0%
TOTALS	2043	217%	8785	88.4%	0	27	3433	0	7398	97.1%

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds		
Nursing Care	2043	217%	8785	88.4%	0	27	3433	0	7398	97.1%
Skilled Under 22	0	0%	0	0%	0	0	0	0	0	0%
Intermediate DD	0	0%	0	0%	0	0	0	0	0	0%
Skilled Care	0	0%	0	0%	0	0	0	0	0	0%
TOTALS	2043	217%	8785	88.4%	0	27	3433	0	7398	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	Grand Total
Under 18	0	0	0	0	0
18 to 44	41	19	0	0	60
45 to 59	39	22	0	0	61
60 to 74	8	15	0	0	23
75 to 84	19	15	0	0	34
85+	4	11	0	0	15
TOTALS	109	91	0	0	199

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	Grand Total
Under 18	0	0	0	0	0
18 to 44	41	19	0	0	60
45 to 59	39	22	0	0	61
60 to 74	8	15	0	0	23
75 to 84	19	15	0	0	34
85+	4	11	0	0	15
TOTALS	109	91	0	0	199

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Source Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development 8/17/2009 Page 2230 of 2242

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 The Tillers Nursing & Rehab Center, Inc. OSWEGO

The Tillers Nursing & Rehab Center, Inc.
4300 ROUTE 71
OSWEGO, IL 60543
Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Pay	Charity Care	TOTALS
Nursing Care	28	4	0	44	0	76
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	28	4	0	44	0	76

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Medicaid	Other	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	76	0	0	0	0	76
Race Unknown	0	0	0	0	0	0
Total	76	0	0	0	0	76

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPNs	6.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenues
Medicare	48.0%	2.0%	0.0%	0.4%	51.6%	0.0%	100.0%
Medicaid	4,093,474	172,890	0	36,530	4,591,052	0	6,824,046

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 The Tillers Nursing & Rehab Center, Inc. OSWEGO

The Tillers Nursing & Rehab Center, Inc.
4300 ROUTE 71
OSWEGO, IL 60540
Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	1	DIAGNOSIS	Count
Aggravated-Social	1	Neoplasms	1
Chronic Alcoholism	0	Endocrine/Metabolic	2
Developmentally Disabled	1	Blood Disorders	2
Drug Addiction	1	Nervous System (Non-Alzheimer)	5
Medicare Recipient	0	Alzheimer Disease	9
Medicaid Recipient	0	Mental Illness	7
Non-Resident	1	Developmental Disability	0
Non-Applicable	0	Circulatory System	21
Public Aid Recipient	0	Respiratory System	2
Under 65 Years Old	0	Cognitive System	1
Unable to Self-Medicate	0	Genitourinary System Disorders	4
Visitor Dependents	1	Skin Disorders	1
Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	6
Other Restrictions	0	Injuries and Poisonings	15
No Restrictions	0	Other Medical Conditions	0
Age-Related restrictions allowed by J1	0	Non-Medical Conditions	0
TOTALS	76		

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	99	97	42	0	Residents on 1/1/2008: 71
Skilled Under 22	0	0	0	0	Total Admissions 2008: 254
Intermediate DD	0	0	0	0	Total Discharges 2008: 249
Skilled Care	0	0	0	0	Residents on 12/31/2008: 76
TOTAL BEDS	99	97	42	0	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Bed
Nursing Care	8272	1464	0	19249	0	29065	60.3%	81.1%
Skilled Under 22	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0	0	0	0	0.0%	0.0%
TOTALS	9272	1464	0	19249	0	29065	60.3%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	1	1	2	2
60 to 64	1	1	0	0	1	1	2	2
65 to 74	2	2	0	0	2	2	4	4
75 to 84	4	21	0	0	4	21	25	25
85+	7	36	0	0	7	36	43	43
TOTALS	15	81	0	0	15	81	96	96

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WESTBURY CARE CENTER

WESTBURY CARE CENTER
 1000 ROBIN LANE
 LISLE, IL 60532
 Reference Numbers Facility ID 6014955
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Cherty Care	TOTALS
Nursing Care	16	0	0	27	0	43
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	24	0	24
TOTALS	16	0	0	51	0	67

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Number	Medicaid	Other Public	Private Pay	Cherty Care	TOTALS
Asian	0	0	0	0	0	0
Am. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
Non-Hispanic	43	0	0	24	0	67
White	0	0	0	0	0	0
Race Unknown	0	0	0	0	0	0
Total	43	0	0	24	0	67

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.25
LPN's	8.00
Certified Aides	20.00
Other Health Staff	20.00
Non-Health Staff	13.75
Total	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Pay	Cherty Care	Expense as % of Total Net Revenue
2,280,839	0	93,879	7,005,610	0.5%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WESTBURY CARE CENTER

WESTBURY CARE CENTER
 1000 ROBIN LANE
 LISLE, IL 60532
 Reference Numbers Facility ID 6014955
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Alzheimer's Disease	13
Chronic Alcoholism	7
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non-Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	3
Brain Disorders	0
Infectious Diseases	15
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	67

ADMISSION RESTRICTIONS

RESTRICTION	Number
Aggressive/Art-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicare Recipient	1
Non-Alzheimer	0
Non-Ambulatory	0
Non-Mobility	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbalizer/Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
None: Reported restrictions decreased by 1!	0
TOTALS	3

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Cherty Care	TOTALS
Nursing Care	55	55	43	12	55	73
Skilled Under 22	0	0	0	0	0	244
Intermediate DD	0	0	0	0	0	250
Skilled Care	27	27	24	3	0	67
TOTALS	82	82	67	15	55	208

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions on 1/1/2008	Total Admissions 2008	Discharges on 12/31/2008
Nursing Care	73	244	244
Skilled Under 22	0	250	0
Intermediate DD	0	0	0
Skilled Care	67	67	67
TOTALS	140	501	511

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Cherty Care	TOTALS
Nursing Care	5185	25.8%	0	0	0	5185
Skilled Under 22	0	0.0%	0	0	0	0
Intermediate DD	0	0.0%	0	0	0	0
Skilled Care	5185	25.8%	0	0	0	5185
TOTALS	5185	25.8%	0	0	0	5185

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	3
85+	2	0	0	0	2	17	21
TOTALS	11	32	0	0	4	20	52

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Cherty Care	TOTALS
Nursing Care	5185	25.8%	0	0	0	5185
Skilled Under 22	0	0.0%	0	0	0	0
Intermediate DD	0	0.0%	0	0	0	0
Skilled Care	5185	25.8%	0	0	0	5185
TOTALS	5185	25.8%	0	0	0	5185

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SNOW VALLEY NRSQ & REHAB CTR LISLE

SNOW VALLEY NRSQ & REHAB CTR
5000 LINCOLN AVENUE
LISLE, IL, 60532
Reference Numbers Facility ID 6008876
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				OTHER				TOTALS			
	Medicare	Medicaid	Public	Insurance	Private	Pay	Charity	Pay	Charity	Private	Pay	Charity	Pay	Charity		
Nursing Care	3	30	0	0	0	0	0	0	0	0	0	0	0	41		
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTALS	3	30	0	0	0	0	0	0	0	0	0	0	0	41		

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicare	Medicaid	Public	Insurance	Private	Pay	Charity	Pay	Charity	TOTALS
Asian	1	0	0	0	0	0	0	0	0	1
Amer. Indian	0	0	0	0	0	0	0	0	0	0
Black	2	0	0	0	0	0	0	0	0	2
Hispanic/Latino	0	0	0	0	0	0	0	0	0	0
White	36	0	0	0	0	0	0	0	0	36
Race Unknown	2	0	0	0	0	0	0	0	0	2
TOTALS	41	0	0	0	0	0	0	0	0	41

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Centrod Aides	12.00
Other Health Staff	2.00
Non-Health Staff	16.00
Teach	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care	Expense as % of Total Net Revenue
17.0%	47.3%	0.0%	1.5%	34.2%	0.0%	0.0%	0.0%
461,195	1,205,987	0	41,773	931,604	0	0	0.0%
TOTALS	1,667,182	0	41,773	931,604	0	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SNOW VALLEY NRSQ & REHAB CTR LISLE

SNOW VALLEY NRSQ & REHAB CTR
5000 LINCOLN AVENUE
LISLE, IL, 60532
Reference Numbers Facility ID 6008876
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	Count
Aggravated/Invl-Social	Nephrosis	0
Chronic Alcoholism	Endocrine/Metabolic	0
Developmentally Disabled	Blood Disorders	0
Drug Addiction	Nervous System Non Alcoholic	0
Medicaid Recipient	Alzheimer Disease	28
Medicare Recipient	Mental Illness	0
Non-Resident	Developmental Disability	0
Non-Ambulatory	Chronic System	5
Public Aid Recipient	Respiratory System	3
Under 65 Years Old	Dementia System	0
Unable to Self-Medicate	Gastrointestinal System Disorders	0
Verbalizer Dependent	Skin Disorders	0
Infectious Disease w/ Isolation	Metabolic/Alcohol Disorders	3
Other Restrictions	Injuries and Poisonings	0
No Restrictions	Other Medical Conditions	1
None Reported restrictions identified by J1	Non-Medical Conditions	0
TOTALS		41

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

LEVEL OF CARE	PEAK BEDS	PEAK BEDS USED	BEDS IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	51	51	41	51	51	Residents on 1/1/2008: 40 Total Admissions 2008: 48 Total Discharges 2008: 54
Skilled Under 22	0	0	0	0	0	Residents on 12/31/2008: 41
Intermediate DD	0	0	0	0	0	
Skilled Care	0	0	0	0	0	
TOTALS	51	51	41	51	51	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Unreimbursed Beds	Set Up Beds	Peak Beds
Nursing Care	1522	1018	58.3%	0	107	4670	1815	90.6%	90.6%
Skilled Under 22	0	0	0.0%	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0.0%	0	0	0	0	0.0%	0.0%
TOTALS	1522	1018	58.3%	0	107	4670	1815	90.6%	90.6%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Unreimbursed Beds	Set Up Beds	Peak Beds
Nursing Care	1522	1018	58.3%	0	107	4670	1815	90.6%	90.6%
Skilled Under 22	0	0	0.0%	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%	0.0%
Skilled Care	0	0	0.0%	0	0	0	0	0.0%	0.0%
TOTALS	1522	1018	58.3%	0	107	4670	1815	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 64	2	3	0	0	0	0	2	3	5
65 to 74	0	2	0	0	0	0	0	2	2
75 to 84	2	8	0	0	0	0	2	8	11
85+	3	19	0	0	0	0	3	19	22
TOTALS	7	34	0	0	0	0	7	34	41

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ALDEN ESTATES OF NAPERVILLE

ALDEN ESTATES OF NAPERVILLE
 1525 SOUTH OXFORD LANE
 NAPERVILLE, IL 60565
 Reference Numbers Facility ID 6007033
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Pay	Cherry Care	TOTALS
Nursing Care	12	100	3	1	11	127
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	12	100	3	1	11	127

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Skilled	TOTALS
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hispanic/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	TOTALS
15.9%	67.6%	2.9%	2.0%	11.2%	0.0%	100.0%
1,281,789	5,374,387	229,047	199,612	908,135	0	7,826,968

Name Change: 5/14/2008 Name changed from 'Alden-Hesperianville Rehab & Care'.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ALDEN ESTATES OF NAPERVILLE

ALDEN ESTATES OF NAPERVILLE
 1525 SOUTH OXFORD LANE
 NAPERVILLE, IL 60565
 Reference Numbers Facility ID 6007033
 Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Chronic Alcoholism	36
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non-Alzheimer	35
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	1
Cerebral Palsy	27
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Infectious Diseases w/ Infection	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	127

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Non-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Substantiated	0
Non-Medical	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Visitor Dependent	1
Infectious Disease w/ Infection	0
Other Restrictions	0
No Restrictions	0

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
146	138	157	127

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

LEVEL OF CARE	PEAK BEDS	PEAK BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	178	127	203
Skilled Under 22	0	0	0	0
ICF/DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	203	178	127	203

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	Percent
Nursing Care	2871	4175	50.1%	1173	218	4888	68.2%
Skilled Under 22	0	0	0.0%	0	0	0	0.0%
ICF/DD	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0.0%
TOTALS	2871	4175	50.1%	1173	218	4888	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	1
45 to 59	10	3	0	0	10	3	13
60 to 74	3	2	0	0	3	2	5
75 to 84	9	10	0	0	9	10	19
85+	13	27	0	0	13	27	40
TOTALS	43	64	0	0	43	64	107

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 HILLSIDE REHABILITATION & CARE CENTER YORKVILLE

HILLSIDE REHABILITATION & CARE CENTER
 1208 GAME FARM ROAD
 YORKVILLE, IL 62590
 Reference Numbers Facility ID 6004451
 Health Service Area 009 Planning Services Area 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	4	34	0	0	28	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	4	34	0	0	28	0	64

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPNs	3.00
Certified Aide	21.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity
31.8%	42.6%	0.0%	0.0%	0.0%
\$62,846	1,196,516	1,612,873	0	0

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 HILLSIDE REHABILITATION & CARE CENTER YORKVILLE

HILLSIDE REHABILITATION & CARE CENTER
 1208 GAME FARM ROAD
 YORKVILLE, IL 62590
 Reference Numbers Facility ID 6004451
 Health Service Area 009 Planning Services Area 093

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	1
Chronic Alcoholism	1
Endocarditis	1
Blood Disorders	1
*Nervous System Non-Absent	1
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Macular Degeneration	14
Infectious Diseases w/ Isolation	0
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	64

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

LICENSED BEDS	PEAK	BEDS IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
79	69	69	79	58	55
Skilled Under 22	0	0	0	0	115
Intermediate DD	0	0	0	0	109
Skilled Care	79	69	79	58	64

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Utilized Beds	Set-Up	Occup. Pct.	Occup. Pct.
Nursing Care	2477	11364	53.6%	0	22311	71.2%	88.3%	0.0%	0.0%
Skilled Under 22	0	0	0.0%	0	0	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0	0	0.0%	0	0	0.0%	0.0%	0.0%	0.0%
Skilled Care	2477	11364	53.6%	0	22311	71.2%	88.3%	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 64	1	1	0	0	1	1	2
65 to 74	1	8	0	0	1	6	7
75 to 84	5	13	0	0	5	13	18
85+	7	30	0	0	7	30	37
TOTALS	14	50	0	0	14	50	64

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 South Elgin Rehab & Medicare CI SOUTH ELGIN

South Elgin Rehab & Medicare CI
748 SPRING STREET
SOUTH ELGIN, IL 60177
Reference Numbers Facility ID 6008718
Health Services Area 008 Planning Services Area 008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	38	0	0	0	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	5	38	0	0	0	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	125
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	7	0	0	0	0	0	7
Hispanic	0	0	0	0	0	0	0
White	40	0	0	0	0	0	40
Race Unknown	2	0	0	0	0	0	2
Total	49	0	0	0	0	0	49

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPNs	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
31.4%	58.0%	0.1%	1.6%	8.7%	0.0%
1,225,721	2,090,939	5,403	68,183	317,950	0
TOTALS	100.0%	3,074,200	317,950	0.0%	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 South Elgin Rehab & Medicare CI SOUTH ELGIN

South Elgin Rehab & Medicare CI
748 SPRING STREET
SOUTH ELGIN, IL 60177
Reference Numbers Facility ID 6008718
Health Services Area 008 Planning Services Area 008

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's/Dementia	2
Chronic Alcoholism	4
Endocrine/Metabolic	0
Tyoid Disorders	0
Nervous System Non Alzheimer	19
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	49

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggravated Assault	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Alzheimer	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Abuse	1
Infectious Diseases w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<i>Note: Reported restrictions denied by '1'</i>	
TOTALS	1

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Nursing Care	60	128	130	60
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	60	128	130	60

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE/MEDICAID CERTIFIED
Licensed Beds	90	80	14
Beds Setup	83	40	14
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTALS	90	80	14

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	212	432%	0	41	1983	0
Skilled Under 22	0	0.0%	0	0	0	0
Intermediate DD	0	0.0%	0	0	0	0
Skilled Care	0	0.0%	0	0	0	0
TOTALS	212	432%	0	41	1983	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		60 UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 15	0	0	0	0	0	0	0	0	0	0	0
15 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 74	3	4	0	0	0	0	0	0	3	4	7
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	3	0	0	0	0	0	0	0	3	0	3
TOTALS	17	32	0	0	0	0	0	0	17	32	49

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER
 759 KANE STREET
 SOUTH ELGIN, IL 60177
 Reference Numbers Facility ID 6003203
 Health Service Area 008 Planning Service Area 049

RECEIVENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	130	0	40	0	183
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	13	130	0	40	0	183

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
African American	0	0	0	0	0
Black	7	0	0	0	7
Hispanic	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Expenses as % of Total Net Revenue
28.5%	0.0%	0.0%	37.4%	34.1%	0.0%
2,845,183	0	0	4,530,078	0	0
					TOTALS 100.0%
					12,103,835

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER
 759 KANE STREET
 SOUTH ELGIN, IL 60177
 Reference Numbers Facility ID 6003203
 Health Service Area 008 Planning Service Area 049

RECEIVENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorder	4
Nervous System Non Alzheimer	6
Abnormal Digestive	0
Mental Illness	18
Developmental Disability	0
Circulatory System	41
Respiratory System	24
Digestive System	10
Genitourinary System Disorders	21
Skin Disorders	5
Musculoskeletal Disorders	6
Injury and Poisonings	23
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	183

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	164	164
Skilled Under 22	121	121
Intermediate DD	122	122
Sheltered Care	183	183
TOTALS	590	590

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Medicaid	Medicaid Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	130	0	40	0	183
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	13	130	0	40	0	183

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Medicaid Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7.8%	63.0%	0.0%	13.2%	16.0%	89.3%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate DD	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sheltered Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	7.8%	63.0%	0.0%	13.2%	16.0%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	3
60 to 64	0	3	0	0	0	0	0	0	3
65 to 74	8	14	0	0	0	0	0	0	22
75 to 84	16	50	0	0	0	0	0	0	66
85+	20	71	0	0	0	0	0	0	91
TOTALS	42	141	0	0	0	0	0	0	183

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	3
60 to 64	0	3	0	0	0	0	0	0	3
65 to 74	8	14	0	0	0	0	0	0	22
75 to 84	16	50	0	0	0	0	0	0	66
85+	20	71	0	0	0	0	0	0	91
TOTALS	42	141	0	0	0	0	0	0	183

BLUNDS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 BEACON HILL

BEACON HILL
2400 SOUTH FINLEY ROAD
LOWBOARD, IL 60148
Reference Numbers: Facility ID 0000772
Health Services Area 007 Planning Services Area 703
Administrator: Chris Anderson

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9
Neoplasms	0	1	1	1	1	1	1	1	1	1
Chronic Alcoholism	0	1	1	1	1	1	1	1	1	1
Overseas/Institutional	0	1	1	1	1	1	1	1	1	1
Developmentally Disabled	0	1	1	1	1	1	1	1	1	1
Drug Addiction	0	1	1	1	1	1	1	1	1	1
Mood/Anxiety Disorder	0	1	1	1	1	1	1	1	1	1
Mood/Anxiety Disorder	0	1	1	1	1	1	1	1	1	1
Alzheimer Disease	0	1	1	1	1	1	1	1	1	1
Mental Illness	0	1	1	1	1	1	1	1	1	1
Non-Residential	0	1	1	1	1	1	1	1	1	1
Developmental Disability	0	1	1	1	1	1	1	1	1	1
Circulatory System	0	1	1	1	1	1	1	1	1	1
Respiratory System	0	1	1	1	1	1	1	1	1	1
Digestive System	0	1	1	1	1	1	1	1	1	1
Genitourinary System Disorders	0	1	1	1	1	1	1	1	1	1
Birth Defects	0	1	1	1	1	1	1	1	1	1
Musculoskeletal Disorders	0	1	1	1	1	1	1	1	1	1
Injuries and Poisonings	0	1	1	1	1	1	1	1	1	1
Other Medical Conditions	0	1	1	1	1	1	1	1	1	1
Non-Medical Conditions	0	1	1	1	1	1	1	1	1	1
TOTALS	0	1	1	1	1	1	1	1	1	1

ADMISSION RESTRICTIONS

RESTRICTION	0	1	2	3	4	5	6	7	8	9
Aggravated Assault	0	1	1	1	1	1	1	1	1	1
Chronic Alcoholism	0	1	1	1	1	1	1	1	1	1
Developmentally Disabled	0	1	1	1	1	1	1	1	1	1
Drug Addiction	0	1	1	1	1	1	1	1	1	1
Mood/Anxiety Disorder	0	1	1	1	1	1	1	1	1	1
Mood/Anxiety Disorder	0	1	1	1	1	1	1	1	1	1
Alzheimer Disease	0	1	1	1	1	1	1	1	1	1
Mental Illness	0	1	1	1	1	1	1	1	1	1
Non-Residential	0	1	1	1	1	1	1	1	1	1
Developmental Disability	0	1	1	1	1	1	1	1	1	1
Circulatory System	0	1	1	1	1	1	1	1	1	1
Respiratory System	0	1	1	1	1	1	1	1	1	1
Digestive System	0	1	1	1	1	1	1	1	1	1
Genitourinary System Disorders	0	1	1	1	1	1	1	1	1	1
Birth Defects	0	1	1	1	1	1	1	1	1	1
Musculoskeletal Disorders	0	1	1	1	1	1	1	1	1	1
Injuries and Poisonings	0	1	1	1	1	1	1	1	1	1
Other Medical Conditions	0	1	1	1	1	1	1	1	1	1
Non-Medical Conditions	0	1	1	1	1	1	1	1	1	1
TOTALS	0	1	1	1	1	1	1	1	1	1

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Medicaid	Medicare	Private	Other	Cherty	TOTALS
Asian	1	0	0	0	0	0	1
Amr. Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hispanic/Lat. Am.	0	0	0	0	0	0	0
White	88	0	0	0	0	0	88
Race Unknown	0	0	0	0	0	0	0
Total	89	0	0	0	0	0	89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Payor Source	Medicaid	Medicare	Private	Other	Cherty	TOTALS
Medicaid	2,055,271	0	0	0	0	2,055,271
Medicare	41.8%	0.0%	0.0%	0.0%	0.0%	41.8%
Private	0.0%	0.0%	50.4%	0.0%	0.0%	50.4%
Other	0.0%	0.0%	0.0%	2,851,517	0	2,851,517
Cherty	0.0%	0.0%	0.0%	0	0	0.0%
TOTALS	4,896,729	0	0	0	0	4,896,729

BLUNDS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 BEACON HILL

BEACON HILL
2400 SOUTH FINLEY ROAD
LOWBOARD, IL 60148
Reference Numbers: Facility ID 0000772
Health Services Area 007 Planning Services Area 703
Administrator: Chris Anderson

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	NURSING CARE		SKILLED UNDER 22		INTERVIEW, DO		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	21	58	0	0	0	0	0	0	21	58	79
TOTALS	26	73	0	0	0	0	0	0	26	73	99

RESIDENTS BY PAYOR SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Private	Other	Cherty	TOTALS
Nursing Care	4,896,729	0	0	0	0	4,896,729
Skilled Under 22	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	4,896,729	0	0	0	0	4,896,729

ADMISSIONS AND DISCHARGES - 2008

Category	1/1/2008	12/31/2008
Admissions	263	263
Discharges	268	268
Net Change	-5	-5

ADMISSIONS AND DISCHARGES - 2008

Category	1/1/2008	12/31/2008
Admissions	263	263
Discharges	268	268
Net Change	-5	-5

Providence Healthcare and Rehab Center
3450 SARATOGA AVENUE
DOWNERS GROVE, IL 60515
Reference Numbers Facility ID 6007978
Health Services Area 007 Planning Services Area 703

Table with columns: LICENSED BEDS, PEAK BEDS, ADULTS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS, ADMISSIONS AND DISCHARGES - 2008. Includes sub-tables for Licensed Beds, Peak Beds, Medicare/Medicaid Certified Beds, and Admissions and Discharges.

Providence Healthcare and Rehab Center
3450 SARATOGA AVENUE
DOWNERS GROVE, IL 60515
Reference Numbers Facility ID 6007978
Health Services Area 007 Planning Services Area 703

Table: RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE. Columns include Level of Care, Medicare, Medicaid, Private Insurance, Pharmacy, Charity, Totals, Average Daily Payment Rates (Single, Double).

Table: RESIDENTS BY RACIAL/ETHNICITY GROUPING. Columns include Race, Nursing, Skilled, IC/DD, Shelter, Totals. Includes sub-table for Racial/Ethnicity Grouping.

Table: NET REVENUE BY PAYOR SOURCE (Fiscal Year Data). Columns include Medicare, Medicaid, Other Public, Private Insurance, Private Pay, Charity, Totals, Expense as % of Total Net Revenue.

Providence Healthcare and Rehab Center
3450 SARATOGA AVENUE
DOWNERS GROVE, IL 60515
Reference Numbers Facility ID 6007978
Health Services Area 007 Planning Services Area 703

Table: RESIDENTS BY PRIMARY DIAGNOSIS. Columns include Admission Restrictions, Primary Diagnosis, Total. Includes sub-table for Residents by Primary Diagnosis.

Table: FACILITY UTILIZATION - 2008. Columns include Level of Care, Medicare, Medicaid, Other Public, Private Insurance, Charity, Total. Includes sub-table for Facility Utilization.

Table: RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008. Columns include Age Groups, Nursing Care, Sheltered, Total. Includes sub-table for Residents by Age Group.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 OAK BROOK HEALTH CARE CENTRE OAK BROOK

OAK BROOK HEALTH CARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL 60053
Reference Numbers Facility ID 6006720
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	46	0	2	62	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	23	46	0	2	62	0	133

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic	0	0	0	0	0
White	177	0	0	0	177
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
37.0%	23.0%	0.0%	1.1%	37.7%	0.0%
4,564,338	2,659,548	0	130,383	4,572,270	0
TOTALS	100.0%	12,125,559	0.0%	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 OAK BROOK HEALTH CARE CENTRE OAK BROOK

OAK BROOK HEALTH CARE CENTRE
2013 MIDWEST ROAD
OAK BROOK, IL 60053
Reference Numbers Facility ID 6006720
Health Services Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	10
Endocrine/Metabolic	7
Blood Disorders	3
Nervous System Non Alzheimer	23
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	50
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	6
Injury and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	ADMISSIONS	DISCHARGES
Nursing Care	154	148	133	141
Skilled Under 22	0	0	0	184
Intermediate DD	0	0	0	182
Sheltered Care	0	0	0	133
TOTALS	154	148	133	440

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	9192	19,874	20117	63,274	21601	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	9192	19,874	20117	63,274	21601	0

BY LEVEL OF CARE PROVIDED AND PAYOR PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	9192	19,874	20117	63,274	21601	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	9192	19,874	20117	63,274	21601	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	7	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85+	14	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	22	111	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0
65 to 74	1	14	0	0	0	0	0	0
75 to 84	7	31	0	0	0	0	0	0
85+	14	65	0	0	0	0	0	0
TOTALS	22	111	0	0	0	0	0	0

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

Appended also under **ATTACHMENT-12C** is the demographic profile for the 30-minute travel time contour from Scan/US, Inc. This profile utilizes the most recent population 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**.

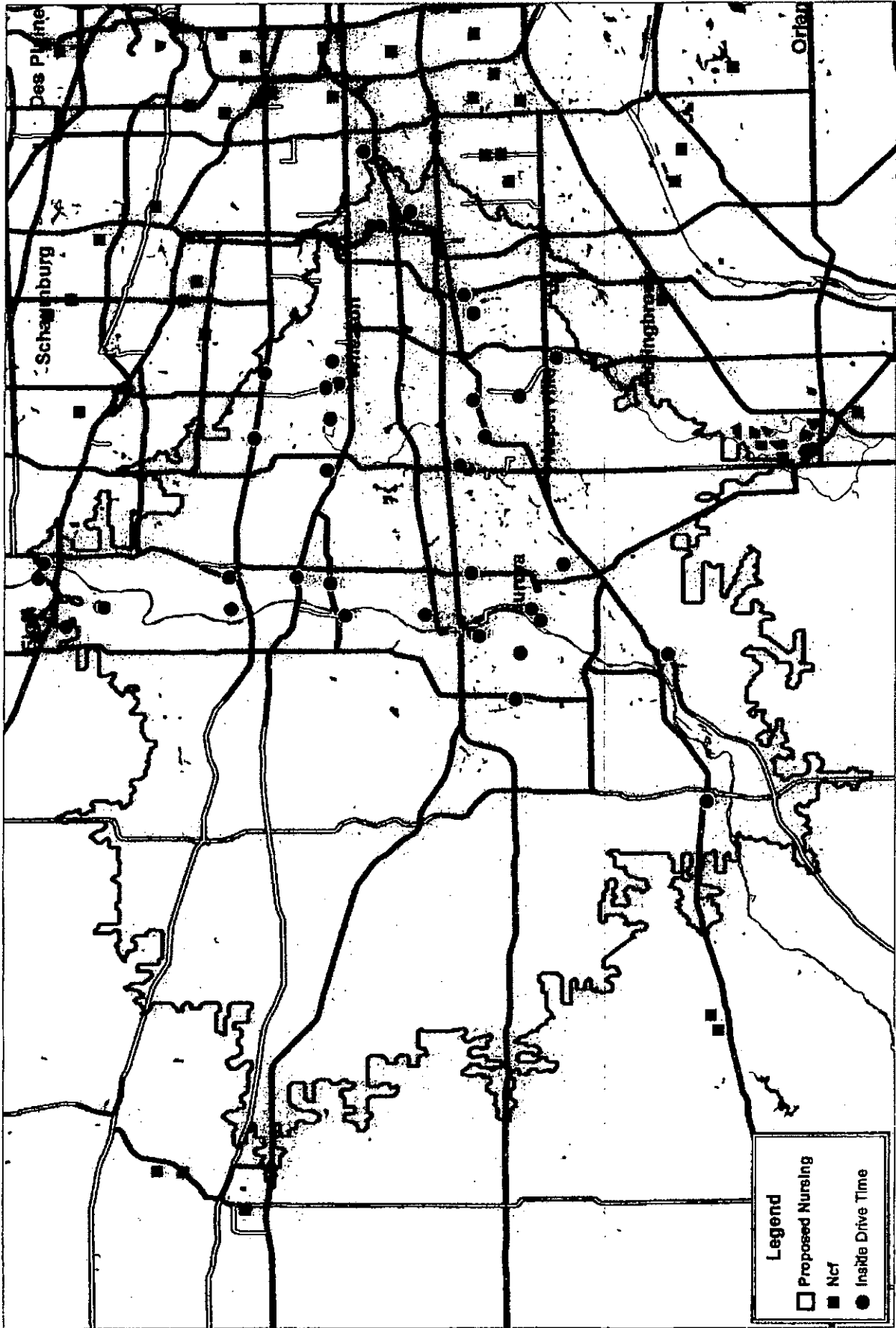
- C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

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**.

ATTACHMENT-44

ASBURY PAVILION

Laurel Research Associates



Proposed Site With 30 Minute Drive Market Area and Existing Facilities

© 1992-2008, ScanUS, Inc. All rights reserved.

02/27/09

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 Ill. 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 Ill. 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:

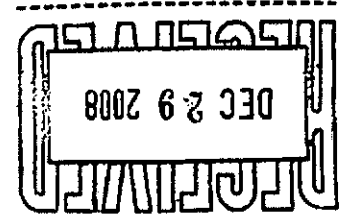
1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question 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."

ATTACHMENT-50

PROPOSED STAFFING PATTERN	
<u>Position Title</u>	<u>FTE</u>
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
<u>Receptionist/Office</u>	<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**

	EMPLOYMENT			AVG. ANNUAL OPENINGS		
	2004	2014	Change	Total	Growth	Replacement
Registered Nurse	3,393	4,112	719-21%	143	72	71
Licensed Practical Nurse	768	835	67- 9%	24	7	17
Nursing Aides, Orderlies, & Attendants	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

ATTACHMENT-50B

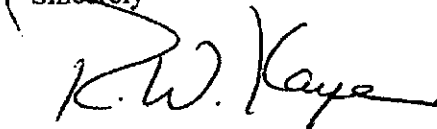
For Kane County, the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match employment system for these occupations in the January 1, 2008 to November 30, 2008 time period is shown below. This is as always an indication, neither comprehensive nor 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

A handwritten signature in cursive script that reads "R. W. Kaye". The signature is written in black ink and is positioned below the word "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 Ill. Adm. Code: Chapter I, Subchapter c – Long-Term Care Facilities) over a two-year period of time.

This item is not applicable as the Applicant is proposing only 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.



Senior Services Associates, Inc.

www.seniorservicesassoc.org

Kane County Senior Services
Greater Elgin Senior Center
101 S. Grove Avenue
Elgin, IL 60120
1-800-942-1724 • (847) 741-0404
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

Kendall County Senior Services
908 Game Farm Road
Yorkville, IL 60560
(630) 553-5777
Fax: (630) 553-6979

McHenry County Senior Services
110 W. Woodstock Street
Crystal Lake, IL 60014
(815) 356-7457
Fax: (815) 356-7854

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

ATTACHMENT-52A

Board Members

Frank Miller
Mark Weber
Kitty Nash
Ross Ricks
Mary Rymarzyk

Les Whalen
Kay Hatcher
Mike Penny
Tom Aquilina

Identa Austin
Ruth Johnsen
Donna Griminett
Patricia Feeley

207

Calvin Giddens
Barry Glasgow
Lillian Perry
Marlene Shales

Honorary Board Members

Congressman &
Mrs. J. Dennis Hasten
Floyd Brown
Tom Skilling



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,

A handwritten signature in black ink, appearing to read 'Linda Chapa LaVia', written in a cursive style.

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
Social Services Coordinator/ Downer Place
630-966-9821

Practical Practitioners, LLC

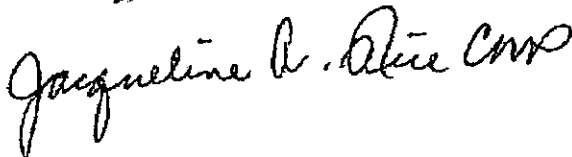
10310 S. 82nd Court, Palos Hills, IL 60465

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 been 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.

Sincerely,



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,

A handwritten signature in cursive script that reads "Diane M. Drews".

Diane M. Drews
Administrator



ESTATE PLANNING
DISABILITY
VA & MEDICAID
ASSISTANCE
LAWYERS

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
Law ElderLaw
Vice President of Marketing and Client Services

Law ElderLaw
2275 Church Road
Aurora, IL 60502
630.585.5200 Phone
630.566.0811 Fax
www.lawelderlaw.com

Areas of concentration:
Estate Planning
VA & Medicaid Assistance
Disability/Special Needs
Asset Protection Planning
Guardianships & Probate

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;

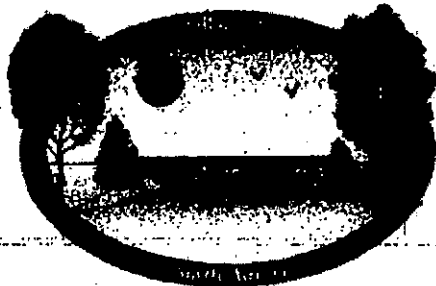
Appended as **ATTACHMENT-53A** is a copy of the Village of North Aurora, Kane County, Illinois Ordinance Number 08-11-24-03 approving the special use for the subject property.

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 24th day of November 2008

Published in Pamphlet Form
by authority of the Board of Trustees of the
Village of North Aurora, Kane County, Illinois,
this 24th 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 convalescent 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:

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 "NONE" FOR THE FOLLOWING COURSE): 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 31 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 75 DEGREES, 48 MINUTES, 0 SECONDS EAST, 77.34 FEET; THENCE SOUTH 52 DEGREES, 24 MINUTES, 0 SECONDS EAST, 116.44 FEET; THENCE SOUTH 52 DEGREES, 39 MINUTES, 0 SECONDS EAST, 148.36 FEET; THENCE SOUTH 07 DEGREES, 20 MINUTES, 0 SECONDS EAST 285.31 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 88 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, 58 MINUTES, 20 SECONDS WEST, ALONG SAID LINE, 744.25 FEET TO A POINT WHICH IS 479.89 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, IN KANE COUNTY, ILLINOIS.

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 hereby 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 Superintendent 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.

4. 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 24th day of November, 2008, A.D.

Passed by the Board of Trustees of the Village of North Aurora, Kane County, Illinois,
this 24th day of November, 2008, A.D.

Dale Berman	<u>yes</u>	Max Herwig	<u>yes</u>
Mark Gaffino	<u>yes</u>	Linda Mitchell	<u>Absent</u>
Michael Herlihy III	<u>yes</u>	Robert Strusz	<u>yes</u>

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

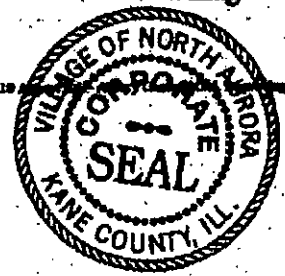


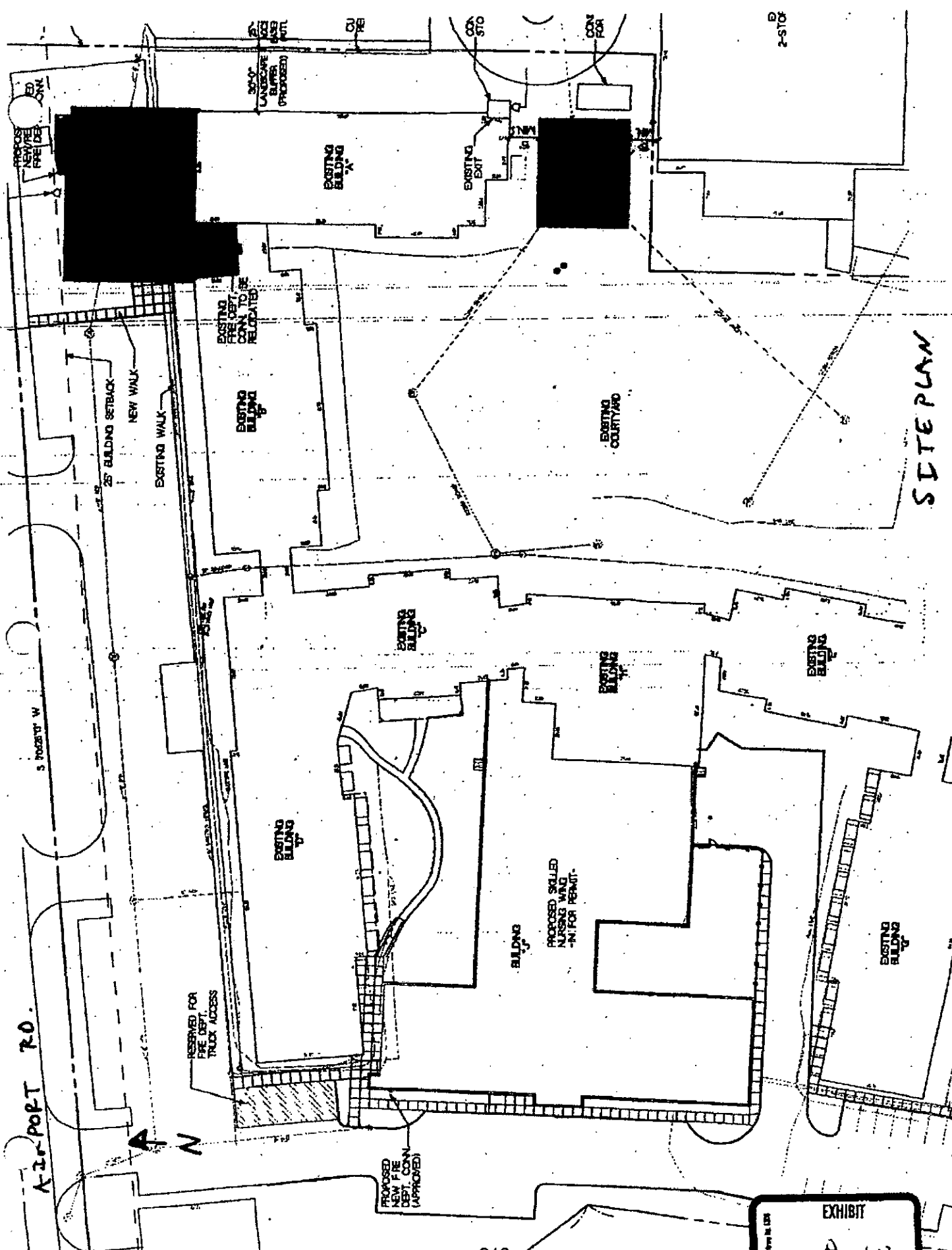
Village President

ATTEST: 

Village Clerk

Secretary/Clerk - Municipal Village of North Aurora\CONTRACTING - Special Use - 216 Airport Rd.doc





SITE PLAN

AIRPORT RD.

S. PROSPECT W.

RESERVED FOR
FIRE DEPT.
TRUCK ACCESS

PROPOSED
NEW FIRE
DEPT. COACH
(APPROVED)

PROPOSED SKILLED
NURSING WING
-IN FOR PERMIT-

EXISTING
FIRE DEPT.
COACH TO BE
RELOCATED

EXISTING
BUILDING
LAND

EXISTING
BUILDING
V

EXISTING
BUILDING
U

BUILDING
J

EXISTING
BUILDING
M

EXISTING
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N

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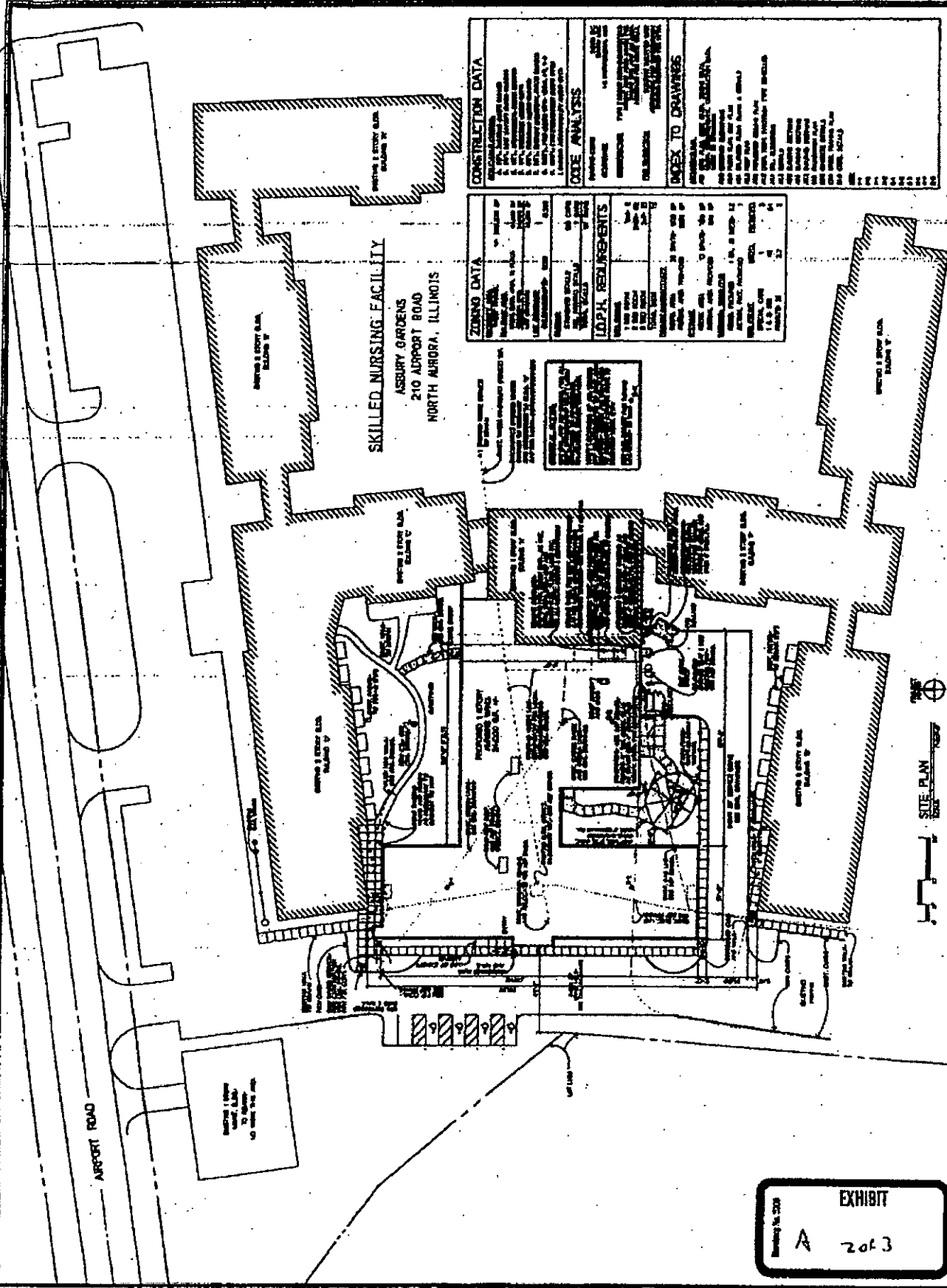
EXISTING
BUILDING
A

EXISTING
EXIT

EXISTING
COURTYARD

2-STOR

EXHIBIT
A 1 of 3



ZONING DATA	
APPLICABLE ZONING DISTRICT	COMMERCIAL
PERMITTED USES	SEE ZONING ORDINANCE
PERMITTED HEIGHT	35 FEET
PERMITTED SETBACKS	SEE ZONING ORDINANCE
PERMITTED SIGNAGE	SEE ZONING ORDINANCE
PERMITTED PARKING	SEE ZONING ORDINANCE
PERMITTED USES	SEE ZONING ORDINANCE
PERMITTED HEIGHT	35 FEET
PERMITTED SETBACKS	SEE ZONING ORDINANCE
PERMITTED SIGNAGE	SEE ZONING ORDINANCE
PERMITTED PARKING	SEE ZONING ORDINANCE

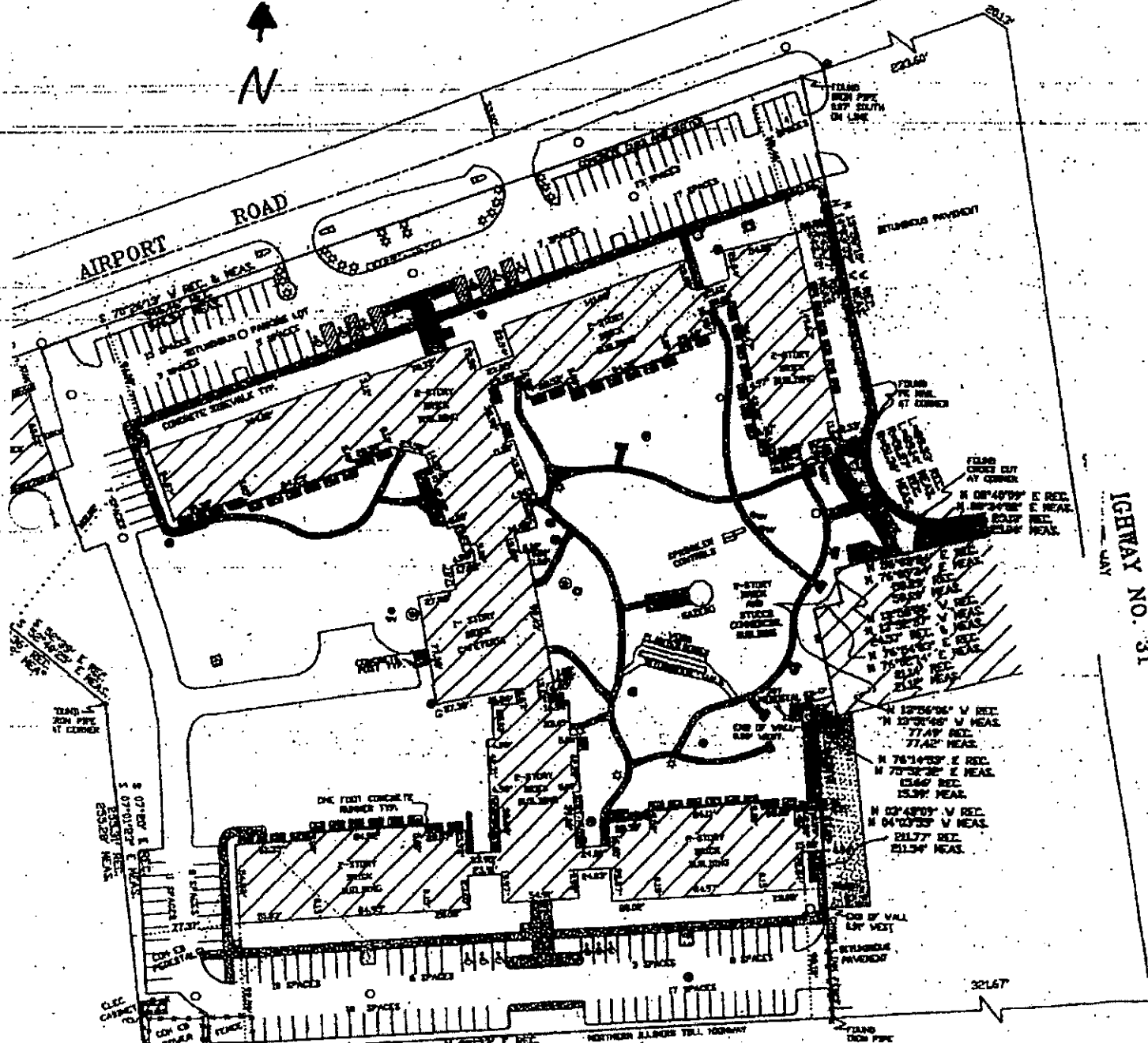
CONSTRUCTION DATA	
CONSTRUCTION PERMITS	SEE LOCAL AGENCIES
CONSTRUCTION SCHEDULE	SEE LOCAL AGENCIES
CONSTRUCTION COSTS	SEE LOCAL AGENCIES
CONSTRUCTION RISKS	SEE LOCAL AGENCIES
CONSTRUCTION SAFETY	SEE LOCAL AGENCIES
CONSTRUCTION QUALITY	SEE LOCAL AGENCIES
CONSTRUCTION COMPLIANCE	SEE LOCAL AGENCIES
CONSTRUCTION INSURANCE	SEE LOCAL AGENCIES
CONSTRUCTION CONTRACTS	SEE LOCAL AGENCIES
CONSTRUCTION SCHEDULE	SEE LOCAL AGENCIES
CONSTRUCTION COSTS	SEE LOCAL AGENCIES
CONSTRUCTION RISKS	SEE LOCAL AGENCIES
CONSTRUCTION SAFETY	SEE LOCAL AGENCIES
CONSTRUCTION QUALITY	SEE LOCAL AGENCIES
CONSTRUCTION COMPLIANCE	SEE LOCAL AGENCIES
CONSTRUCTION INSURANCE	SEE LOCAL AGENCIES
CONSTRUCTION CONTRACTS	SEE LOCAL AGENCIES

CODE ANALYSIS	
APPLICABLE CODES	SEE LOCAL AGENCIES
CODE COMPLIANCE	SEE LOCAL AGENCIES
CODE VIOLATIONS	SEE LOCAL AGENCIES
CODE AMENDMENTS	SEE LOCAL AGENCIES
CODE ENFORCEMENT	SEE LOCAL AGENCIES
CODE INTERPRETATION	SEE LOCAL AGENCIES
CODE COMPLIANCE	SEE LOCAL AGENCIES
CODE VIOLATIONS	SEE LOCAL AGENCIES
CODE AMENDMENTS	SEE LOCAL AGENCIES
CODE ENFORCEMENT	SEE LOCAL AGENCIES
CODE INTERPRETATION	SEE LOCAL AGENCIES

INDEX TO DRAWINGS	
DRAWING NO.	DESCRIPTION
1	GENERAL NOTES
2	FOUNDATION PLAN
3	FLOOR PLAN
4	ROOF PLAN
5	MECHANICAL PLAN
6	ELECTRICAL PLAN
7	PLUMBING PLAN
8	PAVING PLAN
9	LANDSCAPE PLAN
10	CONSTRUCTION DETAILS
11	CONSTRUCTION SCHEDULE
12	CONSTRUCTION COSTS
13	CONSTRUCTION RISKS
14	CONSTRUCTION SAFETY
15	CONSTRUCTION QUALITY
16	CONSTRUCTION COMPLIANCE
17	CONSTRUCTION INSURANCE
18	CONSTRUCTION CONTRACTS

EXHIBIT
 A 2 of 3

PLAT OF SURVEY TITLE SURVEY



HIGHWAY NO. 31

EAST-WEST TOLLWAY

STATE OF KANSAS
COUNTY OF OSAGE

I HEREBY CERTIFY TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (DHS), BR. ENTERPRISES, INC., LANDMARKS COMMERCIAL SERVICES, AND TO THE SUCCESSORS AND ASSIGNS, THAT

I MADE AN ON THE GROUND SURVEY AND BOOKED THEREON IN THE LAND RECORDS OF THE COUNTY OF OSAGE, KANSAS, THAT THE MAP WAS MADE IN ACCORDANCE WITH THE BEST SURVEY PRACTICES AND METHODS, FROM MEASUREMENT, AND THE REQUIREMENTS FOR AN ALTA SURVEY AS SET FORTH IN THE STANDARD STANDARD DETAIL REQUIREMENTS FOR ALTA SURVEY LAND TITLE SERVICES DATED 1988.

TO THE BEST OF MY KNOWLEDGE, BELIEF AND INFORMATION, EXCEPT AS SHOWN HEREON, THERE ARE NO ENCUMBRANCES OTHER THAN THE PROPERTY LINES, TITLE LINES AND LINES OF ACTUAL POSSESSION AND THE NAMES AND THE PREMISES AND PARTS OF ANY OTHER YEAR SETBACK PERMITS, FLOOD HAZARD, AND EACH FLOOD FREE CONDITION IS SHOWN ON THE FEDERAL FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 170004040, WITH AN EFFECTIVE DATE OF 08/18/88.

EXHIBIT
A 2-13-22

1110.1730(k) - Assurances

k) Assurances

- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

- 2) For beds that have been approved based upon representations for continuum of care (subsection (c)) or defined population (subsection (d)), the facility shall provide assurance that it will maintain admissions limitations as specified in those subsections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFPB will be required.

A signed and dated statement attesting to the above assurance is appended as

ATTACHMENT-54A.

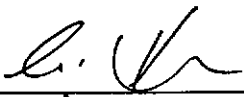
ATTACHMENT-54

*Asbury Pavilion Nursing
& 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.

**Asbury Pavilion Nursing &
Rehabilitation Center, LLC**

By: 
Name: ARI HAAS
Its: Agent

EJR Enterprises, Inc.

By: 
Name: SAMUEL SELESKI
Its: 12-28-09

07/16/08

EJR Enterprises, Inc.
Profit & Loss
January through December 2006

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

ATTACHMENT-75

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	<u>83,119.53</u>

Total Current Assets 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	<u>5,283,294.32</u>

Other Assets

A/A(Loan Costs)	(53,032.00)
New Loan Oct08-Loan Costs	220,695.26
Construction in Progress	38,694.00
Total Other Assets	<u>206,357.26</u>

TOTAL ASSETS 5,572,771.11

LIABILITIES & EQUITY**Liabilities**

2230 · Real Estate Taxes Payable	53,000.00
Total 2200 · Taxes Payable	<u>53,000.00</u>
Total Other Current Liabilities	<u>53,000.00</u>

Total Current Liabilities 53,000.00

Long Term Liabilities

2370 · KeyBank Real Estate Capital	7,919,512.01
Total Long Term Liabilities	<u>7,919,512.01</u>

Total Liabilities 7,972,512.01

07/15/08

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

Equity	<u>(2,399,740.90)</u>
TOTAL LIABILITIES & EQUITY	<u><u>5,572,771.11</u></u>

07/15/08

EJR Enterprises, Inc.
Profit & Loss
January through December 2007

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

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

ASSETS**Current Assets**

Key Escrow-R.E. Taxes	20,382.75
Key Escrow-Insurance	81,942.36
Key Escrow-Financial Statements	5,562.45
Total Other Current Assets	<u>87,887.56</u>

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	81,886.94
1460 - Accumulated Depreciation	(7,960,755.24)
1470 - Goodwill	232,732.01
1480 - Accumulated Amortization	(109,898.06)
Total Fixed Assets	<u>5,696,244.97</u>

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	<u>206,357.26</u>

TOTAL ASSETS 5,990,489.79

LIABILITIES & EQUITY**Liabilities****Current Liabilities**

2230 - Real Estate Taxes Payable	53,000.00
Total 2200 - Taxes Payable	<u>53,000.00</u>
Total Other Current Liabilities	<u>53,000.00</u>

Total Current Liabilities 53,000.00

Long Term Liabilities

2370 - KeyBank Real Estate Capital	7,756,621.03
Total Long Term Liabilities	<u>7,756,621.03</u>

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

	<u>Jan - Dec 08</u>
Income	
Rental Income	761,823.17
Total Income	<u>761,823.17</u>
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	<u>1,226,871.44</u>
Net Income	<u><u>-465,048.27</u></u>

EJR Enterprises, Inc.
Balance Sheet
As of December 31, 2008

	<u>Dec 31, 08</u>
ASSETS	
Current Assets	
Checking/Savings	
MB Financial - 1560013641	124,418.63
Total Checking/Savings	<u>124,418.63</u>
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	<u>5,163,009.14</u>
Other Assets	
Goodwill	232,732.01
A/A (Loan Costs)	-53,032.00
Construction in Progress	38,694.00
Now Loan Oct98	220,695.26
Total Other Assets	<u>439,089.27</u>
TOTAL ASSETS	<u><u>5,726,517.04</u></u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
MB Financial Bridge Loan	7,700,000.00
Total Long Term Liabilities	<u>7,700,000.00</u>
Total Liabilities	<u>7,700,000.00</u>
Equity	
	-1,973,482.96
TOTAL LIABILITIES & EQUITY	<u><u>5,726,517.04</u></u>

FORECASTED BALANCE SHEET
OPERATING ENTITY
ASBURY GARDEN NURSING UNIT

2013

<u>ASSETS</u>	
CURRENT ASSETS:	
CASH	\$763,195
ACCOUNTS RECEIVABLE	\$370,475
PREPAID EXPENSES	\$0
INVENTORY	\$25,000
TOTAL CURRENT ASSETS	\$1,158,670
NON-CURRENT ASSETS	
DEFERRED FINANCING COSTS	\$0
ACCUM. AMORT FINANCING COSTS	\$0
TOTAL NON-CURRENT ASSETS	\$0
PROPERTY AND EQUIPMENT	
LAND & IMPROVEMENTS	\$0
BUILDINGS & IMPROVEMENTS	\$0
FURNITURE & EQUIPMENT	\$0
LESS ACCUMULATED DEPRECIATION	\$0
NET PROPERTY & EQUIPMENT	\$0
RESERVES AND OTHER ASSETS	\$0
TOTAL ASSETS	<u>\$1,158,670</u>
<u>LIABILITIES AND EQUITY</u>	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE	\$275,400
ACCRUED EXPENSES	\$0
CURRENT PORTION OF LONG TERM	\$0
LOANS FROM OFFICERS	\$0
DUE TO AFFILIATES	\$0
TOTAL CURRENT LIABILITIES	\$275,400
LONG-TERM DEBT	\$0
TOTAL LIABILITIES	\$275,400
EQUITY:	
CAPITAL	\$161,742
OPERATING PROFIT OR LOSS	\$721,528
RETAINED EARNINGS	\$883,270
TOTAL EQUITY	\$883,270
TOTAL LIABILITIES AND EQUITY	<u>\$1,158,670</u>

FORECASTED INCOME STATEMENT

OPERATING ENTITY

ASBURY GARDEN NURSING UNIT

Forecast

2013INCOME

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	<u>\$4,630,934</u>

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 MAINTENANCE	\$396,077
LAUNDRY COSTS	\$50,071
EMPLOYEE WELFARE COSTS	\$361,499
GENERAL AND ADMINISTRATIVE COSTS	\$437,380
MARKETING	\$81,413
START UP AND MOVING COSTS	\$0
MANAGEMENT FEE	<u>\$277,856</u>
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

ANCILLARY EXPENSE

SPECIAL COST CENTERS	\$3,877
PROVIDER PARTICIPATION FEE	<u>\$41,063</u>
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

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
	\$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

EJR ENTERPRISES, INC.
 FORECASTED BALANCE SHEET
 LTC FACILITY OWNER

2013

ASSETS

CURRENT ASSETS:

CASH	\$23,534
ACCOUNTS RECEIVABLE	\$0

TOTAL CURRENT ASSETS	\$23,534
----------------------	----------

NON-CURRENT ASSETS:

LAND	\$1,114,671
BUILDINGS & IMPROVEMENTS	\$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	<u>\$9,707,080</u>
--------------	--------------------

LIABILITIES AND EQUITY

CURRENT LIABILITIES:

MEMBER'S LOANS	\$0
OTHER CURRENT LIABILITIES	\$0
TOTAL CURRENT LIABILITIES	\$0

NON-CURRENT LIABILITIES:

MORTGAGE PAYABLE	\$11,108,792
OPTION DEPOSIT	
TOTAL NON-CURRENT LIABILITIES:	\$11,108,792

TOTAL LIABILITIES	\$11,108,792
-------------------	--------------

EQUITY:

CAPITAL	\$0
MEMBER'S EQUITY	(\$1,290,118)
RETAINED EARNINGS	\$0
OPERATING PROFIT OR LOSS	(\$111,593)
TOTAL EQUITY	(\$1,401,712)

TOTAL LIABILITIES AND EQUITY	<u>\$9,707,080</u>
------------------------------	--------------------

EJR ENTERPRISES, INC.
FORCASTED INCOME STATEMENT
LTC FACILITY OWNER

	YEAR 2013
<u>INCOME</u>	
RENT	\$1,640,683
REIMBURSED EXPENSES	\$0
INTEREST INCOME	\$0
TOTAL REVENUE	<u>\$1,640,683</u>
<u>OPERATING COSTS AND EXPENSES</u>	
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	<u>\$1,752,276</u>
<u>NET INCOME OR (LOSS)</u>	<u><u>(\$111,593)</u></u>

ASBURY GARDEN NURSING UNIT
 FORECASTED BALANCE SHEET
 COMBINED OWNER AND OPERATOR

2013

ASSETS

CURRENT ASSETS:

CASH	\$786,729
ACCOUNTS RECEIVABLE	\$370,475
PREPAID EXPENSES	\$0
INVENTORY	\$25,000
TOTAL CURRENT ASSETS	\$1,182,204

NON-CURRENT ASSETS

LAND	\$1,114,671
BUILDINGS & IMPROVEMENTS	\$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 \$10,865,750

LIABILITIES AND EQUITY

CURRENT LIABILITIES:

ACCOUNTS PAYABLE	\$275,400
ACCRUED EXPENSES	\$0
MEMBER'S LOANS	\$0
OTHER CURRENT LIABILITIES	\$0

TOTAL CURRENT LIABILITIES \$275,400

NON-CURRENT LIABILITIES:

MORTGAGE PAYABLE	\$11,108,792
OPTION DEPOSIT	\$0
TOTAL NON-CURRENT LIABILITIES:	<u>\$11,108,792</u>

TOTAL LIABILITIES \$11,384,192

EQUITY:

CAPITAL	\$161,742
MEMBER'S EQUITY	(\$1,290,119)
RETAINED EARNINGS	\$0
OPERATING PROFIT OR LOSS	\$609,935
TOTAL EQUITY	(\$518,442)

TOTAL LIABILITIES AND EQUITY \$10,865,750

ASBURY GARDEN NURSING UNIT
 FORCASTED INCOME STATEMENT
 COMBINED OWNER AND OPERATOR

	YEAR 2013
<u>INCOME</u>	\$5,851,617
<u>OPERATING COSTS AND EXPENSES</u>	
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
EMPLOYEE WELFARE COSTS	\$361,499
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
<u>NET OPERATING INCOME</u>	\$2,546,773
<u>CAPITAL EXPENSES</u>	
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
<u>ANCILLARY EXPENSE</u>	
SPECIAL COST CENTERS	\$3,877
PROVIDER PARTICIPATION FEE	\$41,063
TOTAL ANCILLARY EXPENSE	\$44,939
<u>NET INCOME OR (LOSS)</u>	<u>\$760,596</u>

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 McCormick Blvd, Suite 228
Skokie, IL 60076

RE: Asbury Pavilion Nursing and Rehabilitation Center, LLC

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 cash 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.

Please call the undersigned with any questions.

Sincerely,

Mitchell A. Morgenstern
Senior Vice President
847-745-3426



BANK LEUMI USA

March 25, 2009

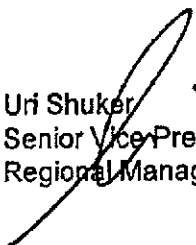
Mr. Moshe Kahn
29 E. Madison St., Ste. 1510
Chicago, IL 60602

RE: Asbury Pavilion 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

100 North LaSalle Street
Chicago, IL 60602
312.781.1800
312.781.9469 fax
www.leumiusa.com
MEMBER FDIC

LEASE AGREEMENT

This Lease Agreement (this "Lease") is made and entered as of the _____ 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 ("Mortgagee").

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, Lessee 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 EJ 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, foreseen 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

7.1 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

10.1 Throughout the term of this Lease, Lessee, at its sole cost and expense, will keep 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.

10.2 In the event that any part of the improvements, located on the Property, shall be 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, who shall be in charge of such repairing, restoring, or replacing. 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

12.1 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.

15.2 If less than all of the Property are taken by the exercise of the power of eminent 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 Lessee 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.

20.3 Except for the occurrence of an Event of Default by Lessee in the payment of 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 hereunder 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, Lessee 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.

28.2 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 thereon, 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

29.1 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, Lessee 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 assignee, 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:

EJR ENTERPRISES, INC., an Illinois corporation

By: _____
Name: Jack Reiss
Its: President

LESSEE:

ASBURY PAVILION NURSING & REHABILITATION CENTER, LLC, an Illinois limited liability company

By: _____
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 6.50% 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	
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
2013	11	\$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
2014	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
2015	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
	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	\$4,057,886.74
	38	\$28,979.89	\$6,999.67	\$21,980.22	\$4,050,887.07
	39	\$28,979.89	\$7,037.59	\$21,942.30	\$4,043,849.48
	40	\$28,979.89	\$7,075.71	\$21,904.18	\$4,036,773.77
	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 AMOUNT \$28,979.89
 FIRST PAYMENT MARCH 2012

LOAN AMORTIZATION		\$4,292,000	NEW MORTGAGE	
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

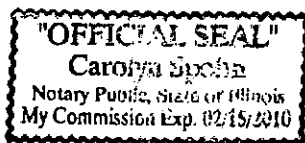
Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

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;
- N/A → 2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

Moshe Kal MOSHE KALIN Board Member or Officer
[Signature] ARI HAAS Board Member or Officer

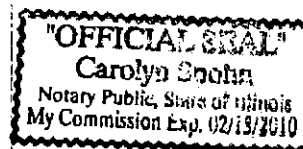
Notarization:
Subscribed and sworn to me
this 28th day of December 2009
[Signature]
Signature of Notary

Seal



Notarization:
Subscribed and sworn before me
this 28th day of December 2009
[Signature]
Signature of Notary

Seal



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
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Site Survey

Topographic Survey	\$2,500
Subsoil Drilling and Testing	\$5,500

Total	\$8,000
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NT

Site Preparation

General Earth Work	\$20,000
Rough Grading	\$10,000

Total	\$30,000
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Off Site Work

Access	\$10,000
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Total	\$10,000
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Consulting and Fees

Con Application Fees	\$10,000
Legal Fees	\$15,000
CON Application Preparation	\$40,000

Total	\$65,000
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Other Costs To Be Capitalized

Taxes During Construction	\$38,000
Insurance During Construction	\$23,000
Title And Recording	\$6,000
Organizational Costs	\$10,000
Cost Certification Audit	\$8,000
Loan Costs	\$179,000

Total	\$264,000
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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