

Roate, George

From: Christopher J. Dials [cdials@reverehc.com]
Sent: Tuesday, June 01, 2010 5:01 PM
To: Roate, George
Cc: 'Marilyn Miller'
Subject: Application 10-031 Pecatonica Pavilion
Attachments: Attachment 03 Organizational Relationships.doc; Page 1 Revere Healthcare.doc; Page 4 Narrative Description revised.pdf; Page 8 Corrected.pdf; Page 9.pdf

George,

The attached follow up items address the points 1-5 of your email dated 5-24-2010. Item #3 regarding project completion date is accurate at June 30, 2011. Please notify me if any further clarification is necessary.

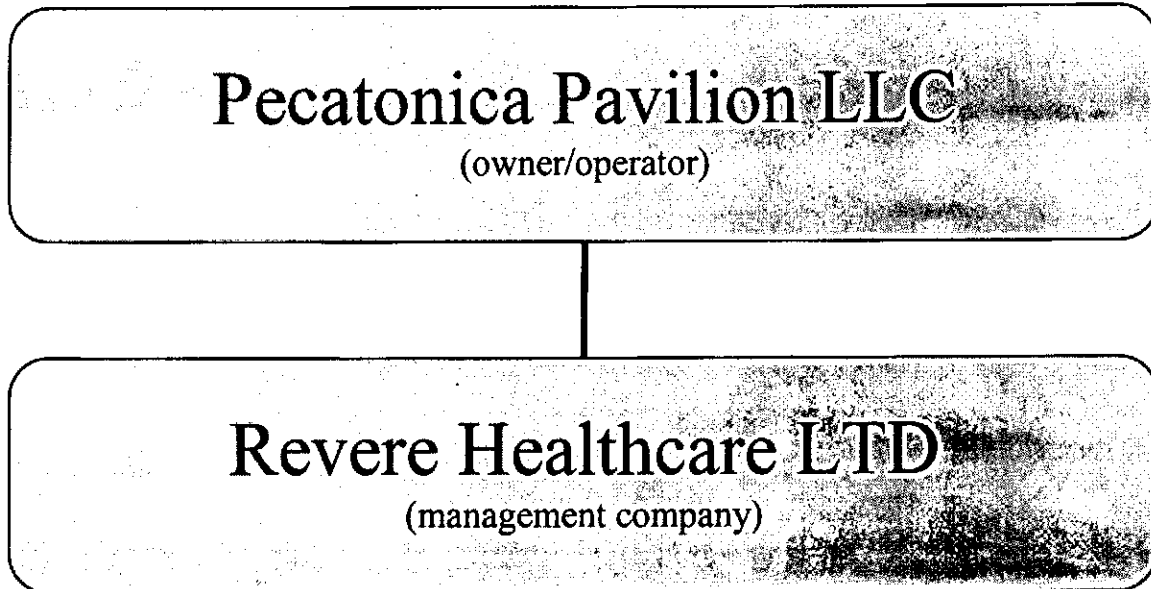
Christopher J. Dials, MS-HSA
Revere Healthcare, Ltd.

RECEIVED

JUN 01 2010

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**ATTACHMENT 3:
ORGANIZATIONAL RELATIONSHIPS**



Pecatonica Pavilion LLC and Revere Healthcare LTD are co-applicants. Owner/operator Pecatonica Pavilion LLC has engaged Revere Healthcare LTD via management contract to operate the proposed project. Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-applicant.

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.

Project Outline

Pecatonica Pavilion LLC, proposes to construct and operate Pecatonica Pavilion, a skilled nursing, Alzheimer's, and assisted living facility consisting of 119 beds, 46 of which are skilled nursing, to be located in Pecatonica, Winnebago County, Illinois.

Pecatonica Pavilion will be located at the property bordered by Sumner Road, Grove Street, and Parkview Streets in Pecatonica, Illinois.

Pecatonica Pavilion will be Medicare and Medicaid certified and will offer highly skilled nursing care, intensive rehabilitative therapies, community outreach services, memory support services, and assisted living services.

The modern, fully equipped nursing facility will conform with all federal, state and local regulations relating to construction, staffing, sanitation and environmental protection.

By offering state-of-the-art design, operations and resident care, Pecatonica Pavilion will provide residents with the appropriate physical environment and programs to improve their quality of life. The services to be offered will be enhanced by a design that incorporates residential features that support the physical, social and psychological needs of the residents. The building design will meet functional needs of the staff, without sacrificing quality of life features.

The proposed skilled nursing and assisted living facility will be a two-story building containing **81,008** gross square feet, of which 19,526 will be Skilled Nursing (aka general long-term care). The facility will contain 4 one bed private and 21 two bed semi-private skilled nursing rooms, 19 one bedroom private and 3 two bedroom semi-private memory support rooms, and 36 one bedroom and 6 two bedroom semi-private assisted living rooms.

In addition, it will contain 2 dining rooms, 1 nurse station, physical and occupational therapy room, recreational therapy, family rooms, beauty/barber shop, a kitchen, administrative offices, and support areas.

Construction is projected to commence the month after permits are issued, and the facility is projected to open 10 months thereafter.

A review of this project is classified as 'substantive' as it involves the development of new long-term care beds with a capital expenditure in excess of the threshold amount. There are to be no promised beds for assisted living residents, hence this project is not a CCRC.

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 Peatonica Pavilion 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.

Raymond Anderson
SIGNATURE

Raymond S. Anderson
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4th day of December, 2009

Joanne Lamb
Signature of Notary

Seal



George Anderson
SIGNATURE

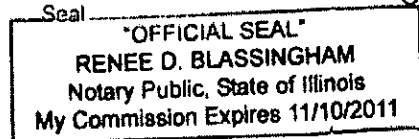
GEORGE ANDERSON
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of December

Renee D. Blassingham
Signature of Notary

Seal



*Insert EXACT legal name of the applicant

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Pecatonica Pavilion LLC		
Street Address: NW Corner of Sumner Rd. and Grove St.		
City and Zip Code: Pecatonica 61063		
County: Winnebago	Health Service Area: I	Health Planning Area: Winnebago

Applicant Identification

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

Exact Legal Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Name of Registered Agent: Grant C. Shumway
Name of Chief Executive Officer: Grant C. Shumway
CEO Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900

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 checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input 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: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

Additional Contact

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

Name: Marilyn Miller
Title: Consultant
Company Name: Revere Healthcare LTD
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x307
E-mail Address: mkmiller@reverehc.com
Fax Number: 847-516-2260

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: Pecatonica Pavilion LLC			CITY: Pecatonica IL		
REPORTING PERIOD DATES: From: 1/1/2008 to: 12/31/2008					
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	2,338*	5,130	673,028		46
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

*As of the 4/26/2010 update to the Inventory.