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**ILLINOIS HEALTH FACILITIES
AND SERVICES REVIEW BOARD**

4

BEFORE HEARING OFFICER KAREN HALL

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In Re:)

6

Public Comments)

7

Regarding the) Project No. 10-032

Certificate of Need)

8

Application for)

Warriors' Gateway.)

RECEIVED

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

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**REPORT OF PROCEEDINGS had and testimony
taken in accordance with the requirements of
the Illinois Health Facilities Planning Act
regarding the Certificate of Need Application for
Warriors' Gateway, taken at the Rockford City
Hall, 425 East State Street, Rockford, Illinois,
on July 30, 2010, at the hour of 1:30 p.m.**

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1 **PRESENT:**

2 **ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW**
3 **BOARD, by**

4 **MS. KAREN HALL,**

5 **Second Floor**
6 **525 West Jefferson Street**
7 **Springfield, Illinois 62761**
8 **(217) 782-3516**

9 **appeared as the Public Hearing Officer.**

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1 HEARING OFFICER HALL: Good
2 afternoon. I'm trying to find the mic but I'll
3 have to speak loud.

4 My name is Karen Hall. I'm with the
5 Illinois Department of Public Health. I'm here
6 today to conduct a public hearing on the proposed
7 project known as 10-032, Warriors' Gateway,
8 Rockford, Illinois. As per the rules of the
9 Illinois Health Facilities and Services Review
10 Board, I would like to read the legal notice into
11 the record.

12 In accordance with the requirements of the
13 Illinois Health Facilities Planning Act, notice
14 is given of a receipt to establish a 120-bed
15 skilled nursing unit, Project 10-032, Warriors'
16 Gateway, Rockford, Illinois. Applicants are
17 Partners for Caring Development, Incorporated,
18 Transitional Living Services, and Revere Health
19 Care, LTD.

20 The Applicants propose to establish a
21 120-bed skilled nursing unit in conjunction with
22 a vocational training center and 85 assisted
23 living apartments located at 254 Elm Street in
24 Rockford, Illinois. The project cost is

1 \$33,792,210. Consideration by the State Board
2 has been tentatively scheduled for the
3 October 26th, 2010, State Board meeting.

4 A public hearing is to be held by the
5 Illinois Department of Public Health pursuant to
6 the Illinois Health Facilities Planning Act. The
7 hearing is open to the public and will afford an
8 opportunity for parties at interest to present
9 written and/or verbal comment relevant to the
10 project. All allegations or assertions should be
11 relevant to the need for the proposed project and
12 be supported with two copies of documentation or
13 materials that are printed or typed on paper
14 sized eight-and-a-half by 11.

15 A copy of the application may be viewed at
16 the Illinois Health Facilities and Services
17 Review Board's office. To obtain a copy of an
18 application, phone the office for details and
19 copying fees at (216) 782-3516. Any person
20 wanting a public hearing on the proposed project
21 must submit a written requested for such hearing
22 to the Illinois Health Facilities and Services
23 Review Board at 525 West Jefferson Street, 2nd
24 floor, Springfield, Illinois 62761.

1 If you have not done so, please sign in
2 using the appropriate registration forms. One
3 form is for individuals who want to provide
4 testimony in support of the project, another form
5 is for individuals to provide testimony who
6 oppose the project, and the last form is for
7 individuals to register their attendance who do
8 not wish to testify.

9 To ensure that the Illinois Health
10 Facilities and Services Review Board's public
11 hearing protects the privacy and maintains the
12 confidentiality of an individual's health
13 information, covered entities as defined by the
14 Health Insurance Affordability Act of 1996, such
15 as facilities, hospital providers, health plans,
16 and health care clearing houses, submitting oral
17 or written testimony that discloses protected
18 health information of individuals shall have a
19 valid written authorization from that individual.
20 The authorization shall allow the covered entity
21 to share the individual's protected health
22 information at this hearing.

23 Those of you who came prepared with
24 prepared texts for your presentation may choose

1 to submit that text without giving testimony.
2 However, if you are giving oral testimony, since
3 there's not really that many people here, you can
4 take up to five minutes or less. As long as we
5 leave before 3:00. I would appreciate two copies
6 of your testimony. When you make your
7 presentation please give the court reporter the
8 spelling of your complete name.

9 If there is a chief spokesperson for the
10 Applicant, we would like that individual to make
11 the first presentation. The remaining testimony
12 will be taken in the order of the names on the
13 registers. Please hold your questions until all
14 the testimony is presented.

15 And is there anyone here from the Applicant
16 who wishes to make the first presentation?

17 MR. ALAN BELCHER: Okay. Good
18 afternoon. My name is Alan Belcher, A-l-a-n,
19 B-e-l-c-h-e-r. I'm the executive director of
20 Transitional Living Services. I would like to
21 thank the Health Facilities Services Review Board
22 for the opportunity to provide information and
23 explain why TLS is seeking a certificate of need
24 for Warriors' Gateway. Transitional Living

1 Services is a not-for-profit 501(c)3 agency that
2 serves disabled and disadvantaged veterans and
3 their families. TLS presently serves veterans in
4 Lake, McHenry, northern Cook, and Kane Counties.
5 We own and operate a residential facility located
6 in Hebron, Illinois, and funded through the
7 United States Department of Veterans Affairs for
8 homeless veterans.

9 TLS recently received second year funding
10 from the United States Department of Labor to
11 provide employment, counseling, and related
12 services to at-risk veterans. TLS has a history
13 of providing services over a large geographic
14 area and to a challenging population. Warriors
15 Gateway's proposed long-term rehabilitation
16 center targeting veterans with severe injury but
17 open to all will be one of three facilities built
18 on the Rockford Campus of Care.

19 The campus will consist of Warriors'
20 Gateway, an autism center, as well as an assisted
21 living center for dementia-related issues. The
22 three not-for-profits will form a common board of
23 directors and hire one firm to manage all three
24 programs. The capacity to deliver health care

1 cost savings is created by the strategic
2 combination of the three brain-related treatment
3 facilities. The concentration of the three
4 brain-related facilities provides significant
5 opportunity to the community to care for these
6 special populations. The concentration of these
7 populations serves to attract the best
8 psych/social service professionals as well as
9 advanced training for medical and nursing
10 students.

11 TLS maintains a strong commitment. We have
12 a history of identifying unmet needs and finding
13 the resources to address those needs. The need
14 addressed in the application before you was first
15 identified in March of 2007 at a meeting with the
16 representatives of the Veterans Administration
17 and community partners who all share the concern
18 and recognize the need for long-term care for
19 veterans who have suffered from polytraumas and
20 who, after acute care hospitalization, need
21 extensive rehabilitation.

22 Warriors' Gateway will not be a geriatric
23 nursing home. Warriors' Gateway will provide
24 community-based residential care to people who

1 can benefit from state-of-the-art rehabilitation.
2 The facility will not be limited to veterans.
3 TLS anticipates that many of the referrals will
4 be from Winnebago and the surrounding area. One
5 of the ancillary benefits of this program is the
6 service beyond the veteran community. TLS has
7 estimated that Warriors' Gateway will serve 36
8 veterans at any one point in time.

9 A point-in-time survey conducted by the
10 Veterans Administration identified 35 veterans
11 who could utilize a long-term rehabilitation care
12 facility. The 35 veterans were residents of only
13 four Chicago/Milwaukee area VA hospitals.

14 While we believe that this estimate is
15 significantly lower than what the actual number
16 will be, it has been difficult to obtain accurate
17 data. Furthermore, we estimate that the need for
18 long-term care rehabilitation is so great that
19 our facility could be filled without veterans.

20 Approximately 3.17 billion Americans are
21 estimated to have suffered traumatic brain injury
22 while an additional 1.4 million Americans sustain
23 traumatic brain injuries each year according to
24 the Center for Disease Control. Approximately

1 70,000 individuals experience permanent brain
2 damage.

3 TLS will, through its Warriors' Gateway
4 program, provide services to a small portion of
5 this extensive population. TLS will work closely
6 with other community based providers.

7 Our agreement with the Veterans
8 Administration is to work closely on behalf of
9 the veterans we are both committed to care for.
10 We have no contract or agreement as to the number
11 of veterans that will be referred to Warriors'
12 Gateway from the VA. Jean Bromley, the Operation
13 Iraqi Freedom/Operation Enduring Freedom program
14 manager at Milwaukee VA Hospital has been
15 designated as our point of contact for the VA.

16 TLS believes that working together we'll
17 have a productive relationship which will
18 eventuate in Warriors' Gateway serving veterans
19 for years to come. While TLS does not own nor
20 does it operate a long-term care rehabilitation
21 facility such as Warriors' Gateway, we'll be
22 contracting with Revere Health Care to manage
23 Warriors' Gateway. Revere is a management
24 company with extensive experience in the field.

1 It is our plan to provide a complete range
2 of neuro-rehabilitation services to individuals
3 with acquired brain injuries, spinal cord
4 injuries, traumatic brain injuries, and other
5 neurological impairments. Services will be
6 available for both the skilled nursing residence
7 as well as a supported living residence.

8 We'll provide on-site services, such as
9 licensed physical therapy, speech therapy,
10 occupational therapy, psychological therapy, and
11 recreational therapy. We also plan to contract
12 with community providers for services which are
13 not possible or probable to provide on site.

14 TLS will emphasize the involvement of the
15 family in the residents' program and the
16 participation of the family whenever possible.
17 We believe that the care and recovery of the
18 residents is positively impacted and has a direct
19 correlation to the involvement of the family.

20 We anticipate securing CARF accreditation
21 as soon as possible. CARF is the leading
22 national accreditation organization for
23 rehabilitation providers. All staff will be
24 licensed and receive ongoing training. It is the

1 commitment of TLS to ensure that all residents
2 receive state-of-the-art compassionate and
3 quality care.

4 TLS is also making application for
5 supportive living units. The 85 units will be
6 available for individuals who are unable to
7 return home to independent living. Residents
8 will have the availability of the programming
9 offered through the skilled-care rehabilitation
10 as well as the community based -- as well as
11 community-based resources.

12 Our supported living facility will also
13 offer a comprehensive selection of activities
14 offered to provide opportunities to individuals
15 with acquired brain injuries. The goal of
16 supported living is the same as skilled
17 rehabilitation; that is, to assist every resident
18 to reach his or her optimum level of functioning
19 and to help him or her maintain that function.

20 TLS believes that it is vital to integrate
21 residents into the community through vocational
22 and recreational endeavors. We will provide
23 vocational training, which will be conducted on
24 site, as well as in the community.

1 Recreational activities will compliment
2 both the vocational training and the residents'
3 physical and psychological rehabilitation. There
4 will be horseback-riding, fishing from
5 handicapped accessible pontoon boats, as well as
6 trips that will take the veterans camping in
7 Minnesota, are a few of the recreational
8 opportunities that will be available.

9 Transitional Living Services respectfully
10 requests that the Health Facilities and Services
11 Review Board approve our application for a
12 certificate of need. We commit to the creation
13 of a rehabilitation program which will provide
14 the highest quality of care to our nation's
15 veterans and to those in our community in need.

16 Thank you.

17 HEARING OFFICER HALL: Do you have a
18 copy of your transcript?

19 MR. ALAN BELCHER: Yes, I do. I
20 have two.

21 HEARING OFFICER HALL: I'm sorry.
22 Please make sure you're signing in on the correct
23 sheet. Thank you.

24 Sherie Scott.

1 MS. SHERIE SCOTT: Hello. Hi, my
2 name is Sherie Scott -- S-h-e-r-i-e, Scott -- and
3 I'm the president of a nonprofit organization,
4 Boch Angels, B-o-c-h Angels. We are partners
5 with Concord Common Residential Council Outreach,
6 and we are concerned with the community of
7 Concord Commons. We would like to ask three
8 questions. We would like to know will your
9 project -- wait a minute. Hold on.

10 Your project will be immediately adjacent
11 to the Concord Commons apartment complex, a
12 low-income housing facility. There will be --
13 will there be opportunities for employment for
14 those people living in the area both in
15 construction and in operations?

16 We support the project. Secondly, we
17 wanted to know will Warriors' Gateway house
18 senior citizens with their grandchildren in the
19 housing complex? And we also want to know how
20 will the children of -- the aging children that
21 are leaving out of foster care, how will they be
22 incorporated in the plans that they've stated of
23 in the newspaper this morning?

24 These questions are questions we would like

1 to add to the input. That's it.

2 Thank you.

3 HEARING OFFICER HALL: Gordon
4 Oksnevad.

5 MR. GORDON OKSNEVAD: My name is
6 Gordon Oksnevad. G-o-r-d-o-n, last name
7 Oksnevad, O-k-s-n-e-v-a-d.

8 2005 my census was 67-percent occupancy.
9 In 2009 my occupancy was 68-percent occupancy.
10 In 2005 there was just under 500 empty beds in
11 all the facilities in Winnebago County for the
12 year. 2009 there is over 500 empty beds in the
13 county for the whole year.

14 I oppose the building of additional beds.
15 It will increase the occupancy -- or decrease the
16 occupancy of all the facilities involved.
17 Staffing is very difficult; nurses, LPNs, RNs,
18 CNAs. We use agencies currently in order to fill
19 the need. Adding more licensed beds will cause
20 more of a deficit for employees.

21 Thank you very much.

22 HEARING OFFICER HALL: Holgeir
23 Oksnevad.

24 MR. HOLGEIR OKSNEVAD: My name is

1 Holgeir Oksnevad, spelled H-o-l-g-e-i-r,
2 O-k-s-n-e-v-a-d. I'm administrator/owner of
3 Medina Nursing Center in Durand, which is in
4 Winnebago County, and I'm speaking in opposition
5 of the proposed Warriors' Gateway. I have an
6 attachment that I will present to you. It is
7 2005 data of bed use in Winnebago County. I have
8 also updated the information with '08 data from
9 the Health Facilities Planning Board website. It
10 shows the occupancy rate is declining in
11 Winnebago County.

12 Winnebago has 2,336 licensed beds with an
13 occupancy rate of 79.1 in '05 and in '08 of
14 78.9 percent.

15 Page 99 of the application, Services for
16 Planned Area Residents, states "two-thirds of
17 patients will originate from Winnebago County,"
18 end quote. Take the letter from the Department
19 of Veterans Affairs stating "it appears unlikely
20 that it would be -- that there would be any
21 adequate veteran demand to support the proposed
22 120-bed facility in the Rockford area," end of
23 quote. And what you have done is add 120
24 licensed beds in Rockford serving the Winnebago

1 area and no veterans and providing the same
2 services that we all are providing. This would
3 bring the occupancy rate further down in
4 Winnebago County. Bringing a total of unused
5 beds from 543 beds in '08 per day to 663 vacant
6 licensed beds each and every day in Winnebago
7 County, and the occupancy rate would go from
8 78 percent to 73 percent.

9 Applicant on page 218, Staffing
10 Availability, states "Professional nursing staff
11 RNs, LPNs, CNAs, can be recruited from existing
12 long-term care facilities in Rockford," end of
13 quote. In Winnebago County, which includes
14 Rockford, we all struggle for professional staff.
15 There is even a bigger problem in rural Winnebago
16 County because we have to attract workers from
17 the urban area. There is a great shortage of
18 professional nursing staff, RNs, LPNs, CNAs,
19 period, and we would be directly fighting for the
20 same staff from the same area.

21 I hope I have demonstrated that the bed
22 need for Winnebago County is met. In fact, it is
23 greatly exceeded. To grant another licensed
24 facility would greatly impair the operation of

1 Medina Nursing Center and every nursing home in
2 the Rockford area without a doubt.

3 Respectfully submitted. And I do have
4 documents.

5 HEARING OFFICER HALL: Thank you.
6 Marshall Starks.

7 MR. MARSHALL STARKS: I was just
8 going to give you a written but I guess I might
9 as well. I did a study about five, six years ago
10 on the same area that is being proposed for these
11 complexes. At that time -- and this is, as I
12 said, about five or six years ago -- there was
13 65,000 driving passes on the corner of West State
14 Street and Springfield. Also I found that to the
15 East Rockford expansion.

16 To the south I understand Rockford
17 expansion cannot happen. To the north the same
18 issue. The direction in which Rockford has the
19 opportunity for moving is west, which is the
20 direction in which the facilities that are being
21 proposed are going to be located.

22 They will create jobs in a time when jobs
23 are very hard to find. That particular area in
24 which they are located is predominantly populated

1 by an African American community, which suffers
2 doubly whenever there is job issues relating to
3 the Rockford area.

4 I would support the complex that is being
5 proposed for the reason that the construction
6 jobs are temporary but the operational jobs for
7 operating that facility would be permanent. I
8 would just -- I have lived in Rockford most of my
9 life, and this is an opportunity that I haven't
10 seen in my many years of residence in Rockford of
11 this kind of expansion moving to the west side of
12 our city.

13 So I certainly support the efforts of all
14 three of the organizations and the AME church for
15 their involvement and that's my oral statement.

16 HEARING OFFICER HALL: Ron Nunziato.

17 MR. RON NUNZIATO: My name is Ron
18 Nunziato, R-o-n, N-u-n-z-i-a-t-o. I'm from SIR
19 Management. We operate a number of facilities
20 throughout Illinois, including one here in
21 Rockford and another one in the city of Byron not
22 too far from Rockford. And with all due respect
23 to the proposed facility that the Health Care
24 Planing Board is considering, there is one place

1 in the State of Illinois that I would not build a
2 nursing home and it is in Rockford.

3 The city of Rockford is overbedded, as we
4 have heard already from a few people in
5 testimony, where in any given day there are 500
6 beds open that are being unused in current
7 facilities. Which in the Rockford area has
8 caused a problem by which facilities have had to
9 take different populations of people and add to
10 that mix of people that they normally would have
11 taken care of.

12 For instance, we have a facility that many
13 years ago the State of Illinois came to and said
14 we have a population of psychiatric residents we
15 don't know what to do with. We want to admit
16 them to your facility. And that's what you have
17 in a number of facilities in Chicago and
18 throughout the state. Because the operators
19 can't function with a census in the 60s and
20 70 percent, we sometimes are admitting people and
21 creating different populations.

22 So we already have the beds to take care of
23 the people that we need to take care of in this
24 city, and then the second part of the opposition

1 is staffing, as someone said earlier as well.
2 There is a huge shortage of nurses. Yes, Nursing
3 School of Rockford, being one of them, have
4 increased the amount of nurses that they are
5 bringing through the school, but no one can keep
6 up with the demand of the nurses that are
7 retiring and the nurses that aren't doing patient
8 care anymore.

9 Nursing is a much broader operation now
10 than it was in the early days when people went to
11 school. Nurses are working for insurance
12 companies. Nurses are working for drug
13 manufacturers. Nurses are working as case
14 managers. There aren't a lot of nurses that are
15 doing hands-on care that we all fight for from
16 the hospitals and from the clinics and doctors'
17 offices, and nursing homes. And now we are going
18 to add another nursing home to that mix and in an
19 area geographically that is already having
20 trouble recruiting professional nurses, RNs,
21 LPNs, and CNAs.

22 The third part is that the State of
23 Illinois, when you are setting the public aid
24 rates for people that are in nursing homes --

1 which I'm assuming they are going to be a public
2 aid facility because the veterans obviously
3 aren't going to be able to support this
4 facility -- the State of Illinois is already
5 having trouble paying the providers, whether it
6 is not-for-profit community centers or nursing
7 homes. They are having trouble already paying
8 for these bills and we are going to add another
9 nursing home to the list of people that the State
10 of Illinois will owe money to.

11 Thank you very much.

12 HEARING OFFICER HALL: Thomas
13 Morrissey.

14 MR. THOMAS MORRISSEY: Good
15 afternoon, Madam Chair and attending members. My
16 name is Thomas Morrissey, a retired sergeant
17 major; spelled T-h-o-m-a-s, M-o-r-r-i-s-s-e-y.
18 Thank you for hearing my testimony today.

19 I served in uniform for over 30 years with
20 U.S. Armed Special Forces and since 9/11 I have
21 deployed to Afghanistan on three separate combat
22 tours. In June of 2006 during my last tour I was
23 caught in an enemy ambush. As a result I
24 received eight direct hits from an AK-47 at close

1 range. I sustained significant physical
2 polytrauma injuries to all four of my extremities
3 and my upper chest.

4 I'm able to speak to you today because of
5 the superior training, leadership, equipment, and
6 medical care provided to me by the U.S. Army.
7 Medical personnel from an American forward
8 operating base quickly responded to my call for
9 assistance. I was in the air on medical
10 evacuation within 45 minutes after the ambush and
11 into my first surgery within two hours.

12 I awoke in the recovery room of an Army
13 field hospital the next day. Within hours I left
14 Afghanistan for Germany where I remained for five
15 days and two additional surgeries. Nine days
16 after receiving my wounds, I arrived at
17 Eisenhower Army Medical Center in Fort Gordon,
18 Georgia. I was reunited with my family in the
19 emergency room where the medical staff briefed us
20 on the next part of our journey.

21 The next morning I began the process of
22 having both of my arms rebuilt. My right humerus
23 bone had been shattered and a cadaver bone was
24 implanted as part of the repair. In my left

1 forearm both my ulnar and radius bones were
2 fractured. The nerves in both arms were
3 traumatized. I could not use the arms to do
4 anything. Both of my legs had extensive
5 soft-tissue damage and remain peppered with
6 pieces of metal.

7 Every morning a procession of doctors would
8 start their rotation through my room at
9 0600 hours. I was completely dependent on the
10 nursing staff to assist me in all activities of
11 daily life. This humbles a person beyond even
12 the initial realization that one cannot do simple
13 things that we all take for granted. This went
14 on for months.

15 It took two-and-a-half months of surgeries
16 and general rehabilitation before I was
17 ambulatory and could get out of a hospital bed.
18 During that time secondary complications added to
19 the difficulty of my physical and occupational
20 therapies. Lymphedema, heterotrophic
21 ossification, muscle atrophy, a gangrenous gall
22 bladder, and multiple infections caused by the
23 hospital environment made it difficult to
24 establish a regular, effective rehabilitation

1 program.

2 At the end of August of 2006 I moved to a
3 one-of-a-kind Veterans Affairs Active Duty
4 Rehabilitation Unit to further my progress. This
5 unit was designed and funded by the Department of
6 Defense.

7 Prior to leaving Eisenhower, I met the
8 senior doctor and physician's assistant from the
9 VA unit. They briefed me on the facility staff
10 and uniqueness of the unit I was about to become
11 a part of. I quickly realized the significance
12 of professionals who are filled with compassion
13 for soldiers and trained specifically to deal
14 with their unique injuries.

15 My inpatient status at the VA lasted for
16 ten months. During that time I received four or
17 more hours a day, six days a week, of physical
18 and occupational therapy. Periodically I
19 transferred back to Eisenhower for regular
20 doctors' reviews and follow-up surgeries.

21 I moved back to Fort Gordon and was
22 integrated into a Warrior Transition Unit in July
23 of 2007. However, my rehabilitation continued at
24 the VA as an outpatient receiving two or more

1 hours a day -- therapy a day, five days a week.

2 Even the Army hospital did not have
3 sufficient staff or facilities to deal with my
4 exceptional injuries nor provide the aggressive
5 therapy necessary to rehabilitate me most
6 effectively.

7 Over the course of three years I received
8 20 surgeries. On average that was one surgery
9 every two months followed by aggressive
10 occupational rehabilitation. Today I'm able to
11 perform most basic ADLs but I still have my
12 limitations. In separate reviews both the Army
13 and the VA have found me 100-percent permanently
14 disabled.

15 My experience is only one of many.
16 Polytrauma injuries are typical of the warfare we
17 find ourselves engaged in. Long periods of
18 treatment and rehabilitation are the norm, not
19 the exception. In addition to the physical
20 injuries, soldiers and families also endure long
21 periods of separation in many cases. This may
22 create emotional challenges and hinder a
23 soldier's recovery.

24 Treatment for polytrauma war wounds is not

1 necessarily the same as civilian activity
2 polytrauma; i.e., falls, car accidents, etcetera.
3 In the upper Midwest there were no facilities
4 judged sufficiently qualified to help me. At the
5 time of my rehabilitation I technically had an
6 option to be treated as part of a community-based
7 health care organization unit. In researching
8 the option, I found one TriCare supported
9 hospital that would qualify, but my
10 rehabilitation would have been two hours a day,
11 twice a week. This was nowhere near sufficient
12 to successfully treat my injuries. Thus I spent
13 three long years away from my family to ensure
14 maximum treatment of my injuries and successful
15 recovery.

16 Today the CBHCO of the past is known as
17 Community-Based Warrior Transition Unit. The
18 latest public domain records show 1200 injured
19 soldiers have processed through the Rock Island,
20 Illinois location through 2008.

21 I recently conversed with senior officers
22 of Medical Command, the Warrior Transition
23 Command, and the Department of Veterans Affairs
24 during the sixth annual Army Wounded Warriors

1 Symposium held in June of 2010. The WTC and AW2
2 oversee the most severely injured soldiers.

3 Based on those conversations I can share
4 some following statistics which are important to
5 this consideration. The Warrior Transition
6 Command has served 16,000 soldiers since its
7 formation in 2007. Of the current 9500 WTC
8 soldiers, 4500 are going through medical
9 evaluation boards.

10 WTC soldiers who go to an MEB have nine
11 injuries to be rated on average. I personally
12 had 25. Army-wide -- and this does not include
13 all the other services -- 15,000 soldiers a year
14 go to medical evaluation boards.

15 My comments are based on my own
16 observations, experiences, and conversations. I
17 know the need exists for better care of
18 polytrauma injured soldiers and veterans over the
19 long term and their needs are unique. If a
20 facility such as the planned Warriors' Gateway
21 existed in the upper Midwest, I could have been
22 closer to my family for the years of
23 rehabilitation I endured. This might well have
24 accelerated my own recovery.

1 But my concerns are not really for myself.
2 I'm concerned about helping the injured soldiers
3 and the families who are only now coming to terms
4 with the unexpected. What of the soldiers
5 injured early in Operation Enduring Freedom or
6 Operation Iraqi Freedom who were not treated
7 completely and are reinvestigating their options
8 for proper extended care.

9 I appeal to this review board to understand
10 the need for and the value offered to the greater
11 community and our soldiers and veterans by
12 Warriors' Gateway. Thank you for this
13 opportunity to share my thoughts and your
14 attention to the Warriors' Gateway project.

15 HEARING OFFICER HALL: Christopher
16 Dials.

17 MR. CHRISTOPHER DIALS: Good
18 afternoon. My name is Christopher J. Dials,
19 that's D-i-a-l-s.

20 I would like to thank the Health Facilities
21 and Services Review Board for the opportunity to
22 present today. Revere Health Care has served the
23 postacute health care special populations and
24 older adult industry since 1985 with our senior

1 staff having over 100 years of hands-on operating
2 experience.

3 Our experience includes planning,
4 marketing, business services, and management of
5 these facilities. We have served hundreds of
6 clients in over 40 states. We have managed
7 numerous facilities similar to the proposed
8 Warriors' Gateway project that serve the TBI
9 population.

10 Today I would like to talk about the need
11 for Warriors' Gateway. In managing extended care
12 facilities for individuals with traumatic brain
13 injury, or TBI, over the years I have continually
14 been surprised by the lack of specialized
15 programs in northern Illinois.

16 Alan Belcher mentioned some statistics
17 about the national need, so I will focus on the
18 local need here in Rockford. In Winnebago County
19 alone we estimate that there are between 2,427
20 and 2,459 cases of individuals acquiring a TBI
21 per year. Further, we estimate over twice that
22 number are living with a disability as a result
23 of sustaining a brain injury. Warriors' Gateway
24 seeks to serve 5 percent of these individuals or

1 10 percent of cases annually.

2 Now, you have heard objections today from
3 existing skilled nursing facilities with low
4 occupancy rates, yet there is no facility in
5 Winnebago County that provides the unique focus
6 on this population and their specialized needs,
7 which include facilities and accommodation for
8 younger people, not older adults, staff who can
9 deal with difficult behavior associated with TBI,
10 and, yes, therapy equipment and so on.

11 If your son or daughter, heaven forbid,
12 were in a car accident tomorrow and needed these
13 services, you would be looking at a drive of at
14 least two hours to find them. And should he or
15 she need a longer term residential care setting,
16 you would have to go even further away to
17 Nebraska or CTI in southern Illinois to receive
18 these services.

19 This project is complimentary to existing
20 services and the regional medical center that is
21 in Rockford and Winnebago County.

22 Thank you. And I will send my written
23 statements later. I did not bring a copy. My
24 apologies.

1 HEARING OFFICER HALL: Janelle
2 Chadwick.

3 MS. JANELLE CHADWICK: Good
4 afternoon. My name is Janelle --
5 J-a-n-e-l-l-e -- Chadwick, C-h-a-d-w-i-c-k. I'm
6 representing Provena St. Anne Center and Provena
7 Cor Mariae in Rockford.

8 We strongly oppose the Warriors' Gateway
9 proposal which consists of 120 skilled nursing
10 beds and 85 assisted living apartments in
11 Winnebago County. We are told that the proposed
12 facility would lessen the burden on skilled
13 nursing facilities in both Winnebago and
14 Stephenson Counties. Based on the Service Review
15 Board's bed inventory, Winnebago County does not
16 have a demonstrated need for additional beds and
17 therefore they are not burdened.

18 Many of skilled nursing facilities in
19 Winnebago County are not running at optimal
20 occupancy levels. For instance, Provena St. Anne
21 Center is running 88 percent and Cor Mariae at
22 88 percent. Many homes in Winnebago County are
23 running well under 80 percent while maintaining a
24 good reputation for quality care.

1 Skilled facilities of Winnebago County have
2 available beds but have not seen the demonstrated
3 needs to fill those beds. The Warriors' Gateway
4 proposal represents the need for VA contracts to
5 care for veterans with severe multiple injuries
6 known as polytraumas.

7 The June 14th, 2010, letter from the
8 Department of Veterans Affairs indicates that the
9 120-bed facility would specialize in traumatic
10 brain injuries and polytrauma services for
11 veterans returning from Iraq and Afghanistan.
12 The letter states -- and I quote -- "Although
13 there are no specific demand projections for
14 returning veterans needing residential polytrauma
15 and/or TBI services, it is expected to continue
16 to be a very small number and it appears unlikely
17 that there would be adequate veteran demand to
18 support the 120-bed facility in the Rockford
19 area."

20 Given the review conducted by the
21 Department of Veterans Affairs, it would seem
22 likely that Warriors' Gateway would then need to
23 fill their beds with the same population as all
24 of the other skilled facilities in the county

1 that are experiencing lower capacity.

2 Therefore one must conclude that there is
3 not a defined need for additional skilled beds in
4 these communities. Respectfully submitted.

5 HEARING OFFICER HALL: Lloyd E. Fry.

6 MR. LLOYD FRY: Pass.

7 HEARING OFFICER HALL: Alberta Jones.

8 MS. ALBERTA JONES: I really didn't
9 want to speak. I'm just here in support of the
10 thing that's being offered here. It is very much
11 needed and that's really why my presence is here,
12 because we do need something on the west side of
13 Rockford.

14 The veterans and the home for it is a
15 blessing out of the sky that -- it was something
16 I actually wanted to see happen here in Rockford
17 through the organization. And that's all.

18 Thank you.

19 HEARING OFFICER HALL: Bart Becker.

20 MR. BART BECKER: Hi. I'm Bart
21 Becker, B-a-r-t, B-e-c-k-e-r.

22 I would like to introduce myself as the
23 administrator at Rosewood Care Center of
24 Rockford. I'm writing this letter to oppose the

1 Warriors' Gateway CON application to construct a
2 120-bed skilled nursing facility in Rockford.

3 In the competition study Revere indicates
4 the services for TBIs are limited or nonexistent.
5 This is not accurate. Most, if not all, skilled
6 nursing facilities in the area are well-equipped
7 to provide specialized rehabilitation to patients
8 with TBI. In addition to this, Van Matre
9 Healthsouth Rehabilitation, quote, "specializes
10 in rehabilitation of strokes and other
11 neurological disorders, brain and spinal cord
12 injuries," end quote. They have 50 beds and are
13 the first choice for hospital discharge planners
14 in the area when discharging a patient
15 with a TBI.

16 The application states on Table 61,
17 Incidence of TBI in the primary market area
18 estimated number of cases in 2009. This chart
19 includes ages 0 to 17, which account for
20 1.1 percent of the 2009 PMA population, or 836
21 people. These ages should not have been included
22 in the data since nursing homes cannot admit
23 individuals under the age of 18 without prior
24 approval from IDPH per Illinois Administrative

1 Code, Section 300.620.

2 Table 6-1, Table 6-2, and Table 6-3 are
3 therefore completely inaccurate. Once the
4 0-to-17 age category is removed from the number
5 of TBI cases, they drop significantly.

6 Our facility, as many others in the area,
7 struggle to maintain our census, which is well
8 below the 90-percent occupancy standard. The
9 average occupancy of the 21 facilities within a
10 30-mile drive time was 77.83 percent according to
11 data taken from the Long-Term Care Facility
12 Questionnaire for 2008, which was also included
13 in the CON application.

14 The construction of Warriors' Gateway would
15 drastically decrease the census of not only our
16 facility but many others in the area. The CON
17 application for another nearby Revere project,
18 Pecatonica Pavilion, Project No. 10-031, quote,
19 "Service to planning area residents" page, end
20 quote, states that the -- and I quote this --
21 "the surplus of beds only exists in Rockford."

22 If Revere documents this on another one of
23 their CON applications, it must be true. They
24 are admitting that there is no need for and that

1 there are surplus beds in Rockford on another one
2 of their CON applications.

3 There is no need for VA approved beds in
4 the Rockford area. The Department of Veterans
5 Affairs, the Great Lakes Health Care System, sent
6 an opposition letter regarding the Warriors'
7 Gateway project. According to their letter,
8 quote, "The majority of patients have mild TBI
9 that can be effectively treated in home and
10 community-based settings. There are no specific
11 demand projections for returning veterans needing
12 polytrauma and/or TBI services. It is expected
13 to continue to be a very small number," end
14 quote.

15 The VA also wrote that -- and I quote --
16 "It appears unlikely that there would be" --
17 excuse me. "It appears unlikely that there would
18 be adequate veteran demand to support the
19 proposed 120-bed facility in the Rockford area,"
20 end quote.

21 In addition to this, the Stephenson County
22 Nursing Center does have a VA contract and has
23 plenty of beds available, as identified by their
24 occupancy of 70.4 percent, which is also

1 indicated in the CON application completed by
2 Revere.

3 As a nursing home administrator, staffing
4 is very -- is a very significant factor in the
5 viability of a facility. Revere has stated in
6 their application that, quote, "Professional
7 nursing staff, RNs, LPNs, and CNAs, can be
8 recruited from existing long-term care facilities
9 in Rockford," end quote.

10 This is very troubling as staff turnover
11 and the utilization of nurse agencies can greatly
12 impact continuity of care, quality of care, not
13 to mention the financial impact.

14 Most of the facilities in Rockford are well
15 below the 90-percent occupancy standard. The
16 existing facilities can indeed accommodate the
17 specialized needs of patients with TBIs. The
18 Department of Veterans Affairs, Great Lakes, does
19 not feel that there is a veteran demand for a
20 120-bed facility. The Warriors' Gateway is
21 definitely not needed, therefore the certificate
22 of need for Warriors' Gateway should be denied.

23 Thank you for your time.

24 HEARING OFFICER HALL: Ruth Gulley.

1 MS. RUTH GULLEY: I wasn't going to
2 speak but I will say that I'm for the project
3 because we do need some improvement and I live on
4 the west end. We do need those facilities real
5 bad. I'm going to speak and say that for the
6 west end. Every time something comes up for us
7 on the west end, it always gets pushed back. But
8 you have taxpayers on the west side just like you
9 do on the east, north, and south side.

10 HEARING OFFICER HALL: You are Ruth
11 Gulley?

12 MS. RUTH GULLEY: Ruth Gulley.

13 HEARING OFFICER HALL: Michelle
14 Almquist.

15 MS, MICHELLE ALMQUIST: I'm Michelle
16 Almquist -- M-i-c-h-e-l-l-e, A-l-m-q-i-s-t -- and
17 I'm from Rosewood.

18 I'm here to express an opposition to the
19 application to construct a 120-bed skilled
20 nursing facility in Rockford. As the marketing
21 and admissions coordinator at Rosewood Care
22 Center, I can tell you it is a struggle to keep
23 our facility at or above an 80-percent occupancy.

24 Rosewood is a respected facility in

1 Rockford but it is still difficult during the
2 slow periods in health care to keep our census at
3 a competitive level due to the enormous
4 competition that we have in the area. This new
5 facility states it is going to specialize in
6 traumatic brain injury, but, in my experience,
7 most rehab-able traumatic brain injuries go to an
8 acute facility.

9 Van Matre, which is located on Mulford, is
10 the facility of choice for the hospital discharge
11 planners and the patient families. If the
12 patient does not fit the Van Matre criteria for
13 therapy, the patient will then go to a skilled
14 nursing facility. All skilled nursing facilities
15 in the Rockford area are more than capable to
16 treat the patient with the proper nursing and
17 therapy services.

18 My last point is I'm also worried about
19 staffing. Since I'm the one who brings in the
20 patients for their services, the daily census
21 dictates our staffing. Instead of creating new
22 jobs, I feel the new facility will just be hiring
23 staff that the other skilled nursing facilities
24 would have to let go due their drop in the daily

1 census.

2 Thank you.

3 HEARING OFFICER HALL: LaVonne
4 Williams.

5 MS. LAVONNE WILLIAMS: And we are
6 spelling our name? LaVonne Williams. First name
7 L-a-capital-V-o-n-n-e, Williams, W-i-l-l-i-a-m-s.

8 I'm a native of Rockford that currently has
9 property in the area where this proposal is being
10 given for today, and I'm here in favor of what
11 they are proposing, but as far as where -- the
12 majority of residents in the community on the
13 west side are minorities and maybe in an
14 underserved area where we don't have hospitals
15 that are within the west side of our community.

16 So that's a plus that they are making a
17 proposal bringing something that provides myself
18 and others that are of the west side to either
19 apply for those positions for employment, which
20 is a good thing, even though they are saying
21 there are not enough in the community or it is
22 going to take away from the others. The west
23 side community has not been served.

24 So where we end up having to go far east to

1 either work or to get that service, what they are
2 proposing -- because my dad was in the service.
3 He had to go to Madison with his medical issues.
4 When it got time to come home, he wasn't able to
5 come home. He did use Rosewood, but, for me,
6 Rosewood was way across town so we never -- we
7 used the service but it took away from the time,
8 and it took me over 20 or 30 minutes to get there
9 that I could have been with my family member
10 within the west side community within less than
11 five minutes worth of time.

12 So what they are proposing is good. Those
13 families that are on the west side that have
14 businesses that are in this particular area, my
15 concern is that we be a part of providing a
16 service and that they don't leave those
17 minorities that do have businesses out there in
18 the cold with nothing.

19 If they are proposing a facility that's
20 going to come and bring dollars into the city,
21 then we want to be a part of it. Don't just shut
22 us out and say we are not going to be able to
23 apply for the jobs, whether it is construction,
24 operational, any of that stuff, that's not being

1 brought to the forefront to us so that we are
2 aware of it and that if it is a goal, that we be
3 included and not be left out.

4 HEARING OFFICER HALL: Jean Florez.

5 AUDIENCE MEMBER: She's not here
6 right now but she may be returning.

7 HEARING OFFICER HALL: Linda McNeely.

8 MS. LINDA MCNEELY: Thank you very
9 much, and I would like to thank everybody who
10 came today to speak regarding this matter.

11 First of all, my name is Linda McNeely,
12 L-i-n-d-a, last name M-c-capital-N-e-e-l-y. I'm
13 the Alderman of the 13th Ward here in the city,
14 and this proposal is within my ward.

15 I first would like to start by saying I'm
16 somewhat disturbed because I, as the Alderman of
17 the area, was not aware that this hearing was
18 going on today. And I'm not sure where the ball
19 was dropped but it was dropped. If it had not
20 been for the local paper, I would not have been
21 informed of this hearing.

22 Secondly, the individuals in the area, if
23 it had not been for the local paper, they would
24 not have been informed regarding this hearing.

1 So in the future, whether it is regarding this
2 particular project or any new projects, I hope
3 that the State of Illinois will certainly inform
4 the Aldermen of the area and certainly the
5 constituency of that area.

6 I did not get here at the beginning to hear
7 all of the speakers and that was certainly to my
8 detriment because I'm certainly surprised that
9 there is so many businesses within this area that
10 came here today to speak against this
11 development.

12 I certainly understand it is more than
13 likely a profit motive, why they are here
14 claiming that they cannot fill 100 percent of
15 their beds, and some I believe said that they
16 couldn't fill 80 percent of their beds. So I
17 certainly -- for the little bit that I did hear,
18 I certainly understand -- or it appears that
19 these individuals, these businesses, are looking
20 to make sure that they can improve the number of
21 beds that are occupied within their facilities.

22 And I must say that that is sad. I know
23 that Provena is one of the more recent facilities
24 here in this area and they assured us that it was

1 going to be a good facility and a profitable
2 facility here for this area.

3 I cannot speak about Rosewood or any of the
4 other ones that were here today, but I would say
5 to them that certainly within this area and
6 what's being proposed for Warriors' Gateway will
7 not compete with what they are doing.

8 I have talked with some of the individuals
9 that are representing Warriors' Gateway and
10 certainly the type of patients that they are
11 looking to bring forward to this facility is
12 nothing -- no type of patient that they have or
13 would be looking to bring into their facilities.
14 The whole atmosphere of Warriors' Gateway is
15 going to be totally different from what they
16 have -- currently have at their facilities.

17 So unless they are planning on changing the
18 way that their facility is, there is no
19 competition here. And I say as an Alderman for
20 that area -- as Ms. Williams spoke earlier and
21 some of the other individuals in the audience
22 spoke earlier that live in that area, that have
23 raised their families in that area, that are
24 seeing their grandkids there in that area without

1 jobs or they are having to move out of the city
2 or move to the east side of this city to find
3 employment and to find housing, we are just
4 beginning to see improvement in that area with a
5 number of housing developments over there. We
6 are still desperately looking to have retail
7 growth in that area and to have this project
8 being proposed on the table, federal dollars
9 dedicated to it, we are looking forward to it.

10 We are looking forward to walking --
11 welcoming the individuals and their families that
12 are going to come to these facilities that are
13 from out of town. We want to welcome them to our
14 great city and certainly that quadrant of the
15 city.

16 There is beautiful landscape over there in
17 that area, certainly beautiful people as well
18 over in that area, and we want to encourage the
19 State of Illinois, we want to encourage the
20 federal government, as well as the individual
21 businesses that are looking forward to come to
22 that area to come.

23 I have a concern as well regarding the
24 minority businesses that are there now. I want

1 all of the individuals, particularly today we are
2 talking about Warriors' Gateway, to understand
3 that I don't want any business to be displaced
4 because of this project. I want the progress to
5 move forward but I want everyone to be
6 considerate of the businesses that are there and
7 certainly try to work with them as they move
8 forward with this, and I hope that no business
9 will be displaced to the point of closing it.

10 I have never supported closing a business,
11 an existing business, for the purpose of creating
12 a new business, and I don't do that now. I
13 believe that in that area of the city we
14 certainly can have the old and the new and
15 certainly all work together for the benefit of a
16 whole community.

17 And finalizing my statements, I welcome
18 Warriors' Gateway. I welcome the veterans. We
19 just recently had one of our own pass away that
20 was overseas fighting and he used to be a
21 Rockford police officer. So we certainly welcome
22 Warriors' Gateway coming here.

23 As Ms. Williams said, and the gentleman
24 that spoke earlier, it is a lot easier to enjoy

1 your family if you are closer to them. If you
2 have to go two days away to have health care, to
3 have rehab, then you don't have that benefit of
4 having your family around, which we all know
5 helps to encourage the mending process for
6 anyone. So I welcome them.

7 Again, I would like to repeat for the
8 State, from this day forward I do hope that they
9 will contact the Aldermen as well as the
10 residents and businesses of the area for the
11 purpose of this hearing.

12 HEARING OFFICER HALL: The State
13 normally does not contact -- they actually put an
14 ad in the paper. The State never contacts
15 individuals ever.

16 MS. LINDA MCNEELY: Well, maybe
17 that's something I would like for them to hear to
18 consider.

19 HEARING OFFICER HALL: Okay.

20 MS. LINDA MCNEELY: I don't see the
21 purpose of a hearing if you can't hear from those
22 individuals in that area, if you can't hear from
23 those businesses in that area, and certainly if
24 you can't hear from the representatives of that

1 area.

2 The state has our tax dollars and they
3 should hear -- whenever there is a hearing
4 regarding this matter or any matter, they should
5 hear what the individuals of that area have to
6 say, and it may not be procedure currently but
7 please share it with them so that they know.

8 Thank you very much.

9 HEARING OFFICER HALL: Thank you.
10 One other thing -- and I'm kind of confused -- I
11 know someone else signed in for you but you are
12 in support of the project?

13 MS. LINDA MCNEELY: Yes.

14 HEARING OFFICER HALL: Because you
15 are on the opposition.

16 MS. LINDA MCNEELY: No, I'm not
17 opposed to the project.

18 HEARING OFFICER HALL: That's why I
19 didn't understand.

20 MS. LINDA MCNEELY: No. No. I'm
21 very much in support of it.

22 HEARING OFFICER HALL: You were on
23 the wrong list. That's why I'm looking like I
24 don't understand what you are saying.

1 MS. LINDA MCNEELY: No. Please
2 correct that.

3 HEARING OFFICER HALL: That's why I
4 was confused. I'll change it.

5 MS. LINDA MCNEELY: Thank you very
6 much. And I'm not sure, Ms. Gulley, if she's on
7 the wrong list or Ms. Williams or Ms. Jones?

8 HEARING OFFICER HALL: Everybody else
9 is on the right list. Somebody else signed in
10 for you but it was the wrong list. And that's
11 why I made the statement earlier, make sure you
12 are signing in on the right sheet. I made a
13 separate statement because I didn't think
14 everybody was really paying attention to what
15 they were signing in.

16 MS. LINDA MCNEELY: No. I'm very
17 much in support of the project.

18 Thank you very much.

19 HEARING OFFICER HALL: Okay. Joli
20 Koch.

21 MS. JOLI KOCH: My name is Joli Koch;
22 that's J-o-l-i, K-o-c-h. I'm here today to
23 express an initial opposition to Partners for
24 Caring Development's application to construct

1 Warriors' Gateway, 120-bed skilled nursing
2 facility to be located in Rockford, Illinois,
3 Winnebago County. Based upon Partner for Caring
4 Development's CON application, it seeks to
5 construct 85 assisted living apartments and a
6 vocational training center in addition to the
7 120-bed skilled nursing facility.

8 As I'm sure you will find through
9 correspondence and data from other concerned area
10 providers, the average utilization rate for 2008
11 does not meet the Board's 90-percent targeted
12 occupancy rate to support the proposed project.

13 In fact, it comes nowhere even close. The
14 facilities used as reference for the proposed new
15 facility are all located within a 30-minute
16 travel time from the proposed new site. A review
17 of the Long-Term Care Facility Questionnaire for
18 2008 indicated an average utilization rate within
19 a 30-minute drive time of the new site at
20 77.83 percent.

21 Of the 21 facilities located within the
22 30-minute drive time to the proposed new site,
23 only four facilities met the 90-percent occupancy
24 role with only two other facilities showing

1 average utilization at 89.4 percent and
2 89.8 percent. The other 15 facilities all showed
3 average occupancy percentages well below the
4 90-percent targeted rate, including Rosewood Care
5 Center of Rockford.

6 The CON seeks to construct an additional
7 120-bed skilled nursing facility of all private
8 rooms that is certified for Medicare and Medicaid
9 as well as VA contracts. The need for the
10 facility was based upon the targeted population
11 of returning veterans and the local population
12 requiring unmet special programs and services to
13 address traumatic brain injury, or TBI, spinal
14 cord injuries, polytraumatic injuries, and
15 posttraumatic stress disorder.

16 Although the targeted clients included
17 disabled veterans primarily from the
18 Iraq/Afghanistan wars who have suffered multiple
19 injuries both on and off the battlefield, a
20 recent letter from the Department of Veteran
21 Affairs did not reflect the need for the 120-bed
22 skilled facility to treat veterans needing
23 residential polytrauma and/or TBI services.

24 The letter, dated June 14th, 2010,

1 mentioned, No. 1, "Although there is no specific
2 demand projections for veterans needing
3 residential polytrauma and/or TBI services, it is
4 expected to continue to be a small number."

5 2, "VISN 12 had planned construction for a
6 10-bed extended facility using THE GREENHOUSE
7 concept targeting younger veterans. The facility
8 will be located at the North Chicago VAMC and
9 will be the primary location for placement of
10 younger veterans in need of residential
11 polytrauma and/or TBI services for the entire
12 VISN 12 service area."

13 The Department of Veteran Affairs' letter
14 further stated that it, quote, end quote,
15 "Appears unlikely that there would be adequate
16 veteran demand to support the proposed 120-bed
17 facility in the Rockford area," end quote.

18 Further contradicting veteran demand to
19 support the proposed facility is the availability
20 of beds at Stephenson County Nursing Center,
21 which currently maintains a VA contract and has
22 an average occupancy of only 70.4 percent. The
23 CON application also included data to suggest the
24 need for a facility to specialize in providing

1 programs and services for adults with traumatic
2 brain injuries. However, the data used to
3 support the need is flawed and is not consistent
4 with the population that would be served by a
5 skilled nursing facility.

6 For example, the TBI Residential Assisted
7 and Skilled Nursing Unit Demand Study reflected a
8 capture rate of 10 percent but included the
9 number of cases from all age groups, including
10 the 0 to 17 age group, which accounted for the
11 second highest number of estimated incidents of
12 TBI in 2009. This age group would not be served
13 by Warriors' Gateway. This one flaw skews the
14 market feasibility of assisted living and skilled
15 nursing unit demand in the primary market area
16 considerably.

17 Further complicating the validity of market
18 feasibility is the lack of any specific data that
19 would substantiate how many cases require any
20 type of residential care and services. Although
21 the market study assumes a capture rate of
22 10 percent is conservative, it cannot be
23 determined that this figure is even a reasonable
24 estimate given the age of the larger cohort

1 typically effected by TBI, which is individuals
2 0 to 44 years of age. Who, based upon clinical
3 literature, typically recover and function
4 independently.

5 The CON application also suggests the lack
6 of facilities and programs in the Rockford area
7 to address the needs of TBI cases. However,
8 there is no data to support this conclusion. In
9 an area with an average yearly occupancy level at
10 77.83 percent or lower, the majority of skilled
11 nursing facilities, including Rosewood Care
12 Center, remain more than adequately equipped with
13 the necessary services and programs to
14 effectively treat TBI cases.

15 In particular, Rosewood Care Center has
16 been successful in the follow-up care and
17 treatment of TBI cases after completion of
18 intensive rehabilitation programs at Van Matre
19 Healthsouth Rehabilitation Hospital that also
20 specializes in brain and spinal cord injuries.
21 Van Matre Healthsouth Rehabilitation Hospital
22 remains conveniently located at 950 South Mulford
23 in Rockford, Illinois, and is part of the
24 Rockford Health System.

1 In conclusion, Partner for Caring
2 Development's proposed project to construct a
3 120-bed skilled nursing facility clearly does not
4 meet the required criterion and is based upon a
5 flawed and incomplete analysis of a need for any
6 additional special programs and services to
7 address the targeted market. For these very
8 valid reasons the certificate of need application
9 for Warriors' Gateway should be denied.

10 Thank you for your time.

11 HEARING OFFICER HALL: Mr. Fry?

12 MR. LLOYD FRY: No comment.

13 HEARING OFFICER HALL: Okay. Is
14 there anyone else who wishes to speak who has not
15 had the opportunity?

16 I would like to thank the Rockford City
17 Council Chambers for the use of their facility
18 today. I would remind everyone to submit your
19 written comment to me so we have this information
20 for the record. This project is scheduled for
21 consideration by the Illinois Health Facilities
22 and Services Review Board at its October 26th,
23 2010, meeting. The location for this meeting is
24 still being determined but I do believe it is in

1 Chicago.

2 You have until -- the public has until
3 October 6th, 2010, to submit written comments.
4 These comments can be sent to my attention at the
5 Illinois Department of Public Health at 525 West
6 Jefferson Street, Springfield,
7 Illinois 62761-0001. If you prefer, you may fax
8 your comments. Our fax number is (217) 785-4111.

9 Are there any questions?

10 AUDIENCE MEMBER: Can you repeat the
11 address one more time and the fax number?

12 HEARING OFFICER HALL: I can give you
13 a card.

14 AUDIENCE MEMBER: Thank you.

15 HEARING OFFICER HALL: Seeing that
16 there are no additional questions, I deem this
17 public hearing adjourned. Thank you.

18 (Which were all the proceedings
19 had in the above-entitled matter
20 at the hour of 2:53 p.m.)

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STATE OF ILLINOIS)
) SS.
COUNTY OF DU PAGE)

I, LYNETTE J. NEAL, Certified Shorthand Reporter No. 084-004363, CSR, RPR, and a Notary Public in and for the County of DuPage, State of Illinois, do hereby certify that I reported in shorthand the proceedings had in the above-entitled matter and that the foregoing is a true, correct, and complete transcript of my shorthand notes so taken as aforesaid.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed my Notarial Seal this 11th day of August, 2010.



Certified Shorthand Reporter
Registered Professional Reporter

My commission expires
March 29, 2014



A	
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