

## Roate, George

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**From:** Carroll, Jennifer M. [jmcarroll@uhl.law.com]  
**Sent:** Friday, May 28, 2010 1:57 PM  
**To:** Constantino, Mike; 'Cosentino, Mike'; Roate, George  
**Cc:** Clancy, Edward  
**Subject:** The Clare at Water Tower Project #10-003 supplemental materials  
**Attachments:** Ltr to M. Constantino enclosing supplemental materials (5-28-10).PDF

Mike and George,

Please see the attached letter and supplemental CON materials for The Clare at Water Tower in response to your May 10, 2010 letter and May 13, 2010 email. Please let me know if you have any questions regarding these materials.

Thanks,

Jenny Carroll

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**RECEIVED**

MAY 28 2010

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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May 28, 2010

Mike Constantino  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

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MAY 28 2010

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Re: Certificate of Need Application for The Clare at Water Tower Project  
#10-003

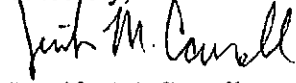
Dear Mr. Constantino:

In response to your May 10, 2010 letter and George Roate's May 13, 2010 email to Edward Clancy, we are providing you with supplemental materials for the Certificate of Need Application for The Clare at Water Tower, Project #10-003. Enclosed, please find the following supplemental materials:

- Section II of the Application for Permit – Discontinuation (pages 12.1, 131.1, and 131.2)
- New Project Costs and Sources of Funds Statement (page 7)
- New Cost Space Requirements Schedule (page 131)
- Project Services Utilization (page 142)
- New Index of Attachments (pages 25 and 26)

Please insert page 12.1 behind page 12 and pages 131.1 and 131.2 behind page 131 of the existing application. Also, please replace pages 7, 25, 26, 131, and 142 with the attached updated versions of those pages. If you have any questions or concerns with the information provided, please contact me at 312-977-4364, or Edward Clancy, the primary contact for this application.

Sincerely,

  
Jennifer M. Carroll

Enclosures (8)

*ADD TO 10-003*

**Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$67,034	\$20,024	\$87,058
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$67,034</b>	<b>\$20,024</b>	<b>\$87,058</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NON-CLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources	\$67,034	\$20,024	\$87,058
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$67,034</b>	<b>\$20,024</b>	<b>\$87,058</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**SECTION II. DISCONTINUATION**

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification	27-31
2	Site Ownership	32-115
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	116-117
4	Flood Plain Requirements	118-125
5	Historic Preservation Act Requirements	126-127
6	Description of Project	128-129
7	Project and Sources of Funds Itemization	130
8	Cost Space Requirements	131
9	Discontinuation	131.1-131.2
10	Background of the Applicant	132-135
11	Purpose of the Project	136-137
12	Alternatives to the Project	138-140
13	Size of the Project	141
14	Project Service Utilization	142
15	Unfinished or Shell Space	143
16	Assurances for Unfinished/Shell Space	144
17	Master Design Project	N/A
18	Mergers, Consolidations and Acquisitions	N/A
	<b>Categories of Service:</b>	
19	Planning Area Need	N/A
20	Service Demand – Establishment of Category of Service	N/A
21	Service Demand – Expansion of Existing Category of Service	N/A
22	Service Accessibility – Service Restrictions	N/A
23	Unnecessary Duplication/Maldistribution	N/A
24	Category of Service Modernization	N/A
25	Staffing Availability	N/A
26	Assurances	N/A
	<b>Service Specific:</b>	
27	Comprehensive Physical Rehabilitation	N/A
28	Neonatal Intensive Care	N/A
29	Open Heart Surgery	N/A
30	Cardiac Catheterization	N/A
31	In-Center Hemodialysis	N/A
32	Non-Hospital Based Ambulatory Surgery	N/A
	<b>General Long Term Care:</b>	
33	Planning Area Need	145-146
34	Service to Planning Area Residents	147-148
35	Service Demand-Establishment of Category of Service	149-150.2
36	Service Demand-Expansion of Existing Category of Service	N/A
37	Service Accessibility	151-154
38	Description of Continuum of Care	N/A
39	Components	N/A
40	Documentation	N/A
41	Description of Defined Population to be Served	N/A

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
42	Documentation of Need	N/A
43	Documentation Related to Cited Problems	N/A
44	Unnecessary Duplication of Service	165-384
45	Maldistribution	385-388
46	Impact of Project on Other Area Providers	387-388
47	Deteriorated Facilities	N/A
48	Documentation	N/A
49	Utilization	N/A
50	Staffing Availability	389
51	Facility Size	390
52	Community Related Functions	391-395
53	Zoning	396-412
54	Assurances	413
	<b>Service Specific (continued...):</b>	
55	Specialized Long Term Care	N/A
56	Selected Organ Transplantation	N/A
57	Kidney Transplantation	N/A
58	Subacute Care Hospital Model	N/A
59	Post Surgical Recovery Care Center	N/A
60	Children's Community-Based Health Care Center	N/A
61	Community-Based Residential Rehabilitation Center	N/A
	<b>Clinical Service Areas Other than Categories of Service:</b>	
62	Need Determination - Establishment	N/A
63	Service Demand	N/A
64	Referrals from Inpatient Base	N/A
65	Physician Referrals	N/A
66	Historical Referrals to Other Providers	N/A
67	Population Incidence	N/A
68	Impact of Project on Other Area Providers	N/A
69	Utilization	N/A
70	Deteriorated Facilities	N/A
71	Necessary Expansion	N/A
72	Utilization- Major Medical Equipment	N/A
73	Utilization-Service or Facility	N/A
	<b>FEC:</b>	
74	Freestanding Emergency Center Medical Services	N/A
	<b>Financial and Economic Feasibility:</b>	
75	Financial Feasibility	414-416
76	Economic Feasibility	417-422
77	Safety Net Impact Statement	423

**Cost Space Requirements**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>CLINICAL</b>							
Long Term Care	\$67,034	19,368	19,368			19,368	
Total Clinical	\$67,034	19,368	19,368			19,368	
<b>NON-CLINICAL</b>							
Administrative	\$14,800	4,364	4,364			4,364	
Parking	\$0.00	0	0			0	
Food Service	\$2,612	743	743			743	
Dining	\$2,612	726	726			726	
Total Non-clinical	\$20,024	5,833	5,833			5,833	
<b>TOTAL</b>	<b>\$87,058</b>	<b>25,201</b>	<b>25,201</b>			<b>25,201</b>	

+ This project does not propose to construct or modernize any space. The Clare is a new facility that completed construction in 2008.

**Discontinuation  
Criterion 1110.130**

General Information Requirements

1. The facility will discontinue 32 long-term care beds.
2. The facility will not discontinue any other clinical services.
3. The facility will discontinue its 32 skilled-nursing beds at the same time the Board grants the facility's application to establish a 32-bed long-term care facility.
4. The facility will continue to use the physical plant and equipment as a long-term care facility after it discontinues the service, because this application to discontinue a category of service is part of its application to establish a category of service. In essence, the facility's 32 skilled-nursing beds will change from being restricted to residents of The Clare to being open to all residents of the community.\*
5. The facility will not dispose of the medical records because, immediately upon discontinuation, the facility will become a long-term care facility, which the same entity will operate.\*
6. The Clare certifies that it will continue to provide to the Board all required questionnaires and data. The services the facility provides will continue and it will not need to provide any information relative to discontinuation.

Requirements for Discontinuation

None of the reasons for discontinuation in criterion 1110.130(b) is applicable. The applicants request this discontinuation in order to convert The Clare's 32 existing beds, which are restricted (under the continuum of care project rules in 77 Ill. Admin. Code 1110.1730(c)), to unrestricted beds, which the facility can use to provide care to all who need long-term care in the community. Thus, this discontinuation is only "on paper," and it will actually reduce the bed need in Planning Area 6-B by 32 beds.

Impact on Access

1. Discontinuation of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area, because immediately upon discontinuation, the facility will become a 32 bed long-term care facility, which the same entity will operate. In fact, discontinuation will increase access for the area because, when the Board approves this Certificate of Need, the facility will no longer be restricted by the continuum of care variance, and all individuals will be able to access the facility.\*



2. The facility did not issue written requests for impact statements, because there is an existing bed need in Planning Area 6-B, and this project's intent is to reduce that bed shortage. As stated above, this discontinuation will actually result in 32 beds being added to the capacity in Planning Area 6-B.

3. Not applicable – See above.

\* The skilled nursing facility at The Clare is already built and operating under an IDPH license. 32 skilled nursing beds already exist at The Clare, but these beds are restricted to residents of The Clare, a Continuing Care Retirement Community. The Clare proposes to remove the restriction from those beds so that all in the area who require skilled nursing care receive such care at The Clare. Residents of The Clare's independent and assisted living units will receive priority access to skilled nursing beds.

**Project Services Utilization  
Criterion 1110.234(b)**

The Health Facilities and Services Review Board has established a utilization standard of 90% or higher for long-term care in 77 IAC 1100.660(c). The table below shows the projected utilization rates of the project, which exceed the utilization standard of 90% occupancy by the end of the second year.

Year 1 Month	Average Daily Census from			Monthly Average	Capacity	% Occupancy
	Lifecare	Direct from AL	Medicare			
1	4	1	2	7	32	22%
2	4	1	4	9	32	28%
3	4	1	6	11	32	34%
4	5	2	8	15	32	47%
5	6	2	10	18	32	56%
6	6	2	12	20	32	63%
7	7	3	13	23	32	72%
8	8	4	13	25	32	78%
9	8	4	14	26	32	81%
10	8	4	15	27	32	84%
11	8	5	14	27	32	84%
12	8	6	16	30	32	94%

Year 2 Month	Average Daily Census from			Monthly Average	Capacity	% Occupancy
	Lifecare	Direct from AL	Medicare			
1	8	5	16	29	32	91%
2	7	5	16	28	32	88%
3	6	5	16	27	32	84%
4	5	6	16	27	32	84%
5	5	6	16	27	32	84%
6	5	6	16	27	32	84%
7	5	7	16	28	32	88%
8	6	7	16	29	32	91%
9	6	7	16	29	32	91%
10	5	8	16	29	32	91%
11	5	8	16	29	32	91%
12	5	9	16	30	32	94%