

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION SEP 10 2010

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Hamilton Memorial Hospital Nursing Center
Street Address: P.O. Box 429, 611 South Marshall
City and Zip Code: McLeansboro 62859
County: Hamilton Health Service Area: V Health Planning Area: Gallatin/Hamilton/Saline

Applicant /Co-Applicant Identification

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

Exact Legal Name: Hamilton Memorial Hospital District
Address: P.O. Box 429, 611 South Marshall, McLeansboro, Illinois 62859
Name of Registered Agent: N/A
Name of Chief Executive Officer: Randall W. Dauby
CEO Address: P.O. Box 429, 611 South Marshall, McLeansboro, Illinois 62859
Telephone Number: (618) 643-2361 Ext. 2160

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input checked="" 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.

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

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
Telephone Number: (217) 544-1551
E-mail Address: foley@foleyandassociates.com
Fax Number: (217) 544-3615

Additional Contact

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

Name: Randall W. Dauby
Title: CEO
Company Name: Hamilton Memorial Hospital District
Address: P.O. Box 429, 611 South Marshall, McLeansboro, Illinois 62859
Telephone Number: (618) 643-2361 Ext. 2160
E-mail Address: RDauby@hnhospital.org
Fax Number: (618) 643-2875

**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: <b>Hamilton Memorial Nursing and Rehabilitation Center</b>		
Street Address: <b>P.O. Box 429, 611 South Marshall</b>		
City and Zip Code: <b>McLeansboro 62859</b>		
County: <b>Hamilton</b>	Health Service Area: <b>V</b>	Health Planning Area: <b>Gallatin/Hamilton/Saline</b>

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: <b>TI-McLeansboro, L.L.C.</b>
Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Name of Registered Agent: <b>Daniel Maher, Attorney at Law</b>
Name of Chief Executive Officer: <b>Joseph C. Tutera</b>
CEO Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Telephone Number: <b>(816) 444-0900</b>

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
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**APPEND DOCUMENTATION AS ATTACHMENT 3 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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Name: <b>Charles H. Foley</b>
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E-mail Address: <b>foley@foleyandassociates.com</b>
Fax Number: <b>(217) 544-3615</b>

**Additional Contact**

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

Name: <b>Joseph C. Tutera</b>
Title: <b>Manager</b>
Company Name: <b>Tutera Healthcare Group</b>
Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Telephone Number: <b>(816) 444-0900</b>
E-mail Address: <b>JCT@Tutera.com</b>
Fax Number: <b>(816) 822-0081</b>

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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Exact Legal Name: <b>Hamilton Memorial Nursing and Rehabilitation, L.L.C.</b>
Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Name of Registered Agent: <b>Daniel Maher, Attorney at Law</b>
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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City and Zip Code: <b>McLeansboro 62859</b>		
County: <b>Hamilton</b>	Health Service Area: <b>V</b>	Health Planning Area: <b>Gallatin/Hamilton/Saline</b>

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: <b>Tutera Investments, L.L.C.</b>
Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Name of Registered Agent: <b>Daniel Maher, Attorney at Law</b>
Name of Chief Executive Officer: <b>Joseph C. Tutera</b>
CEO Address: <b>7611 State Line Road, Suite 301, Kansas City, Missouri 64114</b>
Telephone Number: <b>(816) 444-0900</b>

**Type of Ownership of Applicant/Co-Applicant**

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

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Telephone Number: <b>(816) 444-0900</b>
E-mail Address: <b>JCT@Tutera.com</b>
Fax Number: <b>(816) 822-0081</b>

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Joseph C. Tutera
Title: Manager
Company Name: Tutera Healthcare Group
Address: 7611 State Line Road, Suite 301, Kansas City, Missouri 64114
Telephone Number: (816) 444-0900
E-mail Address: JCT@Tutera.com
Fax Number: (816) 822-0081

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: TI-McLeansboro, L.L.C.
Address of Site Owner: 7611 State Line Road, Suite 301, Kansas City, MO 64114
Street Address or Legal Description of Site: P.O. Box 429, 611 South Marshall
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
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: Hamilton Memorial Nursing and Rehabilitation Center, L.L.C.
Address: 7611 State Line Road, Suite 301, Kansas City, MO 64114
<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
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity 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-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT 5 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 6 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)]

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

**TI-McLeansboro, L.L.C.** (Proposed owner and co-Applicant) proposes the acquisition of all assets as it relates directly to the skilled nursing unit (currently known as Hamilton Memorial Hospital Nursing Center and to be known as Hamilton Memorial Nursing and Rehabilitation) from **Hamilton Memorial Hospital District** (current owner/operator and co-Applicant) located at 611 South Marshall Avenue, McLeansboro, Hamilton County, Gallatin/Hamilton Saline Counties Planning Area, (Health Service Area V), Illinois. In addition, and through this application, **TI-McLeansboro, L.L.C.** (Owner) and **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** (operator/licensee) propose to own and operate the existing 60-bed nursing care unit currently located on the premises of Hamilton Memorial Hospital upon which time **Hamilton Memorial Hospital District** will not continue as a co-Applicant. Funding of this purchase is provided by a related "parental" entity of the proposed co-Applicants, **Tutera Investments, LLC** (also a co-Applicant).

This proposed project will not result in a change of beds but rather a change in the ownership and operations of the existing and operational nursing care unit and the conversion of the 60 nursing beds under the Hospital Licensing Act to the General Long-Term Care category of service under the Nursing Home Care Act. No new construction will be part of this transaction. It should be noted that **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** has been under a management contract with Hamilton Memorial Hospital to operate the skilled care unit since July 1, 2010.

On January 23, 2006 a Declaratory Ruling was issued by the former Health Facilities Planning Board which stated that since "there is no provision in the State Board's rules on the separation of a category of service from an existing licensed health care facility and subsequently to have the separated service deemed to be a new, separate health care facility, which presumably would require a new license issued under the Illinois Nursing Home Care Act" the establishment of a new service from under the Hospital Licensing Act to the general long-term care category of service under the Nursing Home Care Act, a Certificate of Need would be required by **Hamilton Memorial Hospital District** for the discontinuation of their nursing care beds and by the Applicant for the establishment of a new service. Thus, this project is contingent on the approval of **Hamilton Memorial Hospital District's** discontinuation and **Hamilton Memorial Hospital District's** application is contingent on the approval of this CON.

The 60-bed nursing building is a single story structure without a basement. The existing building has an approximate size of 20,807 gross square feet of which all 20,807 gross square feet will remain as is.

Since this project technically is for the "establishment" of the existing service under the Nursing Home Care Act, this project is classified as a Category B project in accordance with part 1120.20b)1). Furthermore, as a project for the establishment of a new long-term care facility, this project is also considered as Substantive in accordance with part 1110.40c of the 77 IAC, Chapter II.

**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-reviewable components that are not related to the provision of health care, complete the second column of the table below. 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>NONCLINICAL</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	36,053	18,947	55,000
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			
Other Costs To Be Capitalized	327,750	172,250	500,000
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>363,803</b>	<b>191,197</b>	<b>555,000</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	363,803	191,197	555,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>363,803</b>	<b>191,197</b>	<b>555,000</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>			



**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: \$ 500,000  
 Fair Market Value: \$ 500,000

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 \$ 0.

**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): August 2011

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. **See Transaction Document appended as ATTACHMENT- 3A**  
 Project obligation will occur after permit issuance.

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

**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  
**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

### Cost Space Requirements

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. 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
<b>REVIEWABLE</b>							
Nursing	\$198,532	7,443	7,443			7,443	
Living/Dining/Activity	\$102,854	3,856	3,856			3,856	
Kitchen/Food Service	\$50,413	1,890	1,890			1,890	
Janitor Closets	\$1,600	60	60			60	
Clean/Soiled Utility	\$5,601	210	210			210	
Beauty/Barber	\$4,801	180	180			180	
<b>Total Clinical</b>	<b>\$363,803</b>	<b>13,639</b>	<b>13,639</b>			<b>13,639</b>	
<b>NON REVIEWABLE</b>							
Office/Administration	\$86,289	3,235	3,235			3,235	
Employee Lounge/ Locker/Training	\$9,603	360	360			360	
Mechanical/Electrical	\$2,561	96	96			96	
Lobby	\$6,402	240	240			240	
Storage/Maintenance Corridor/Public Toilets	\$11,230 \$75,113	421 2,816	421 2,816			421 2,816	
Stair/Elevators	\$0						
<b>Total Non-clinical</b>	<b>\$191,197</b>	<b>7,168</b>	<b>\$7,168</b>			<b>\$7,168</b>	
<b>TOTAL</b>	<b>\$555,000</b>	<b>20,807</b>	<b>20,807</b>			<b>20,807</b>	

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**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. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

<b>FACILITY NAME: Hamilton Memorial Nursing and Rehabilitation Center</b>		<b>CITY: McLeansboro</b>			
<b>REPORTING PERIOD DATES: From: January 2009 to: December 2009</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	60	25	17,791	0	60
Specialized Long Term Care					
Long Term Acute Care					
Other ((Identify)					
<b>TOTALS:</b>	<b>60</b>	<b>25</b>	<b>17,791</b>	<b>0</b>	<b>60</b>

**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 manager 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 Hamilton Memorial Hospital District 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.

*Randall W. Dauby*  
 SIGNATURE  
 Randall W. Dauby  
 PRINTED NAME  
 CEO  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 10th day of August 2010

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_

*Tina L. Wodicker*  
 Signature of Notary

\_\_\_\_\_  
 Signature of Notary

Seal   
 \*Insert EXACT legal name of the applicant

Seal

**CERTIFICATION**

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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 TI-McLEANSBORO, L.L.C.  
 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.

*J.C. Tutera*  
 SIGNATURE  
Joseph C. Tutera  
 PRINTED NAME  
Manager  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 3<sup>rd</sup> day of August

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_

*Jenny L. Augustin*  
 Signature of Notary

Signature of Notary  
**JENNY L. AUGUSTIN**  
 Notary Public-Notary Seal  
 State of Missouri, Cass County  
 Commission # 06429263  
 My Commission Expires Aug 25, 2010  
 \*I hereby certify the accuracy of the information provided by the applicant

\_\_\_\_\_  
 Signature of Notary  
 Seal

**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 Hamilton Memorial Nursing and Rehabilitation, L.L.C. in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

[Signature]  
 SIGNATURE  
Joseph C. Tutera  
 PRINTED NAME  
Manager  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 32 day of August, 2010

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_

[Signature]

Signature of Notary **EMMY L. AUGUSTIN**  
 Notary Public-Notary Seal  
 State of Missouri, Cass County  
 Commission # 06429263  
 My Commission Expires Aug 25, 2010

\_\_\_\_\_  
 Signature of Notary  
 \_\_\_\_\_  
 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:

- 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 manager 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 II Investments, LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

[Signature]  
 SIGNATURE  
Joseph Tutera  
 PRINTED NAME  
Member  
 PRINTED TITLE

\_\_\_\_\_  
 SIGNATURE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 PRINTED TITLE

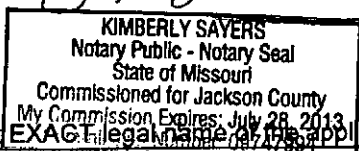
Notarization:  
Subscribed and sworn to before me this 2nd day of Sept 2010

Notarization:  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

[Signature]  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal



Seal

\*Insert EXACT legal name of the applicant

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, 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 – Background, Purpose of the Project, 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, and certification 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.

**APPEND DOCUMENTATION AS ATTACHMENT 11 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### 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 as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: 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. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**



**ALTERNATIVES**

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must 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
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13 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. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14 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. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

**This item is not germane as there is no unfinished or shell space.**

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:

**This item is not applicable as there is no unfinished or shell space.**

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-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

**SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP**

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

**NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.**

**A. Criterion 1110.240(b), Impact Statement**

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

**B. Criterion 1110.240(c), Access**

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

**N/A C. Criterion 1110.240(d), Health Care System**

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
  - a. the location (town and street address);
  - b. the number of beds;
  - c. a list of services; and
  - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

**APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**I. Criterion 1110.1730 - General Long Term Care**

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

Indicate bed capacity changes by Service:  
action(s):

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	60	60

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

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				
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		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
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	X

APPEND DOCUMENTATION AS ATTACHMENT 28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

\$550,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
		1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
		2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
0	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
0	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
0	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
		1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
		2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
		3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
		4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
		5) For any option to lease, a copy of the option, including all terms and conditions.
0	e)	Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
0	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
0	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$550,000	<b>TOTAL FUNDS AVAILABLE</b>	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**IX. 1120.130 - Financial Viability**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better **NOT APPLICABLE**
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent **NOT APPLICABLE**
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor. **NOT APPLICABLE**

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. **THIS ITEM IS NOT APPLICABLE**

Provide Data for Projects Classified as:	Category A or Category B (last three years)		Category B (Projected)
Enter Historical and/or Projected Years:			
Current Ratio			
Net Margin Percentage			
Percent Debt to Total Capitalization			
Projected Debt Service Coverage			
Days Cash on Hand			
Cushion Ratio			

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.

**2. Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM**



**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- N/A 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) 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. Conditions of Debt Financing – Not Applicable**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**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). **There is no new construction or modernization of space. Therefore, this item is not germane.**

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											
Contingency											
<b>TOTALS</b>											

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT 42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year-1	Year-2	Year-3
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
MEDICAID			
Medicaid (# of patients)	Year-1	Year-2	Year-3
Inpatient	36	36	36
Outpatient	0	0	0
<b>Total</b>	<b>36</b>	<b>36</b>	<b>36</b>

<b>Medicaid (revenue)</b>			
Inpatient	\$1,250,000	\$1,250,000	\$1,250,000
Outpatient	0	0	0
<b>Total</b>	<b>\$1,250,000</b>	<b>\$1,250,000</b>	<b>\$1,250,000</b>

APPEND DOCUMENTATION AS ATTACHMENT 43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

- All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
- If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
- If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Payor Source:	
Medicare	4
Medicaid	36
Private/Insurance	8
Charity	0
Total	48

Anticipated charity care expense = \$0

Projected ratio of charity care to net patient revenue = 0

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year-1	Year-2	Year-3
Net Patient Revenue	0	0	0
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

APPEND DOCUMENTATION AS ATTACHMENT 44, 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/Coapplicant Identification including Certificate of Good Standing	029-032
2	Site Ownership	033-075
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	076-128
5	Flood Plain Requirements	129-131
6	Historic Preservation Act Requirements	132
7	Project and Sources of Funds Itemization	133
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	134-138
11	Background of the Applicant	139-147
12	Purpose of the Project	148-155
13	Alternatives to the Project	156-177
14	Size of the Project	178
15	Project Service Utilization	179-182
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
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## **SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

### **Applicant/Co-Applicant Identification**

The existing owner/operator is **Hamilton Memorial Hospital District** (co-Applicant). This entity currently owns and operates the existing 60-bed long-term nursing care facility as part of its critical access hospital. This project proposes to remove the license from the Hospital Licensing Act through the change of ownership criteria under the Certificate of Need application process. Therefore, upon project completion, the Applicant entities will be **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** designated as the operating entity and **TI-McLeansboro, L.L.C.** designated as the real estate ownership entity. Additionally, the cash to fund this project is from **Tutera Investments, LLC** a parent entity to both of the proposed Applicants and therefore a co-Applicant. A Certificate of Good Standing for each entity respectively is appended as **ATTACHMENT-1A**. It should be noted that **Hamilton Memorial Hospital District** will not continue as a co-Applicant once this project is approved and licensed under the Nursing Home Care Act.

**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*

TI-MCLEANSBORO, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JUNE 08, 2010, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



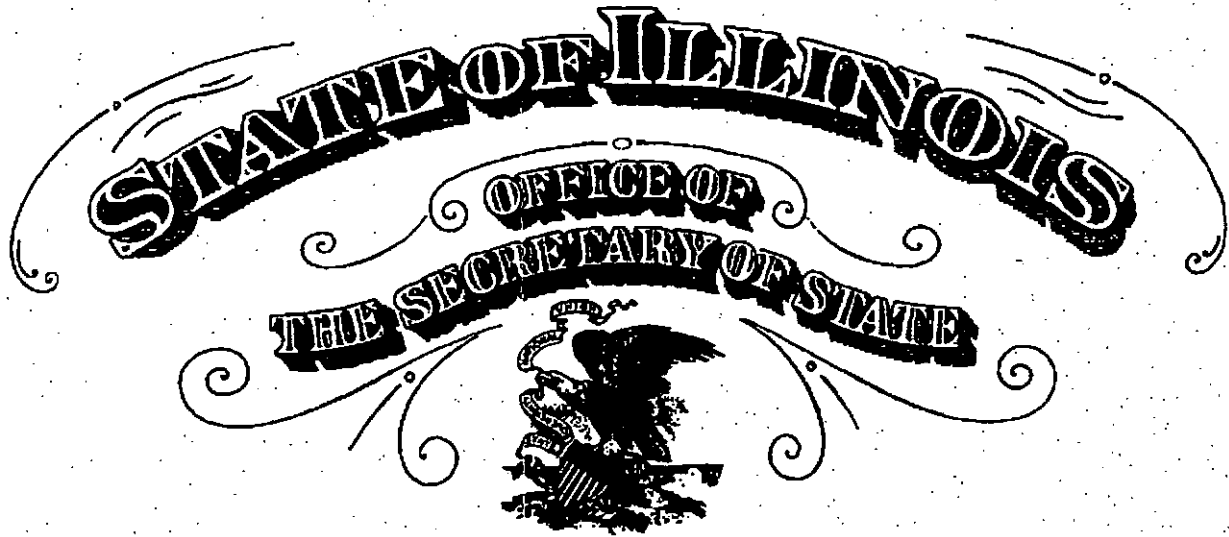
**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2010**

*Jesse White*

Authentication #: 1016201906

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

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*

HAMILTON MEMORIAL NURSING & REHABILITATION CENTER, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON JUNE 08, 2010, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of JUNE A.D. 2010*

*Jesse White*

Authentication #: 1016201884

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

SECRETARY OF STATE



*To all to whom these Presents Shall Come, Greeting:*

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

TUTERA INVESTMENTS, L.L.C., A MISSOURI LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 01, 2001, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2010*

*Jesse White*

Authentication #: 1024601930

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

SECRETARY OF STATE



## **SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued)**

### **Site Ownership**

Proof of ownership or control of the site is to be provide as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

The current owner of the site and building is **Hamilton Memorial Hospital District**. However, as this project is for the change of ownership, the proposed site owner will be **TI-McLeansboro, L.L.C.** upon project completion. Appended as **ATTACHMENT-3A** is the transaction document providing proof of site control. The Certificate of Good Standing for this entity is appended as **ATTACHMENT-1A**.

### **Operating Identity/Licensee**

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.

The Applicant who is the operator/licensee is **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** Appended as **ATTACHMENT-1A**, is this entity's Certificate of Good Standing. This document indicates that this Limited Liability Corporation was organized as a for-profit entity. The operating entity/licensee is made up of only one entity with greater than 5 percent or greater interest: **JCT Family Limited Partnership (99% interest share)**.

**ATTACHMENT-3**

## Asset Purchase Agreement

This Asset Purchase Agreement is made and entered into as of June 30, 2010 (the "Effective Date"), by and between HAMILTON MEMORIAL HOSPITAL DISTRICT, an Illinois hospital district ("Seller"), and TI - MCLEANSBORO, L.L.C., a Missouri limited liability company ("Purchaser").

### Recitals

A. Seller owns Hamilton Memorial Nursing Center, a 60-bed intermediate care facility located at 611 South Marshall Avenue, McLeansboro, Hamilton County, Illinois 62859, including its improvements and operations (the "Facility").

B. Purchaser desires to purchase certain Assets (as hereinafter defined), including the Facility from Seller, and Seller desires to sell the Assets, including the Facility, to Purchaser, all upon the terms and conditions set forth in this Agreement.

### Agreement

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Seller and Purchaser agree as follows:

#### ARTICLE I DEFINITIONS

1.01 Definitions. As used in this Agreement, the following terms have the meanings specified in this Section 1.01:

"Affiliate" means, with respect to any Person, any other Person that directly, or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with such Person, and for purposes of this definition, the term "control" means the direct or indirect power to cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by contract, or otherwise.

"Agreement" means this Asset Purchase Agreement and all exhibits and schedules attached to this Agreement, which are hereby incorporated into and made a part of this Agreement as if set forth in full herein.

"Assets" means the assets described on Exhibit "A" attached hereto.

"Assumed Contract" means: (a) to the extent permitted by Law, Seller's Medicare and Medicaid provider agreements and numbers with respect to the Facility; and (b) any contract, agreement, lease, commitment, or instrument to which Seller is a party or by which it is bound that has been entered into, renewed, extended, or otherwise amended in the ordinary course of operating the Facility and that either: (i) Seller, for whatever reason, is unable to terminate as of Closing without penalty or prospective liability; or (ii) Purchaser and Seller agree, prior to the Closing Date, shall be an Assumed Contract.

ATTACHMENT-3A

"Assumed Liabilities" means the liabilities described on Exhibit "B" attached hereto.

"Broker" means Senior Living Investment Brokerage, Inc., the broker engaged by Seller to assist in the sale of the Assets.

"CBA" means the Collective Bargaining Agreement to be negotiated between Purchaser and Union.

"Closing" means the consummation of the transactions contemplated by this Agreement.

"Closing Date" means the date on which the Closing occurs.

"Code" means the Internal Revenue Code of 1986, as amended.

"CON" means the Certificate of Need issued by IHFSRB that is required under Illinois Law to own and operate a skilled or intermediate care nursing facility.

"Deposit" means that certain \$50,000 earnest money deposit which Purchaser shall deposit with Escrow Agent following the execution of this Agreement.

"Equipment and Supplies" means all furniture, fixtures, equipment, machinery, inventory, supplies and other personalty owned by Seller and now or hereafter attached to, appurtenant to, or used solely in connection with the operation of the Facility.

"Employee Benefit Plan" means any "employee benefit plan" (as such term is defined in section 3(3) of ERISA) and any other material employee benefit plan, program, agreement, or arrangement of any kind maintained, sponsored, or contributed to by Seller, or in which the Facility Employees participate.

"Environmental Laws" means all currently existing and future federal, state, and local statutes, ordinances, rules, orders, regulations, remediation standards, and other provisions having the force of law for the protection of the environment, including the federal Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended, the federal Resource Conservation and Recovery Act, as amended, and related state statutes.

"ERISA" means the Employee Retirement Income Security Act of 1974, as amended.

"Escrow Agent" means Coffelt Land Title, Inc.

"Excluded Assets" means those assets described on Schedule 1.01.

"Excluded Records" means: (a) any records that, if provided to Purchaser, would violate any applicable Law; (b) any records relating to Seller's efforts to market the Facility for sale, including any correspondence or other communications with other bidders; and (c) any records, the disclosure of which would: (i) jeopardize any legal privilege available to Seller or any of its Affiliates relating to such records; or (ii) cause Seller or any of its Affiliates to breach a confidentiality obligation by which it is bound.

"Facility" means Hamilton Memorial Nursing Center, a 60-bed facility located at 611 South Marshall Avenue, McLeansboro, Hamilton County, Illinois 62859.

"Facility Employees" mean all employees of Seller, including the employees set forth on Schedule 3.01(l) of the Disclosure Schedules and any individuals hired after the Effective Date in the ordinary course of business to work at the Facility.

"Financial Records" means Medicare, Medicaid and other cost reports pertaining to the Facility.

"Governmental Authority" means any nation or government, any state, local or other political subdivision thereof, any central bank (or similar monetary or regulatory authority) thereof, any entity exercising executive, legislative, judicial, regulatory, or administrative functions of or pertaining to government, and any corporation or other entity owned or controlled, through stock or capital ownership or otherwise, by any of the foregoing.

"Hazardous Materials" means any hazardous or toxic substance or waste or any contaminant or pollutant regulated under Environmental Laws.

"IDPH" means the Illinois Department of Public Health.

"IHFSRB" means the Illinois Health Facilities and Services Review Board.

"Improvements" means the buildings, structures, other improvements, and fixtures located on the Land.

"Land" means those certain tracts or parcels of land described on Exhibit "A-1", together with all easements, hereditaments, rights of way, privileges, and rights appurtenant thereto.

"Law" or "Laws" means all foreign, federal, state, county and local laws, statutes, rules, regulations, codes, ordinances, orders, judgments, writs, injunctions, decisions or demand letters issued, entered or promulgated by any Governmental Authority, including common law.

"Management Agreement" means that certain Management Agreement of even date herewith between Seller and Manager.

"Manager" means Walnut Creek Management Company, L.L.C.

"Names" means the trade names by which the Facility is known.

"Permitted Exceptions" means only the following liens, encumbrances, covenants, restrictions, title defects, and limitations:

- (a) Liens for taxes in dispute or not yet payable;
- (b) The rights, if any, of Facility residents and other parties in possession of one or more rooms at the Facility; provided, however, that such rights are limited to

normal occupancy rights pursuant to the standard occupancy agreements in effect pertaining to the relevant Facility;

(c) Easements, restrictions, servitudes and the like which do not adversely affect the value of the Assets or to which Purchaser does not object;

(d) Transfer and assignment restrictions imposed as a matter of Law or by contract;

(e) Purchase money security interests incurred in the ordinary course of business;

(f) Matters of record affecting title and appearing in the Title Commitment or Survey which are not timely objected to by Purchaser as required pursuant to Section 3.01(k);

(g) Title exceptions that do not, in the reasonable opinion of Purchaser, materially impair the operations of the Facility; and

(h) Mortgages and other instruments which grant liens or security interests in the Assets for which the underlying indebtedness owing thereunder is being assumed by Purchaser.

"Person" means an individual, partnership, corporation, limited liability company, business trust, joint stock company, trust, unincorporated association, joint venture or Governmental Authority.

"Purchase Price" means the purchase price to be paid by Purchaser to Seller for the Assets pursuant to the provisions of Sections 2.03 and 2.04.

"Purchaser" means TI - McLeansboro, L.L.C., a Missouri limited liability company.

"Records" means all books and records, in whatever medium and wherever located, owned by Seller exclusively for or in connection with the ownership of the Assets or the operations of the Facility, including, to the extent such exists and is in the possession of Seller, all Financial Records, contracts, agreements, correspondence, accounting records, legal records, employment and employee records, medical and clinical records, quality of care records, management records, resident and family complaints, records that would indicate payment for care provided to residents/residents, and corporate and internal records, but not the Excluded Records.

"Retained Liabilities" means all liabilities of Seller other than the Assumed Liabilities.

"Seller" means Hamilton Memorial Hospital District, an Illinois hospital district.

"Seller's Knowledge" means the actual knowledge of any officer or director of Seller, without any obligation to investigate the matter in question.

"Taxes" means all taxes, however denominated, including any interest, penalties, or additions to tax that may become payable in respect thereof, imposed by any Governmental Authority, whether arising before, on, or after the Closing Date.

"Title Commitment" means the title commitment in respect of the Land that is to be delivered by Seller to Purchaser hereunder.

"Title Policy" means an ALTA Owner's Title Insurance Policy, with all exceptions deleted except for the Permitted Exceptions (as hereinafter defined), insuring Purchaser in respect of the Land from and after the Closing Date.

"Union" means collectively The Laborers' International Union of North America, The Southern and Central Illinois Laborers' District Council and Laborers' Local 1197.

## ARTICLE II PURCHASE AND SALE; CONSIDERATION

2.01 Transfer of Assets. At the Closing, and upon the terms and conditions herein set forth, Seller will sell, assign, transfer, and convey to Purchaser the Assets (but not, for the avoidance of doubt, the Excluded Assets).

2.02 Assumption of Liabilities. At the Closing, and upon the terms and conditions herein set forth, Purchaser will assume, and Purchaser will thereafter pay, perform, and discharge when due, the Assumed Liabilities (but not the Retained Liabilities).

2.03 Purchase Price. The Purchase Price for the Assets is \$500,000, plus or minus any adjustments or credits as provided for hereunder or by agreement of the parties.

2.04 Method of Payment. The Purchase Price shall be calculated as of the Closing Date, and if incapable of being accurately calculated as of the Closing Date, then estimated and reconciled within ninety (90) days following the Closing Date, all as more fully set forth below:

(a) Within two (2) business days following the Effective Date, Purchaser shall pay to the Escrow Agent, by wire transfer of immediately available funds, the Deposit. The Deposit is not refundable except as provided herein, and will be held and disbursed by the Escrow Agent in accordance with this Agreement;

(b) On the Closing Date, the Escrow Agent will pay to Seller, by wire transfer of immediately available funds to a bank account designated by Seller (the "Seller's Account"), the Deposit and any interest earned on the Deposit as of the Closing Date;

(c) A credit in the amount of \$50,000.00 for the consulting fee due and owing by Seller to Foley & Associates, Inc. for "unbundling" the CON and causing a new CON to be issued in the name of Purchaser; and

(d) On the Closing Date, Purchaser will pay to Seller, by wire transfer of immediately available funds to the Seller's Account, the balance of the Purchase Price less the amount paid to Seller under Section 2.04(b) above, plus or minus any adjustments or credits as provided for hereunder or by agreement of the parties.

2.05 Prorations. All expenses of owning or operating the Assets will be prorated as of the Closing, including: (a) vendor expenses; (b) water, sewer, gas, electricity, and other utility charges; (c) real and personal ad valorem taxes; and (d) the value of all Deposits and Prepaid Expenses (as defined in Schedule 1.01). Real and personal ad valorem taxes shall be prorated at Closing on the basis of the amount of such taxes for the year preceding the year in which the Closing occurs. With respect to determining the value of all Deposits and Prepaid Expenses, the parties agree to cooperate and act reasonably to determine such value no later than two (2) business days prior to Closing, if necessary by making representatives available to conduct inventories at the Facility. Other adjustments and prorations may be settled by the parties, acting reasonably, within ninety (90) days following Closing or as otherwise agreed by Seller and Purchaser.

2.06 Purchase Price Allocation. Without limiting the generality of the foregoing, for Tax purposes, the parties agree to allocate the Purchase Price, the Assumed Liabilities, and other relevant items in accordance with the applications filed for the Purchaser Required Licenses and Section 1060 of the Code. To that end, Purchaser will prepare and deliver to Seller, within ten (10) days prior to the Closing Date, an allocation schedule setting forth Purchaser's good-faith determination of such allocation (within the foregoing parameters), which allocation schedule will be subject to Seller's reasonable approval. The parties agree that they will report the federal, state, and local Tax consequences of the purchase and sale hereunder (including in filings on IRS Form 8594) in a manner consistent with such allocation and that they will not take any position inconsistent therewith in connection with any Tax return, refund claim, litigation or otherwise, unless and to the extent required to do so pursuant to applicable Law. Seller and Purchaser will cooperate in the filing of any forms (including Form 8594) with respect to such allocation.

### ARTICLE III REPRESENTATIONS AND WARRANTIES

3.01 Seller's Representations and Warranties. Seller hereby represents and warrants to Purchaser as follows, except in all cases as disclosed in the disclosure schedules accompanying this Agreement (the "Disclosure Schedules"):

(a) Organization. Seller is duly organized and validly existing under the laws of Illinois.

(b) Authority. The execution, delivery, and performance by Seller of this Agreement have been duly authorized by all necessary corporate action by the board of directors of Seller, and no other corporate proceedings on the part of Seller are necessary to authorize such execution, delivery, and performance except as set forth on Schedule 3.01(b) of the Disclosure Schedules (the "Seller Required Consents"). This Agreement has been duly executed by Seller constitutes its valid and binding obligation, enforceable in accordance with its terms, subject to bankruptcy, insolvency, and other statutes affecting creditors' rights generally.

(c) No Conflict or Violation. The execution, delivery, and performance by Seller of this Agreement does not and will not: (i) violate or conflict with any provision of the certificate of incorporation or bylaws of Seller; (ii) to Seller's Knowledge, violate any provision of applicable Law applicable to Seller; or (iii) to Seller's Knowledge, violate or result in a breach of or constitute (with due notice or lapse of time or both) a default under any Assumed Contract,

which violation, conflict, breach, or default in any such case would reasonably be expected to have a material adverse effect on the Assets or the operations of the Facility.

(d) Compliance with Law. To Seller's Knowledge, with respect to the ownership of the Assets and the operations of the Facility, Seller is not in violation of any applicable Law (other than Environmental Law, as to which the only representations and warranties made by Seller are those contained in Sections 3.01(g) and 3.01(h) hereof) except for violations that would not reasonably be expected to have a material adverse effect on the Assets or the operations of the Facility. To Seller's Knowledge, no investigation or review by any Governmental Authority relating to the ownership of the Assets or the operations of the Facility is pending or threatened. To Seller's Knowledge, Seller is not in default with respect to any order, judgment, or decree of any court or other Governmental Authority applicable to Seller, the Assets, or the operations of the Facility, other than violations and defaults the consequences of which would not reasonably be expected to have a material adverse effect on the Assets or the operations of the Facility.

(e) Litigation. To Seller's Knowledge, as of the date of this Agreement there are no pending or threatened claims, causes of action, suits, or proceedings brought by or against Seller that, if adversely determined, could reasonably be expected to have a material adverse effect on the Assets or the operations of the Facility or materially impair the ability of Seller to consummate the transactions contemplated by this Agreement.

(f) Contracts. To Seller's Knowledge, Seller is not a party to or bound by any contract, agreement, lease, commitment, or instrument: (i) that has been entered into, renewed, extended, or otherwise amended in the ordinary course of operating the Facility (excluding the Management Agreement with Manager and the Consulting Agreement with Foley & Associates, Inc.); and (ii) that Seller is unable to terminate as of the Closing without penalty or prospective liability.

(g) Licenses. To Seller's Knowledge, Schedule 3.01(g) of the Disclosure Schedules sets forth a complete and correct list of all material permits, licenses, certifications, registrations, authorizations, and accreditations from any Governmental Authority ("Licenses") obtained or held by Seller in connection with the ownership of Assets and the operations of the Facility. To Seller's Knowledge, as of the date of this Agreement, and except as would not reasonably be expected to have a material adverse effect on the assets and the operations of the Facility: (i) each such Permit is valid and in full force and effect, and is not subject to any pending or threatened proceeding to revoke, cancel, suspend or declare such Permit invalid in any respect; and (ii) Seller is not in material default under any Permit.

(h) Environmental Matters. To Seller's Knowledge, Seller is in compliance with applicable Environmental Laws, except where such non-compliance would not reasonably be expected to have a material adverse effect on the Assets or the operations of the Facility. To Seller's Knowledge, there is and has been no release, spill, leak, discharge, or emission of any Hazardous Materials from, in, on, or beneath the Land that could form the basis for a claim against Seller. The representations and warranties contained in Section 3.01(g) and 3.01(h) are the only representations and warranties made by Seller with respect to matters arising under Environmental Laws or relating to Hazardous Materials.



(i) Tax Matters. To Seller's Knowledge: (i) except for Taxes to be prorated under this Agreement, and except as otherwise provided under this Agreement, there are no unpaid Taxes of Seller that will become the obligation of Purchaser; and (ii) Seller has timely filed all Tax returns in respect of the Assets and the operations of the Facility. Seller is not a foreign entity, as the term is defined in the Code and the regulations promulgated thereunder.

(j) Financial Statements. Seller has made available to Purchaser: (i) balance sheet information with respect to the Assets and certain Assumed Liabilities as of December 31, 2009 and March 31, 2010 (the "Balance Sheet Information") and (ii) income statements for the operations of the Facility for the 12-month period ending December 31, 2009 and the three (3) month period ending March 31, 2010 (the "Income Statement Information"). To Seller's Knowledge, the Balance Sheet Information and the Income Statement Information fairly present, as of the dates thereof or for the periods covered thereby, in all material respects, the items reflected therein.

(k) Title and Survey. Seller owns and has good, valid, and marketable title to the Assets, free and clear of all encumbrances other than the Permitted Exceptions. Seller has ordered, at Seller's expense: (a) a Title Commitment issued by Coffelt Land Title, Inc. (the "Title Company"); and (b) an as-built ALTA survey (the "Survey") of the Land to be prepared by a licensed surveyor acceptable to the parties. Purchaser shall have twenty (20) days following receipt of the Title Commitment (including all exception documents) and the Survey to object, in writing, to any matters (other than loan documents to be released at Closing), which appear of record in such Title Commitment or Survey. Any matter appearing in the Title Commitment or Survey which is not timely objected to will constitute a "Permitted Exception" to title. At Closing (as hereinafter defined), Seller shall pay the cost of a standard ALTA Owner's Title Insurance Policy, with all standard exceptions deleted, to be delivered to Purchaser, and Purchaser shall pay the costs for any special endorsements and any ALTA Lender's Title Insurance Policy.

(l) Employee Matters. To Seller's Knowledge: (i) Schedule 3.01(l) lists, as of the date shown thereon, the name, department, job classification, and biweekly or hourly pay rate of the Facility Employee and all Employee Benefit Plans that Seller maintains or in which the Facility Employees participate; (ii) each Employee Benefit Plan has been maintained, funded, and administered in accordance with the material terms thereof and complies in form and in operation in all material respects with the applicable requirements of ERISA and the Code; and (iii) none of the Facility Employee's employment is subject to a collective bargaining agreement.

(m) No Material Adverse Effect. To Seller's Knowledge, since April 30, 2010, no change or event has occurred which, either individually or in the aggregate, has resulted in or is reasonably likely to have a material adverse effect on the Assets or the operations of the Facility.

(n) Operation in the Ordinary Course. To Seller's Knowledge, except as contemplated or permitted pursuant to the terms of this Agreement, since April 30, 2010, the Facility has been operated in the ordinary course of business consistent with past practice.

(o) Broker's Fee. Except for the broker's fee that shall be due and owing by Seller to Broker upon Closing, no broker, finder, or other Person is entitled to any brokerage

fees, commissions, or finder's fees for which Purchaser could become liable or obligated in connection with the transactions contemplated hereby by reason of any action taken by Seller.

3.02 Purchaser's Representations and Warranties. Purchaser hereby represents and warrants to Seller as follows:

(a) Organization. Purchaser is duly organized and validly existing under the laws of Missouri, and is qualified to do business under the laws of Illinois.

(b) Authority. The execution, delivery, and performance by Purchaser of this Agreement have been duly authorized by all necessary limited liability company action by the sole member of Purchaser, and no other limited liability company proceedings on the part of Purchaser are necessary to authorize such execution, delivery, and performance except as set forth on Schedule 3.02(b) of the Disclosure Schedules (the "Purchaser Required Consents"). This Agreement has been duly executed by Purchaser and constitutes its valid and binding obligation, enforceable in accordance with its terms, subject to bankruptcy, insolvency, and other statutes affecting creditors' rights generally.

(c) No Conflict or Violation. The execution, delivery, and performance by Purchaser of this Agreement does not and will not: (i) violate or conflict with any provision of the articles or organization or operating agreement of Purchaser; (ii) violate any provision of applicable Law applicable to Purchaser; or (iii) violate or result in a breach of or constitute (with due notice or lapse of time or both) a default under any material contract to which Purchaser is a party.

(d) Licenses. Prior to acquiring and operating the Facility, Purchaser requires the Licenses listed on Schedule 3.02(d) of the Disclosure Schedules (the "Purchaser Required Licenses") and no others. Purchaser has, or on the Closing Date will have, the Purchaser Required Licenses.

(e) Availability of Funds. Purchaser has sufficient funds available to finance and consummate the transactions contemplated by this Agreement.

(f) Broker's Fee. No broker, finder, or other Person is entitled to any brokerage fees, commissions, or finder's fees for which Seller could become liable or obligated in connection with the transactions contemplated hereby by reason of any action taken by Purchaser.

3.03 Purchaser Acknowledgments. Purchaser represents and warrants to Seller that Purchaser has conducted its own independent review and analysis of the Assets, the Assumed Liabilities, and the operations of the Facility, including the value thereof, and Purchaser acknowledges that Seller has provided Purchaser with access to the personnel, properties, premises, and records of the Facility for this purpose. In entering into this Agreement, Purchaser has relied solely upon its own investigation and analysis, and the representations and warranties made by Seller in this Agreement, and Purchaser acknowledges that: (i) neither Seller nor any of its representatives makes or has made any representation or warranty, either express or implied, as to the accuracy or completeness of any of the information provided or made available to Purchaser or any of its representatives, except as and only to the extent expressly set forth in Section 3.01 (which are subject to the limitations and restrictions contained in this Agreement);

(ii) to the fullest extent permitted by Law, neither Seller nor any of its representatives shall have any liability or responsibility whatsoever to Purchaser or its representatives on any basis whatsoever based upon any information provided or made available, or statements made, to Purchaser or its representatives (or any omissions therefrom), including in respect of the specific representations and warranties of Seller set forth in this Agreement, except, with regard to Seller, as and only to the extent expressly set forth in Section 3.01 (which are subject to the limitations and restrictions contained in this Agreement); and (iii) except for the representations and warranties expressly set forth in Section 3.01, the Assets and the operations of the Facility are being purchased on an "as is, where is" basis, with all faults.

#### ARTICLE IV COVENANTS

4.01 Satisfaction of Conditions. Seller and Purchaser shall use commercially reasonable efforts to perform and satisfy, as soon as reasonably practicable, all conditions to their respective obligations to consummate the transactions contemplated by this Agreement. In particular, but without limitation: (a) Seller shall use commercially reasonable efforts to obtain the Seller Required Consents; and (b) Purchaser shall use commercially reasonable efforts to obtain the Purchaser Required Consents and the Purchaser Required Licenses. To that end, the parties agree to cooperate with each other in connection with any filing, submission, or notice to any Governmental Authority or other Person, and to keep each other informed on a timely basis of any other material communication to or from any Governmental Authority or other Person, in connection with or otherwise regarding the transactions contemplated hereby.

4.02 Conduct of Business Before the Closing Date. Except as provided on Schedule 4.02 of the Disclosure Schedules, and except as Purchaser may otherwise consent (which consent will not be withheld or delayed unreasonably), between the Effective Date and the Closing Date Seller will operate the Facility in the ordinary course of business pending Closing.

4.03 Certificate of Need. Following the Effective Date, Seller shall engage Foley & Associates, Inc., and Seller shall use its best efforts to assist Foley & Associates, Inc., to "unbundle" the CON held by Seller for both the Facility and the adjoining hospital owned and operated by Seller so that a CON specific to the Facility can be transferred to Purchaser and the CON required to operate the hospital be retained by Seller. Purchaser shall reasonably assist Seller in seeking to unbundle such CON and causing a new CON to be issued in the name of Purchaser. Seller and Purchaser agree that Purchaser shall pay the consulting fee due and owing to Foley & Associates, Inc. and Purchaser shall receive a credit in the amount of such consulting fee at Closing. In the event that the sale and purchase of the Facility fails to close, or this Agreement is otherwise terminated for any reason (other than a breach by Purchaser), Seller shall promptly reimburse Purchaser for the consulting fee from the funds that Seller is placing in escrow with Escrow Agent pursuant to that certain Escrow Agreement of even date herewith.

4.04 Access to Records and the Facility. Subject to Section 4.05 below, Seller will afford Purchaser and its representatives reasonable access, during normal business hours

throughout the period prior to the Closing Date or the earlier termination of this Agreement, to the books and records of Seller relating to Assets and the operations of the Facility if: (a) permitted under Law; (b) such books and records are not subject to confidentiality agreements, provided that Seller shall use its commercially reasonable efforts to obtain a waiver of any such confidentiality restrictions in order to permit such access; and (c) disclosing such books and records would not adversely affect any attorney client, work product, or like privilege. Upon reasonable prior notice, Seller will also afford Purchaser reasonable access to the Facility throughout the period prior to the Closing Date or the earlier termination of this Agreement. The rights of access contained in this Section 4.04 are granted subject to, and on, the following terms and conditions: (x) any such access not include physical testing or samplings, and shall be exercised in such a manner as not to interfere unreasonably with the operation of the Facility; (y) all such rights of access shall be at Purchaser's sole cost, expense, and risk, and Purchaser shall indemnify Seller for any damages, suits, claims, proceedings, fines, judgments, costs, and expenses (including attorneys' fees) (collectively, "Losses") that Seller or any third party may suffer as a result of Purchaser's exercise of its rights under this Section 4.04; and (z) Purchaser shall comply with and adhere to all of Seller's safety policies and procedures.

4.05 Confidentiality. Purchaser agrees that all non-public information in whatever form delivered, made available, or disclosed before or after the Effective Date by Seller or its representatives to Purchaser or its representatives in connection with the transactions contemplated hereby (the "Confidential Information") is of a confidential and proprietary nature to Seller. Purchaser agrees: (a) that it will maintain the confidentiality of the Confidential Information; (b) that it will protect and secure the Confidential Information in a commercially reasonable manner, and in any event in a manner no less protected and secure than Purchaser's own confidential information; (c) that it will not use the Confidential Information other than in connection with the consummation of the transactions contemplated by this Agreement (or to enforce its rights under this Agreement) or, following Closing, to operate the Facility; and (d) that it will disclose the Confidential Information only: (i) as may be required by Law; or (ii) to its directors, officers, employee, agents, and representatives on a need-to-know basis in order to consummate the transactions contemplated hereby (or to enforce its rights hereunder). If Closing does not occur, at Seller's request Purchaser will promptly return to Seller or destroy all Confidential Information, in whatever format, including Confidential Information incorporated into memoranda or other writings or analysis of Purchaser or its representatives. Purchaser agrees to cause its directors, officers, employees, agents, and representatives to comply with the obligations of Purchaser under this Section 4.05. In the event Closing does not occur, this Section 4.05 and associated obligations will survive the termination of this Agreement.

4.06 Availability of Records. After the Closing Date, Purchaser shall provide to Seller and its representatives (after reasonable notice and during normal business hours and without charge to Seller) access to all books and records relating to Assets and the operations of the Facility, including medical records, for periods prior to the Closing and shall preserve such books and records until the later of: (a) six (6) years after the Closing Date or (b) the retention period required by Law. Such access shall include reasonable access to any computerized information systems that contain data regarding the Assets or the operations of the Facility. Purchaser acknowledges that Seller has the right to retain originals or copies of such books and records for periods prior to the Closing. With respect to any litigation and claims that are Retained Liabilities, Purchaser will render all reasonable assistance that Seller may request in

defending such litigation or claim and will make available to Seller, on reasonable terms, the personnel of Purchaser or its Affiliates most knowledgeable about the matter in question.

4.07 Casualty Loss. Notwithstanding any provision hereof to the contrary, if, before the Closing Date, all or any portion of the Assets or the Facility is: (a) condemned or taken by eminent domain or is the subject of a pending or threatened condemnation or taking which has not been consummated; or (b) materially damaged or destroyed by fire or other casualty, Seller shall notify Purchaser promptly in writing of such fact, and: (x) in the case of condemnation or taking, Seller shall assign or pay, as the case may be, any proceeds thereof to Purchaser at the Closing; and (y) in the case of a fire or other casualty, Seller shall either restore such damage or assign the insurance proceeds therefrom to Purchaser at Closing. Notwithstanding the foregoing, Purchaser may terminate this Agreement if such condemnation, taking, damage, or destruction has or would reasonably be expected to result in a material adverse effect on the Assets or the operations of the Facility, taking into account any insurance or other proceeds received or to be received, and any remediation plans made or steps undertaken, in respect thereof.

4.08 Employee Matters. This Section 4.08 sets forth Seller's and Purchaser's agreements with respect to certain matters related to the Facility Employees.

(a) Employment Offers. No later than twenty (20) days prior to the Closing Date, Purchaser will make offers of employment to all of the Facility Employees, excluding the Facility Employees receiving long-term disability benefits. All such offers will be made in accordance with applicable Laws and will be conditioned only on the occurrence of the Closing. Those Facility Employees who accept Purchaser's offer of employment are referred to herein as "Transferred Employees."

(b) Benefits for Transferred Employees. Purchaser agrees to provide the Transferred Employees and their covered dependents with welfare and retirement benefits that are available to similarly situated employees of Purchaser and its Affiliates. Purchaser further agrees to recognize the Transferred Employees' service with Seller for purposes of eligibility, vesting, and other service-based benefits or entitlements under Purchaser's welfare and retirement plans, policies, and arrangements.

(c) Welfare Benefit Claims and Plans. Claims of Transferred Employees and their eligible beneficiaries and dependents for medical, dental, prescription drug, life insurance, and other welfare benefits (other than disability benefits as described below) (collectively, "Welfare Benefits") that are incurred before the Closing Date shall be the sole responsibility of Seller and its welfare benefit plans. Claims of Transferred Employees and their eligible beneficiaries and dependents for Welfare Benefits (other than disability benefits) that are incurred on or after the Closing Date shall be the sole responsibility of Purchaser and its welfare benefit plans. For this purpose, a medical/dental claim shall be considered incurred on the date when the medical/dental services are rendered or medical/dental supplies are provided, and not when the condition arose or when the course of treatment began. Long-term disability claims of individuals receiving long-term disability benefits under a disability plan of Seller as of the Closing Date or whose disability occurred prior to the Closing Date shall be the sole responsibility of Seller and such plan. Except for the long-term disability claims described in the preceding sentence, all other claims for disability benefits shall be the sole responsibility of Purchaser. Purchaser agrees to waive or to cause the waiver of all limitations as to pre-existing

conditions and actively-at-work exclusions and waiting periods for the Transferred Employees (except and then only to the extent that a Transferred Employee was subject to and had not, as of the Closing Date, satisfied any such condition, exclusion, or waiting period). With respect to the calendar year in which the Closing Date occurs, all health expenses incurred by any Transferred Employee or any eligible dependent thereof in the portion of the calendar year preceding the Closing Date that were qualified to be taken into account for purposes of satisfying any deductible or out-of-pocket limit under any Seller health care plans will be taken into account for purposes of satisfying any deductible or out-of-pocket limit under the health care plan of Purchaser for such calendar year.

(d) Pre-Closing Wages. Seller will retain responsibility for wages earned by the Transferred Employees prior to the Closing Date, and will pay all such accrued wages to the Transferred Employees in the normal course of business following the Closing Date.

(e) Accrued Vacation and Sick Leave Benefits. On the Closing Date, Seller shall deliver to Purchaser a cash deposit (the "Accrued Benefits Deposit") in an amount equal to vacation benefits earned or accrued but unused in respect of the Transferred Employees as of the Closing Date (the "Accrued Benefits"). Following the Closing Date, Purchaser shall assume the obligation to timely pay all Accrued Benefits when claimed by Transferred Employees in the ordinary course, consistent with past practice. Purchaser and Seller will true-up the Accrued Benefits Deposit as of the first anniversary of the Closing Date (the "Adjustment Date"), such that: (i) if the Paid or Vested Benefits (as defined below) exceed the Accrued Benefits Deposit, then Seller will pay Purchaser the amount of the excess, and (ii) if the Accrued Benefits Deposit exceeds the Paid or Vested Benefits, then Purchaser will pay Seller the amount of the excess. Within fifteen (15) days following the last day of each of the first eleven (11) months following the Closing Date, and within thirty (30) days following the Adjustment Date, Purchaser will deliver to Seller an accounting of all Accrued Benefits and the payment or vesting status thereof, together with such supporting documentation as Seller may reasonably request (collectively, the "Benefits Accounting"). Seller shall have the right, at its cost and expense, to commission an audit of the final Benefits Accounting, to be conducted by an independent third-party selected by Seller and acceptable to Purchaser, acting reasonably. The true-up amount payable under this Section 4.08(e) by Purchaser or Seller, as the case may be, will be due within ten (10) days following the final determination of the Paid or Vested Benefits. For purposes of this Section 4.08(e), the term "Paid or Vested Benefits" means the Accrued Benefits that (x) have been paid by Purchaser to the appropriate Transferred Employees prior to or on the Adjustment Date in the ordinary course, consistent with past practice, (y) were unvested as of the Closing Date, vested prior to or on the Adjustment Date, and remain vested (but unpaid) as of the of the Adjustment Date, or (z) were vested on the Closing Date and remain vested (but unpaid) as of the Adjustment Date; provided, however, that, for clarity, Paid or Vested Benefits will not include: (A) vacation benefits lost prior to the Adjustment Date due to a "use-it-or-lose-it" policy; (B) sick leave benefits which were earned or accrued but unused prior to the Adjustment Date (based on the understanding that Seller will be paying each Transferred Employee an amount equal to fifty percent (50%) of such Transferred Employee's sick leave benefit existing as of the Closing Date; (C) vacation subject to a maximum accrual, to the extent such benefits accrued as of the Closing Date are "replaced" by benefits earned following the Closing Date (so that, for instance, if a Transferred Employee has accrued the maximum available number of vacation hours (say, 40) as of the Closing Date, takes vacation between the Closing Date and the Adjustment Date, and re-earns twenty (20) vacation hours between the Closing Date and the Adjustment Date, then

Paid or Vested Benefits will not include twenty (20) hours of the vacation accrued by that Transferred Employee as of the Closing Date); and, provided further, that Paid or Vested Benefits will be determined as if Seller's vacation in effect as of the Closing Date continue in effect through the Adjustment Date. The Accrued Benefits Deposit will be deposited in an interest-bearing account acceptable to both Purchaser and Seller, acting reasonably, and all interest earned on the Accrued Benefits Deposit will be added to the Accrued Benefits Deposit for all purposes under this Section 4.08(e). The parties agree to take such reasonable actions as may be necessary, and otherwise to cooperate in good faith, to implement the purposes and intent of this Section 4.08(e).

(f) Other Earned Items. Seller shall be responsible for any and all service awards, health insurance premiums, dental insurance premiums, attendance bonuses, and 403(b) retirement plan contributions earned or due and owing to the Transferred Employees as of the Closing Date.

4.09 Transition. Seller and Purchaser will cooperate to effectuate a smooth and orderly transition of the ownership of the Assets and operations of the Facility, particularly with regard to resident care and the legal, regulatory, and administrative aspects of transferring the ownership of the Facility. To that end:

(a) Purchaser acknowledges that any and all amounts due from any individual, any insurer, any third-party payor, any state or federal agency, or any other party arising out of or in any manner related to the provision by Seller of goods or services prior to the Closing Date (the "Accounts Receivable") are not included among the Assets and will remain the sole and exclusive property of Seller. Accordingly, Seller shall be liable for any chargebacks, contractual adjustments, setoffs, or recoupment claims related to third-party payor programs, including Medicare and Medicaid, for periods prior to the Closing Date. If, after the Closing, Purchaser (or any of its representatives, Affiliates, or creditors) receives any payment or revenue that belongs to Seller, Purchaser will promptly remit or cause to be remitted the same to Seller, without set-off or deduction of any kind or nature. Seller shall be authorized to audit, in a reasonable manner, Purchaser's books and records to assure compliance with the provisions of this section, which right shall survive the Closing.

(b) Seller acknowledges that any and all amounts due from any individual, any insurer, any third-party payor, any state or federal agency, or any other party arising out of or in any manner related to the provision by Seller of goods or services on or after the Closing Date will be the sole and exclusive property of Purchaser. Accordingly, Purchaser shall be liable for any chargebacks, contractual adjustments, setoffs, or recoupment claims related to third-party payor programs, including Medicare and Medicaid, for periods on or after the Closing Date. If, after the Closing, Seller (or any of its representatives, Affiliates, or creditors) receives any payment or revenue that belongs to Purchaser, Seller will promptly remit or cause to be remitted the same to Purchaser, without set-off or deduction of any kind or nature. Purchaser shall be authorized to audit, in a reasonable manner, Seller's books and records to assure compliance with the provisions of this section, which right shall survive the Closing.

(c) After the Closing Date, Purchaser and Seller agree to notify, utilizing forms reasonably satisfactory to both parties, such Persons as either party reasonably deems appropriate to inform them about the consummation of the transactions contemplated hereby

(including the transfer of the operations of the Facility and the allocation of assets and liabilities hereunder), including payors in respect of the Accounts Receivable, Persons to whom Assumed Liabilities are owed, Persons to whom the Retained Liabilities are owed, the residents of the Facility and their families, and appropriate Governmental Authorities.

(d) Seller will provide Purchaser with an accounting of the resident trust accounts standing in Seller's name for residents at the Facility (the "Resident Trust Accounts"). From and after the Closing Date, the Resident Trust Accounts shall stand in the name of, and be the sole responsibility of, Purchaser, subject to any rights of the residents to the funds contained therein and the obligations of Purchaser with respect thereto under this Agreement.

4.10 Management Agreement. Seller agrees to terminate the Management Agreement with Manager effective as of the Closing Date.

#### ARTICLE V CONDITIONS TO CLOSING

5.01 Joint Conditions. The respective obligations of each party to effect the transactions contemplated hereby are subject to the satisfaction or waiver by Seller and Purchaser at or prior to the Closing Date of the following conditions:

(a) No applicable Law prohibiting the consummation of the transactions contemplated hereby shall be in effect, and no court of competent jurisdiction shall have issued any order that is in effect and that enjoins the consummation of the transactions contemplated hereby;

(b) Purchaser shall have received the Purchaser Required Licenses and the Purchaser Required Consents;

(c) Seller shall have received the Seller Required Consents; and

(d) Other Sellers and Other Purchasers are ready, willing and able to close on the purchase of the Other Facilities.

5.02 Purchaser's Conditions. The obligation of Purchaser to effect the transactions contemplated hereby is also subject to the satisfaction or waiver by Purchaser at or prior to the Closing Date of the following conditions:

(a) Seller shall have performed and complied in all material respects with the covenants and agreements contained in this Agreement that are required to be performed and complied with by Seller on or prior to the Closing Date;

(b) Seller's representations and warranties contained herein shall be true and correct in all material respects as of the Closing Date as if made at and as of the Closing Date (except to the extent that any such representation or warranty is expressly made as of an earlier date, in which case such representation and warranty will be true and correct in all material respects only as of such date);



(c) Purchaser shall have received a certificate from the CEO of Seller, dated as of the Closing Date, stating that, to the best of such officer's knowledge, the conditions set forth in Sections 5.02(a) and 5.02(b) have been satisfied;

(d) All standard exceptions and all other exceptions (other than Permitted Exceptions) listed in the Title Commitment shall have been released or otherwise resolved to Purchaser's satisfaction;

(e) Seller or Purchaser shall have negotiated a new CBA with the Union representing the Facility's Employees containing such terms and conditions as are acceptable to Purchaser, in its sole discretion;

(f) Purchaser shall have negotiated a Cross Easement Agreement to be executed by Seller, Purchaser and owner of the adjoining supportive living facility granting the parties thereto certain ingress, egress, access and parking rights on terms and conditions acceptable to Purchaser, in its sole discretion;

(g) No material adverse change, in the reasonable opinion of Purchaser, shall have occurred prior to the Closing Date with respect to the Assets being purchased hereunder; and

(h) Purchaser shall have received the items to be delivered pursuant to Section 6.02 below.

5.03 Seller's Conditions. The obligation of Seller to effect the transactions contemplated hereby is also subject to the satisfaction or waiver by Seller at or prior to the Closing Date of the following conditions:

(a) Purchaser shall have performed and complied in all material respects with the covenants and agreements contained in this Agreement that are required to be performed and complied with by Purchaser on or prior to the Closing Date;

(b) Purchaser's representations and warranties contained herein shall be true and correct in all material respects as of the Closing Date as if made at and as of the Closing Date (except to the extent that any such representation or warranty is expressly made as of an earlier date, in which case such representation and warranty will be true and correct in all material respects only as of such date);

(c) Seller shall have received a certificate from the manager of Purchaser, dated as of the Closing Date, stating that, to the best of such manager's knowledge, the conditions set forth in Sections 5.03(a) and 5.03(b) have been satisfied; and

(d) Seller shall have received the items to be delivered pursuant to Section 6.03 below.

ARTICLE VI  
CLOSING

6.01 Closing. Unless the parties otherwise agree, the Closing shall take place at the offices of Purchaser at 7611 State Line Road, Suite 301, Kansas City, Missouri at 10:00 a.m. (prevailing Central Time), but effective as of 12:00 midnight on the last day of the month following: (a) the approval of the Seller Required Consents, the Purchaser Required Consents and the Purchaser Required Licenses; and (b) all of the conditions set forth above in Article V above (other than those conditions that by their nature are to be satisfied on the Closing Date, but subject to the satisfaction or waiver of those conditions), or on such other date or at such other place and time as the parties may otherwise agree. In the event the Closing is delayed or hindered by reason of a strike, lock-out, failure of power, riot, insurrection, war, or other extraordinary event beyond the control of either party (including the failure to have obtained the Seller Required Consents, the Purchaser Required Consents or the Purchaser Required Licenses), the Closing Date shall be extended for a period equivalent to the period of delay or hindrance.

6.02 Seller's Closing Deliverables. At the Closing, and subject to the receipt of the Purchase Price, Seller shall deliver, or cause to be delivered, to Purchaser the following:

- (a) Special Warranty Deed for the Land, duly executed by Seller and in a form reasonably acceptable to Purchaser;
- (b) A Bill of Sale with respect to the Assets, duly executed by Seller and in a form reasonably acceptable to Purchaser;
- (c) Assignment and Assumption Agreements with respect to the Assumed Liabilities, duly executed by Seller and in a form reasonably acceptable to Purchaser;
- (d) Certificates of title for certificated motor vehicles or other titled Assets, duly executed by Seller as may be required for transfer to Purchaser;
- (e) The certificate contemplated by Section 5.02(c);
- (f) All consents, waivers, and approvals obtained by Seller from third parties in connection with this Agreement;
- (g) Evidence satisfactory to Purchaser of Seller's legal formation and existence;
- (h) An affidavit that Seller is not a foreign person under section 1445(b)(2) of the Code;
- (i) A copy, certified by an authorized officer of Seller, of resolutions authorizing the execution and delivery of this Agreement and the consummation of the transactions contemplated hereby, together with a certificate by the Secretary of Seller as to the incumbency of those officers authorized to execute and deliver this Agreement;
- (j) The Title Policy;
- (k) The cash deposit described by Section 4.08(e), by wire transfer of immediately available funds to an account specified by Purchaser;

(l) All such other agreements, documents, or instruments as are required to be delivered to Purchaser by Seller at or prior to the Closing Date under this Agreement, and all instruments of transfer, assignment, or conveyance as are reasonably requested by Purchaser in connection with the transfer of the Assets to Purchaser in accordance with this Agreement.

In no event shall Seller, in delivering any agreement, document, instrument, certificate, or other writing under this Agreement, be required to or be deemed to make any representation, warranty, or covenant, or to accept any liability or obligation, in addition to the representations, warranties, and covenants made, and the liabilities and obligations accepted, by Seller under this Agreement.

6.03 Purchaser's Closing Deliverables. At the Closing, Purchaser shall deliver, or cause to be delivered, to Seller the following:

- (a) The balance of the Purchase Price, in accordance with Section 2.04;
- (b) Assignment and Assumption Agreements with respect to the Assumed Liabilities, duly executed by Purchaser or an Affiliate (with respect to the assignment and assumption of the Resident Contracts) and in a form reasonably acceptable to Seller;
- (c) The certificate contemplated by Section 5.03(c);
- (d) All consents, waivers, and approvals obtained by Purchaser from third parties in connection with this Agreement;
- (e) Certificates of good standing with respect to Purchaser (dated no more than fifteen (15) days prior to the Closing Date) issued by the Secretary of State (or other duly authorized official) of Missouri and Illinois;
- (f) A copy, certified by an authorized officer of Purchaser, of resolutions authorizing the execution and delivery of this Agreement and the consummation of the transactions contemplated hereby, together with a certificate by the Secretary of Purchaser as to the incumbency of those officers authorized to execute and deliver this Agreement;
- (g) All such other agreements, documents, or instruments as are required to be delivered to Seller by Purchaser at or prior to the Closing Date under this Agreement, and all such other documents, instruments, and undertakings as are reasonably requested by Seller in connection with the assumption by Purchaser of the Assumed Liabilities in accordance with this Agreement.

6.04 Closing Costs and Transfer Taxes. Seller shall pay the costs and fees of its counsel, the cost of the Title Policy, and all other costs specifically allocated to Seller herein. Purchaser shall pay the costs and fees of its counsel, all transfer taxes and recording fees, all due diligence costs and expenses, all costs and fees associated with obtaining the Purchaser Required Licenses, all closing costs not specifically allocated to Seller or Purchaser hereunder, and all other costs specifically allocated to Purchaser herein.

**ARTICLE VII**  
**TERMINATION**

7.01 Right of Termination. Notwithstanding anything to the contrary contained herein, this Agreement may be terminated only as provided in this Article VII. In the case of any such termination, the terminating party shall give notice to the other party specifying the provision pursuant to which the Agreement is being terminated.

7.02 Termination Without Default

- (a) This Agreement may be terminated at any time before Closing:
- (i) By the mutual written consent of Seller and Purchaser; or
  - (ii) By Seller or Purchaser in accordance with Section 4.07.

(b) If this Agreement is terminated pursuant to Section 7.02(a), (i) the parties agree to instruct the Escrow Agent to return the Deposit (and any interest earned thereon) to Purchaser, less the fees and expenses of the Escrow Agent, and (ii) this Agreement will become null and void and have no effect (other than Section 4.05 and Article IX).

7.03 Effect of Failure of Seller's Conditions to Closing. Seller may terminate this Agreement at any time after the Outside Date if any condition contained in Section 5.03 has not been satisfied or waived by Seller as of the Outside Date; provided, however, that Seller shall not have the right to terminate this Agreement under this Section 7.03 if Seller's failure to fulfill any of its obligations under this Agreement is the reason that the Closing has not occurred on or before the Outside Date. If this Agreement is terminated pursuant to this Section 7.03, the parties agree to instruct the Escrow Agent to disburse the Deposit (and any interest earned thereon) to Seller as liquidated damages as Seller's sole and exclusive remedy.

7.04 Effect of Failure of Purchaser's Conditions to Closing. Purchaser may terminate this Agreement at any time after the Outside Date if any condition contained in Section 5.02 has not been satisfied or waived by Purchaser as of the Outside Date; provided, however, that Purchaser shall not have the right to terminate this Agreement under this Section 7.04 if Purchaser's failure to fulfill any of its obligations under this Agreement is the reason that the Closing has not occurred on or before the Outside Date. If this Agreement is terminated pursuant to this Section 7.04, (a) the parties agree to instruct the Escrow Agent to disburse the Deposit (and any interest earned thereon) to Purchaser, unless Purchaser, in its sole discretion, notifies the Escrow Agent in writing, with a copy to Seller, that Purchaser intends to seek specific performance of this Agreement against Seller, and (b) in the event that Purchaser elects to terminate this Agreement and receive back the Deposit, this Agreement will become null and void and have no effect (other than Section 4.05 and Article IX).

**ARTICLE VIII**  
**SURVIVAL AND INDEMNIFICATION**

8.01 Survival of Representations and Warranties. The representations and warranties of the parties in this Agreement will survive the Closing and will expire on the first anniversary of the Closing Date.

8.02 Indemnification by Seller. Subject to Section 8.07, Seller will indemnify, defend, and hold harmless Purchaser from and against any and all Losses asserted against or suffered by Purchaser as a result of or arising from: (a) any breach by Seller of its representations, warranties, or covenants in this Agreement; (b) any Retained Liability; or (c) any alleged breach or breach by Seller under the CBA or any agreement related thereto, including, without limitation, any claim or demand for withdrawal liability from the Laborers' International Union of North America National (Industrial) Pension Fund (the "Fund") arising out of Purchaser's acquisition of the Assets under this Agreement or the management services to be rendered by Seller's affiliate to the Facility between July 1, 2010 and the Closing Date. Seller shall bear the cost of all legal fees and expenses incurred in defending against any such claim and may, in Seller's sole discretion, pay such withdrawal liability in a lump sum or in accordance with an installment schedule provided by the Fund or dispute such withdrawal liability in accordance with the procedures set forth in the Multiemployer Pension Plan Amendments Act of 1980 and settle any such dispute. The indemnification provided herein is conditioned upon Purchaser's notification of Seller of any withdrawal liability assessment, demand or other inquire or notice of withdrawal liability from the Fund within ten (10) days of Purchaser's receipt of such assessment, demand or other inquire or notice of withdrawal liability. Purchaser agrees to cooperate fully and in good faith with Seller's dispute and arbitration of any withdrawal liability assessment.

8.03 Indemnification by Purchaser. Subject to Section 8.07, Purchaser will indemnify, defend, and hold harmless Seller from and against any and all Losses asserted against or suffered by Seller as a result of or arising from: (a) any breach by Purchaser of its representations, warranties, or covenants in this Agreement; or (b) any Assumed Liability.

8.04 Indemnification for Claims by Straddle Residents. Any claim by a resident relating to professional negligence or similar matters involving a resident of the Facility served both before and after Closing will be the responsibility of Purchaser or Seller in accordance with the following guidelines: (a) if it is a claim in which the incident giving rise to liability arose prior to Closing, Seller will be entitled to conduct the defense, obligated to pay defense costs (including attorneys' fees), and responsible for any resulting liability; (b) if it is a claim in which the incident giving rise to liability arose subsequent to Closing, then Purchaser will be entitled to conduct the defense, obligated to pay defense costs (including attorneys' fees), and responsible for any resulting liability; and (c) in the event that it is not clear whether the incident giving rise to liability occurred before or after Closing, or if the claim in which the incident giving rise to liability arose before and after the Closing, then Seller and Purchaser will jointly conduct the defense, apportion and pay defense costs (including attorneys' fees) equitably, and will fully cooperate with the other in such defense. If Purchaser and Seller cannot agree to the allocation of both liability and defense costs, then the issue shall be submitted to binding arbitration in accordance with the rules and procedures of the American Health Lawyers Association. Any and all liability of Seller under this Section 8.04 shall be subject to the limitations set forth in Section 8.07.

8.05 Loss Mitigation. Any party entitled to receive indemnification under this Agreement (the "Indemnitee") will use commercially reasonable efforts to mitigate any indemnifiable Losses, including by using commercially reasonable efforts to recover otherwise indemnifiable Losses from insurers of the Indemnitee under applicable insurance policies so as to reduce the amount of any indemnifiable Loss hereunder, and will not take any action

specifically excluding from any of its insurance policies any otherwise indemnifiable Losses if losses of such type are otherwise covered by such policies. The amount of any indemnifiable Loss will be reduced: (a) to the extent that the Indemnitee receives any insurance or any other proceeds with respect to an otherwise indemnifiable Loss; and (b) to take into account any net Tax benefit recognized by the Indemnitee arising from the recognition of the indemnifiable Loss and any payment actually received with respect to an otherwise indemnifiable Loss.

**8.06 Indemnity Procedures.** In the event that the Indemnitee becomes aware of a claim for which it may be entitled to indemnification hereunder, that party will promptly notify the other party (the "Indemnitor"), describing the claim in reasonable detail and indicating the estimated amount, to the extent practicable, of the indemnifiable Loss that the Indemnitee claims it has sustained or may sustain. The Indemnitor, at its sole cost and expense, will have the right, upon written notice to the Indemnitee delivered within fifteen (15) business days following its receipt of such notice from the Indemnitee, to retain counsel and conduct the defense of the claim while reserving its right to contest the issue of whether it is liable to the Indemnitee for any indemnification hereunder. If the Indemnitor elects to conduct the defense of the claim, the Indemnitee will cooperate fully with respect thereto, and the costs of any separate counsel retained by the Indemnitee will be borne solely by the Indemnitee. In the event the Indemnitor fails to respond to the written notice of a claim, or refuses to retain counsel and conduct the defense of the claim, the Indemnitee may retain counsel and conduct the defense of the claim, and the Indemnitor will be liable for all reasonable defense costs (including attorneys' fees) to the extent the Indemnitor is otherwise obligated hereunder to indemnify the Indemnitee with respect to such claim. In connection with any claim for which the Indemnitor accepts full responsibility hereunder, the Indemnitor will have full authority to make all decisions and determine all actions to be taken with respect to the defense and settlement of the claim, including the right to pay, compromise, settle, or otherwise dispose of the claim at the Indemnitor's expense; provided that any such settlement will be subject to the prior consent of the Indemnitee, which will not be unreasonably withheld or delayed, if the settlement involves relief other than or in addition to the payment of money. A failure to give timely notice under this Section 8.06 will affect the rights and obligations of a party hereunder only to the extent that, as a result of such failure, the party entitled to receive the notice was actually prejudiced as a result of such failure; provided, however, that in no event will a claim for indemnification be valid if made after the expiration of the applicable survival period set forth in Section 8.01.

**8.07 Limitations.** Notwithstanding any other provision of this Article VIII, (a) no claim for indemnification by either party hereunder may be made: (i) for any individual item where the indemnifiable Loss relating thereto is less than \$5,000; and (ii) unless the aggregate amount of all Indemnifiable Losses relating to such permitted items exceeds one percent (1%) of the Purchase Price, and then only to the extent of such excess. Furthermore, in no event will the aggregate indemnification to be paid by either party exceed ten percent (10%) of the Purchase Price. None of the foregoing limitations apply to: (x) claims by Purchaser under Section 8.02(b); (y) claims by Seller under Section 8.03(b); or (z) claims under Article II, Sections 3.01(a), 3.01(b), 3.01(c)(i), 3.01(c), 3.02, 4.05, 4.06, and 4.09, or Article IX.

**8.08 Applicability.** For the avoidance of doubt: (a) the obligations and covenants contained in this Article VIII survive the Closing; (b) the remedies and obligations under this Article VIII apply after the Closing only; (c) prior to the Closing, or in the event that this Agreement is terminated, the parties' remedies will be determined by applicable Law and the

provisions of Article VII; and (d) after the Closing, the sole and exclusive remedy for any breach or alleged breach of any representation, warranty, or covenant under this Agreement will be indemnification in accordance with, and subject to the limitations of, this Article VIII.

#### MISCELLANEOUS

9.01 Assignment. This Agreement may not be assigned by either party without the prior written consent of the other party.

9.02 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of Illinois, without regard to conflicts of law rules or principles.

9.03 Notices. Any notice, demand, waiver, or consent required or permitted hereunder shall be in writing and shall be given by email (receipt confirmed), facsimile (receipt confirmed), by prepaid registered or certified mail, with return receipt requested, or by a national overnight courier service, addressed as follows:

If to Seller:

Hamilton Memorial Hospital District  
611 South Marshall Avenue  
McLeansboro, IL 62859  
Attn: Randall W. Dauby  
Facsimile: (618) 643-2875  
Telephone: (618) 643-2361, Ext. 2160  
Email: RDauby@hnhospital.org

With a copy to:

Patrick Hewson, Esq.  
102 Orchard Drive  
P.O. Box 1060  
Carbondale, IL 62903-1060  
Facsimile: (618) 457-8017  
Telephone: (618) 457-3547  
Email: phewson@southernillinoislaw.com

If to Purchaser:

TI - McLeansboro, L.L.C.  
7611 State Line Road, Suite 301  
Kansas City, MO 64114  
Attn: Joseph C. Tutera  
Facsimile: (816) 276-0112  
Telephone: (816) 444-0900  
Email: jct@tutera.com

With a copy to:

Michael F. Flanagan, Esq.  
Michael F. Flanagan, L.L.C.  
7611 State Line Road, Suite 303  
Kansas City, MO 64114  
Facsimile: (816) 276-0121  
Telephone: (816) 444-0637

Email: MikeFlanagan@MFLLC.com

All such notices shall be effective upon receipt or refusal of delivery, whichever shall occur first. Any party may change its address for the purpose of notice by giving written notice in accordance with the provisions of this Section. The telephone numbers listed above are provided for convenience only, and are not to be used for notice purposes.

9.04 Section Headings. The article and section headings of this Agreement are for convenience of reference only and may not be utilized in construing or interpreting this Agreement.

9.05 Waivers. Any waiver by either party of any violation of, breach of, or default under any provision of this Agreement or any exhibit, schedule, or other document referred to in this Agreement by the other party shall not be construed as or constitute a waiver of any subsequent violation, breach of, or default under that provision or any other provision of this Agreement or any other document referred to in this Agreement.

9.06 Further Assurances. Each party shall, at any time and from time to time after the Closing, execute and deliver, or cause to be executed and delivered, such further consents, approvals, conveyances, assignments, and other documents and instruments as the other party shall reasonably request in order to carry out any of the terms and provisions of this Agreement.

9.07 Counterparts. This Agreement may be executed in original, pdf format or facsimile counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

9.08 Attorneys' Fees. Each party shall bear its own direct and indirect expenses, including attorneys' fees, incurred in connection with the negotiation and preparation of this Agreement and the consummation and performance of the transactions contemplated hereby, except as otherwise provided herein.

9.09 Waiver of Trial by Jury. Each party waives trial by jury with respect to any dispute regarding or arising under this Agreement.

9.10 Construction. This Agreement shall be construed as the joint and equal work product of each party and shall not be construed more or less favorably on account of its preparation or drafting.

9.11 Third Parties. Nothing in this Agreement, whether expressed or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any Persons other than the parties hereto and their respective legal representatives, successors, and permitted assigns. Nothing in this Agreement is intended to relieve or discharge the obligation or liability of any third Person to any party to this Agreement, nor shall any provision give any third Person any right of subrogation or action over or against any party to this Agreement.

9.12 General Construction. The word "including" means "including without limitation." Words such as "herein," "hereof," "hereby," and "hereunder" and words of similar import refer to this Agreement as a whole and not to any particular Section or Subsection of this Agreement.



9.13 Entire Agreement. This Agreement (including all schedules and exhibits attached hereto and all other documents executed in connection herewith and pursuant to the terms and conditions hereof) constitutes the entire contract between the parties relating to the transactions contemplated hereby, may not be modified except by an instrument in writing and signed by both of them, and supersedes and replaces all prior agreements and understandings, oral or written, with regard to such transactions.

9.14 Post-Closing Information. From time to time after the Closing, each party shall deliver to the other party such information and data as the other party may reasonably request, including information or data that is required to enable the requesting party to complete and file all federal, state, and local forms that may be required to be filed by it and to complete all customary tax and accounting procedures and otherwise to enable the requesting party to satisfy its reasonable internal accounting, tax, and other requirements or to otherwise respond to any claim, litigation, government investigation, or other matter for which the requesting party has liability hereunder.

9.15 Publicity. Any publicity prior to Closing relating to the transactions contemplated by this Agreement and the method of its release shall be approved in writing by Seller and Purchaser, and no publicity shall be released without such joint approval, unless otherwise required by Law. The parties acknowledge that each may obtain confidential information regarding the other and the parties agree to maintain the confidentiality of such information and agree not to disclose such information to any third parties, other than the party's legal counsel, accountant or financial advisor where such information is necessary for the proper rendering of professional advice or services to the party. Both parties agree that they will comply with the privacy and non-disclosure provisions found in the Health Insurance Portability and Accountability Act ("HIPPA"). These confidentiality provisions shall survive the termination of this Agreement.

9.16 Like-Kind Exchange. Seller acknowledges that Purchaser may be required to assign its interest in this Agreement to a qualified intermediary in furtherance of the completion of a like-kind exchange for the purpose of qualifying for non-recognition of gain or loss under Section 1031 of the Internal Revenue Code of 1986, as amended. Seller agrees to cooperate with Purchaser in effectuating such exchange and shall permit Purchaser to assign its interest in this Agreement to the qualified intermediary; provided, however, that: (a) Seller shall not be obligated to incur any additional expense as a result of the assignment of this Agreement to the qualified intermediary or as a result of the exchange; and (b) Purchaser shall indemnify Seller against any costs or losses arising as a result of, or in connection with, such assignment or exchange.

9.17 Right of First Offer. If, at any time following the Closing Date, Purchaser determines that it desires to sell or lease the Facility, Purchaser shall so notify Seller in writing of such decision, along with the proposed listing price or lease terms for the Facility, and Seller be granted a right of first offer to purchase or lease the Facility upon the same terms and conditions as set forth in such notice. Such right of first offer shall be exercised by written notice from Seller to Purchaser within ten (10) days after Seller's receipt of the notice from Purchaser and the closing of such purchase or lease shall take place within sixty (60) days thereafter. Seller's right of first offer hereunder shall automatically expire by its own terms if Seller fails to timely exercise its rights within the ten (10) day period herein; provided, however, that the expiration of such

right of first offer shall not preclude Seller from making a subsequent offer to purchase or lease the Facility. The terms of this Article 9.17 shall survive the closing.

**[Signature Page Follows]**

APA

IN WITNESS WHEREOF, the parties have executed this Agreement on the date and year first written above.

**Seller:**

**HAMILTON MEMORIAL HOSPITAL DISTRICT**

By: 

Randall W. Dauby

Title: CEO

**Purchaser:**

**TI - MCLEANSBORO, L.L.C.**

By: 

Joseph C. Tutera

Title: Manager

**Exhibit and Schedule Index**

<b>Exhibit A</b>	<b>Assets</b>
<b>Exhibit A-1</b>	<b>Legal Description</b>
<b>Exhibit A-2</b>	<b>Vehicles</b>
<b>Exhibit B</b>	<b>Assumed Liabilities</b>
<b>Schedule 1.01</b>	<b>Excluded Assets</b>
<b>Disclosure Schedules</b>	

## Exhibit A

### Assets

The Assets comprise the following:

- (a) The Land;
- (b) The Improvements;
- (c) The Equipment and Supplies, and all warranties relating thereto, including the vehicles listed on Exhibit A-2;
- (d) The Records;
- (e) The Assumed Contracts, in each case (i) to the extent transferable and (ii) subject to obtaining any required consent;
- (f) The goodwill associated with the Facility and its operations;
- (g) The Names;
- (h) The Licenses held by Seller in connection with the ownership of the Assets and the operation of the Facility, in each case: (i) to the extent assignable; and (ii) subject to obtaining any required consent; and
- (i) Any deposits or advances held by Seller for any third party.

Notwithstanding anything to the contrary contained in this Exhibit "A", the Assets shall not include the Excluded Assets.

**Exhibit A-1**  
**Legal Description**

**Exhibit A-2**

**Vehicles**

1. None.

HAMILTON MEMORIAL NURSING CENTER  
FIXED ASSETS

Item	Description
3	Overbed Tables
2	Linen Hampers
2	Geri Chairs
1	IBM Wheelwriter 50W Disk Drive
1	Valve Body Head – Water Softener
1	G-Chair
1	Regular and 2 Recliner G Chairs
2	Linen Carts with Cover
4	Guest Chairs in DON's Office
1	Computer Desk
1	Manitowoc Ice Machine Series 450
1	Provision Resident Care Software
1	Medline Wheelchair
1	Hoyer Lift – Hydraulic
4	Reclining Geri Chairs
1	Trut 49 Double D
1	Trut49F Double
1	Trut23F Single
	Wallaroo Jr. Almond Units
1	Wheelchair
1	Wheelchair with Removable Arms
1	A.O. Smith Commercial Hot Water Heater
1	Mattress with Built-In Egg Crate
11	42" Square Fiber
11	42" Adjustable
60	60 Full Back W/745
10	All-in-One Excel Mattresses
2	Tympanic Monitoring Systems
1	Dietary Hot Food Table
1	Digiview Monitor & Keyboard – Nurse
2	Mobile Chart Racks and 60 Binders
1	Model 2001 Bed
1	In-Sink- Erator Garbage Disposal
2	BOA Medication Carts



Item	Description
1	Code Alert Fall Prevention System
2	Gaymar T Pump
12	Mattresses
1	42" Square Adjustable Dining Table
6	Hill Rom Model 630 Overbed Tables
1	Indoor Keypads
7	Mattresses
2	Wheelchair with Removable Legs
4	Mattresses
1	Vanity/Cabinets NC Beauty Shop
1	Excel 22" Wheelchair
1	Excel 18" Wheelchair
6	Mattresses
1	Manual 12" Meat Slicer
1	Air Concentrator
1	Used Stryker Stretcher
1	Cart Repair-Jack/Cylinder
3	Basic Beds w/Headboards
1	Water Conditioner
1	Oxygen Concentrator - 5 Liter
2	Oxygen Concentrators - 5 Liter
2	Laundry Hampers
2	Cube Trucks
3	Geri Chairs - 3 Position Recliners
1	Patient Lift - Ultralift 2000
6	Mattresses
1	Stretcher
1	Toaster - High Capacity
1	Hot Water Booster Heater
1	Oak Cabinet - Dining Area
1	Wandering System and Transmitter
1	Hoyer Lift and 22" Wheelchair
3	18" Wheelchairs
2	RCA 52" TV's
1	Oxygen Concentrator - 5 Liter
1	Wheelchair Scale
32	Drapes for Resident Rooms

Item	Description
2	Patient Beds w/siderails
1	Sharp Copier
4	Patient Beds w/rails
	Blinds, Artwork, Plants, Furniture
27	Resident Beds
1	Patient Lift - Ultralift 2500X
1	Lexmark C510 Laser Printer
60	3-Drawer Oak Chests
3	Dell Computers/Monitors
6	Resident Beds w/head/footboards
1	Ice Machine/Cuber
40	Padded Folding Chairs
1	Activity Display Board - Blue
1	Steady Aid 3500X Electric Standing
2	Desk Chairs
	Artwork, Blinds, Window Treatments
28	Cubicle Curtains
1	Office Chair - HON - Admin Office
4	Resident Beds/Mattresses
13	Resident Beds w/rails
	Dietary/Kitchen Equipment - Nursing Center

**Exhibit B**

**Assumed Liabilities**

The Assumed Liabilities comprise the following:

- (a) All liabilities and obligations under the Assumed Contracts, to the extent attributable to any period following the Closing Date;
- (b) All liabilities and obligations under any Licenses transferred to Purchaser under this Agreement, to the extent arising on or after, or attributable to any period following, the Closing Date;
- (c) All liabilities and obligations relating to or arising from the ownership of the Assets or the operation of the Facility on or after the Closing Date;
- (d) All liabilities and obligations expressly assumed by, or agreed to be borne by, Purchaser under this Agreement, including with respect to Taxes;
- (e) All liabilities and obligations of Seller or any of its Affiliates arising under or relating to any environmental matter (including any liability or obligation arising under any Environmental Law) relating to the Assets or the operations of the Facility;
- (f) The obligation to become a successor trustee under, and all liabilities and obligations in respect of, the Resident Trust Accounts, and all liabilities and obligations with respect to other deposits or advances included in the Assets; and
- (g) Liabilities and obligations agreements arising on and after the Closing Date under resident occupancy agreements.

**Schedule 1.01**  
**Excluded Assets**

The Excluded Assets comprise all assets other than the Assets, including the following:

- (a) Cash, cash equivalents, and bank deposits;
- (b) Certificates of deposit, shares of stock, securities, bonds, debentures, evidences of indebtedness, and any other debt or equity interest in any Person;
- (c) Any credit or refund: (i) related to Taxes paid by or behalf of Seller (including any refund received as a payment or as a credit against future Taxes payable; or (ii) relating to a period prior to the Closing Date under any Assumed Contract;
- (d) The Accounts Receivable;
- (e) All causes of action arising from Seller's ownership of the Assets or operation of the Facility before the Closing Date;
- (f) The value of all deposits made and expenses paid by Seller prior to the Closing, to the extent applicable to the operation of the Facility following the Closing, including with respect to inventory and supplies at the Facility (the "Deposits and Prepaid Expenses");
- (g) Rights under any contract, agreement, lease, commitment, or instrument to which Seller is a party or by which it is bound that is not an Assumed Contract;
- (h) Any assets that have been disposed of in the ordinary course of business;
- (i) All insurance policies and rights thereunder;
- (j) All software and software licenses;
- (k) The Excluded Records;
- (l) The Management Agreement; and
- (m) Any deposits held by the Escrow Agent.

### **Disclosure Schedules**

The attached Schedules have been prepared and delivered in accordance with the Asset Purchase Agreement dated as of June \_\_, 2010 (the "Agreement") by and between Hamilton Memorial Hospital District ("Seller"), and TI - McLeansboro, L.L.C. ("Purchaser"). Capitalized terms used but not defined in these Schedules shall have the meanings ascribed to them in the Agreement, unless the context otherwise requires.

The parties acknowledge and agree that neither these Schedules nor any disclosure made in or by virtue of them shall constitute or imply any representation, warranty, assurance, or undertaking not expressly set out in the Agreement and neither these Schedules nor any such disclosure shall have the effect of, or be construed as, adding to or extending the scope of any of the representations and warranties in the Agreement.

Matters reflected in these Schedules are not necessarily limited to matters required by the Agreement to be reflected in these Schedules. The fact that any item of information is contained herein shall not be construed as an admission of liability under any applicable Law, or to mean that such information is required to be disclosed in or by the Agreement, or to mean that such information is material. Such information shall not be used as a basis for interpreting the terms "material," "materially," or any similar qualification in the Agreement.

Items disclosed on one particular Schedule relating to one section of the Agreement are deemed to be constructively disclosed or listed on other Schedules relating to other sections of the Agreement to the extent it is reasonably apparent on the face of such other Schedules that such disclosure is applicable to such other Schedules.

**Schedule 3.01(c)**  
**Seller Required Consents**

1. Certificate of Need issued by IHFSRB.
2. Consent of Seller's secured lender(s) holding liens or security interests in any of the Assets.

**Schedule 3.01(g)**  
**Licenses**

1. IDPH skilled long-term care facility license, No. \_\_\_\_\_.

**Schedule 3.01(f)**  
**Employee Matters**



**Schedule 3.02(c)**  
**Purchaser Required Consents**

1. Certificate of Need issued by IHFSRB.
2. Consent of Union to a new CBA.
3. Cross Easement Agreement executed by Seller, Purchaser and owner of the adjoining supportive living facility, if necessary, granting the parties thereto certain ingress, egress, access and parking rights.

**Schedule 3.02(d)**  
**Purchaser Required Licenses**

1. A probationary nursing facility license from the IDPH.
2. Certificate of Need issued by IHFSRB.

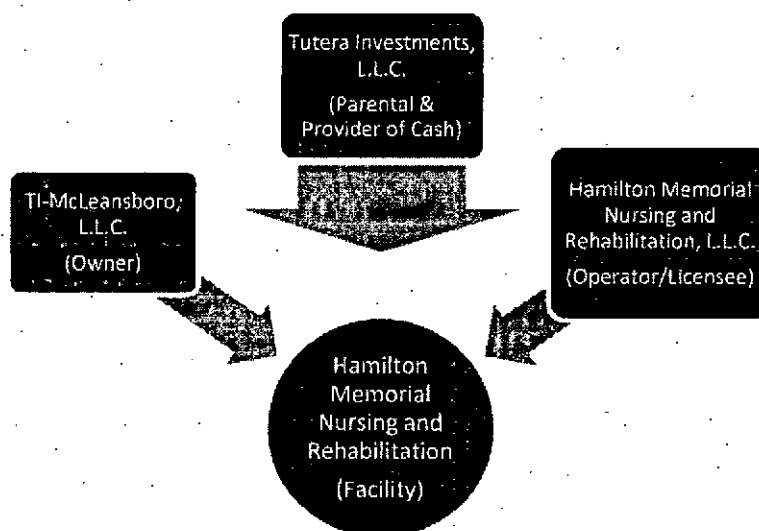
**Schedule 4.02**  
**Operations Outside of the Ordinary Course**

**SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(Continued)**

**Organizational Relationships**

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

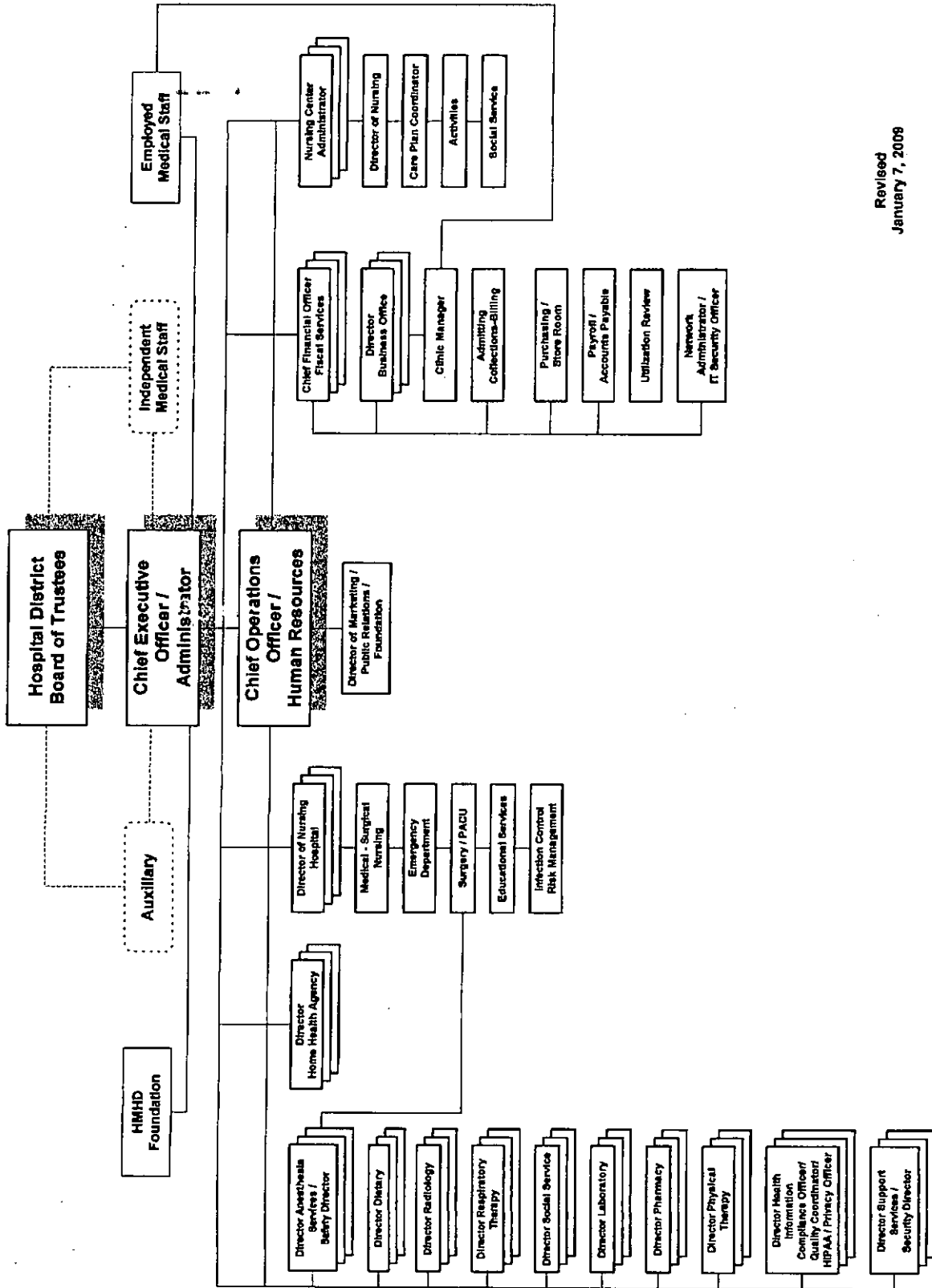
Appended as ATTACHMENT-4A, is a chart providing the “corporate” organizational structure of the current Subject facility. Appended as ATTACHMENT-4B, is a listing of all related long-term care facilities owned and/or operated and/or managed and/or leased for facilities or entities related to the proposed Applicants. As the Applicants are new entities, funding of this project in whole is derived from the Applicants’ existing cash/securities, existing revenue streams and existing equity. Specifically, this project will be funded by Tutera Investments, LLC, who is a parental entity and not from individuals with interest in either the ownership or operating entity. The chart below provides the organization relationship of the proposed Applicants.



**ATTACHMENT-4**

# Hamilton Memorial Hospital District

Organizational Chart



Revised  
January 7, 2009

# FACILITIES

#13

<u>Facility</u>	<u>Status</u>	<u>Start Date</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Atriums (The)	Own / Manage / Developed	1/20/1993	7300 W 107th Street	Overland Park	KS	66212
Auburn Nursing and Rehabilitation Center	Operate / Manage	5/16/2005	304 Maple Avenue	Auburn	IL	62615
Bethany Health Care & Rehabilitation Center	Own / Operate / Manage / Developed	5/1/1997	3298 Resource Pkwy.	DeKalb	IL	60115
Bucks Hill Nursing and Rehabilitation Center (fka Waterbury Healthcare & Rehabilitation Center)	Operate / Manage	8/1/2008	2817 North Main Street	Waterbury	CT	06704
Calcasieu Group Home I	Manage	5/1/1999	1801 Penny Drive	Vinton	LA	70668
Calcasieu Group Home II	Manage	5/1/1999	1405 West Kent Drive	Sulphur	LA	70663
Calcasieu Group Home III	Manage	5/1/1999	1710 Mill Street	Vinton	LA	70668
Calcasieu Group Home IV	Manage	5/1/1999	1101 Nona Street	Vinton	LA	70668
Calcasieu Group Home V	Manage	5/1/1999	1223 Fancher Street	Vinton	LA	70668
Calcasieu Multi-Handicap Center	Manage	5/1/1999	1301 Industrial Street	Vinton	LA	70668
Cambridge Manor	Own / Lease Out to Unrelated 3rd Party	3/1/2002	8530 Township Line Road	Indianapolis	IN	46260-1927
Carlville Rehabilitation and Health Care Center	Own & Operate	2/1/2008	751 North Oak Street P.O. Box 168	Carlville	IL	62626-1059
Carnegie Village Independent Living	Own, Lease, Manage	11/30/2006	107 Bernard Drive	Belton	MO	64012
Carnegie Village Assisted Living	Own, Operate, Manage	11/30/2006	103 Bernard Drive	Belton	MO	64012
Charlton Place, The Gables Assisted Living at (fka Resurrection Life Center Assisted Living)	Own / Operate	6/11/2007	65 Charlton Place is new address (on license: 1240 County Road 39)	Deatsville	AL	36022
Charlton Place Rehabilitation and Healthcare	Own / Operate	6/11/2007	65 Charlton Place is new address (on license: 1240 County Road 39)	Deatsville	AL	36022
Country Gardens In Oklahoma	Own / Operate	1/20/2009	611 South Country Club Drive	Muskogee	OK	74403

ATTACHMENT-4B  
Date printed: 8/4/2010

## FACILITIES

<u>Facility</u>	<u>Status</u>	<u>Start Date</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Cromwell Healthcare & Rehabilitation Center	Operate / Manage	8/1/2008	385 Main Street	Cromwell	CT	06416
Crystal Pines Rehabilitation and Health Care Center	Manage	2/1/1991	335 North Illinois Street	Crystal Lake	IL	60014
Derry Healthcare & Rehabilitation Center	Operate / Manage	8/1/2008	20 Chester Road	Derry	NH	03038
DIXON HEALTHCARE & REHABILITATION CENTER LLC	Owner of Real Estate / Lease out to Unrelated 3rd Party	9/19/2002	800 Division Street	Dixon	IL	61021
East Hartford Healthcare & Rehabilitation Center	Operate / Manage	8/1/2008	51 Applegate Lane	East Hartford	CT	06118
Fair Oaks Rehabilitation and Health Care Center	Manage	2/1/1991	1515 Blackhawk	South Beloit	IL	61080
Gentilly Gardens	Own / Operate	3/6/2007	625 Gentilly Road	Statesboro	GA	30458
Highland Nursing and Rehabilitation Center	Own / Operate	9/29/1995	904 E. 68th Street	Kansas City	MO	64131
Hillsboro Rehabilitation and Health Care Center	Own / Operate	2/1/2008	1300 E. Tremont Street	Hillsboro	IL	62049
Holly Hill House	Manage	5/1/1999	100 Kingston Road	Sulphur	LA	70663
Lakeland Rehabilitation and Health Care Center	Manage	2/1/1991	800 W. Temple Avenue	Effingham	IL	62401
Lamar Court Assisted Living Community	Own / Operate	8/29/2008	11909 Lamar	Overland Park	KS	66209
Meridian Nursing and Rehabilitation Center	Own / Lease / Manage	6/1/2000	1555 N. Meridian	Wichita	KS	67203
Metropolis Nursing & Rehabilitation Center	Own / Lease / Manage	7/3/2003	2299 Metropolis Street	Metropolis	IL	62960
Monterey Park Nursing Center	Own, Lease, Manage	5/1/1994	4600 Little Blue Pkwy	Independence	MO	64057-8302
Oakley Courts	Developed, Own, Lease	7/18/1998	3117 Kunkle Blvd.	Freeport	IL	61032-6922
Pines Healthcare Center (The)	Own, Lease, Manage	9/1/1993	707 Armstrong Road	Lansing	MI	48911

# FACILITIES

<u>Facility</u>	<u>Status</u>	<u>Start Date</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Plaza Manor	Developed, Own, Lease	6/30/1988	4330 Washington	Kansas City	MO	64111
Plaza on the River Nursing and Rehabilitation Center	Sublease (Operate)	12/29/2006	808 Guadalupe	Kerrville	TX	78028
Rose Estates Assisted Living Community	Own & Operate	8/29/2008	12700 Antioch Road	Overland Park	KS	66213
Rosewood Nursing Center	Manage	5/1/1999	534 15th Street	Lake Charles	LA	70601
Stratford Commons Assisted Living Facility	Developed, Own & Operate	4/7/1998	12340 Quivira	Overland Park	KS	66213
Terrace at Riverstone	Lender only	10/1/2007	125 Riverstone Terrace	Canton	GA	30114
Victory Hills Senior Living Community	Own, Operate, Manage	7/1/2009	1900 N. 70th St.	Kansas City	KS	66102
Villa Health Care East	Manage	9/6/1991	100 Marion Parkway, P.O. Box 109	Sherman	IL	62684
Villa Health Care West	Manage	9/6/1991	100 Stardust Drive	Sherman	IL	62684
Villa St. Francis	Owner of real estate / Consult'g Agrmt	10/1/1997	16600 W. 126th	Olathe	KS	66062
Westridge Gardens Nursing & Rehabilitation Center	Own, Lease, Manage	7/31/2009	11901 Jessica Lane	Raytown	MO	64138
Willow Care Center	Own, Lease	9/9/1992	328 Munger Lane	Hannibal	MO	63401
Willow Place	Own / Operate	3/1/2007	1703 Stonewall Road	Laurinburg	NC	28352
Windsor Care Center	Own, Lease, Manage	M-10/1/97 O/M-9/1/98	250 North FM 2578 (P.O. Box 1447)	Terrell	TX	75160





State of Illinois 1982805

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized, to engage in the activity as indicated below.

DAMON T. ARNOLD, M. D.  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/11	BGBD	0000885
FULL LICENSE		
CRITICAL ACCESS HOSP		
EFFECTIVE: 07/01/10		

BUSINESS ADDRESS

HAMILTON MEMORIAL HOSPITAL

611 S MARSHALL AVENUE

MC LEANSBORO IL 62859

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •



Mark Parkinson, Governor  
Martin Kennedy, Secretary

[www.agingkansas.org](http://www.agingkansas.org)

March 22, 2010

David Bise  
Meridian Nursing & Rehabilitation Center  
1555 N Meridian  
Wichita, KS 67203

**ANNUAL REPORT**

This letter acts as notification to you that the Licensure & Certification Program has received, reviewed, and approved your annual report and fee. Your license remains in effect unless you fail to file next year's annual report, fail to pay the required annual fee, or have the license suspended or revoked.

Your cooperation is greatly appreciated. If agency staff can be of any assistance to you, please do not hesitate to contact us.

*LaNae K. Workman*

LaNae K. Workman  
Senior Administrative Assistant  
Licensure & Certification Commission

**LICENSURE, CERTIFICATION & EVALUATION COMMISSION**  
New England Building, 503 S. Kansas Avenue, Topeka, KS 66603-3404  
Voice: (785) 296-4986 • Toll-Free: (800) 432-3535 • Fax: (785) 296-0256  
TTY (Hearing Impaired): (785) 291-3167 • E-Mail: [www@mail2.aging.ks.gov](mailto:www@mail2.aging.ks.gov)

# State of Kansas Adult Care Home License



The following facility is hereby licensed as an adult care home subject to the provisions of K.S.A. 39-923 through 39-963 and regulations promulgated thereunder:

<b>Facility</b>	MERIDIAN NURSING & REHABILITATION CENTER	<b>State ID</b>	N067003
	1555 N MERIDIAN ST		
	WICHITA, KS 67203-1998	<b>County</b>	SEDGWICK

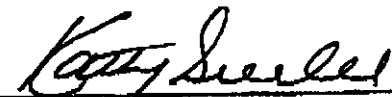
<b>Licenseses</b>			
COLUMBIA PRATHER LLC	MERIDIAN NURSING & REHABILITATION CENTER LLC	WALNUT CREEK MANAGEMENT COMPAN LLC	
7811 STATE LINE ROAD SUITE 301 KANSAS CITY MO 64114	7811 STATE LINE RD STE 301 KANSAS CITY MO 64114	7811 STATE LINE ROAD SUITE 301 KANSAS CITY MO 64114	

<b>Classification</b>	Nursing Facility	<b>Resident Capacity</b>	106
-----------------------	------------------	--------------------------	-----

<b>Limited to</b>			
Nursing Facility	106 Long Term Care Unit	0 Assisted Living	0
Residential Health Care	0 Nursing Facility Mental Health	0 ICF/MR	0
Boarding Care	0 Home Plus	0 Adult Day Care	0

Unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the licensee of an annual report as prescribed and payment of an annual fee.

Effective 06 /01/2000

  
 \_\_\_\_\_  
 Acting Secretary of Aging

  
 \_\_\_\_\_  
 State Fire Marshal  
 Approved for Fire Safety

LICENSURE AND CERTIFICATION DIVISION  
 NEW ENGLAND BUILDING, 503 S KANSAS AVENUE  
 Topeka, Kansas 66603-3404  
 Voice: (785) 296-4986 Fax: 785-296-0268

# State of Missouri



*Department of Health and Senior Services  
Division of Regulation and Licensure*

## *License*

MONTEREY PARK NURSING CENTER, INC

Operator

Is Hereby Granted this License to Operate A / An

### Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

MONTEREY PARK NURSING CENTER

Name of Facility

4800 LITTLE BLUE PARKWAY, INDEPENDENCE, MISSOURI 64057-8302

Location

TYPE OF LICENSE: RELICENSURE


MAXIMUM BED CAPACITY: 122

LICENSE NUMBER 038155

EFFECTIVE DATE 06/01/2010

EXPIRATION DATE 05/31/2012

SECTION ADMINISTRATOR  
SECTION FOR LONG TERM CARE REGULATION

		
<b>State of Illinois 1940511</b> <b>Department of Public Health</b>		
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>		
<p>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</p>		
<b>DAMON T. ARNOLD, M.D.</b> <b>DIRECTOR</b>		<small>Issued under the authority of The State of Illinois Department of Public Health</small>
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>LIC. NUMBER</small>
08/09/2011	BGBE	0046278
<b>LONG TERM CARE LICENSE</b> <b>SKILLED 103</b>		
<b>UNRESTRICTED 103 TOTAL BEDS</b>		
<b>BUSINESS ADDRESS</b> <b>LICENSEE</b>		
<b>METROPOLIS HEALTH CARE CENTER, L.L.C.</b> <b>METROPOLIS NURSING &amp; REHAB CTR</b> <b>2299 METROPOLIS STREET</b> <b>METROPOLIS IL 62960</b> <b>EFFECTIVE DATE: 08/10/09</b>		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •</small>		

# State of Missouri



Department of Health and Senior Services  
Division of Regulation and Licensure

## License

PLAZA MANOR, INC

Operator

Is Hereby Granted this License to Operate A / An

## Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

PLAZA MANOR

Name of Facility

4930 WASHINGTON, KANSAS CITY, MISSOURI 64111

Location

TYPE OF LICENSE: RELICENSURE

MAXIMUM BED CAPACITY: 154

LICENSE NUMBER: 037521

EFFECTIVE DATE: 07/28/2009

EXPIRATION DATE: 07/27/2011

*[Signature]*

SECTION ADMINISTRATOR  
SECTION FOR LONG TERM CARE REGULATION

# TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES

## NURSING FACILITY LICENSE

This to certify that

TI-KERRVILLE LLC DBA TILC-KERRVILLE LLC  
PLAZA ON THE RIVER NURSING AND REHABILITATION CENTER

having complied with Health and Safety Code, Chapter 242 and all Minimum Standards is hereby licensed to operate a

NURSING FACILITY

located at

808 GUADALUPE, KERRVILLE, 78028, KERR COUNTY

129083

License Number

12/29/2009

Effective Date

000269

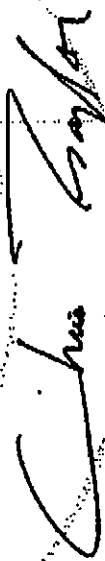
Vendor / Facility ID

64

Capacity

12/29/2011

Expiration Date



Chris Taylor

Commissioner

MUST BE POSTED IN CONSPICUOUS PLACE ON PREMISES  
Non-Transferable



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

**DIVISION OF NURSING HOME MONITORING  
NOTICE OF LICENSURE/CERTIFICATION ACTION**

**TYPE OF FACILITY:**

Nursing Home     Hospital Long Term Care Unit     County Medical Care Facility

1. State survey agency certifies/recertifies compliance with Medicare/Medicaid program requirements

**LICENSEE:** Tallahassee Care, Inc.

RENEWAL DATE	FACILITY/ADDRESS	BHS ID#	BED INFORMATION
X	Pines Healthcare Center, The 707 Armstrong Lansing, MI, 48911	33-4110	Total Beds: 160 SNF 18: SNF/18 NF/19: 160 NF 19: Licensed Only:
X	Pines Healthcare Center, The 707 Armstrong Lansing, MI, 48911	33-4110	Total Beds: 145 SNF 18: SNF/18 NF/19: 145 NF 19: Licensed Only:

**EFFECTIVE August 1, 2009** the facility wishes to delicense 15 beds located in Rooms 316-326 each having 1 bed per room, Room 330-1 bed, Room 332-1 bed, Room 337-1 bed, Room 338-1 bed.

**EFFECTIVE DATE: AUGUST 1, 2009**

**DATE ISSUED: AUGUST 4, 2009**

Authority: P.A. 368 of 1978 as amended  
Completion: Mandatory  
BHS-NHM-LC-180 (Rev 09/04/08)

"The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin,



JENNIFER M. GRAVHOEN  
GOVERNOR

DEPARTMENT OF COMMUNITY HEALTH 11605852

ISSUED PURSUANT TO SECTIONS 20142, 20144, AND 20145 OF THE PUBLIC HEALTH CODE P.A. 1968 OF 1978, AS AMENDED, AND MCL 333.25511 OF THE MICHIGAN COMPILLED LAWS.

THIS LICENSE REMAINS THE PROPERTY OF THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH) AND IS NOT TRANSFERABLE AND IS SUBJECT TO PAYMENT OF LICENSE FEES FOR ANNUAL RENEWAL. THIS LICENSE MAY BE LIMITED, SUSPENDED, OR REVOKED BY MDCH FOR ANY OF THE CONDITIONS SPECIFIED IN MCL 333.20465(1) OR MCL 333.20465(2).

PINES HEALTHCARE CENTERS THE MDCH/IBMS NO. 334910  
707 ARMSTRONG LANSING MI 48901  
INGHAM

THIS DOCUMENT IS ONLY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN.

ASSISTANT SECRETARY

PERSONNEL NO. 001

RECEIVED

09/15/2009

09/15/2009

# State of Missouri



*Department of Health and Senior Services  
Division of Regulation and Licensure*

## *License*

**TUTERA ACQUIRERS, INC**

*Operator*

Is Hereby Granted this License to Operate A / An

## **Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo

**WILLOW CARE CENTER**

*Name of Facility*

**328 MUNGER LANE, HANNIBAL, MISSOURI 63401**

*Location*

TYPE OF LICENSE: **RELICENSURE**

MAXIMUM BED CAPACITY: **111**

LICENSE NUMBER **037336**

EFFECTIVE DATE **09/01/2009**

EXPIRATION DATE **08/31/2011**

*[Signature]*

SECTION ADMINISTRATOR  
SECTION FOR LONG TERM CARE REGULATION

# TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES

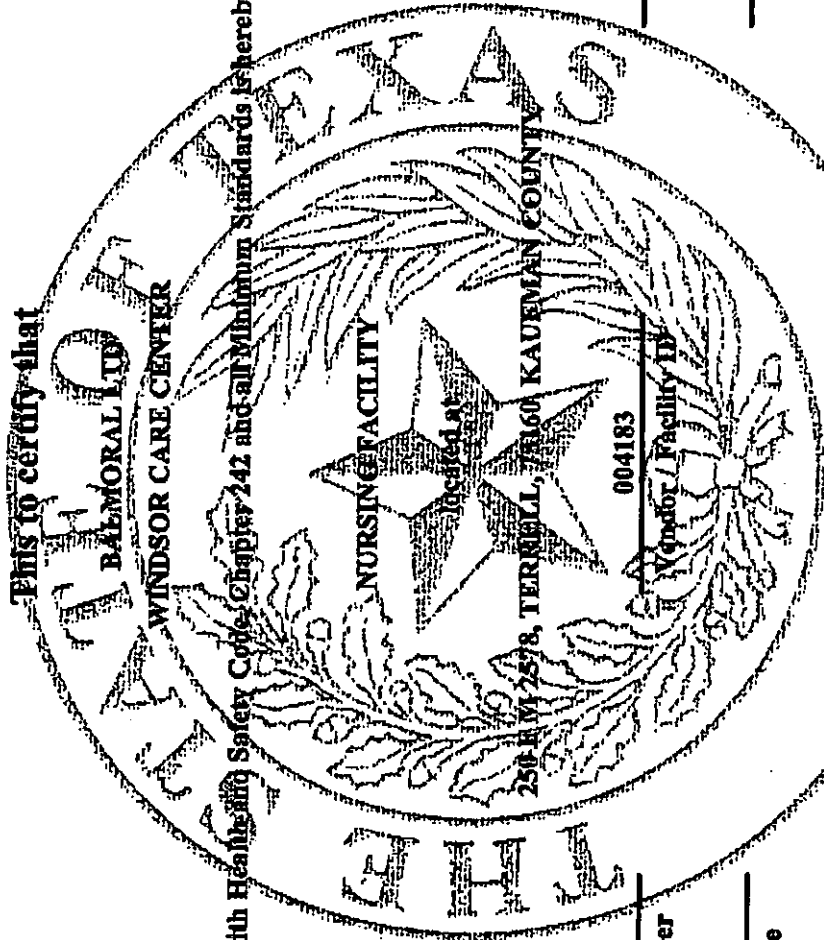
## NURSING FACILITY LICENSE

This to certify that

**BALMORAL LTD**

**WINDSOR CARE CENTER**

having complied with Health and Safety Code, Chapter 242 and all Minimum Standards is hereby licensed to operate a



125248

License Number

09/28/2008

Effective Date

108

Capacity

09/28/2010

Expiration Date

*Adelaide Horn*  
 Adelaide Horn  
 Commissioner

**MUST BE POSTED IN CONSPICUOUS PLACE ON PREMISES**  
 Non-Transferable

# State of Missouri



*Department of Health and Senior Services  
Division of Regulation and Licensure*

## *License*

**WESTRIDGE GARDENS NURSING & REHABILITATION CENTER, LLC**  
Operator

Is Hereby Granted this License to Operate A / An

### **Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo

**WESTRIDGE GARDENS NURSING AND REHABILITATION CENTER**

Name of Facility

**11901 JESSICA LANE, RAYTOWN, MISSOURI 64138**

Location

**TYPE OF LICENSE: ORIGINAL**

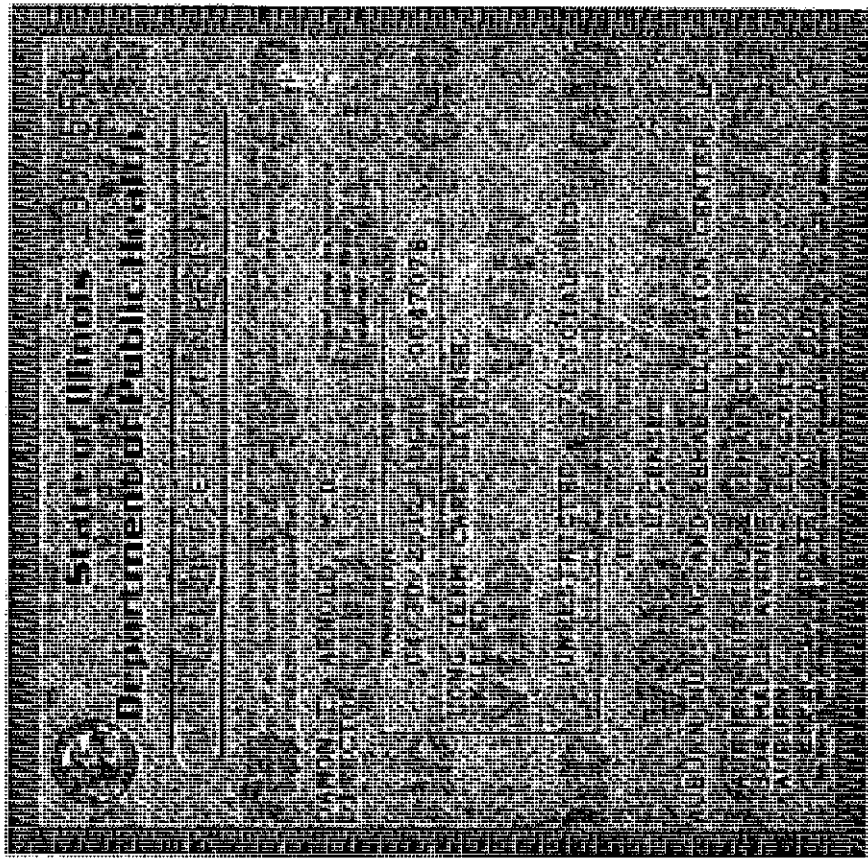
**MAXIMUM BED CAPACITY: 120**

**LICENSE NUMBER 037714**

**EFFECTIVE DATE 08/03/2009**

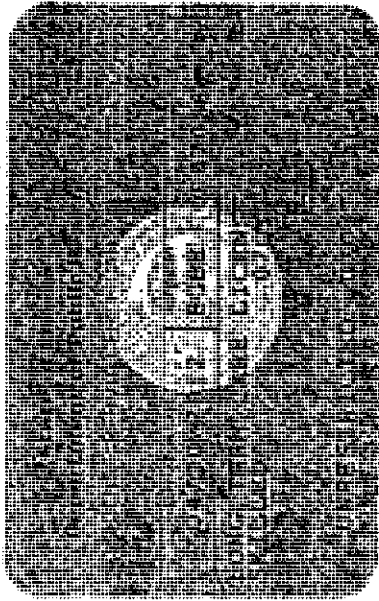
**EXPIRATION DATE 11/30/2010**

*[Signature]*  
SECTION ADMINISTRATOR,  
SECTION FOR LONG TERM CARE REGULATION



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION →



04/29/10

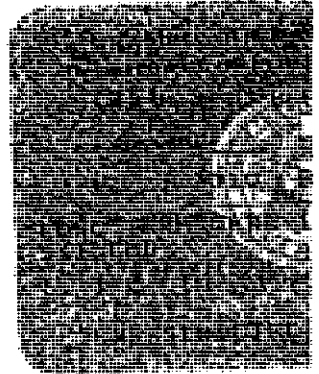
AUBURN NURSING & REHAB CENTER  
 304 MAPLE AVENUE  
 AUBURN IL 62615

FEE RECEIPT NO.



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD IDENTIFIC

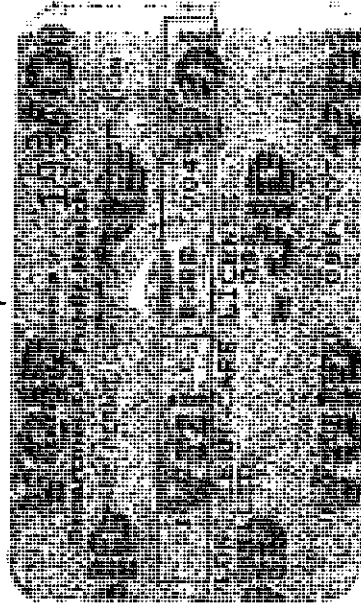


12/23/09  
 BETHANY HC & RE  
 RESOURCE PARKWA  
 DEKALB

FEE RE

DISPLAY THIS PART IN A CONSPICUOUS PLACE

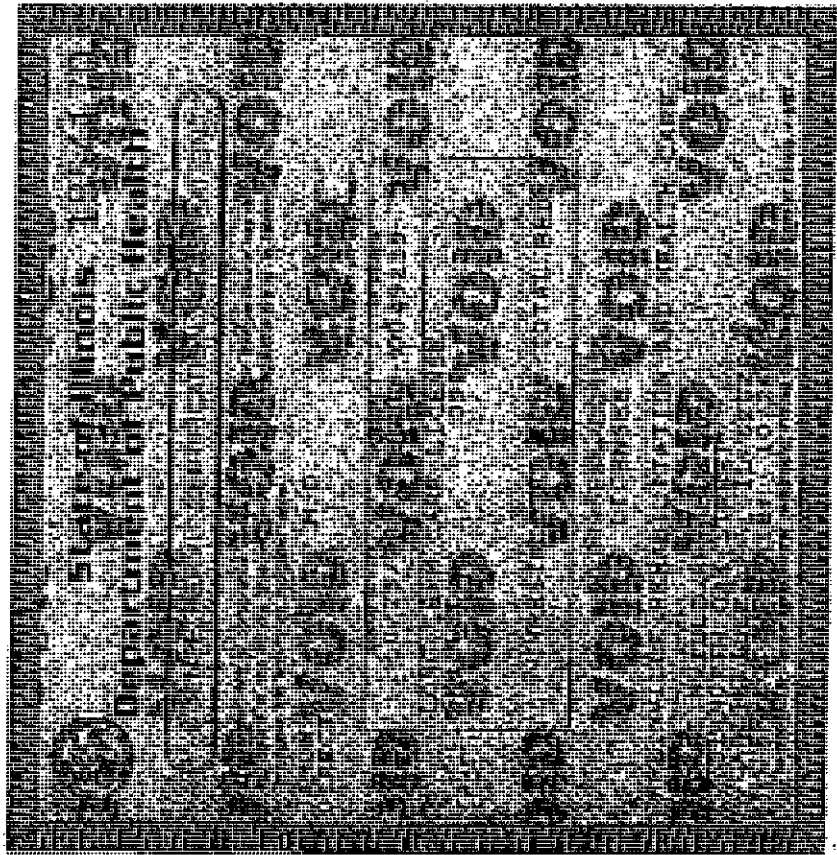
REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

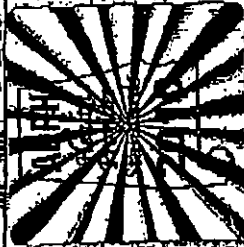


11/04/09

CARLINVILLE REHAB & HCC  
751 NORTH OAK STREET  
CARLINVILLE IL 62626

FEE RECEIPT NO.





**ALABAMA DEPARTMENT OF HEALTH PROBATIONAL LICENSE**

This is to certify that a license in the following area was granted by the State of Alabama to the following individual on the date indicated below:

**GOULDS ASSISTED LIVING AT CHARLTON PLACE THE**

As a/n

**ASSISTED LIVING FACILITY**

This license is valid only at the premises

**USCHER TONKALAC MEDICAL CENTER, AL 36022**

**PROBATIONAL LICENSE**

**PROBATIONAL LICENSE**



Bed Count: 24

DOB

Identification

*[Handwritten Signature]*

This license expires on **September 3, 2010**

Health Officer



**STATE OF CONNECTICUT**  
**Department of Public Health**

**LICENSE**  
**License No. 2341**

**Chronic and Convalescent Nursing Home and Rest Home with Nursing Supervision**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:  
TI - Cromwell, L.L.C. of Kansas City, MO, d/b/a Cromwell Healthcare & Rehabilitation Center is hereby licensed to maintain and operate a Chronic and Convalescent Nursing Home and Rest Home with Nursing Supervision.

**Cromwell Healthcare & Rehabilitation Center** is located at 385 Main Street, Cromwell, CT 06416 with:

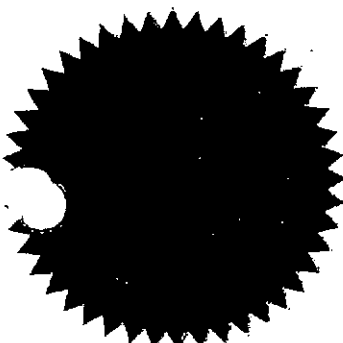
Carol Pawlina RN as Director of Nurses  
Thomas P. Lambe MD as Medical Director  
Stephen R. Roizen as Administrator

The maximum number of beds shall not exceed at any time:

2 Rest Home with Nursing Supervision beds  
168 Chronic and Convalescent Nursing Home beds

This license expires **September 30, 2010** and may be revoked for cause at any time.  
Dated at Hartford, Connecticut, August 1, 2008.

License revised to reflect:  
\*DECREASE 10 CCNH BEDS EFF: 1/27/10\*



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF PROGRAM SUPPORT**

EFFECTIVE DATE 7/1/2010  
EXPIRATION 6/30/2011

LICENSE NO: 03390 IS ISSUED TO TI-DERRY, LLC  
DBA DERRY HEALTHCARE & REHABILITATION CENTER

TOTAL BED  
COUNT: 62

LOCATED AT 20 CHESTER ROAD DERRY

NH THIS FACILITY HAS COMPLIED WITH RSA 161 AND THE RULES  
PROMULGATED THEREUNDER FOR LICENSURE AS THE  
FOLLOWING:

TYPE  
NURSING

ADMINISTRATOR  
MARK MCKERLEY

MEDICAL DIRECTOR  
GREGORY LYNCH, MD

LAB DIRECTOR

BED TYPE BED  
CMB 62

Comments: ANNUAL CERTIFICATE

Waiver:

*May P. Costello*

Senior Division Director

POST ON LOWER PORTION OF LICENSE

**STATE OF CONNECTICUT**  
**Department of Public Health**  
**LICENSE**  
**License No. 2340**

**Chronic and Convalescent Nursing Home**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:  
TI - East Hartford, L.I.C. of Kansas City, MO, d/b/a East Hartford Healthcare & Rehabilitation  
Center is hereby licensed to maintain and operate a Chronic and Convalescent Nursing Home.

East Hartford Healthcare & Rehabilitation Center is located at 51 Applegate Lane, East Hartford,  
CT 06118 with:

Donna C. Stango as Administrator  
Wayne C. Paulekas MD as Medical Director  
Tracey B. Scriven RN as Director of Nurses

The maximum number of beds shall not exceed at any time:

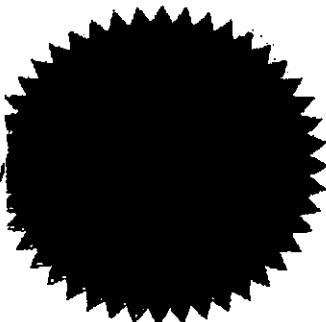
145 Chronic and Convalescent Nursing Home beds

This license expires September 30, 2010 and may be revoked for cause at any time.  
Dated at Hartford, Connecticut, August 1, 2008.

Waiver Sec. 19-13-DR(v)(7)(C) Exp. 1/1A  
Waiver Sec. 19-13-DR(v)(9)(A)(ii) Exp. 1/1A

License revised to reflect:

\*DECREASE 5 CCNH BEDS EFF: 1/27/10\*



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

**STATE OF CONNECTICUT**  
**Department of Public Health**  
**LICENSE**

**License No. 2342**

**Chronic and Convalescent Nursing Home**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

TI - Waterbury, L.L.C. of Kansas City, MO, d/b/a Bucks Hill Nursing and Rehabilitation Center is hereby licensed to maintain and operate a Chronic and Convalescent Nursing Home.

Bucks Hill Nursing and Rehabilitation Center is located at 2817 North Main Street, Waterbury, CT 06704 with:

- Robert S. Guastella, RN as Administrator
- Victoria J. McCulloch, RN as Director of Nurses
- Marc N. Raad, MD as Medical Director

The maximum number of beds shall not exceed at any time:

90 Chronic and Convalescent Nursing Home beds

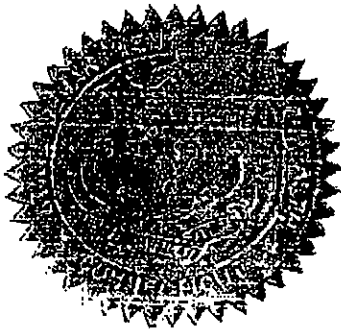
This license expires September 30, 2010 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, August 1, 2008.

- Waiver Sec. 19-13-D8t(v)(20)(I) Exp. N/A
- Waiver Sec. 19-13-D8t(v)(19)(G)(I) Exp. N/A
- Waiver Sec. 19-13-D8t(v)(7)(E)(ix) Exp. N/A
- Waiver Sec. \*19-13-D8t(v)(10)(A) Exp. N/A
- Waiver Sec. \*19-13-D8t(v)(19)(B)(i) Exp. N/A

License revised to reflect:

- \* Added (2) Waivers effective 12/8/08



*J. Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA,  
Commissioner

TOTAL P.04

Exp. 9-14-11

# SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

SALES OF FORTS

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois 1953187**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and regulations and is hereby authorized to engage in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

Issued under the authority of  
The Seal of Office  
Department of Public Health

EXPIRES	11/17/2010	CATEGORY	BGBE	0049221
LONG TERM CARE LICENSE SKILLED 121				
UNRESTRICTED 121 TOTAL BEDS				

BUSINESS ADDRESS  
LICENSEE

**HILLSBORO REHABILITATION AND HEALTH CARE OF  
HILLSBORO REHAB & HCC  
1300 EAST TREMONT STREET  
HILLSBORO  
ILLINOIS 62049  
EFFECTIVE DATE: 11/18/09**

This Seal of Office is a symbol of authority. It is the property of the State of Illinois - 4007

State of Illinois 1953187  
Department of Public Health  
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRES	11/17/2010	CATEGORY	BGBE	0049221
LONG TERM CARE LICENSE SKILLED 121				
UNRESTRICTED 121 TOTAL BEDS				

10/26/09

**HILLSBORO REHAB & HCC  
1300 EAST TREMONT STREET  
HILLSBORO**

FEE RECEIPT NO.



Mark Parkinson, Governor  
Martin Kennedy, Interim Secretary

[www.agingkansas.org](http://www.agingkansas.org)

December 24, 2009

Christina Corbett  
The Atriums  
7300 W 107th St  
Overland Park KS 66212

**ANNUAL REPORT**

This letter acts as notification to you that the Licensure & Certification Program has received, reviewed, and approved your annual report and fee. Your license remains in effect unless you fail to file next year's annual report, fail to pay the required annual fee, or have the license suspended or revoked.

Your cooperation is greatly appreciated. If agency staff can be of any assistance to you, please do not hesitate to contact us.

*LaNae K. Workman*

LaNae K. Workman  
Senior Administrative Assistant  
Licensure & Certification Commission

New England Building, 503 S. Kansas Avenue, Topeka, KS 66603-3404  
Voice: (785) 296-4986 • Toll-Free: (800) 492-3335 • Fax: (785) 296-0236  
TTY (Hearing impaired): (785) 291-3167 • E-Mail: [www@mail@aging.ks.gov](mailto:www@mail@aging.ks.gov)

received 7-3-08

**State of Kansas  
Adult Care Home License**



The following facility is hereby licensed as an adult care home subject to the provisions of K.S.A. 39-923 through 39-963 and regulations promulgated thereunder:

**Facility** THE ATRIUMS  
7300 W 107 STREET  
OVERLAND PARK, KS 66212      **County** JOHNSON  
**State ID** NO48062

**Licenseses**  
THE ATRIUMS PARTNERS LP      ATRIUMS MANAGEMENT COMPANY INC      TUTERA HEALTH CARE SERVICE:  
7811 STATE LINE #301      7811 STATE LINE #301      7811 STATE LINE #301  
KANSAS CITY MO 64114      KANSAS CITY MO 64114      KANSAS CITY MO 64114

**Classification** Residential Health Care      **Resident Capacity** 38

**Limited to**  
Nursing Facility      0      Long Term Care Unit      0      Assisted Living      0  
Residential Health Care      38      Nursing Facility Mental Health      0      ICF/MR      0  
Boarding Care      0      Home Plus      0      Adult Day Care      0

Unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the licensee of an annual report as prescribed and payment of an annual fee.

Effective 03/13/2003

Secretary of Aging

State Fire Marshal  
Approved for Fire Safety

LICENSURE AND CERTIFICATION DIVISION  
NEW ENGLAND BUILDING, 503 S KANSAS AVENUE  
Topeka, Kansas 66603-3404  
Voice: (785) 296-4988      Fax: 785-296-0256



# State of Louisiana Department of Health and Hospitals

## LICENSE

920

This is to certify that Calcasieu Multi-Handicapped Center LLC  
is hereby duly licensed to operate Calcasieu Multi-Handicapped Center at  
1301 Industrial St.  
Vinton LA 70668  
with a licensed capacity of 30; Ages 4 weeks to 39 years

This license shall expire on 06/30/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/30/2010  
Date of Issue

*Eric C. Fabalain*  
Director

State of Louisiana  
Department of Health and Hospitals

LICENSE

921

This is to certify that Calcasieu Multi-Handicapped Center LLC  
is hereby duly licensed to operate Calcasieu Group Home #1 at  
1805 Penny Drive  
Vinton LA 70668  
with a licensed capacity of 6; Ages 18 to 59 years

This license shall expire on 06/30/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/30/2010

Date of Issue

*Eric C. H. [Signature]*  
Director



State of Louisiana  
Department of Health and Hospitals

LICENSE

923

This is to certify that Calcasieu Multi-Handicapped Center LLC  
is hereby duly licensed to operate Calcasieu Group Home #3 at  
1710 Mill Street  
Vinton LA 70668  
with a licensed capacity of 8; Ages 16 years and older

This license shall expire on 06/30/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/30/2010

Date of Issue

*Eric C. Fabalain*  
Director

State of Louisiana  
Department of Health and Hospitals

LICENSE

924

This is to certify that Calcasieu Multi-Handicapped Center LLC  
is hereby duly licensed to operate Calcasieu Group Home #4 at  
1101 Nona Street  
Vinton LA 70668  
with a licensed capacity of 8; Ages 3 months to 50 years

This license shall expire on 06/30/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/30/2010

Date of Issue

*Erica A. Robelin*

Director

State of Louisiana  
Department of Health and Hospitals

LICENSE

925

This is to certify that Calcasieu Multi-Handicapped Center LLC  
is hereby duly licensed to operate Calcasieu Group Home #5 at  
1223 Fancher Street  
Vinton LA 70668  
with a licensed capacity of 8; Ages 7 to 48 years

This license shall expire on 06/30/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/30/2010  
Date of Issue

*Eric A. Sabalin*  
Director

# State of Missouri



Department of Health and Senior Services  
Division of Regulation and Licensure

## License

TI-CARNEGIE VILLAGE, LLC

Operator

Is Hereby Granted this License to Operate A / An

**Assisted Living Facility\*\***

Pursuant to Chapter 198 RSMo

**CARNEGIE VILLAGE ASSISTED LIVING**

Name of Facility

**103 BERNARD DRIVE, BELTON, MISSOURI 64012**

Location

TYPE OF LICENSE: **AMENDED RELICENSURE**

MAXIMUM BED CAPACITY: **55**

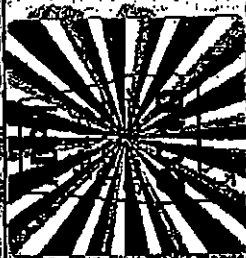
LICENSE NUMBER **037238**

EFFECTIVE DATE **08/06/2009**

EXPIRATION DATE **08/05/2011**

BED INCREASE EFFECTIVE 03/24/2010

SECTION ADMINISTRATOR  
SECTION FOR LONG TERM CARE REGULATION



**ALABAMA STATE BOARD OF HEALTH  
PROBATIONAL NURSING LICENSE**

Permit No. 478  
Date Issued: 3/8/2010

*Debra J. ...*

This is to certify that the license is hereby granted by the State Board of Health to **RESURRECTION LEE GENTILE LIC. NO. 478** to practice **PROBATIONAL NURSING** in the State of Alabama. **REHABILITATION AND HEALTH CARE**

As a/n **NURSING HOME**  
This license is valid only at the premises  
**6500 TONTA PLACE, AL 36022**



**PROBATIONAL NURSING LICENSE**

Fee Count: 65

*Debra J. ...*

THE LICENSE IS VALID UNTIL 16-2010





**Oklahoma State Department of Health  
Assisted Living Center License**

THIS IS TO CERTIFY THAT  
**Country Gardens Assisted Living Facility (Muskogee, OK), L.L.C.**

IS HEREBY LICENSED TO CONDUCT & MAINTAIN A  
**Assisted Living Center**

DBA  
**Country Gardens Assisted Living Community**

LOCATED AT  
**611 South Country Club Road Muskogee, OK 74403**

MAXIMUM OF 75 Beds  
LICENSE TYPE Renewal  
LICENSE NUMBER AL5103-5103  
EFFECTIVE BEGINNING 07/19/2009  
EXPIRING ON OR BEFORE 07/18/2010  
ISSUED ON 07/28/2009

This license is issued pursuant to the provisions of the Oklahoma Statutes and of the rules and regulations adopted by the State Board of Health. It is issued only for the premises named above and is not transferable or assignable.

*Dalene Simmons*

\_\_\_\_\_  
LICENSURE OFFICIAL

*Rocky M. Elvany*

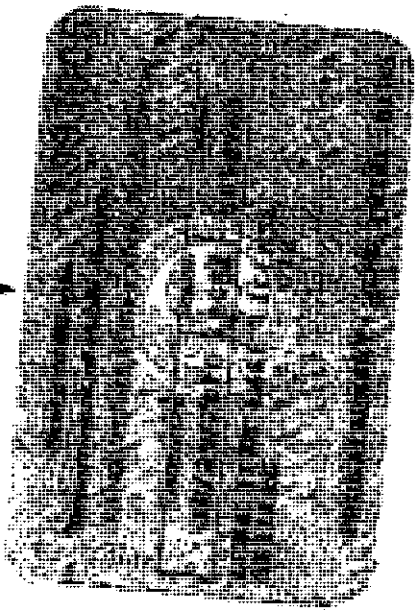
Rocky McElvany, M.S.  
INTERIM COMMISSIONER OF HEALTH

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE

OKLAHOMA STATE DEPARTMENT OF HEALTH CREATING A STATE OF HEALTH

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



07/01/10  
FAIR OAKS REHAB & HCC  
1515 BLACKHAWK  
SOUTH BELLVILLE IL 61080

FEE RECEIPT NO.

**State of Illinois** 1993005  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION REGISTRATION**

This license is not valid unless the licensee complies with the provisions of the Illinois Administrative Code, Title 120, Chapter 100, and the provisions of the Illinois Administrative Code, Title 120, Chapter 100, and the provisions of the Illinois Administrative Code, Title 120, Chapter 100.

**EXPIRES 10/29/2010** **CLASSIFICATION 0050963**

**LONG TERM CARE LICENSE**

**EMERGENCY - FOR TOTAL BBS**

**BUSINESS ADDRESS**

**LICENSEE**

**FAIR OAKS REHABILITATION AND HEALTH CARE, INC.**

**1515 BLACKHAWK**

**SOUTH BELLVILLE, IL 61080**

# State of Louisiana Department of Health and Hospitals

## LICENSE

850

This is to certify that Holly Hill House, LLC  
is hereby duly licensed to operate Holly Hill House at  
100 Kingston Road  
Sulphur, LA 70663  
with a licensed capacity of 200

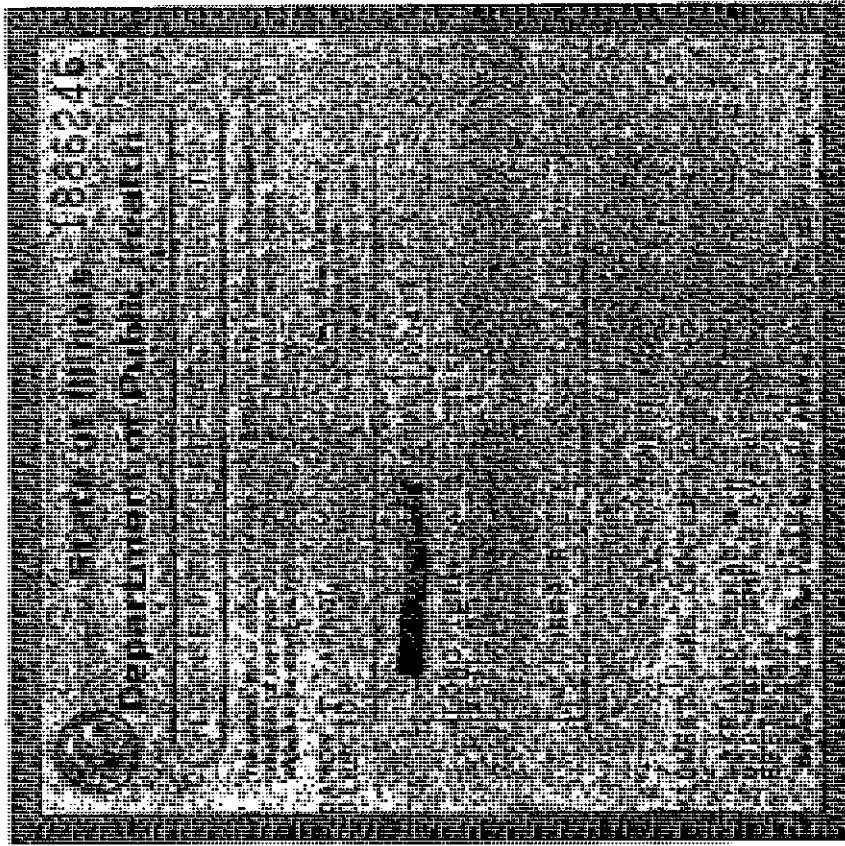
This license shall expire on 05/31/2011, but may be revoked  
or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
thereto. This license is not transferable and must be renewed annually.

06/01/2010

Date of issue



Director





Mark Parkinson, Governor  
Martin Kennedy, Interim Secretary

[www.agingkansas.org](http://www.agingkansas.org)

March 22, 2010

Arthur Miles Nease III  
Lamar Court  
11909 Lamar Avenue  
Overland Park, KS 66209-0000

**ANNUAL REPORT**

This letter acts as notification to you that the Licensure & Certification Program has received, reviewed, and approved your annual report and fee. Your license remains in effect unless you fail to file next year's annual report, fail to pay the required annual fee, or have the license suspended or revoked.

Your cooperation is greatly appreciated. If agency staff can be of any assistance to you, please do not hesitate to contact us at 785-266-1261.

A handwritten signature in cursive script that reads "Kathie K. Jack".

---

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Kathie K. Jack  
Senior Administrative Assistant  
Licensure & Certification Commission

LICENSURE, CERTIFICATION & EVALUATION COMMISSION  
New England Building, 503 S. Kansas Avenue, Topeka, KS 66603-3404  
Voice: (785) 296-4986 • Toll-Free: (800) 432-3535 • Fax: (785) 296-0256  
TIV (Hearing Impaired): (785) 291-3167 • E-Mail: [www.mali@aging.kansas.gov](mailto:www.mali@aging.kansas.gov)

# State of Kansas Adult Care Home License



The following facility is hereby licensed as an adult care home subject to the provisions of K.S.A. 39-923 through 39-963 and regulations promulgated thereunder.

**Facility** LAMAR COURT ASSISTED LIVING COMMUNITY  
11909 LAMAR  
OVERLAND PARK, KS 66209 County JOHNSON

**State ID** N048051

**Licenses**  
LAMAR COURT LLC  
7611 STATE LINE RD., STE 301  
KANAS CITY KS 64114

**Classification** Assisted Living **Resident Capacity** 100

<b>Limited to</b>				
Nursing Facility	<input type="checkbox"/>	Long Term Care Unit	<input type="checkbox"/>	Assisted Living 100
Residential Health Care	<input type="checkbox"/>	Nursing Facility Mental Health	<input type="checkbox"/>	ICF/MR 0
Boarding Care	<input type="checkbox"/>	Home Plus	<input type="checkbox"/>	Adult Day Care 0

Unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the licensee of an annual report as proscribed and payment of an annual fee

Effective 06 /01/2006

*Kathy Surace*  
Secretary of Aging

*Dan McLaughlin*  
State Fire Marshal  
Approved for Fire Safety

KANSAS DEPARTMENT ON AGING  
LICENSURE AND CERTIFICATION DIVISION  
NEW ENGLAND BUILDING, 603 S KANSAS AVENUE  
Topeka, Kansas 66603-3404



State of Illinois 1928526

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

RAMON T. ARNOLD, M.D.  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
03/21/2011	A6-A7	5100992
<b>ASSISTED LIVING LICENSE</b> Issued: 03/21/09 46 Regular Units 46 Total Units		

BUSINESS ADDRESS  
STATUS: UNRESTRICTED  
LICENSEE BUSINESS ADDRESS

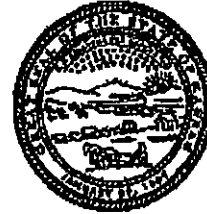
OAKLEY COURTS  
317 BUNKER BLVD.  
SPRINGFIELD IL 61032

This form and its contents are subject to the provisions of the Illinois Statutes, Chapter 405



# State of Kansas

## Adult Care Home License



The following facility is hereby licensed as an adult care home subject to the provisions of K.S.A. 39-923 through 39-963 and regulations promulgated thereunder:

**Facility** ROSE ESTATES ASSISTED LIVING COMMUNITY  
12700 ANTIOCH RD  
OVERLAND PARK, KS 66213-2723

State ID N046060  
County JOHNSON

### Licensees

**Building Owner**  
TI-ROSE ESTATES LLC  
7811 STATE LINE RD STE 301  
KANSAS CITY, MO 64114

**Lessee**  
ROSE ESTATES LLC  
7811 STATE LINE RD STE 301  
KANSAS CITY, MO 64114

**Management Firm**

### Classification

**Resident Capacity** 100

#### Limited To

Nursing Facility  
Residential Health Care  
Boarding Care

Nursing Facility Mental Health  
Home Plus

Assisted Living 100  
ICF/MR  
Adult Day Care

Unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the licensee of an annual report as prescribed and payment of an annual fee.

Effective: 07/01/2010

Secretary of Aging

*David M. Laughlin*  
State Fire Marshal  
Approved for Fire Safety

KANSAS DEPARTMENT ON AGING  
LICENSURE, CERTIFICATION & EVALUATION COMMISSION  
New England Building, 603 S. Kansas Avenue  
Topeka, KS 66603-3404  
Voice: (785) 298-4986 Fax: (785) 298-0256





Kathleen Sebelius, Governor  
Kathy Greenlee, Secretary

[www.agingkansas.org](http://www.agingkansas.org)

August 28, 2009

Christie Brooks  
Rose Estates Assisted Living Community  
12700 Antioch Rd  
Overland Park KS 66213

### ANNUAL REPORT

This letter acts as notification to you that the Licensure & Certification Program has received, reviewed, and approved your annual report and fee. Your license remains in effect unless you fail to file next year's annual report, fail to pay the required annual fee, or have the license suspended or revoked.

Your cooperation is greatly appreciated. If agency staff can be of any assistance to you, please do not hesitate to contact us.

*LaNae K. Workman*

LaNae K. Workman  
Senior Administrative Assistant  
Licensure & Certification Commission

**State of Louisiana**  
**Department of Health and Hospitals**

**LICENSE**

852

This is to certify that Rosewood Nursing Center, LLC  
 is hereby duly licensed to operate Rosewood Nursing Center at \_\_\_\_\_  
534 15th Street  
Lake Charles, LA 70601  
 with a licensed capacity of 150

This license shall expire on 05/31/2011, but may be revoked  
 or suspended at any time as provided in the Licensing Law or Minimum Standards pertaining  
 thereto. This license is not transferable and must be renewed annually.

06/01/2010  
 Date of Issue

*Eric C. Sabalino*  
 Director



Mark Parkinson, Governor  
Martin Kennedy, Interim Secretary

[www.agingkansas.org](http://www.agingkansas.org)

January 20, 2010

Jamie Wallace  
Stratford Commons  
12340 Quivira Rd  
Overland Park KS 66213

**ANNUAL REPORT**

This letter acts as notification to you that the Licensure & Certification Program has received, reviewed, and approved your annual report and fee. Your license remains in effect unless you fail to file next year's annual report, fail to pay the required annual fee, or have the license suspended or revoked.

Your cooperation is greatly appreciated. If agency staff can be of any assistance to you, please do not hesitate to contact us.

*LaNae K. Workman*

LaNae K. Workman  
Senior Administrative Assistant  
Licensure & Certification Commission

# Adult Care Home License

The following facility is hereby licensed as an adult care home subject to the provisions of K.S.A. 39-923 through 39-963 and regulations promulgated thereunder:



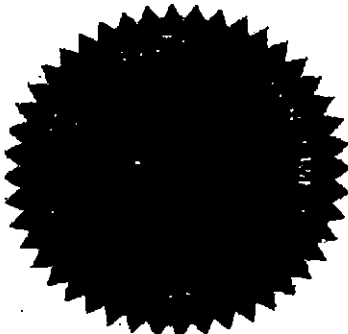
Facility STRATFORD COMMONS  
Name  
12340 QUIVIRA ROAD OVERLAND PARK JOHNSON  
Address City County

Licensor COLUMBIA HEALTH FACILITIES-CAMBRIDGE  
7611 STATE LINE RD STE 301  
KANSAS CITY MO 64114

Classification ASSISTED LIVING FACILITY Resident Capacity 57 Limited to:

Unless sooner revoked or suspended for failure to comply with the requirements of said law, this license shall remain in effect upon filing by the licensee of an annual report as prescribed and payment of an annual fee.

Approved for Fire Safety Gale Haag  
State Fire Marshal

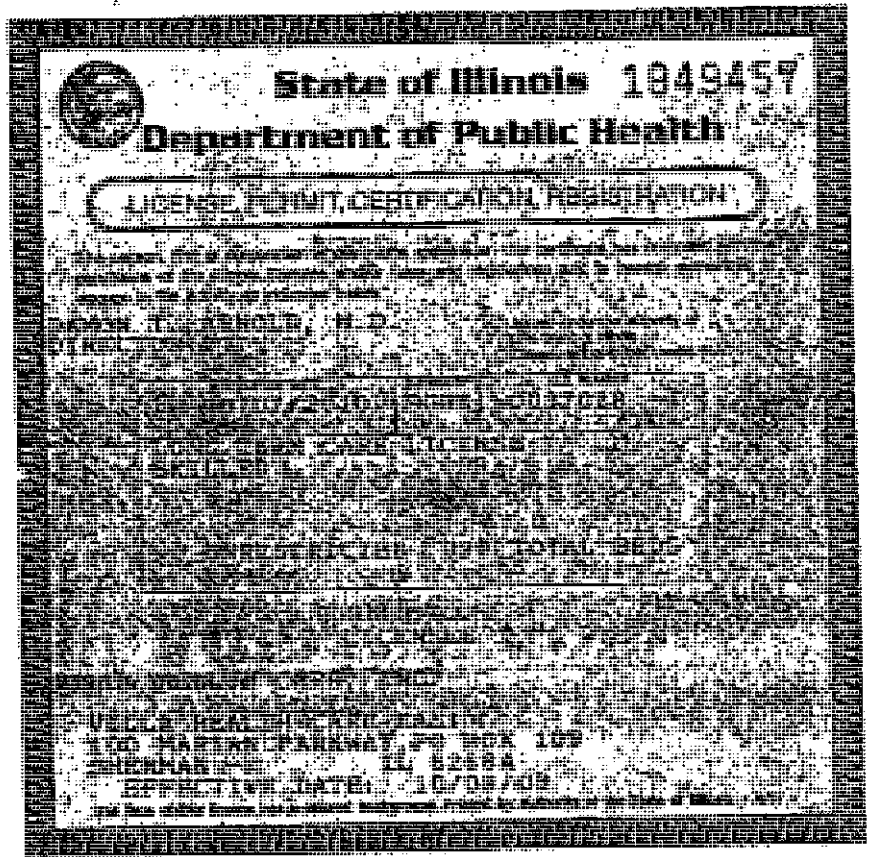


Effective this SECOND day  
of APRIL 19 98 by:

Larry R. Mitchell  
Secretary of Health and Environment

Department of Health and Environment, Bureau of Adult and Child Care  
900 SW Jackson, Topeka, Kansas 66612-1290 Telephone: (913) 296-1240





**State of Illinois**  
**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION REGISTRATION**

This person, firm or corporation, who/which is/are registered on this certificate, may conduct the business of the Illinois Statewide (Class and) regulations and all other activities as set forth in the activity as indicated below.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

EXPIRES DATE <b>02/22/2011</b>	CATEGORY <b>113</b>	ISSUE DATE <b>0044511</b>
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**LONG TERM CARE LICENSE  
 SHELTERED  
 113**

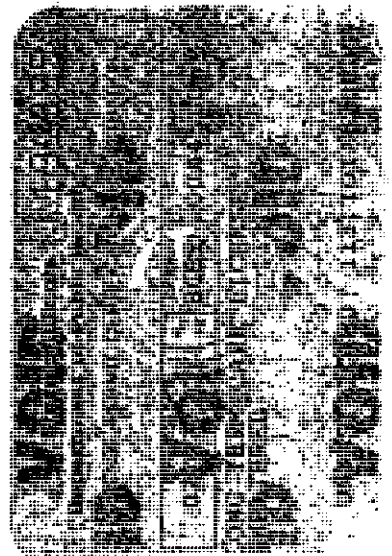
**UNRESTRICTED 113 TOTAL BEDS**

**VILLA HEALTH CARE, INC.**  
**BUSINESS ADDRESS  
 LICENSE**

**VILLA HEALTH CARE CENTER  
 100 STARDUST DRIVE  
 SHERMAN  
 IL 62684**

**EFFECTIVE DATE: 02/23/09**

This form of this license has a colored background. Printed by authority of the State of Illinois, 5-037



# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

Effective January 1, 2010, this license is issued to

FL Willow Haven, LLC dba Willow Place  
to operate an Adult Care Home known as  
Willow Place

located at 1703 Stonewall Road  
Laurinburg, NC, Scotland County

This license is issued subject to the statutes of the State of North  
Carolina, is not transferable and shall expire  
December 31, 2010.

License Number: HAL-085-013

Capacity: 74

Special Care Units:  Yes  No Type: Alzheimer's/Dementia 14



Authorized by:

*Jamie K. Cash*

Secretary, N.C. Department of Health and Human Services



*Jay F. ...*

Director, Division of Health Service Regulation



**SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(Continued)**

**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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.hfsrb.illinois.gov>).

According to the Federal Emergency Management Agency and the Illinois Department of Natural Resources, Hamilton County is unmapped and apparently the mapping remains not funded. Therefore the floodplain map indicating the Applicant's site is not within a special flood hazard area is not available. Please see the federal and State documents appended as

**ATTACHMENT-5A.**

**ATTACHMENT-5**



[Product Catalog](#) | [Map Search](#) | [Quick Order](#) | [Digital Post Office](#) | [Help](#)

[Log on](#)

[Home](#) > [Map Search Results](#)

## Map Search Results

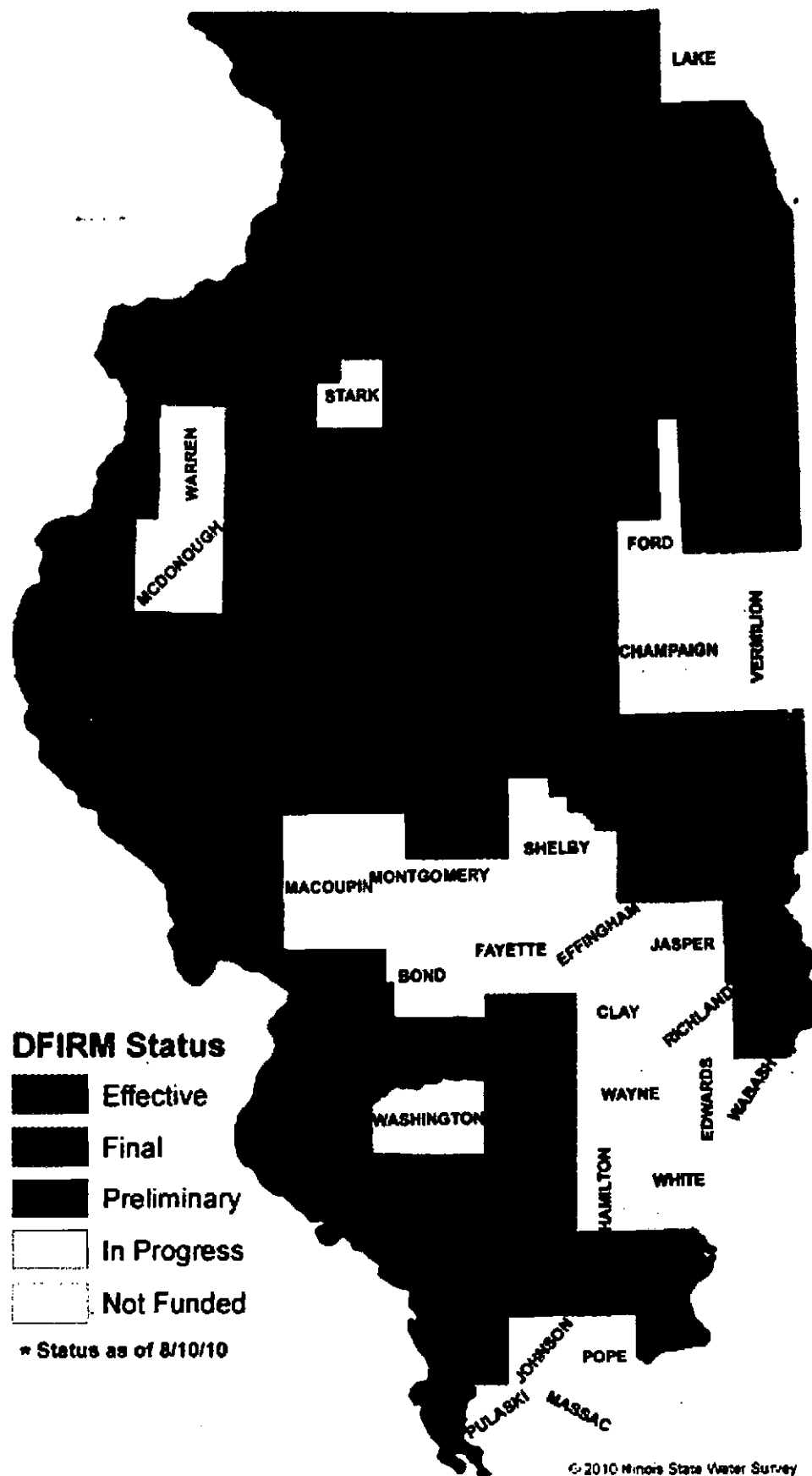
### Unmapped Area(s)

Item ID	Community ID	Community Name
UNMAPPED_170266	170266	MC LEANSBORO,CTY/HAMILTON CO

[FEMA.gov](#) | [Accessibility](#) | [Privacy Policy](#) | [FAQ](#) | [Site Help](#) | [Site Index](#) | [Contact Us](#)

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FEMA Map Service Center, P.O. Box 1038 Jessup, Maryland 20794-1038 Phone: (877) 338-2627  
Adobe Acrobat Reader required to view certain documents. [Click here to download.](#)



**SECTION 1. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(Continued)**

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.] Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

This project is for the change of ownership of an existing nursing facility and DOES NOT include any construction, either new or modernization of the existing facility. Therefore, this item is not germane.

**Project Costs and Sources of Funds**

**Consulting and Other Fees\*:**

CON Part 1110 Preparation:	\$ 30,000*
CON Part 1120 Preparation:	\$ 8,500*
Misc. Attorney and CPA Fees:	\$ 11,500*
HFPB Application Fee:	\$ 2,500*
IDPH Licensing and other Misc. Fees:	\$ 2,500*

**Total\*:** \$ 55,000\*

**Other Costs to be Capitalized\*\*:**

Transaction cost of Purchase: \$500,000\*\*

**Total:** \$500,000\*\*

**Grand Total Project Costs:** \$555,000

\* These costs are paid by the current owner/operator through existing operating cash.

\*\* The purchase price is paid by the proposed ownership entity from the internal cash of the parental entity.

**ATTACHMENT-7**

## SECTION II. DISCONTINUATION

### Criterion 1110.130 - Discontinuation

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.

This project proposes the change of ownership of Hamilton Memorial Hospital Nursing Center. Most change of ownership projects for general long-term care is no longer under the discretion of the Health Facilities and Services Review Board, however, this particular facility was not licensed under the nursing home care act but rather the Hospital Licensing Act. Therefore, to relicense this specific facility, the Hospital (**Hamilton Memorial Hospital District**) must discontinue the entire facility/service before it can be re-established by **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** Thus, **Hamilton Memorial Hospital District** is proposing the discontinuation of all 60 of its General Long-Term Nursing Care category of service. Furthermore, this discontinuation is contingent upon the approval of the re-establishment of the entire facility as being proposed.

2. Identify all of the other clinical services that are to be discontinued.

**Hamilton Memorial Hospital District** only proposes the discontinuation of its 60-bed General Long-Term Nursing facility. It should be noted that as this project is actually for the change of ownership of an existing facility, no beds or services will actually be discontinued.

### GENERAL INFORMATION REQUIREMENTS (Continued)

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated date for discontinuation of service by the Hamilton Memorial Hospital District is synonymous with the proposed project completion date of August 2011. This will allow time for the **Hamilton Memorial Nursing and Rehabilitation, L.L.C.**, the new operator/licensee to close of the project and obtain its license from the Illinois Department of Public Health. It should be known that the service will not actually be discontinued but rather relicensed from under the Hospital Licensing Act to the Nursing Home Care Act with no cessation in service.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

It is anticipated as part of the enclosed transaction document (**ATTACHMENT-3A**), that the use of the physical plant and equipment will be transferred to the new ownership of **TI-McLeansboro, LLC**. Furthermore, the assets will remain in use as this project more closely resembles a change of ownership than an establishment of a facility.

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.

**Hamilton Memorial Hospital District** will dispose or retain all medical records of the Hamilton Memorial Hospital Nursing Center in accordance with its internal procedures and timeline for maintaining records. It should be known that **Hamilton Memorial Hospital District** is not going out of business. This entity owns and operates the County's only hospital, a designated Critical Access Hospital (CAH). This entity and its CAH will remain the leader in providing and direction of health care services in Hamilton County.

## GENERAL INFORMATION REQUIREMENTS (Continued)

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.

As this project is more of a change of ownership than a discontinuation or establishment of a facility, all records to submit accurate IDPH annual questionnaires or Department of Healthcare and Family Services Medicare/Medicaid Cost reports will be maintained and submitted as required. It should be known that both the existing and the proposed Applicants are experienced with the HFSRB or DPH and DHCFS reporting requirements in the State of Illinois



## 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.

This project is for a discontinuation of **Hamilton Memorial Hospital District's** ownership and operations of Hamilton Memorial Hospital Nursing Center and the licensing of the facility under the Hospital Licensing Act. However, the facility will not cease operations. Upon approval of this application, Hamilton Memorial Hospital Nursing Center will become Hamilton Memorial Nursing and Rehabilitation under the ownership of **TI-McLeansboro, LLC** and operated by and licensed under **Hamilton Memorial Nursing and Rehabilitation, LLC**. Essentially, this project is for the change of ownership and not the discontinuation of or the re-establishment of the 60-bed nursing facility. Therefore, this discontinuation is more or less a technicality as there are no formal rules guiding how to proceed with such a transaction between licensing acts.

## 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.

As ultimately there will be no cessation of care or service, presuming that this project is approved, there will not be an adverse effect upon access to care for the general geriatric resident of Hamilton County.

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.

This project is for the change of ownership of a general nursing care facility. As a result of the technicality that it was originally licensed under the Hospital Licensing Act and not the Nursing Home Care Act, this facility must go through the actions of discontinuing and then re-establishing before the change of ownership can be approved. Therefore, this project is not discontinuing and therefore it shall have no impact on area providers. Thus, this item is not germane to this project's scope.

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.

This project is not discontinuing as explained throughout this entire application. Thus, it shall have no impact on area providers. Therefore, this item is not germane to this project's scope.

## SECTION III - BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

### Criterion 1110.230 - Background, Purpose of the Project, and Alternatives

#### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

The only facility to be owned and operated by the new Applicants will be Hamilton Memorial Nursing and Rehabilitation. However, entities related to this applicant have 48 related long-term care facilities throughout the United States of which 12 facilities are in Illinois. Appended as **ATTACHMENT-4B** is a listing of all licensed long-term care facilities related to the Applicant. Also appended are the respective facility licenses and identification numbers.

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.

Appended as **ATTACHMENT-11A** is a certified statement by all of the Applicants that no adverse action as defined under 1110.239a)3)B has been taken against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records or 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 by HFSRB.

Appended as **ATTACHMENT-11B**, are letters of authorization permitting the HFSRB and IDPH access to any documents necessary to verify the information submitted.

#### **BACKGROUND OF APPLICANT (Continued)**

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.

This item is not applicable as this Applicant is a new entity which has not submitted any other applications for permit with the past 12-months. Furthermore, it should be noted that no related facility in Illinois has submitted any applications for permit within the past 12-months.

**ATTACHMENT-11**

**DANIEL MAHER**

Attorney at Law  
412 East Lawrence  
Springfield, Illinois 62703  
(217) 522-4575  
FAX # (217) 522-4693  
E-Mail: Dan.Maher@sbcglobal.net

July 25, 2010

Charles Foley  
Foley and Associates  
1638 South MacArthur  
Springfield IL 62704

Re: Hamilton Memorial Nursing Center Sale

Dear Charles:

In accordance with Hamilton's request this letter is written to advise you past "adverse actions" taken against Hamilton Memorial Nursing Center by the Illinois Department of Public Health. It is my understanding that Hamilton is seeking to transfer operation of the facility to the Tintera Group and that you are in the process of filing the necessary CHOW application with the Illinois Health Facilities Planning Board. As part of the application process the HFPB requires disclosure of "adverse actions" taken against Hamilton. I am of the opinion that a Civil Monetary Penalty (CMP) imposed against a facility under the OBRA regulations does not necessarily qualify as an "adverse action" because CMPs are often imposed even though there is no condition or occurrence presenting a substantial probability of death or serious harm.

I have represented and assisted Hamilton on two CMP cases. Neither of these cases involved the substantial probability of death or serious harm and in fact I do not believe there was any actual harm alleged by the IDPH in both cases. One case was resolved by settlement agreement with the IDPH with no admission of liability on Hamilton's part. In the second CMP case, the amount of the fine was minimal and the survey cycle very short. Because the fine was minimal the facility requested a waiver of its right to a hearing and accepted a 35% reduction in the CMP in accordance with the OBRA regulations.

I would note that neither of the above referenced CMPs resulted in the IDPH taking any actions against the facility license pursuant to the provisions of the Illinois Nursing Home Care Act. That is the surveys that formed the basis for the CMPs did not result in a Type "A" violation or a Type "B" violation. To my knowledge the facility has never been issued a Type "A" violation.

ATTACHMENT-11A

Should this letter raise any questions on your part please contact me. If you need further information on the CMP cases I will be happy to provide that material.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Maher".

Daniel Maher

TI – McLeansboro, L.L.C.

7611 State Line Road, Suite 301

Kansas City, MO 64114

(816) 444-0900

August 4, 2010

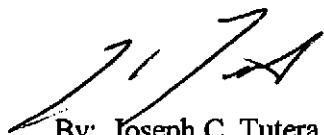
Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

TI – MCLEANSBORO, L.L.C.

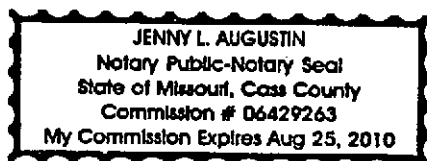


By: Joseph C. Tutera

Its: Manager

Subscribed and sworn to before me  
this 4<sup>th</sup> day of August, 2010

  
Notary Public



# Hamilton Memorial Nursing and Rehabilitation, L.L.C.

7611 State Line Road, Suite 301

Kansas City, MO 64114

(816) 444-0900

August 4, 2010

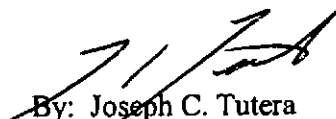
Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

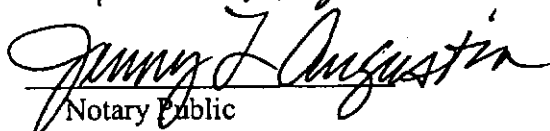
Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

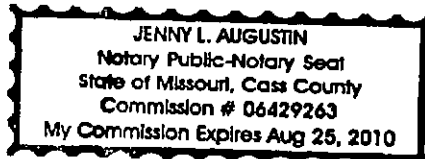
Sincerely,

HAMILTON MEMORIAL NURSING AND  
REHABILITATION, L.L.C.

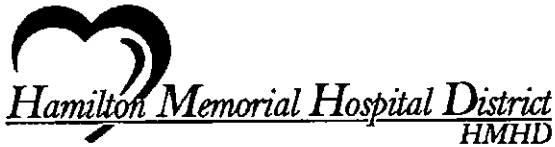
  
By: Joseph C. Tutera  
Its: Manager

Subscribed and sworn to before me  
this 4<sup>th</sup> day of August, 2010

  
Notary Public







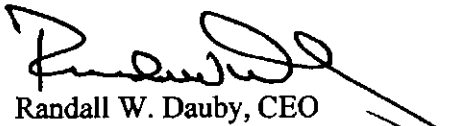
July 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> 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 110.230.a).3)C.

Sincerely,



Randall W. Dauby, CEO  
Hamilton Memorial Hospital District

TI – McLeansboro, L.L.C.

7611 State Line Road, Suite 301

Kansas City, MO 64114

(816) 444-0900

August 4, 2010

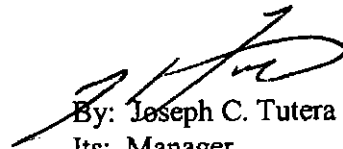
Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

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Sincerely,

TI – MCLEANSBORO, L.L.C.

  
By: Joseph C. Tutera  
Its: Manager

# Hamilton Memorial Nursing and Rehabilitation, L.L.C.

7611 State Line Road, Suite 301

Kansas City, MO 64114

(816) 444-0900

August 4, 2010

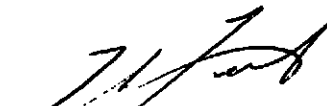
Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

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Sincerely,

HAMILTON MEMORIAL NURSING AND  
REHABILITATION, L.L.C.

  
By: Joseph C. Tutera  
Its: Manager

## SECTION III - BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

### Criterion 1110.230 - Background, Purpose of the Project, and Alternatives

#### 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.

As an existing service, the facility is an integral part of the existing health delivery system for Long-Term Care. Therefore, the issue is not improving accessibility but maintaining it.

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

As the admission data shows, all but one admission came from within 21 miles over the last 24-month period. Furthermore, for the twelve month periods of July thru June 2008-2009 and 2009-2010, 73% and 88% respectively of all admissions were derived from within Hamilton County. Thus, Hamilton County is the primary market 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.]

The issue is that this is a much needed service, but as a Critical Access Hospital providing this service reduces reimbursement to the Hospital. A more in-depth explanation can be found under ATTACHMENT-12A.

4. Cite the sources of the information provided as documentation.

- Appended as ATTACHMENT-12B is the patient origin data for admissions documenting the primary market area.
- Appended as ATTACHMENT-12A is a letter from Hamilton Memorial Hospital describing the issue in reimbursement of Critical Access Hospitals with ancillary services.

## PURPOSE OF PROJECT (Continued)

- Appended as ATTACHMENT-12C is the facility's annual profile (2006, 2007, and 2008) illustrating that Hamilton Memorial Hospital's nursing unit is and has been optimally utilized.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

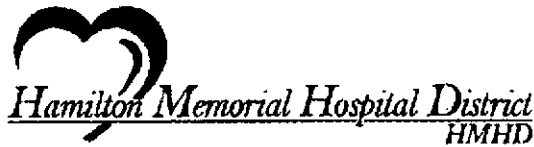
This transaction, while complicated by the differing licensing Acts and the lack of rules by the Health Facilities and Services Review Board, is simply a change of ownership. By removing the ancillary service of long-term nursing care from under the Hospital's purview, allows for the hospital to recoup 100% of its cost while maintaining the needed service of Long-Term Care in the County. It should be noted that no additional service will be added but rather only maintained with the support and collaboration of **Hamilton Memorial Hospital District**.

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

The goal to achieve the desired outcome will be the approval of the Certificate of Need application and the corresponding and contingent **Hamilton Memorial Hospital District** Certificate of Need for total facility discontinuation.

For projects involving modernization, describe the conditions being upgraded if any. For facility project, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

This project does not involve any modernization. Therefore, this item is not germane.



August 31, 2010

To Whom It Concerns

Hamilton Memorial Hospital is a Critical Access Hospital (CAH) as defined under Medicare guidelines. The CAH program was implemented by Medicare in the late 90's to help maintain the smallest of the rural hospitals throughout the country that were severely struggling financially under the Medicare payment system at that time. Medicare pays CAH's 101% of allowable costs of a hospital times the Medicare percentage of patients served by the hospital. Medicare does not pay cost based reimbursement for the operation of other divisions of their operations such as nursing homes, home health agencies, etc. In fact, hospitals having other divisions of their operations are hurt financially due to the cost based mythology used to figure hospital costs.

Through the Medicare cost report, that is filed annually, Medicare requires all costs to be associated with a specific department/division of the operation in order to determine reimbursable costs. Costs that can be linked specifically to a departments/divisions operations are considered direct costs and are easy to be determine, i.e. wages. Some expenses cannot be directly attributed to specific departments/operations and are therefore considered indirect costs, i.e. utilities, administrative & general. Since Medicare requires that all expenses be allocated to a specific department/division, indirect expenses have to be allocated through the cost report to specific department/division based upon statistics such as square footage.

Through the cost report format, CAH's that own other divisions that are not cost reimbursable, such as nursing homes, end up allocating large amounts of indirect costs of the hospital to them. Such is the case for the Hamilton Memorial Hospital District. For fiscal year ending 6/30/09, allocations though the cost report shows approximately \$310,000 of hospital costs being allocated to the nursing home. With Hamilton Memorial Hospital having an overall Medicare patient load of around 55%, this meant that the hospital lost approximately \$170,000 in cost reimbursement because it owns a nursing home.

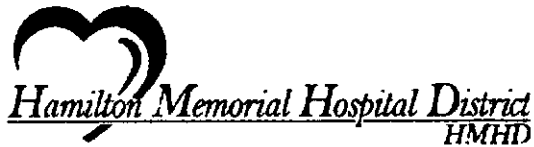
Closing the facility is the "last thing" the Board wanted to have occur as many local jobs would be lost and elderly residents would have to move out to other facilities outside the Hamilton County area. With Hamilton County being a rural area, good jobs are a premium, so closing the Nursing Home would be an economical "nightmare" for the

---

Hamilton Memorial Hospital District • P.O. Box 429 • 611 S. Marshall • McLeansboro, IL 62859

Hospital	Nursing Center	Home Health	Health Clinic
618-643-2361	618-643-2325	618-643-4415	618-2988

ATTACHMENT-12A



area. The financial impact of losing 50+ jobs would have a negative "compounding effect" on losses of other jobs in the area. Families need their elderly loved ones close to home as having to travel 40 miles or more one way every day to visit their spouse, mother or father would take a toll on them. Closing the Nursing Home would be very upsetting not only to the employees, residents and families but to the community as well. The Hamilton Memorial Nursing Home was built in the early 70's and has been an important component in the economical and healthcare arena for Hamilton County for decades.

The Hamilton Memorial Hospital District Board of Directors understood that maintaining a Hospital in Hamilton County was crucial. The financial losses were creating stress on the bond covenants that the Hospital has to maintain with its lenders. Tripping a bond covenant such as "Days Cash on Hand" or Debt Service ratio" would subject the Hospital to penalties and increased fees making it even more difficult for the District to maintain stable operations.

After weighing the choices before it—closing, maintaining or selling the Nursing Home, it was quite evident that selling the facility was the best option for all concerned as it: 1) retained employment in the community, 2) maintained a positive public relations within the community 3) retained a home for the many elderly residents, 4) provided families a "close-to-home" facility for visitation of their loved one and 5) kept the hospital from defaulting on their loan covenants.

The Hamilton Memorial Hospital District feels "blessed" to have a company with the credentials of Tutera to come in and purchase the Hamilton Memorial Nursing Center. The Board knows that with their vast experience, they will be able to maintain or even improve the Nursing Home and retain it as one of the best Nursing Homes in the area.

Sincerely,

Randall W. Dauby, CEO  
Hamilton Memorial Hospital District

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Hamilton Memorial Hospital District • P.O. Box 429 • 611 S. Marshall • McLeansboro, IL 62859

Hospital	Nursing Center	Home Health	Health Clinic
618-643-2361	618-643-2325	618-643-4415	618-2988

Lastest 24-Months Admission Information

2008-2009

Month	Initials	Zip		Within County	Total Mo. Admits	% Within
		Code	County			
July	RS	62859	Hamilton			
August	WL	62859	Hamilton			
	MD	62859	Hamilton			
September	RR	62930	Saline			
	HG	62859	Hamilton			
	AC	62817	Hamilton			
December	BW	62858	Clay			
January	AT	62859	Hamilton			
February	WT	62858	Clay			
	RM	62858	Clay			
	WG	62859	Hamilton			
March	II	62859	Hamilton			
	MS	62859	Hamilton			
	DA	62859	Hamilton			
April	LK	62859	Hamilton			
	DM	62859	Hamilton			
	TF	62859	Hamilton			
May	WG	62859	Hamilton			
	CB	62859	Hamilton			
June	AA	62858	Clay			
	AH	62946	Saline			
	EP	62859	Hamilton	16	22	73%

2009-2010

Month	Initials	Zip		Within County	Total Mo. Admits	% Within
		Code	County			
July	CS	62859	Hamilton			
	CP	62859	Hamilton			
	DP	62859	Hamilton			
August	AA	62859	Hamilton			
	BB	62859	Hamilton			
	EB	62859	Hamilton			
	JM	62859	Hamilton			
October	IM	62859	Hamilton			
Novemer	LB	62859	Hamilton			
December	GI	62859	Hamilton			
January	AL	62859	Hamilton			
February	AC	62859	Hamilton			
	MS	62859	Hamilton			
March	GB	62859	Hamilton			
	AC	62859	Hamilton			
	LL	62859	Hamilton			
	SW	62821	White			
	RT	62859	Hamilton			
April	JS	62859	Hamilton			
	DM	62859	Hamilton			
	DM	62859	Hamilton			
May	DL	62871	Gallatin			
June	BH	62859	Hamilton			
	MR	47401	Out of State			
	JB	62859	Hamilton	22	25	88%

ATTACHMENT-12B



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 811 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62859  
 Reference Number Facility ID 6003974  
 Health Service Area 005 Planning Service Area 059  
 Administrator  
 Part Unit

RECIDENTS BY PATIENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICAL			PSYCH			OTHER			TOTALS		
	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay	Medicare	Medicaid	Private Pay
Nursing Care	0	30	0	3	12	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0
ICF/OD	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	0	30	0	3	12	0	0	0	0	0	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/OD	Shelter	Totals
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	54	0	0	0	54
Other	0	0	0	0	0
TOTALS	54	0	0	0	54

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
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 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 811 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62859  
 Reference Number Facility ID 6003974  
 Health Service Area 005 Planning Service Area 059  
 Administrator  
 Part Unit

RECIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Alzheimer's Disease	0	0	0	0	0	0	0	0	0	0	0
Stroke	0	0	0	0	0	0	0	0	0	0	0
Heart Disease	0	0	0	0	0	0	0	0	0	0	0
Diabetes	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	ADMISSIONS AND DISCHARGES - 2008
	BEDS	BEDS	BEDS	BEDS	Residents on 1/1/2008
Nursing Care	60	60	60	60	17
Skilled Under 22	0	0	0	0	19
ICF/OD	0	0	0	0	54
Skilled Care	0	0	0	0	
TOTAL BEDS	60	60	60	60	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherry Care	Peak Beds	Sur Up	Occ. Pay
Nursing Care	0	0.0%	0	0	0	0	2018	0	0.0%
Skilled Under 22	0	0.0%	0	0	0	0	0	0	0.0%
ICF/OD	0	0.0%	0	0	0	0	0	0	0.0%
Skilled Care	0	0.0%	0	0	0	0	0	0	0.0%
TOTALS	0	0.0%	0	0	0	0	2018	0	0.0%

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	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 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	9	45	0	0	0	0	0	0	9	45	54

ATTACHMENT-12C

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 611 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62359  
 Reference Number Facility ID 6003974  
 Health Service Area 005 Planning Service Area 059  
 Patricia Walton  
 Contact Person and Telephone  
 Patricia Walton 618-643-2325  
 Date Completed 4/30/2008  
 Registered Agent Information

ADMISSION RESTRICTIONS  
 Aggressive/Anti-Bocial 0  
 Chronic Alcoholism 0  
 Developmentally Disabled 0  
 Drug Addiction 0  
 Medication Recipient 0  
 Mental Illness 0  
 Non-Ambulatory 0  
 Non-Mobile 0  
 Public Aid Recipient 0  
 Under 65 Years Old 0  
 Unable to Self-Medicate 0  
 Ventilator Dependent 0  
 Infectious Disease w/ Isolation 0  
 Other Restrictions 0  
 No Restrictions 1  
 None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
 Dementia 0  
 Endocarditis/Endocard 0  
 Blood Disorders 0  
 Nervous System Non Abnormal 2  
 Alzheimer Disease 5  
 Mental Illness 2  
 Developmental Disability 1  
 Circulatory System 27  
 Respiratory System 3  
 Digestive System 0  
 Genitourinary System Disorders 0  
 Skin Disorders 4  
 Musculoskeletal Disorders 4  
 Injuries and Poisonings 4  
 Other Medical Conditions 8  
 Non-Medical Conditions 0  
 TOTALS 56

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

LEVEL OF CARE	PEAK		MEDICARE CERTIFIED	MEDICAID CERTIFIED	TOTAL
	BEDS SET-UP	BEDS IN USE			
Nursing Care	60	60	0	0	60
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTAL BEDS	60	60	0	0	60

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	0	12369	6567	20976	65.6%
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	0	12369	6567	20976	65.6%

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare		Medicaid		Other		TOTAL
	Pat. Days	Occ. Pct.	Pat. Days	Occ. Pct.	Pat. Days	Occ. Pct.	
Nursing Care	0	0.0%	12369	56.6%	6567	65.6%	65.6%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0.0%	0.0%
TOTALS	0	0.0%	12369	56.6%	6567	65.6%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	
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 64	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	1
75 to 84	3	6	0	0	0	0	9
85+	7	36	0	0	0	0	43
TOTALS	11	45	0	0	0	0	56

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 611 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62359  
 Reference Number Facility ID 6003974  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid		Other Public		Private Insurance		Charity Care		TOTALS
	Medicaid	Other Public	Private Insurance	Charity Care	Medicaid	Other Public	Private Insurance	Charity Care	
Nursing Care	0	36	0	1	17	0	0	0	56
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	0	36	0	1	17	0	0	0	56

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing		Skilled Under 22		Intermediate DD		Skilled Care		TOTALS
	Nursing	Skilled Under 22	Intermediate DD	Skilled Care	Nursing	Skilled Under 22	Intermediate DD	Skilled Care	
Asian	0	0	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0
White	56	0	0	0	0	0	0	0	56
Race Unknown	0	0	0	0	0	0	0	0	0
Total	56	0	0	0	0	0	0	0	56

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
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%

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.00
Certified Aide	21.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	55.00

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

HAMILTON MEMORIAL NURSING CTR  
 611 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62459  
 Facility ID: 6003974  
 Health Services Area 005 Planning Services Area 059

ADMISSION RESTRICTIONS

RESTRICTION	RESTRICTIONS	DIAGNOSIS
Aggravated Social	0	Narcotics
Chronic Alcoholism	0	Endocrinologic
Developmentally Disabled	0	Blood Disorders
Drug Addiction	0	Heart Disease
Medical Recipient	0	Alzheimer Disease
Medicare Recipient	0	Mental Illness
Medicaid Recipient	0	Developmental Disability
Non-Ambulatory	0	Circulatory System
Non-Habitable	0	Respiratory System
Public Aid Recipient	20	Digestive System
Under 65 Years Old	0	Genitourinary System Disorders
Unable to Self-Medicate	0	Skin Disorders
Vertical Dependent	0	Musculoskeletal Disorders
Infectious Disease w/ Isolation	0	Injuries and Poisonings
Other Restrictions	0	Other Medical Conditions
No Restrictions	1	Non-Medical Conditions
TOTALS	57	TOTALS

ADMISSIONS AND DISCHARGES - 2008  
 Residents on 1/1/2008: 58  
 Total Admissions 2008: 23  
 Total Discharges 2008: 24  
 Residents on 12/31/2008: 57

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	60	0	0
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	60	0	0

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

HAMILTON MEMORIAL NURSING CTR  
 611 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62459  
 Facility ID: 6003974  
 Health Services Area 005 Planning Services Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Private	Charity	TOTALS
Nursing Care	0	33	0	0	24	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	33	0	0	24	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
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	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY	57	0	0	0	57
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
ET: CITY					

### SECTION III - BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

#### Criterion 1110.230 - Background, Purpose of the Project, and Alternatives

#### ALTERNATIVES

1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

A) Proposing a project of greater or lesser scope and cost:

This project is unique as it proposes the non-traditional change of ownership of a nursing facility that is licensed under the Hospital Licensing Act to an unrelated long-term care provider who will be able to license the facility under the Nursing Home Care Act. Under the previous Illinois Health Facilities Planning Board, precedent was set to accomplish this precise endeavor: the hospital would have to discontinue and the new provider would have to reestablish the service even though there would be no cessation of care or service. It should also be noted that currently long-term care facilities under the Nursing Home Care Act do not even have to undergo the Certificate of Need process for a change of ownership. This point is only made to illustrate the nature of this particular project. As a result of **Hamilton Memorial Hospital District** being a Critical Access Hospital the alternatives to this project are two-fold: the Hospital District could totally discontinue long-term care service; or it could proceed with the project as being proposed. The alternatives for this Applicant are either to purchase the Hamilton Memorial Hospital Nursing Center or not to purchase the Hamilton Memorial Hospital Nursing Center.

### **ALTERNATIVES (Continued)**

As mentioned throughout this application, Hamilton Memorial Hospital is a Critical Access Hospital (CAH). The CAH program was implemented by Medicare in the late 90's to help maintain the smallest of the rural hospitals throughout the country that were severely struggling financially under the Medicare payment system at that time. Medicare pays CAH's 101% of allowable costs of a hospital times the Medicare percentage of patients served by the hospital. However, Medicare does not pay cost based reimbursement for the operation of other divisions of their operations such as nursing homes. Therefore, the Hospital District estimates that it was penalized approximately \$170,000 in fiscal year 2009 alone. In order to be fiscally responsible and to secure the future of the CAH, the hospital felt that the only responsible alternative would be to divest itself from providing the ancillary and vital service of long-term nursing care yet ensure that the service is maintained for the residents of the area.

- 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;

The Applicant is, in-fact, pursuing a business venture with another provider instead of duplicating existing services. Specifically, this project was sought out by **Hamilton Memorial Hospital District** to ensure that the necessary nursing services were maintained. This alternative is referred to as the project as being proposed.

- 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

The project as being proposed does involve the utilization of an existing service (resource), which, will continue to be available to serve all the residents within the Planning Area.

## ALTERNATIVES (Continued)

- D) Provide the reasons why the chosen alternative was selected.

Rationale for the alternatives explored is provided in the item following.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.

## NOT TO PURCHASE HAMILTON MEMORIAL HOSPITAL NURSING CENTER

### Costs

This alternative has no capital costs associated with it. However, there are non-tangible costs related to this alternative. This facility would have to be discontinued which means that the residents would be displaced throughout Southern Illinois and all employees would lose their jobs. This result would have costs that range from residents not being able to stay within Hamilton County to the great economic loss to the community in terms of jobs.

Within the Gallatin/Hamilton/Saline Planning Area, the State's bed need calculation shows a need for additional nursing beds in addition to those licensed. Within Hamilton County itself, there is only one other nursing facility; McLeansboro Rehab & Healthcare Center is licensed for 43 beds and is utilized at a rate of 88.4%. This occupancy rate does not reflect the single bed that is not set-up or staffed. To do so would bring the utilization rate for this facility just over the State's optimal level of 90%. Thus, should Hamilton Memorial Hospital Nursing Center be discontinued, the current residents would be displaced outside of the County at a significant distance away from family and friends.

### **ALTERNATIVES (Continued)**

Should the facility not be purchased by the Applicants, the economic impact would be realized through the loss of between 26.8 and 27.8 full-time-equivalent positions. This represents a loss of wages totaling \$1.6 million, loss of \$403,000 in local sales, and a loss of \$4,000 in sales tax annually according to an economic study performed in 2006 utilizing the IMPLAN multipliers. A total negative economic impact could prove devastating to McLeansboro and the greater Hamilton County area.

As this alternative would negatively impact long-term nursing care accessibility and the local economy, this alternative was rejected.

### **Patient Access**

Appended as **ATTACHMENT-13A**, is the 2008 Inventory of Health Care Facilities and Services and Need Determinations – Long-Term Care Services. Appended as **ATTACHMENT-13B**, is the August 16, 2010 Update to the Inventory of Long-Term Care Services. Appended as **ATTACHMENT-13C**, is a utilization chart for those facilities within the Gallatin/Hamilton/Saline Counties Planning Area. These three attachments serve to illustrate that there is an outstanding need for beds in an area which is second in square miles only to McLean County. This tri-county Planning Area is even larger than the dry land area of Cook County. The difference is that this area is not densely populated. Hamilton County has a density of approximately 20 people per square miles (see **ATTACHMENT-13D**). In Hamilton County, approximately 436 square miles, there are only two long-term care nursing homes and one hospital. In this rural and medically underserved area (see **ATTACHMENT-13E** for documentation of the area being classified as a medically underserved area), even a comparatively small nursing center like the existing 60-bed Hamilton Memorial Hospital Nursing Center (to be known as Hamilton Memorial Nursing and Rehabilitation) is an economic

### **ALTERNATIVES (Continued)**

engine that provides this rural county an alternative and a competitive nature to a potential monopolistic one size fits all approach to long-term care in Hamilton County. The County is approximately 21 miles North to South and East to West. Should this facility close, the most the other long-term care facility (McLeansboro Rehab and Healthcare Center at 88.4%) would be able to accommodate would be one resident according to their most recent Illinois Department of Public Health Annual Facility Survey (appended as ATTACHMENT-13F) and the State's optimal utilization rate of 90%. Therefore, all of the remaining residents would have to leave the County and travel some 22 miles or, more importantly, nearly one half hour away. This represents a significant burden to family members and friends which in itself defines impairing patient accessibility to nursing care. As this alternative would have a negative effect on the local economy and on patient accessibility, this alternative was rejected.

#### Quality

As this alternative eliminates the competitive nature of having two smaller local nursing centers, it stands to reason that quality of care and continued evolution of long-term nursing care could suffer. Losing the larger of the two nursing facilities could present such a demand for available nursing beds on the other facility that quality of life and quality of care could become second seat. As there is no assurance for quality of care with this alternative, this alternative was rejected.

#### Financial Benefits

As this alternative does not have any capital expenditures, it also has no financial benefits. This alternative would require the existing Hamilton Memorial Hospital Nursing Center to close. As a result, the current provider loses, the community loses jobs and an



### **ALTERNATIVES (Continued)**

alternative long-term nursing care service, and there is certainly no opportunity for financial gain on the part of the proposed Applicant. However, more important than the potential financial benefits are the need to retain the proposed service. For this reason, this alternative was rejected.

### **TO PURCHASE HAMILTON MEMORIAL HOSPITAL NURSING CENTER**

#### Costs

This alternative is also known as the project as being proposed. The costs to this project are as outlined herein in this application referred to as the project costs. These costs are estimated to be \$555,500 of which \$500,000 is the transaction costs to purchase the nursing center.

#### Patient Access

This alternative ensures that patient accessibility is only maintained. This Applicant has not pursued this project with any other intention other than to assist **Hamilton Memorial Hospital District** to maintain its Critical Access Hospital and the nursing service.

#### Quality

It is the intent of the proposed Applicant/Operator to ensure the highest quality in care and quality of life for its nursing care residents. That being said, **Hamilton Memorial Nursing and Rehabilitation, L.L.C.** does not question the high quality of care being provided at the existing nursing center, rather, it is its intent to continue the high quality of care and service that is currently being provided to the elderly residents of Hamilton County. Furthermore, the Applicant and **Hamilton Memorial Hospital District** believe that to have two appropriate sized nursing facilities allows for fair yet balanced competition. This healthy competition fuels ever increasing quality of care. It is important to note that historically both facilities have maintained healthy annual occupancy rates. Thus, these friendly and close competitors feed off

### **ALTERNATIVES (Continued)**

of each other instead of under cutting the other. Therefore, quality indicators were a positive influence in choosing this alternative.

#### **Financial Benefits**

The financial benefits to the proposed project are strong. The cost of this project is such that it can be funded internally. But equally important are the financial benefits of all the employees keeping their jobs. The greater community and County benefit from this move also. The primary move for this alternative is for the financial benefit of Hamilton Memorial Hospital and its Medicaid reimbursement of costs. If the 2009 fiscal year is any indicator, this alternative could benefit the CAH by approximately \$170,000 in the next fiscal cycle. For these reasons, this alternative was selected.

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

Hamilton Memorial Hospital District had underwent a vetting process for potential long-term care providers (owners/operators) with the desire and ability to purchase and maintain the high quality of nursing care currently being provided. The only entity left at the end of the vetting process was Tutera Healthcare Group. They had the knowledge and experience to take on a smaller facility in a rural and medically underserved area of Southern Illinois. The proposed Applicant does not question the quality of care provided to the residents of Hamilton Memorial Hospital Nursing Center. It is its intent to only continue in those inroads to maintain an alternative for long-term care in Hamilton County. The quantifiable outcomes will be the ability to maintain the strong utilization that the current facility has been accustomed. However, in the spirit of full disclosure, at the time of the preparation of this Certificate of Need application there

**ALTERNATIVES (Continued)**

were 39 current residents in-house. It should be noted that this is a one day census and is not reflective of the annualized utilization rate. Yet, the proposed Applicant does not see reaching and maintaining the State's optimal utilization of 90% to be an issue.

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	
			2005 Patient Beds	2005 Patient Days	2005 Patient Beds	2005 Patient Days
CARRIER MILLS NURSING HOME	CARRIER MILLS	Saline County	99	31,567	0	0
ELDORADO CARE CENTER	ELDORADO	Saline County	0		0	
8/5/2005 Closure Facility closed by legal order without CON approval.						
6/7/2006 Closure State Board deemed facility discontinued; 70 Nursing Care beds removed from inventory.						
FERRELL HOSPITAL (SWING BEDS)	ELDORADO	Saline County	0	864	0	0
FINNIE GOOD SHEPHERD NURSING	GALATIA	Saline County	73	19,903	0	0
FOUNTAINVIEW HAVEN	ELDORADO	Saline County	125	40,278	0	0
6/15/2006 Bed Change Discontinued 10 nursing care beds; facility total now 125 nursing care beds.						
HAMILTON MEMORIAL HOSPITAL (SWING BEDS)	MCLEANSBORO	Hamilton County	0	815	0	0
HAMILTON MEMORIAL HOSPITAL NURSING CENT	MCLEANSBORO	Hamilton County	60	21,290	0	0
HARRISBURG CARE CENTER (HARRISBURG)	HARRISBURG	Saline County	68	15,692	0	0
HARRISBURG MEDICAL CENTER (SWING BEDS)	HARRISBURG	Saline County	0	708	0	0
MCLEANSBORO REHAB & HLTHCARE CTR	MCLEANSBORO	Hamilton County	43	15,478	0	0
10/1/2005 Name Change Formerly "McLeansboro Healthcare Center".						
RIDGWAY MANOR	RIDGWAY	Gallatin County	71	16,819	0	0
SALINE CARE CENTER	HARRISBURG	Saline County	142	43,303	0	0
THE WILLOW OF ELDORADO	ELDORADO	Saline County	0		0	
10/6/2003 Closure Facility closed without C.O.N. approval.						
12/21/2006 Discontinue Board deemed facility discontinued. 78 Nursing Care beds removed from inventory.						
Health Service Area: 005			667	206,717	0	0

AGE GROUPS	2005 HSA		2005 HSA Minimum		2005 HSA Maximum	
	Estimated Population	2005 HSA Use Rates (Per 1,000)	Use Rates	Use Rates	Use Rates	Use Rates
0-64 Years Old	526,300	333.2	198.9	533.2	533.2	533.2
65-74 Years Old	47,700	5,029.5	3,017.7	8,047.2	8,047.2	8,047.2
75+ Years Old	53,800	31,411.0	18,846.6	50,257.7	50,257.7	50,257.7
2005 PSA						
Estimated Populations	685.5	533.2	34,300	18,288	30,516	181,595
2005 PSA Use Rates (Per 1,000)	3,017.7	8,047.2	4,800	30,516	181,595	701
2005 PSA Patient Days	41,271.5	18,846.6	4,400	230,398	631.2	701
2015 PSA						
Projected Populations	34,300	4,800	4,400	181,595	230,398	701
2015 PSA Use Rates	533.2	6,357.4	4,400	181,595	230,398	701
2015 PSA Patient Days	18,288	30,516	4,400	181,595	230,398	701

Discontinued 7 nsg care beds + total now 118 nsg. care beds on 7/1/08. Discontinued 7 nsg. care beds, total now 111 nsg. care beds. 7/10/09.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 08/16/2010

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
				126 nursing care beds removed from inventory as of that date.
	Bed Change	02/01/2009	DECATUR MANOR HEALTHCARE, DECATUR	Added ten nursing care beds, total now 147 nursing care beds.
	P-06-078	03/02/2009	ST. MARY'S HOSPITAL, DECATUR	Permit should have discontinued 36 nursing care beds instead of 26, total now 14 nursing care beds.
	Bed Change	04/03/2009	EASTERN STAR AT MACON, MACON	Discontinued six sheltered care beds, total now 44 nursing care beds and 20 sheltered care beds.
	P-08-097	04/22/2009	HICKORY POINT CHRISTIAN VILLAG, FORSYTH	Permit issued establish a 47 bed nursing care facility.
	P-08-097	04/22/2009	FAIR HAVENS CHRISTIAN HOME, DECATUR	Permit issued to discontinue seven nursing care beds, total now 154 nursing care beds.
	Bed Change	04/22/2009	DECATUR MEMORIAL HOSPITAL, DECATUR	Board discontinued eight nursing care beds, total now 61 nursing care beds.
Moultrie	Bed Change	10/13/2007	MASON POINT, SULLIVAN	Discontinued 24 nursing care beds, total now 122 nursing care beds and 48 sheltered care beds.
	CHOW	10/01/2008	MASON POINT, SULLIVAN	Change of ownership occurred.
	Bed Change	02/06/2009	ARTHUR HOME, ARTHUR	Discontinued nine nursing care beds, total now 60 nursing care beds.
	Bed Change	09/08/2009	ARTHUR HOME, ARTHUR	Added one nursing care bed, total now 61 nursing care beds.
Shelby	P-09-041	12/01/2009	SHELBY MEMORIAL HOSPITAL NH, SHELBYVILLE	Permit issued to discontinue the 19 bed nursing care facility. Project completed.
Vermilion	Bed Change	07/12/2007	HAWTHORNE INN OF DANVILLE, DANVILLE	Added ten nursing care beds and discontinued ten sheltered care beds, total now 64 nursing care beds and 76 sheltered care beds.
	Bed Change	01/08/2010	HAWTHORNE INN OF DANVILLE, DANVILLE	Added six nursing care beds and discontinued six sheltered care beds, total now 70 nursing care beds and 70 sheltered care beds.
<b>Health Service Area 005</b>				
Alexander/Pulaski	Closure	04/09/2008	MERIDIAN MANOR HOME, MOUNDS	Board deemed facility discontinued as of April 9, 2008. 64 nursing care beds removed from inventory as of that date.
Bond	Name Change	02/18/2009	HELIA HEALTHCARE OF GREENVILLE, GREENVILLE	Name changed from Cardinal Hill Healthcare.
Clay	CHOW	11/25/2009	FLORA GARDENS CARE CENTER, FLORA	Change of ownership occurred.
Crawford	Bed Change	04/22/2009	CRAWFORD MEM HOSP SNF UNIT, ROBINSON	Board discontinued ten nursing care beds, total now 38 nursing care beds.
Effingham	CHOW	07/01/2010	LAKELAND REHAB & HCC, EFFINGHAM	Change of ownership occurred.
Fayette	Bed Change	04/22/2009	FAYETTE CO HOSP NURSING HOME, VANDALIA	Board discontinued 19 nursing care beds, total now 85 nursing care beds.
Franklin	Name Change	06/27/2008	STONEBRIDGE SENIOR LIVING CENT, BENTON	Name changed from Severin Intermediate Care Home.
	P-07-088	08/15/2008	HELIA HEALTHCARE OF BENTON, BENTON	Facility licensed 8-15-2008.
	CHOW	03/14/2009	WESTSIDE REHAB & CARE CENTER, WEST FRANKFORT	Change of ownership occurred.
	Name Change	03/14/2009	WESTSIDE REHAB & CARE CENTER, WEST FRANKFORT	Name changed from Westside Care Center.
Gallatin/Hamilton/	Name Change	06/27/2008	CARRIER MILLS NSG & REHAB CTR, CARRIER MILLS	Name changed from Carrier Mills Nursing Home.
	Bed Change	07/01/2008	FOUNTIANVIEW HAVEN, ELDORADO	Discontinued seven nursing care beds, total now 118 nursing care beds.
	CHOW	03/14/2009	SHAWNEE ROSE CARE CENTER, HARRISBURG	Change of ownership occurred.
	Name Change	03/14/2009	SHAWNEE ROSE CARE CENTER, HARRISBURG	Name changed from Harrisburg Care Center
	Bed Change	07/01/2009	FOUNTIANVIEW HAVEN, ELDORADO	Discontinued seven nursing care beds, total now 111 nursing care beds.
	CHOW	06/01/2010	RIDGWAY REHAB AND NRSNG CENTER, RIDGWAY	Change of ownership occurred.
	Name Change	06/01/2010	RIDGWAY REHAB AND NRSNG CENTER,	Name changed from Ridgway Manor.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 08/16/2010

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
			RIDGWAY	
Jackson	CHOW	06/01/2010	CARBONDALE REHAB AND NRSG CTR, CARBONDALE	Change of ownership occurred.
	Name Change	06/01/2010	CARBONDALE REHAB AND NRSG CTR, CARBONDALE	Name changed from Oak Grove Rehab & Skilled Care.
Jasper	Bed Change	01/01/2009	NEWTON REST HAVEN, NEWTON	Discontinued ten nursing care beds, total now 82 nursing care beds.
Lawrence	Bed Change	02/11/2008	UNITED METHODIST VILLAGE, LAWRENCEVILLE	Discontinued two nursing care beds and their 80 bed sheltered care category of service, total now 163 nursing care beds.
	Closure	04/09/2008	SUMNER CARE AND REHAB CENTER, SUMNER	Board deemed facility discontinued as of April 9, 2008. 82 nursing care beds removed from inventory as of that date.
	Bed Change	02/25/2010	UNITED METHODIST VILLAGE N. CA, LAWRENCEVILLE	Discontinued 21 nursing care beds and discontinued all four sheltered care beds, total now 98 nursing care beds.
Perry	P-08-019	07/02/2008	PINCKNEYVILLE COMM HOSP SNF, PINCKNEYVILLE	Permit issued to discontinue the 50 nursing care bed unit.
	P-08-019	07/02/2008	PINCKNEYVILLE COMM HOSP SNF, PINCKNEYVILLE	Project completed.
Richland	Bed Change	05/19/2008	BURGIN MANOR OF OLNEY, INC., OLNEY	Added one nursing care bed, total now 157 nursing care beds.
	CHOW	04/04/2010	RICHLAND CARE & REHAB, OLNEY	Change of ownership occurred.
Union	Name Change	04/03/2009	UNION COUNTY HOSPITAL LTC, ANNA	Name changed from Anna Hospital Corporation.
	CHOW	06/01/2010	ANNA REHAB AMD MRSG CENTER, ANNA	Change of ownership occurred.
	Name Change	06/01/2010	ANNA REHAB AMD MRSG CENTER, ANNA	Name changed from City Are Center.
	CHOW	06/01/2010	COBDEN REHAB AND NRSG CENTER, COBDEN	Change of ownership occurred.
	Name Change	06/01/2010	COBDEN REHAB AND NRSG CENTER, COBDEN	Name changed from City Care Center of Cobden.
Washington	Name Change	11/05/2008	FRIENDSHIP MANOR HEALTH CARE, NASHVILLE	Name changed from Friendship Manor Health Center.
White	P-07-044	04/30/2008	PHOENIX REHABILITATION & NURSI, CARM	Facility licensed on 4-30-2008.
Williamson	Closure	04/09/2008	PARK AVENUE HEALTH CARE HOME, HERRIN	Board deemed facility discontinued as of April 9, 2008. 69 nursing care beds removed from inventory as of that date.
	Bed Change	09/09/2009	HELIA HEALTHCARE OF ENERGY, ENERGY	Added 15 nursing care beds, total now 111 nursing care beds.
	CHOW	06/01/2010	MARION REHAB AND NRSG CTR, MARION	Change of ownership occurred.
	Name Change	06/01/2010	MARION REHAB AND NRSG CTR, MARION	Name changed from The Fountain's.
	CHOW	06/01/2010	HERRIN REHAB AND NRSG CENTER, HERRIN	Change of ownership occurred.
	Name Change	06/01/2010	HERRIN REHAB AND NRSG CENTER, HERRIN	Name changed from Friendship Care Center.
Health Service Area 006				
Planning Area 6-A	Name Change	12/20/2007	AMBASSADOR NURSING & REHAB CTR, CHICAGO	Name changed from Ambassador Nursing Center.
	Bed Change	02/05/2008	METHODIST HOME, CHICAGO	Added five nursing care beds and discontinued 12 sheltered care beds, total now 126 nursing care beds and 0 sheltered care beds.
	Name Change	03/31/2008	CONTINENTAL NURSING & REHAB CT, CHICAGO	Name changed from Continental Care Center.
	Name Change	05/23/2008	ASTORIA PLACE LIVING & REHAB, 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.
	CHOW	01/20/2010	ASTORIA PLACE LIVING & REHAB, CHICAGO	Change of ownership occurred.
	Name Change	01/20/2010	ASTORIA PLACE LIVING & REHAB, CHICAGO	Name changed from West Ridge Rehabilitation Center.
	CHOW	01/22/2010	LAKE SHORE HEALTHCARE & REHAB,	Change of ownership occurred.

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 08/16/2010

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
<b>HEALTH SERVICE AREA 001</b>			
Boone	310	279	31
Carroll	204	170	34
DeKalb	694	742	( 48)
Jo Daviess	217	155	62
Lee	310	342	( 32)
Ogle	573	553	20
Stephenson	662	663	( 1)
Whiteside	717	822	( 105)
Winnebago	2,332	2,338	( 6)
<b>HEALTH SERVICE AREA 002</b>			
Bureau/Putnam	413	447	( 34)
Fulton	532	672	( 140)
Henderson/Warren	259	217	42
Knox	816	965	( 149)
LaSalle	1,329	1,410	( 81)
McDonough	388	376	12
Marshall/Stark	373	427	( 54)
Peoria	1,698	1,822	( 124)
Tazewell	1,621	1,293	328
Woodford	672	594	78
<b>HEALTH SERVICE AREA 003</b>			
Adams	1,338	1,495	( 157)
Brown/Schuyler	184	215	( 31)
Calhoun/Pike	265	337	( 72)
Cass	207	221	( 14)
Christian	412	472	( 60)
Greene	159	119	40
Hancock	196	241	( 45)
Jersey	387	369	18
Logan	494	468	26
Macoupin	683	744	( 61)
Mason	135	164	( 29)
Menard	202	192	10
Montgomery	563	624	( 61)
Morgan/Scott	608	654	( 46)
Sangamon	1,395	1,254	141
<b>HEALTH SERVICE AREA 004</b>			
Champaign	1,003	926	77
Clark	296	255	41
Coles/Cumberland	724	939	( 215)
DeWitt	187	190	( 3)
Douglas	233	233	0
Edgar	282	299	( 17)
Ford	247	427	( 180)
Iroquois	477	486	( 9)
Livingston	500	541	( 41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	369	( 60)
Piatt	160	160	0
Shelby	252	265	( 13)
Vermilion	680	773	( 93)
<b>HEALTH SERVICE AREA 005</b>			
Alexander/Pulaski	116	83	33
Bond	179	198	( 19)
Clay	145	209	( 64)
Crawford	245	215	30
Edwards/Wabash	145	139	6
Effingham	404	432	( 28)
Fayette	246	340	( 94)
Franklin	430	400	30
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	( 15)
Jackson	336	427	( 91)
Jasper	69	82	( 13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	360	( 22)
Marion	837	605	232

**LONG-TERM CARE BED INVENTORY UPDATES**

03/19/2008 - 08/16/2010

**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
<b>HEALTH SERVICE AREA 006</b>			
Planning Area 6-A	5,766	7,290	(1,524)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,015	( 309)
<b>HEALTH SERVICE AREA 007</b>			
Planning Area 7-A	4,101	3,210	891
Planning Area 7-B	6,896	7,105	( 209)
Planning Area 7-C	6,626	6,012	614
Planning Area 7-D	2,342	2,888	( 546)
Planning Area 7-E	9,242	8,957	285
<b>HEALTH SERVICE AREA 008</b>			
Kane	2,948	2,918	30
Lake	4,884	4,811	73
McHenry	1,344	1,028	316
<b>HEALTH SERVICE AREA 009</b>			
Grundy	239	265	( 26)
Kankakee	1,259	1,368	( 109)
Kendall	213	185	28
Will	3,055	2,810	245
<b>HEALTH SERVICE AREA 010</b>			
Henry	426	518	( 90)
Mercer	182	172	10
Rock Island	1,299	1,308	( 49)
<b>HEALTH SERVICE AREA 011</b>			
Clinton	402	407	( 5)
Madison	2,073	2,216	( 143)
Monroe	447	324	123
St.Clair	2,187	2,294	( 107)
<b>LONG-TERM CARE ICF/DD 16 BED NEED</b>			
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	40	44
HSA 11	222	384	( 162)



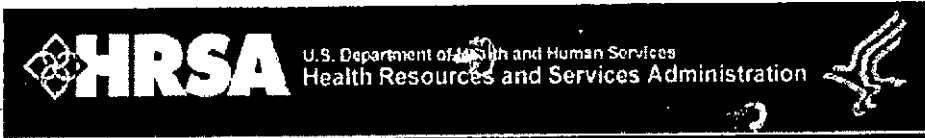
FACID	FACNAME	ADDRESS	CITY	ZIP	Planning Area	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Potentiality Avail <95%	Admissions	ALOS	Travel Time Adjusted 77 IAC 1100.610(d)	Drive Distance
6003974	Hamilton Mem Hosp Nursing Ctr	611 South Marshall Ave	McLeansboro	62859-0000	Hamilton	60	20,116	81.6%	-0.96	17	1183.3	0	0
6005417	McLeansboro Rehab & Healthcare Center	405 West Carpenter	McLeansboro	62858-0000	Hamilton	43	13,917	88.4%	0.68	41	338.4	4	1.06
6003248	Fountainview Haven (1)	1001 Jefferson Street	Edwards	62830-0000	Saline	111	33,395	87.1%	3.18	77	456.7	28	22.90
6003149	Fairlie Good Shepherd Nursing	400 South Maincross Street	Galata	62835-0000	Saline	73	16,870	83.1%	19.61	73	231.1	37	29.45
6004055	Shawnee Rose Care Center	1000 West Sloan Street	Harrisburg	62946-0000	Saline	68	10,248	41.2%	33.21	60	170.8	41	30.8
6007875	Ridgeway Manor	901 West Race Street	Ridgeway	62879-0000	Galata	71	14,458	55.6%	24.40	25	578.3	41	31.73
6006346	Saline Care Center	120 South Land Street	Harrisburg	62946-0000	Saline	142	35,032	67.4%	32.06	36	979.1	41	30.1
						868	146,034	70.2%	112.20	379	443.8		

(1) Discontinued 7 nursing care beds, total now 111 nursing care beds effective 7/01/09.

Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development, Inventory of Health Care Facilities and Services and Need Determinations - 2008 - Long-Term Care Services

People QuickFacts	Hamilton County	Illinois
Population, 2009 estimate	8,098	12,910,409
Population, percent change, April 1, 2000 to July 1, 2009	-8.1%	4.0%
Population estimates base (April 1) 2000	8,621	12,419,658
Persons under 5 years old, percent, 2009	5.4%	6.9%
Persons under 18 years old, percent, 2009	21.7%	24.6%
Persons 65 years old and over, percent, 2009	19.8%	12.4%
Female persons, percent, 2009	51.2%	50.7%
White persons, percent, 2009 (a)	97.8%	79.0%
Black persons, percent, 2009 (a)	1.1%	14.9%
American Indian and Alaska Native persons, percent, 2009 (a)	0.3%	0.4%
Asian persons, percent, 2009 (a)	0.2%	4.4%
Native Hawaiian and Other Pacific Islander, percent, 2009 (a)	Z	0.1%
Persons reporting two or more races, percent, 2009	0.7%	1.3%
Persons of Hispanic or Latino origin, percent, 2009 (b)	1.1%	15.2%
White persons not Hispanic, percent, 2009	96.8%	64.6%
Living in same house in 1995 and 2000, pct 5 yrs old & over	64.1%	56.8%
Foreign born persons, percent, 2000	0.4%	12.3%
Language other than English spoken at home, pct age 5+, 2000	2.5%	19.2%
High school graduates, percent of persons age 25+, 2000	74.3%	81.4%
Bachelor's degree or higher, pct of persons age 25+, 2000	10.5%	26.1%
Persons with a disability, age 5+, 2000	1,718	1,999,717
Mean travel time to work (minutes), workers age 16+, 2000	26.8	28
Housing units, 2009	4,092	5,292,003
Homeownership rate, 2000	81.4%	67.3%
Housing units in multi-unit structures, percent, 2000	5.0%	34.0%
Median value of owner-occupied housing units, 2000	\$47,800	\$130,800
Households, 2000	3,462	4,591,779
Persons per household, 2000	2.43	2.63
Median household income, 2008	\$38,115	\$56,230
Per capita money income, 1999	\$16,262	\$23,104
Persons below poverty level, percent, 2008	12.9%	12.2%
Business QuickFacts	Hamilton County	Illinois
Private nonfarm establishments, 2007	191	325,206
Private nonfarm employment, 2007	1,239	5,398,634
Private nonfarm employment, percent change 2000-2007	5.4%	-1.9%

Nonemployer establishments, 2007	576	1885,589		
Total number of firms, 2002	632	958,120		
Black-owned firms, percent, 2002	F	7.2%		
American Indian and Alaska Native owned firms, percent, 2002	F	0.4%		
Asian-owned firms, percent, 2002	F	4.6%		
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.1%		
Hispanic-owned firms, percent, 2002	F	4.1%		
Women-owned firms, percent, 2002	F	29.7%		
Manufacturers shipments, 2002 (\$1000)	NA	188,365,216		
Wholesale trade sales, 2002 (\$1000)	D	317,467,059		
Retail sales, 2002 (\$1000)	39,499	131,469,518		
Retail sales per capita, 2002	\$4,691	\$10,446		
Accommodation and food services sales, 2002 (\$1000)	2,401	19,072,168		
Building permits, 2009		0	10,859	
Federal spending, 2008	87,908	100,671,535		
Geography QuickFacts	Hamilton County	Illinois		
Land area, 2000 (square miles)	435.16	55,583.58		
Persons per square mile, 2000	19.8	223.4		
FIPS Code	65	17		
Metropolitan or Micropolitan Statistical Area	Mount Vernon, IL			
	(a) Includes persons reporting only one race.			
	(b) Hispanics may be of any race, so also are included in applicable race categories.			
	FN: Footnote on this item for this area in place of data			
	NA: Not available			
	D: Suppressed to avoid disclosure of confidential information			
	X: Not applicable			
	S: Suppressed; does not meet publication standards			
	Z: Value greater than zero but less than half unit of measure shown			
	F: Fewer than 100 firms			
	Source: US Census Bureau State & County QuickFacts			



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<b>Criteria:</b>																		
State: Illinois																		
County: Gallatin County																		
ID #: All																		
<b>Results: 1 records found.</b>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 10%;">ID#</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Score</th> <th style="width: 10%;">Designation Date</th> <th style="width: 10%;">Update Date</th> </tr> </thead> <tbody> <tr> <td>Gallatin County</td> <td>07233</td> <td>MUA</td> <td>48.20</td> <td>2002/07/23</td> <td></td> </tr> </tbody> </table>							Name	ID#	Type	Score	Designation Date	Update Date	Gallatin County	07233	MUA	48.20	2002/07/23	
Name	ID#	Type	Score	Designation Date	Update Date													
Gallatin County	07233	MUA	48.20	2002/07/23														
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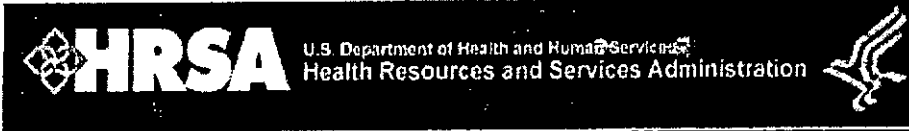
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**Criteria:**  
 State: Illinois  
 County: Hamilton County  
 ID #: All

**Results: 7 records found.**

Name	ID#	Type	Score	Designation Date	Update Date
<b>Hamilton County</b>					
Dahlgren/ Couch Service Area	00852	MUA	58.10	1994/05/11	
MCD (17809) Crouch township					
MCD (18316) Dahlgren township					
McLeansboro Township Service Area	07009	MUA	54.80	1994/05/11	
MCD (47657) Mayberry township					
MCD (45837) McLeansboro township					
MCD (76472) Twigg township					



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HPSA by State & County

HPSA Eligible for the Medicare Physician Bonus Payment

<b>Criteria:</b>																									
State: Illinois																									
County: Saline County																									
ID #: All																									
Results: 1 records found.																									
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Name	ID#	Type	Score	Designation Date	Update Date																				
<b>Saline County</b>																									
Low Income - Saline	07096	MUP	56.80	2001/05/11																					
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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MCLEANSBORO REHAB & HEALTH CARE CENTER MCLEANSBORO

MCLEANSBORO REHAB & HEALTH CARE CENTER  
 405 WEST CARPENTER  
 MCLEANSBORO, IL 62859  
 Reference Numbers Facility ID 6005417  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE				MEDICAID				PRIVATE PAY				CHARTY CARE			
	Medicare	Medicaid	Other Insurance	Pay	Private Pay	Charity	Private Pay	Charity	Private Pay	Charity	Private Pay	Charity	Private Pay	Charity		
Nursing Care	0	22	0	0	0	0	0	0	0	0	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		
Sheltered Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTALS	0	22	0	0	0	0	0	0	0	0	0	0	0	0		

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	Intermediate	Sheltered	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Lat. Am.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
44.4%	44.3%	0.2%	0.0%	11.1%	0.0%
691,898	679,613	3,923	0	220,210	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MCLEANSBORO REHAB & HEALTH CARE CENTER MCLEANSBORO

MCLEANSBORO REHAB & HEALTH CARE CENTER  
 405 WEST CARPENTER  
 MCLEANSBORO, IL 62859  
 Reference Numbers Facility ID 6005417  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	Count
Aggravated/Alcohol	Nephrone	2
Chronic Alcoholism	Ectoparasitiasis	0
Developmentally Disabled	Blood Chemistry	0
Drug Addiction	Nervous System Non-Achiever	4
Medicaid Recipient	Alzheimer Disease	10
Medicare Recipient	Mental Illness	2
Non-Residential	Developmental Disability	1
Public Aid Recipient	Chronic System	8
Under 65 Years Old	Respiratory System	4
Unable to Self-Medicate	Digestive System	4
Verbalizer Dependent	Cardiovascular System Disorders	1
Infectious Disease w/ Isolation	Sex Disorders	1
Other Restrictions	Neurological Disorders	1
No Restrictions	Injuries and Poisonings	0
	Other Medical Conditions	5
	Non-Medical Conditions	0
	TOTALS	35

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

LEVEL OF CARE	PEAK	BEDES	BEDES IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	43	42	42	43	43	Residents on 1/1/2008: 35
Skilled Under 22	0	0	0	0	0	Total Admissions 2008: 41
Intermediate DD	0	0	0	0	0	Total Discharges 2008: 41
Sheltered Care	0	0	0	0	0	Residents on 12/31/2008: 38
TOTAL BEDS	43	42	42	43	43	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds	Set Up
Nursing Care	2341	9252	0	0	2324	0	13917	90.5%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	2341	9252	0	0	2324	0	13917	90.5%

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	1	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	3
75 to 84	0	10	0	0	0	0	0	0	10
85+	2	18	0	0	0	0	2	18	20
TOTALS	3	29	0	0	0	0	3	29	32

ATTACHMENT-13F

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MCLEANSBORO REHAB & HEALTH CARE CENTE MCLEANSBORO

MCLEANSBORO REHAB & HEALTH CARE CENTE  
 425 WEST CARPENTER  
 MCLEANSBORO, IL 62559  
 Reference Number Facility ID 6055417  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	0	0	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	4	25	0	0	0	0	30
TOTALS	4	25	0	0	0	0	30

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	Totals
Admin	0	0	0	0	0	0
Asian Indian	0	0	0	0	0	0
Blk. %	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	30	0	0	0	0	30
Race Unknown	0	0	0	0	0	0
Totals	30	0	0	0	0	30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Care Expense as % of Total Net Revenue
38.4%	49.3%	0.0%	0.0%	11.2%	0.0%	0.0%
\$99,833	\$79,050	0	0	\$99,249	0	1,775,231

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 MCLEANSBORO REHAB & HEALTH CARE CENTE MCLEANSBORO

MCLEANSBORO REHAB & HEALTH CARE CENTE  
 425 WEST CARPENTER  
 MCLEANSBORO, IL 62559  
 Reference Number Facility ID 6055417  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Neoplasms	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Nervous System Non Alzheimer	0	0	0	0	0	0	0	0	0	0	0
Arthritis	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	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
TOTALS	0	0	0	0	0	0	0	0	0	0	0

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
34	41	37	36

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Peak Beds Set Up
Nursing Care	43	42	43	43
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	43	42	43	43
TOTALS	43	42	43	43

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days
Nursing Care	2003	12.8%	9726	62.0%	2104	13913	68.0%	0	0.0%	0	80.0%
Skilled Under 22	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%
Skilled Care	2003	12.8%	9726	62.0%	2104	13913	68.0%	0	0.0%	0	80.0%
TOTALS	2003	12.8%	9726	62.0%	2104	13913	68.0%	0	0.0%	0	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

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 64	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
75 to 84	4	12	0	0	0	0	0	0	0	0	16
85+	2	17	0	0	0	0	0	0	0	0	19
TOTALS	6	32	0	0	0	0	0	0	0	0	38

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

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 64	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
75 to 84	4	12	0	0	0	0	0	0	0	0	16
85+	2	17	0	0	0	0	0	0	0	0	19
TOTALS	6	32	0	0	0	0	0	0	0	0	38



2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES  
 MCLEANBORO REHAB & HEALTH CARE CENTER

405 WEST CARPENTER  
 MCLEANBORO, IL 62459  
 Reference Numbers Facility ID: 6025417  
 Health Services Area 005 Planning Service Area 059

RENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	3	26	0	0	7	36
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
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	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	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPNs	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	15.00
<b>Total</b>	<b>30.00</b>

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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
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	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	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

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Administrators	1.00
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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
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	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	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

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Administrators	1.00
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<b>Total</b>	<b>30.00</b>

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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
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

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RACE	Nursing	Skilled	ICF/DD	Skilled	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	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

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Skilled Care	0	0	0	0	0	0
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Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

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Other Health Staff	0.00
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<b>Total</b>	<b>30.00</b>

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Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

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Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPNs	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	15.00
<b>Total</b>	<b>30.00</b>

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES  
 MCLEANBORO REHAB & HEALTH CARE CENTER

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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
<b>TOTALS</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>36</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Totals
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Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	36	0	0	0	36
Other	0	0	0	0	0
<b>Total</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPNs	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	15.00
<b>Total</b>	<b>30.00</b>

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3518

\*Does not include Alzheimer diagnoses.

## SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

### Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

#### SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative.

The proposed project is for the "re-establishment" of an "existing" long-term care nursing facility. Therefore, the proposed space is actually existing and utilized gross square footage as opposed to newly constructed or newly leased space. The existing facility has an approximate gross square footage of 20,807 feet. This 60-bed facility equates to 346.78 gross square foot per bed. This is not excessive as it meets minimum standards and does not broach the minimum range for the State's "norm" of building gross square feet per bed which is 435 – 713 gross square feet per bed. Furthermore, as the State's published historical utilization illustrates, this facility maintains the State's optimal utilization rate of 90%. Please refer to the 2008, 2007, and 2006 facility's Illinois Department of Public Health annual facility profiles which are appended as ATTACHMENT-12C.

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

As this project's building gross square footage does not exceed the State's standard set forth in Appendix B, it appears that this item is not germane.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Nursing	346.78	435-713	(88.22)-(255.22)	Yes

ATTACHMENT-14

**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. A narrative of the rationale that supports the projections must be provided.

UTILIZATION							
	DEPT/ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.		PROJECTED UTILIZATION		STATE STANDARD	MET STANDARD?
2006	Nursing	19,705	90.0%			90%	Yes
2007	Nursing	20,976	95.8%			90%	Yes
2008	Nursing	20,116	91.6%			90%	Yes
2009	Nursing	17,791*	81.2%*			90%	No
YEAR 1	Nursing	2010-2011		18,919	86.4%	90%	No
YEAR 2	Nursing	2011-2012		19,710	90.0%	90%	Yes

\*Calendar Year 2009 data is not yet published by IDPH.

The data provided in the chart above illustrates two issues. The first is that historically the subject facility enjoyed the experience of a healthy occupancy rate. This Applicant has learned from the Hamilton Memorial Hospital District that this is the norm. When the Hospital District started its discussions in early 2009 to remove the nursing facility from its existing hospital license, many families started looking for care elsewhere as the future was unclear for the Hamilton Memorial Hospital Nursing Center. Not wanting to take the chance that they would have to once again make the difficult transition to another long-term nursing care facility, many existing families sought long-term care for a loved one in an out of area facility for care. Therefore, this had contributed to the lower than normal occupancy for CY2009.

At the time of the preparation of this Certificate of Need application in the Month of August 2010, the subject facility has a census of 39 residents or an all time low utilization rate of 65%. The proposed Applicant has projected an increase of four residents per month until it reaches its stabilized utilization of 54 residents. Utilizing the first month projections of the

**PROJECT SERVICES UTILIZATION: (Continued)**

conservative 39 residents with the addition of four residents monthly, it is estimated that by the fifth month, 90% occupancy can be achieved. In accordance with historical utilization rates, the second full year of operation is projecting the maintenance of the optimal utilization rate. Coupled with the existing experience of the Hospital District, the proposed Applicant has received the assurance of the Hospital District along with the local physician's groups and practices will be able to make referrals in excess of this facility's and the other local long-term care facility's capacity. This assurance is also contributed to the fact that the facility will be licensed as Skilled care rather than Intermediate care and will also be Medicare Certified. Please refer to **ATTACHMENT-15A** for the **Hamilton Memorial Hospital District's** resident referral letter. It should be noted that the current owner/operator are undergoing the process to convert the building from Intermediate Care to Skilled Care. This conversion was underway prior to discussions with the proposed Applicant and has been and will continue to be funded through existing operations.

**ATTACHMENT-15**

August 23, 2010

Hamilton Memorial Nursing and Rehabilitation, LLC  
605 South Marshall  
McLeansboro, IL 62859

To Whom it Concerns,

This letter is being sent to attest to the number of patients who received care at the Hamilton Memorial Hospital and were referred to the area nursing homes as well as to estimate the number of patients that will be referred to your facility over the next 24 month period.

**Prior year referrals of patients (by zip code of residence) to area nursing homes:**

There were a total of 44 patients referred to area nursing homes from the Hamilton Memorial Hospital (Zip Code of Hospital—62859-McLeansboro) between June 2009 through July 2010. Of these 44 patients, 22 were from the 62859 zip code—McLeansboro, 18 were from the 62821 zip code—Carmi, 2 were from the 62835 zip code—Enfield and 2 were from out of the area.

Of these referrals, 21 patients went to nursing homes in the 62821 zip code—Carmi, 18 went to the 62859 zip code, and 5 to outside the area.

Of the referrals, 32 patients went to skilled care facilities and 12 went to intermediate care facilities.

**Projections of referrals for the next 24-month period:**

Hamilton Memorial estimates that with your facility being skilled versus intermediate, several more residents will be referred to the facility than what was done prior. Many patients were referred to the 62821 zip code—Carmi due to the lack of skilled beds in Hamilton County. The hospital projects that it will refer an estimated 70 patients per year for each of the next two years to your facility. Hamilton Memorial Hospital recently added two new family practice physicians and has recruited an additional two family practice physicians for the fall of 2011. With the growing patient base of these new physicians, referrals will only increase in a county where 1 out of every 5 residents is over 65 years of age. In addition to the hospital referrals, the new supportive living facility located next door to your nursing home will have additional referrals as their residents “age in place.”

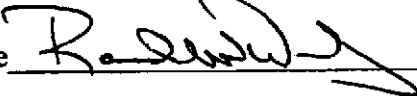


Hamilton Memorial Hospital District  
HMHD

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The above patient referral information has not been used to support another pending or approved CON application.

I, Randall W. Dauby, Chief Executive Officer of the Hamilton Memorial Hospital District, 611 South Marshall Ave., McLeansboro, Illinois, 62859, do hereby attest to the information contained in this letter.

Signature 

State of Illinois

County of Hamilton

This instrument was acknowledged before me on August 31, 2010  
by Tina Wodicker (Tina Wodicker)



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Hamilton Memorial Hospital District • P.O. Box 429 • 611 S. Marshall • McLeansboro, IL 62859

Hospital  
618-643-2361

Nursing Center  
618-643-2325

Home Health  
618-643-4415

Health Clinic  
618-2988

## SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

**NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.**

### A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.

There will be no change in number of beds from the existing facility's license.

The service to be offered will remain General Long-Term Nursing Care category of service.

2. Who the operating entity will be.

The operating entity will be **Hamilton Memorial Nursing and Rehabilitation, L.L.C.**

3. The reason for the transaction.

Hamilton Memorial Hospital is a Critical Access Hospital (CAH). The CAH program was implemented by Medicare in the late 90's to help maintain the smallest of the rural hospitals throughout the country that were severely struggling financially under the Medicare payment system at that time. Medicare pays CAH's 101% of allowable costs of a hospital times the Medicare percentage of patients served by the hospital. However, Medicare does not pay cost based reimbursement for the operation of other divisions of their operations such as nursing homes. Therefore, the Hospital District estimates that it was penalized approximately \$170,000 in fiscal year 2009 alone. In order to be fiscally responsible and to secure the future of the CAH, the hospital felt that

**A. Criterion 1110.240(b), Impact Statement**

the only responsible alternative would be to divest itself from providing the ancillary and vital service of long-term nursing care yet ensure that the service is maintained.

4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.

The proposed Applicant, i.e., the proposed operating entity has entered into a management contract to assist the **Hamilton Memorial Hospital District** through this transition. As such, and in performing its due diligence, this entity has discussed with all of the staff and its Union representatives of this transaction. The proposed operating entity has agreed to the current staffing levels and will maintain the staffing ratios for the next two years of operation. Therefore, there will be no reductions in employees.

5. A cost-benefit analysis for the proposed transaction.

Unlike most change of ownership applications seen by this Board, the costs and benefits are rather clearly defined. The cost of this project to the Applicant is the transaction cost to purchase the facility and a few ancillary fees. The benefit of the project is the economic maintenance of keeping the existing jobs in the community. The benefit is also maintaining the service within the County. The initial underlying benefit that initiated this project is the potential financial security of **Hamilton Memorial Hospital District's** Critical Access Hospital that will result from its divestiture of the nursing center. Thus, it appears that the benefits of the proposed transaction out-weigh the transaction costs.



**SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP (Continued)**

**B. Criterion 1110.240(c), Access**

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.

The admissions policy for the existing nursing facility is appended as **ATTACHMENT-19A.**

2. The proposed admission policies for the facilities.

The proposed admissions policy for the nursing facility after permit issuance is appended as **ATTACHMENT-19B.**

3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

A letter from Mr. Joseph Tutera certifying that the admission policies of the subject facility will not become more restrictive is appended as **ATTACHMENT-19C.**

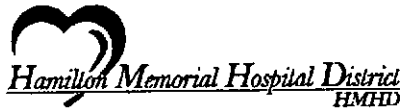
**SECTION VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP (Continued)**

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

This project will not be part of a health care system. Therefore, this item is not applicable.

**ATTACHMENT-19**



## Admission Guidelines

Department: Nursing Center	Department Director: Randall W. Dauby
Initial/Revision Date: July 1, 2010	Policy Number: Policy # 101
Administration: Randall W. Dauby, CEO	Page number: 1 of 1
Hospital <input type="checkbox"/>	Clinics <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/>

### ADMISSION GUIDELINES

All applicants for admission to our facility will be considered without regard to race, color, religion, sex, national origin, age or mental or physical handicap including AIDS and related conditions. Information regarding any of these characteristics will be recorded solely for informational purposes, and will be considered only as required to determine the type and level of care to be provided.

No admission decision will be made until a review of the applicant's inquiry information and medical/psychosocial history data has been completed by the Admissions Committee.

1. The facility shall maintain a written list of all requests for each admission and shall enter, for each request, the name of the applicant, date and the reason for denial if not admitted. It is our policy to admit patients sequentially based on the requested admission date and/or the date the inquiry was received. When a bed is not available, or when the applicant's sex does not match an available bed's gender designation and there is not way to accommodate the application, the applicant will be placed on a waiting list.
2. All applicants will be individually assessed for admission and no barriers to the admission of whole diagnostic groups will be established, based on the facility's ability to care for a specific diagnostic group.
3. An applicant's or his/her family's refusal to permit access to the applicant's medical records, may be cause for denial of admission, An applicant's refusal to submit a medical evaluation as deemed necessary by the facility may also constitute cause for denial of admission.
4. Applicants admitted from a referring agency such as a hospital or other nursing home shall provide a transfer form with current medical findings, diagnosis, and orders from a physician for the immediate care of the patient.
5. The facility will attempt to secure payment for its services during a resident's absences as provided for by applicable state and federal laws and regulations.

# **HAMILTON MEMORIAL NURSING CENTER**

**609 SOUTH MARSHALL  
MCLEANSBORO, IL 62859**

**Telephone: 618-643-2325**

**Fax: 618-643-3528**

## **ADMISSION GUIDELINES**

All applicants for admission to our facility will be considered without regard to race, color, religion, sex, national origin, age or mental or physical handicap including AIDS and related conditions. Information regarding any of these characteristics will be recorded solely for informational purposes, and will be considered only as required to determine the type and level of care to be provided.

No admission decision will be made until a review of the applicant's inquiry information and medical/psychosocial history data has been completed by the Admissions Committee.

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4. Applicants admitted from a referring agency such as a hospital or other nursing home shall provide a transfer form with current medical findings, diagnosis, and orders from a physician for the immediate care of the patient.
5. The facility will attempt to secure payment for its services during a resident's absences as provided for by applicable state and federal laws and regulations.

ATTACHMENT-19B

# HAMILTON MEMORIAL NURSING CENTER

600 SOUTH MARSHALL  
MCLEANSBORO, IL 62859

Telephone: 618-643-2325

Fax: 618-643-3528

## General Admission Process Guidelines

1. A call is placed to a facility by a potential inquiry.
2. Receptionist or person answering the phone directs the caller to the appropriate individual (see telephone answering policy).
3. If on the weekend or after hours, the potential inquiry is forwarded to the individual responsible to take the necessary information for follow up. (See Weekend or after hours Inquiry policy).
4. If an inquiry call is received and the Admission Marketing Coordinator (AMC) is not in the facility, follow the Backup System Policy (see policy). If you must take a message, be specific (name, phone number, time of call, etc.).
5. Once a call has been received by the AMC, an Initial Inquiry form is completed (see policy for Logging and Tracking of Inquiries). During this call:
  - a. Determine what the needs are for this particular resident and pay special attention to outline for the caller the ways in which our facility can meet those needs.
  - b. Identify the current placement situation of the resident in question
  - c. Resident diagnosis or special needs – Will resident need our skilled unit?
  - d. The key players who will be working with or on behalf of the resident
  - e. Determine placement date and conditions for placement
  - f. Set a date and time for the necessary individuals to tour the facility
6. Once a date and time has been set for a tour, notify all of the facility department heads and administration of when the tour will take place in the next scheduled, Daily Morning Meeting (see Facility Marketing Team Policy) or next scheduled Admission Meeting (if applicable to the facility). Have a room in mind (see Room Inspection Form) and inform others in meeting.
7. If the tour is planned prior to the next organized meeting, personally contact key individuals within the facility (admin, DON, Business Office Manager, charge nurse on the unit that will be toured, housekeeping supervisor, and maintenance supervisor) to let them know that a tour will be scheduled that day.
8. If a walk-in tour occurs within the facility, notify the facility receptionist that a tour will be taking place within the next few minutes, and have the receptionist contact the key individuals to notify them of the tour.
9. If a walk-in tour enters the facility and the AMC is not in or is not available (see Back Up System Policy).
10. Be sure that the facility has a structured tour that covers key aspects of the facility and certain applicable common areas. (See Tour policy). Based on the information received in the initial conversation with the inquirer, you may choose to highlight or delete certain aspects of the pre-established tour route. The tour route should be written out and the AMC or Regional Marketing Coordinator should complete training for the alternates. (See Back Up Team Policy).
11. Following the tour, bring the inquirer back to the AMC office and determine the next step in resolving the individual's needs and admitting the resident. (See Sales Techniques and Closing Procedures policy). Note: Be sure to tell the inquirer that all admissions are subject to approval by the Clinical, Financial, and administrative facility personnel.

## **HAMILTON MEMORIAL NURSING CENTER**

**609 SOUTH MARSHALL  
MCLEANSBORO, IL 62859**

**Telephone: 618-643-2325**

**Fax: 618-643-3528**

12. Depending on the time frames available (but no more than 24 hours from the time of inquiry), obtain approval signatures on the Inquiry Form from the necessary individuals for admission (See Inquiry Form).
13. Once all of the information has been gathered on a potential admission, obtain approval signatures from the appropriate individuals (Admin, DON, BOM). (See Inquiry Form).
14. If you are able to make the arrangements for admission, complete an Communication form (see policy) to provide notification to other facility personnel of the date and time of the admission, room assignment, or special needs of the resident to be admitted.
15. If the inquirer is unable or unwilling to agree to admit the resident at that time, determine the specific issue that is unresolved and attempt to provide resolution. Log the inquiry for follow up in the Inquiry Follow Up Binder (see policy). Identify with the individual an appropriate time to reconnect with them to address potential outstanding concerns. Immediately schedule follow up time on Inquire Follow Up calendar.
16. If the resident is to be admitted and a date and time for admission has been established, those staff members responsible for admission paperwork will be notified.
17. Just prior to the resident admission, personally check the room that the resident will be admitted to. Be sure the room is clean and in good order (see Room Preparation Procedure).
18. On the day of admission, or just prior, confirm with facility staff that the admission will occur and what time (See Communication form).
19. Meet with the family and make arrangements with the maintenance or housekeeping department to have the resident's personal belongings moved to the room assigned. Place gift basket, cards, and other greetings in room.
20. The resident or responsible party should sign all necessary paperwork at the time of admission or no later than 24 hours after the admission. The Admission Agreement must be signed prior or upon admission.
21. Complete a B.O.A.R.D. report on each admission file to assure that the necessary items needed for billing are complete (see policy). Paperwork must be given to the BOM no later than 5 PM on the first business day after the admission.
22. A Guardian Angel Program or a similar program shall be implemented upon every admission, which entails a facility representative visiting the resident within 24 hours and weekly thereafter for the first month to assure a smooth transition.
23. 72-Hour Admission Meeting will be implemented and followed.

**TI - McLEANSBORO, L.L.C.**  
7611 STATE LINE ROAD, SUITE 301  
KANSAS CITY, MISSOURI 64114  
(816) 444-0900

September 8, 2010

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

Re: Hamilton Memorial Nursing Center

Dear Mr. Constantino:

The purpose of this letter is to certify that the admission policy of the above-referenced facility will not become more restrictive following its acquisition by the Applicant.

**TI - McLeansboro, L.L.C.,**  
a Missouri limited liability company

By: \_\_\_\_\_

Joseph C. Tutera

Its: Manager

ATTACHMENT-19C

## I. Criterion 1110.1730 - General Long Term Care

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-13B**, is the August 18, 2010 Update to the Inventory of Long-Term Care Services. This document calculates an outstanding need for 34 additional nursing care beds. What is unique about this project which is for the establishment of beds is that the proposed project is already in existence and considered and calculated in the existing inventory and bed need. Should this project be approved there would still be an outstanding need for 34 additional long-term care beds. Conversely, should this facility be discontinued, the outstanding need for beds would increase to a need for 80 additional nursing care beds, thereby, creating a severe hardship for Planning Area residents. Therefore, this item is in conformance.

- 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 documented in **ATTACHMENT-13B**, the August 18, 2010 Update to the Inventory of Long-Term Care Services shows a need for 34 nursing care beds. This is in addition to the existing 60- nursing care beds



1110.1730(b)(1)(B) - Planning Area Need (Continued)

known as Hamilton Memorial Hospital Nursing Center. Based upon the last three historical years of utilization as reported to the Illinois Department of Public Health in the required annual facility profile (from the facility's annual IDPH Questionnaire form), Hamilton Memorial Hospital Nursing Center has reported occupancies of 90%, 95.8%, and 91.8% for the respective years of 2006, 2007, and 2008. These are for the most recent years that the State has published data. It is expected that the proposed project will return to this level of utilization and will remain at or above that utilization level. Therefore, this project is in compliance with the occupancy standard of 90%.

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.

As the admission data shows, all but one admission came from within 21 miles over the last 24-month period. Furthermore, for the twelve month periods of July thru June 2008-2009 and 2009-2010, 73% and 88% respectively of all admissions were derived from within Hamilton County alone. Thus, the County is the primary market area. Appended as ATTACHMENT-12A is the patient origin data for admissions documenting the primary market 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 re-“establishment” of an existing service and no beds are to be added to this existing facility, this item is not applicable.

- 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 re-“establishment” of an existing service and no expansion is being proposed as part of this project, this item is not germane.

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.

Although this project is technically for the establishment of the General Long-Term Nursing Care category of service, the Applicant represents an existing facility. It is important to know that there will be no cessation in care or services.

Appended as ATTACHMENT-12A, is the patient origin data for admissions for the most recent 24-months.

CY	HM Nursing Ctr.		Admissions	McLeansboro Rehab & Hlthcr Ctr.		Admissions	Total Admissions
	(Pt. Days)	(Occup.)		(Pt. Days)	(Occup.)		
2006	19,705	90.0%	23	14,561	92.8%	30	53
2007	20,976	95.8%	18	13,913	88.6%	41	59
2008	20,116	91.6%	17	13,917	88.4%	41	58
2009*	17,791	81.2%	25				

Source: 2008, 2007, & 2006 Illinois Department of Public Health, Long-Term Care Facility Profiles (appended as ATTACHMENT-12C and 13E).

\* CY2009 patient days are not yet published by IDPH.

The data provided in the chart above illustrates total admissions in Hamilton County nursing care facilities. It is important to note that healthy utilization rates of each facility from CY2006 through CY2008 and that the

1110.1730(b)(3)(A) - Planning Area Need (Continued)

numbers of admissions were rather consistent. The data also documents that as the **Hamilton Memorial Hospital District** initiated the process of divesting itself of the nursing center either through selling the facility or closing it early in Calendar Year 2009. As a result, this small close knit community was uncertain of the facility's future which showed itself through decreased utilization rates. However, as the chart also indicates, this is not the norm.

Based upon the last three historical years of utilization as reported to the Illinois Department of Public Health in the required annual facility profile (from the facility's annual IDPH Questionnaire form), Hamilton Memorial Hospital Nursing Center has reported occupancies of 90%, 95.8%, and 91.8% for the respective years of 2006, 2007, and 2008. These are for the most recent years that the State has published data. It is expected that the proposed project will return to this level of utilization and will remain at or above that utilization level.

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

1110.1730(b)(3)(B) - Planning Area Need (Continued)

- 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.

A letter from Hamilton Memorial Hospital is appended as **ATTACHMENT-15A**. This letter estimates that based upon its historical referrals and new developments, i.e., the addition of new physician's in the area and referrals from the Supportive Living Facility (SLF) next door to the nursing center would contribute to a higher and normal utilization. The Hospital alone will refer approximately 70 residents per year for the next two years. In support letters received from the neighboring SLF, that facility cites the 4-5 residents that have historically been referred each year to the nursing center as additional potential admissions. With the growth of the elderly population in Hamilton County and the overwhelming support showered upon this project (refer to **ATTACHMENT-28A**), both the historical and projected referrals justify the continued need for the project. It is also important to point out that the aforementioned referrals to not take into account existing utilization. There will be no cessation in service and at the time of the preparation of this application, there are 39 residents in-house. The Applicant is not gathering referrals to fill the facility from scratch.

1110.1730(b)(3)(C) - Planning Area Need

C) Projected Service Demand – Based on Rapid Population Growth

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

The projected demand for the service is not based upon rapid population growth, but rather the historical utilization of the existing facility and the overwhelming economic and social importance of maintaining accessibility to General Long-Term Nursing Care within Hamilton County and the Planning Area. Therefore, this item is not germane.

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

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

This application is unique as it proposes to establish a service as there are no rules available to address a change of ownership of a nursing facility that is currently licensed under the Hospital Licensing Act and as a result of the sale will be licensed under the Nursing Home Care Act. This project in actuality does not establish a service as it is existing, and it is not expanding a service as it will remain a 60-bed nursing care facility. Therefore, although the technical nature of the project makes it a project for the establishment, it is nothing more than the change of ownership of a general long-term nursing care facility and as such this item is not applicable.

It is also important to note that the Health Facilities and Services Review Board do not have an application process for traditional nursing facilities undergoing a change of ownership. Thus, this Applicant along with **Hamilton Memorial Hospital District** respectfully requests a spirit of understanding and cooperation in the formulation of a project that does not fit the process. Furthermore, in the spirit of full disclosure, although the Applicant believes this criterion is not applicable to this project, it will provide the requested documentation for this item as applicable.

1110.1730(b)(5)(A) - Planning Area Need - Service Accessibility (Continued)

- N/A i) The absence of the proposed service within the planning area;
- N/A 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.
- N/A iii) Restrictive admission policies of existing providers;
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

The Counties making up the Planning Area, Gallatin County, Hamilton County, and Saline County are all considered being Medically Underserved Areas. Appended as ATTACHMENT-13E, is documentation of this Status. Therefore, as an existing service, keeping and maintaining this service becomes even more important in terms of patient accessibility and economic impart to the area.

- N/A v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.



1110.1730(b)(5)(B) - Planning Area Need - Service Accessibility

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-13C, is a utilization chart identifying the location and utilization of all planning area long-term nursing care service providers.

- ii) Patient location information by zip code;

Appended as ATTACHMENT-12A is the historical patient origin information for all admissions over the most recent 24-months ending June, 2010 for the Subject nursing center. Additionally, appended as ATTACHMENT-15A, is the Hamilton Memorial Hospital's referral letter to the subject facility. This letter also identified patient origin. Finally, appended within as ATTACHMENT-28A are two letters from a local SLF facility that has a good working relationship with the subject nursing facility. These letters indicate that 4-5 "patients" (residents) from the SLF were transferred to the subject nursing facility annually.

- iii) Independent time-travel studies;

Appended as ATTACHMENT-28B are individual independent travel time estimates from the Applicant's facility to

1110.1730(b)(5)(B) - Planning Area Need - Service Accessibility

the location of all area facilities. The travel times were performed by the on-line service of Mapquest.

iv) A certification of a waiting list;

There is not an active waiting list maintained at the subject facility. Therefore, this item is not germane.

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

A synopsis of the travel time study is appended as ATTACHMENT-28C. From this chart it is apparent that the Applicant and the one other nursing facility within Hamilton County are centrally located and the next closest facility is in excess of 20 miles and nearly 30-minutes. Therefore, with the historical utilization of both Hamilton County nursing facilities and the overwhelming support for this change of ownership, it appears to be obvious that should the subject facility close there would create a substantial burden on the Planning Area's health care system and on the local economy.

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

Appended as ATTACHMENT-13A, is a copy of the 2008 Inventory of Health Care Facilities and Services and Need Determinations. This document includes a base year (2005) demographics and a ten year projection (2015). From this data it

1110.1730(b)(5)(B) - Planning Area Need - Service Accessibility

is apparent that Hamilton County's population is aging at a rate faster than the average in Illinois. Hamilton County has 20.7% of its population age 65 or over. The State of Illinois has an average of only 12.2% of its population 65 years of age or older. According to SIU School of Medicine (letter appended within ATTACHMENT-28A), the subject facility has 85% of its residents in Medicaid and the overall population exceeds the State average of residents below the poverty level. Thus, without maintaining the existing subject facility, access problems will arise.

vii) Most recently published IDPH Long Term Care Questionnaire.

Appended as ATTACHMENT-28D, are the most recently published IDPH Long-Term Care questionnaires (2008) for all facilities within the Planning Area.

1110.1730(e)(1) – Unnecessary Duplication of Service

e) Unnecessary Duplication/Maldistribution – Review Criterion

- 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;
  - 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
  - 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.

The project will have only two results. The first is, should the Health Facilities and Services Review Board approve the project that the accessibility will be maintained. As documented from the historical utilization rates and the overwhelming support for this project, maintaining this service does not imply duplication. The fact that the subject facility and its service is existing and for the most part, optimally utilized, also indicates that there will be no unnecessary duplication. Furthermore, there is an outstanding need for additional beds over and above the existing and approved beds which Hamilton Memorial Hospital Nursing Center is. This is further evidence that the project will not result in an unnecessary duplication. In accordance with this criterion, appended as **ATTACHMENT-28C**, is a chart listing all facilities within a 30-minute travel time along with their corresponding travel time and distances.

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:

This rule states that a maldistribution of beds exists when the identified area, i.e., the Gallatin/Hamilton/Saline Counties 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 701 beds and only 667 that are existing or approved. Thus, there is a need for an additional 34 beds. Therefore, it would appear that this item is not applicable.

- A) A ratio of beds to population that exceeds one and one-half times the State average;

Appended in the chart below, are the projected ratios of beds to

State/ County	Age	Total Nursing Beds	2015		2020		2025		2030	
			Beds/ Population	Beds / 1000 pop	Beds/ Population	Beds / 1000 pop	Beds/ Population	Beds / 1000 pop	Beds/ Population	Beds / 1000 pop
Illinois	All	102,713	0.007	7.471	0.007	7.174	0.007	6.947	0.007	6.78
	65+		0.054	54.354	0.047	46.657	0.040	40.005	0.036	35.62132
G/H/S PA	All	667	0.015	15.341	0.015	15.110	0.015	14.926	0.015	14.659
	65+		0.073	72.579	0.066	66.401	0.060	60.052	0.055	55.417
Hamilton	All	103	0.011	11.241	0.011	29.763	0.011	10.793	0.011	10.563
	65+		0.056	55.827	0.050	49.783	0.043	42.917	0.039	38.722

Population: [http://www2.illinoisbiz.biz/popPro/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popPro/reference/Projections_final_Complete.xls)  
 Beds: Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development.  
 Inventory of Health Care Facilities and Services and Need Determinations - 2008 - Long-Term Care Services

Population. Without utilizing the allowance of one and one half times the State's ratio, it is clear that the Planning Area's and Hamilton County's ratios are greater than the State's. This means that in the Planning Area and in the County there are more people per a single nursing bed as

1110.1730(e)(2) - Maldistribution (Continued)

compared statewide. Appended as ATTACHMENT-28E, is a recompilation of the State's demographics and a summary by County. This data is taken directly from the Illinois Department of Commerce and Economic Opportunity web site as cited. Therefore, per this criterion, a maldistribution of nursing beds does not exist. In-fact, the converse is true; there may actually be a shortage of nursing beds in the County and Planning Area. Thus, to not approve this project would further exacerbate this issue.

- 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 1106.0:

Hamilton Memorial Hospital Nursing Center is licensed for 60 nursing care beds. Over the most recent 12-month period ending June 2010, the facility experienced its lowest utilization rates. For this time period, the Subject facility realized a 74.7% occupancy rate with 16,356 patient days from July 1, 2009 through June 30, 2010. However, this utilization rate is atypical for this facility. Prior to **Hamilton Memorial Hospital District's** initial discussions to divest itself of the nursing care facility, the prior three years (2008, 2007, and 2006) utilization rates were 91.6%, 95.8%, and 90% respectively. Therefore, the lower than normal utilization rate is not indicative of a maldistribution of nursing care beds.

1110.1730(e)(2) - Maldistribution (Continued)

- C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

Appended as ATTACHMENT-28E, is a summary of the Illinois Department of Commerce and Economic Opportunity's demographic profile by County and for the State of Illinois. This data illustrates that there is a sufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above the 90% occupancy standard. The data shows that while the total population is not growing at or near the rate of the State as a whole, the area is "graying". The largest increasing age cohort is those over 65 years of age. Therefore, population in this service area is not an indicator of maldistribution of nursing care services within the Planning Area.

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

The proposed project will only maintain the existing services currently being provided. The latest three years of facility utilization that the State has published (2006, 2007, and 2008 IDPH Facility Profiles), all show that both facilities within Hamilton County are appropriately utilized. This project does not increase the number of nursing beds within Hamilton County or within the Gallatin/Hamilton/Saline Counties Planning Area. Therefore, this project will not lower the utilization of other area providers.

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.

As stated, the latest three years of facility utilization that the State has published (2006, 2007, and 2008 IDPH Facility Profiles), all show that both facilities within Hamilton County are appropriately utilized. Furthermore, this project does not increase the number of nursing beds within Hamilton County. Therefore, this project will not lower the utilization of other area providers.



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-28F, is the staffing pattern in full-time equivalents for the existing facility. The staffing pattern in full-time equivalents is appended as ATTACHMENT-28G, for the proposed facility. Finally, appended as ATTACHMENT-28H, is a letter from the Applicant that the proposed staffing pattern meets or exceeds licensure and JCAHO staffing requirements. It should be realized that the proposed staff and existing and will not change. Therefore, staff are available and has been achieved.

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.

The existing and proposed facility size is and will be 60-nursing care beds. Since this is under the 250 bed maximum size, this item is not applicable.

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.

There are eighteen letters of support appended as **ATTACHMENT-28A**. These letters signify that this project is truly a community project. The letters describe the need to retain Hamilton Memorial Hospital Nursing Center as one that transcends health care, economic and social boundaries. The letters enclosed are from Robert M. Wesley, Director of Regional Medical Programs at SIU School of Medicine, Kimberly Sanders, Director for Rural Health and Social Service Development at SIU Carbondale, Shelley Allen, Co-Chair of Hamilton Memorial Hospital Foundation, Pat Schou, Executive Director of Illinois Critical Access Hospital Network, Frederick Bernstein, CEO of Community Health & Emergency Services, Inc., Kendra Millenbine, Administrator at Heritage Woods of McLeansboro, Dick Deitz, Mayor of the City of McLeansboro, Julie Patera, Executive Director of Southeastern Illinois Regional Planning & Development Commission, Lori Schmider, Director of Mental Health Services at Jefferson County Comprehensive Services, Inc., Donald Mitchell, Chairman of the Hamilton County Board, United States Senator Richard Durbin, State Senator Gary Forby of the 59<sup>th</sup> District, State Representative Brandon Phelps of the 118<sup>th</sup> District, Illinois State Senator John Jones of the 54<sup>th</sup> District, State Representative John Bradley of the 117<sup>th</sup> District, Nolene Rubenacker, B. Scott Spears, President of White Oak Resources LLC, and last but not least Rod Burkett, President of Blair Minton & Associates, Inc.

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;

As an existing long-term care nursing facility, this property and improvements meet with the City of McLeansboro's requirements and restrictions. Please see the letter, appended as **ATTACHMENT-28I**, which states that the City does not have zoning requirements but rather encourages property owners to be mindful of easements, right of ways, boundaries, parking requirements and other municipal codes.

- 2) Zoning approval has been received; or

As the above document from the City of McLeansboro indicates, there are no zoning laws. Furthermore, this project is for an existing utilized nursing center, therefore, it would appear that this item is not applicable.

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

As the above document from the City of McLeansboro indicates, there are no zoning laws, a variance would appear to not be germane.

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.

The Applicant representative is Mr. Joseph Tutera. Mr. Tutera attests to the understanding of this item. His certified letter is appended as

**ATTACHMENT-28J.**

- 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.

This project makes no representations under the continuum of care variance. Therefore, this item is not applicable.

**ATTACHMENT-28**



# SIU School of Medicine

July 20, 2010

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

Mr. Constantino:

It has come to my attention that Hamilton Memorial Hospital District seeks to sell its 60-bed intermediate care nursing home facility, the Hamilton Memorial Nursing Center. I have learned of this plan through my association with Mr. Randall Dauby, Chief Executive Officer of the Hospital District.

It would be a loss all around should this facility not remain open in Hamilton County. As with most rural counties, Hamilton's population is aging at a rate faster than the average in Illinois. Hamilton County's 20.7% rate of citizens over age 65 far outstrips the state average of 12.2% of the population. Further, 85% of the current residents of the Nursing Center are on Medicaid; with a population that exceeds the state average of residents below the poverty level, the elderly population of the future will continue to be heavily dependent upon Medicaid. Hamilton Memorial Nursing Center fulfills a need and keeps the elderly close to their families.

The Nursing Center is also an important employer in a small county with only 8,500 residents. Employing more than 50 people and adding more than \$1.5 million dollars to the local economy, this facility is of great importance to the local community. Loss of this economic impact would, over time, cause further deterioration in the regional health care system.

I have spent years supporting academic researchers who study rural health care; in recent years, I have spent a great deal of time in rural Illinois learning firsthand from hospital administrators, public and mental health leaders and medical providers about the obstacles they face daily in providing good care. I am convinced that the value of retaining Hamilton Memorial Nursing Center in the community is essential and I urge the Health Facilities and Services Review Board to provide Hamilton Memorial Hospital District with the Certificate of Need it requires to sell the facility.

Sincerely,



Robert M. Wesley, MA  
Director, Regional Medical Programs  
Office of External and Health Affairs  
SIU School of Medicine



**Southern**  
Illinois University  
Carbondale

Center for Rural Health and Social Service Development  
[www.siu.edu/~crhssd](http://www.siu.edu/~crhssd)  
[www.siu.edu](http://www.siu.edu)

July 14, 2010

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

Dear Mr. Constantino,

As the Director of the Southern Illinois University Carbondale Center for Rural Health and Social Service Development, I have had the privilege of working closely with Hamilton Memorial Hospital District and other organizations of Hamilton County over the past 8 years to meet the health care needs of their residents. With a higher than state average of residents of 65 years of age (Illinois, 12.2% vs. Hamilton County, 20.7%), this small community has made services and housing for the elderly a top health priority. It is for this reason that I am writing in support of the Certificate of Need (CON) request on behalf of the Hamilton Memorial Hospital District to sell the 60 bed intermediate care nursing home d/b/a Hamilton Memorial Nursing Center.

In addition to being a critical resource to the elderly population in and surrounding Hamilton County, this facility provides jobs for over 50 workers in a region plagued by high unemployment and limited economic opportunities putting back over \$1.5 million in wages and benefits to this rural community. Furthermore, 85% of the facility's residents are on Medicaid making housing alternatives extremely limited for these residents if displaced.

I respectfully ask your full consideration of this Certificate of Need request on behalf of Hamilton Memorial Hospital District so that the needs of the elderly in this rural southern Illinois county may continue to be met in an uninterrupted manner. If I can be of further assistance, please contact me at 618-453-5545 or [ksanders@rural.siu.edu](mailto:ksanders@rural.siu.edu).

Sincerely,

Kimberly J. Sanders, M.P.H., M.B.A.  
Director

July 15, 2010

Mr. Michael Constantino  
Health Facilities and Services review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Mr. Constantino:

This letter is in regard to the approval of the selling of the Hamilton Memorial Nursing Center in McLeansboro, IL by the Hamilton Memorial Hospital District.

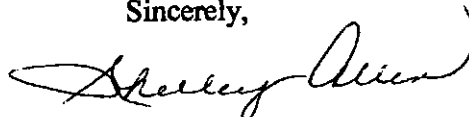
Without a doubt, by selling the Nursing Center and allowing it to remain open in Hamilton County you would be securing the jobs of the 50 plus people who work there. These working people come from a community that has a population of about 8500. The employees of this facility generate a much needed \$1.5 million dollars in wages and benefits that is put back into Hamilton County and the surrounding area.

Hamilton County is above the State of Illinois' average for residents over age 65. With 1 out of every 5 residents here being over 65 years of age we need desperately to maintain this housing for our elderly population. The Hamilton Memorial Nursing Center provides a home for up to 60 residents that are in need of special healthcare. The closing of this facility would put a hardship on not only the residents but their families, employees and the economy.

With the large number of elderly residents who reside in Hamilton County there is going to be an increased need for nursing home beds. And due to the below poverty level number of residents in Hamilton County, the majority of the elderly needing the Nursing Center is on Medicaid.

I urge you to please approve the Certificate of Need for the Hamilton Memorial Hospital District allowing them to sell the Hamilton Memorial Nursing Center. In doing so, the residents will be able to stay in their "home", the employees will be able to keep their much needed jobs and the economy of Hamilton County and the surrounding area will not be devastated by the closing of the facility.

Sincerely,



Shelley Allen  
Co-Chair Hamilton Memorial Hospital Foundation  
Agri-Business Committee





July 19, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear Mr. Constantino:

I am writing in support of the sale of the Hamilton Memorial Hospital District (HMHD) 60 bed immediate care nursing home, Hamilton Memorial Nursing Center located in McLeansboro, Illinois. HMHD, being a critical access hospital, had to recently make a difficult decision and close its associated nursing home because of the financial drain of this type of reimbursement program and the challenge of small rural hospitals operating nursing homes. HMHD's decision does not mean there still is not a need in the McLeansboro Community for this nursing home. HMHD worked very hard to find the right buyer who is able to come in and operate this nursing home and maintain these intermediate nursing services for the community.

The new buyer will be able to keep the nursing home open and maintain jobs for 50 plus individuals preserving the \$1.5 million dollars in wages. The new buyer will have the necessary expertise and experience along with right resources to ensure the nursing home is viable and strong as well as build a partnership with HMHD. The McLeansboro Community and Hamilton County have an above state average of elderly and residents now and in the future will need this immediate access to nursing home services. Please give consideration and approval of the sale of the HMHD Nursing Center to its buyer. It is a win-win for all involved.

Sincerely

A handwritten signature in cursive script, appearing to read "Pat Schou", is written over a circular stamp or seal.

Pat Schou  
Executive Director



Community Health & Emergency Services Inc.

July 20, 2010

Mr. Michael Constantino  
Health Facilities & Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Constantino:

Community Health & Emergency Services, Inc. (CHESI), which now has its new community health center in the adjacent County of White, would like to support the proposal of Hamilton Memorial Hospital District to sell its intermediate care nursing home DBA Hamilton Memorial Nursing Center.

CHESI acquired Daystar Care Center in Cairo, Illinois to keep it from closing. The need for elderly housing in all of Southern Illinois—and certainly in Hamilton County and the surrounding area—is critical. In most of our area, we have a population with an above-average percentage of persons 65 years of age and older.

At risk is a \$1.5 million piece of Hamilton County's economy, and more than fifty (50) jobs. The opportunity to sell this facility is the best hope the area has to preserve this facility and its economic contribution to the County.

Thank you for your attention to this information.

Respectfully,

Frederick L. Bernstein  
Chief Executive Officer  
Community Health & Emergency Services, Inc.

FLB/skm

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*Administrative Offices*

One Enterprise Lane / 148 East Pleasant Hill Road Suite 107 / Carbondale IL 62903 / TEL 618.457.0450 / FAX 618.457.7329  
13245 Kessler Road / P.O. Box 233 / Cairo IL 62914 / TEL 618.734.4400 / FAX 618.734.9046



# *Heritage Woods*

*of McLeansboro*

*An Affordable Assisted Lifestyle  
Community for the Older Adult*

July 14, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino:

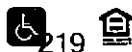
Heritage Woods of McLeansboro is an affordable supportive living community that opened in December of 2008. We provide apartments and services for ages 65 and older. Currently Hamilton County has a population of approximately 8,500 residents, of those 20.7% are over 65 years of age. This means there will be an increasing demand for housing this population. We serve both private pay and Medicaid eligible seniors. Our residents are able to live in the supportive living setting as long as they are able to be safely assisted with one C.N.A. When they experience health problems which may cause them to require skilled or intermediate care we refer them to the local nursing homes.

It is of concern to us, as well as the families of our residents that will eventually need nursing home care, that if or when a time comes for that care, they will have to move outside of the county if Hamilton Memorial Nursing Center were to be closed. There is a great need to maintain those services in order for our elderly population to continue living the remainder of their lives at "home" in Hamilton County. The nursing center provides homes for up to 60 area residents with special healthcare needs. Currently, 85% of the Nursing Center's residents are on Medicaid. My family and I were fortunate to have my mother-in-law be a resident at the nursing center until her death and feel she was given excellent care. The ability to have her near was truly a blessing and should continue to be available to all seniors in this area and their families.

Prior to working in Supportive Living the majority of my 19 year nursing career was spent in the nursing home setting. The value of a good nursing home is without measure! Should the nursing center be closed, that would also mean the loss of 50+ jobs which puts over \$1.5 million dollars of wages and benefits in our county and surrounding area. There are currently 24 employees at Heritage Woods and we all value the luxury to earn and spend at home. Should the employees at the Nursing Center lose their jobs it would be a tragedy not only for them but for our local businesses.

605 S. Marshall Ave. • McLeansboro, IL 62859  
Phone: (618) 643-2908 • Fax: (618) 643-2941


Owned by Fox Meadows SLF, LP, Managed by BMA Management, Ltd.



219

It is our hope that Hamilton Memorial Hospital District will be granted the Certificate of Need so that it may sell the Nursing Center to the respective buyer thus keeping the doors open to service our elderly population.

Respectfully,

A handwritten signature in cursive script that reads "Kendra J. Millenbine, LPN".

Kendra J. Millenbine, LPN  
Administrator



## City of McLeansboro

102 W. Main Street  
McLeansboro, IL 62859  
618-643-2723

Dick Deitz, Mayor  
Rita J. Crain, City Clerk  
Sharon K. Ingram, Treasurer

Aldermen  
Mark Beck Richard Lasswell  
Dennis Crain James Mason  
Mike Stanart Malinda Munsell

July 14, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino:

We at the City of McLeansboro are writing in support of the Hamilton Memorial Hospitals need to sell Hamilton Memorial Nursing Center.

The following information will help clarify this need.

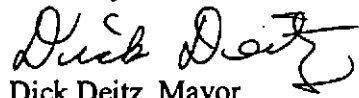
- As Hamilton County has a high population of elderly people, housing is always a major concern.
- 1 out of every 5 Hamilton residents is over 65.
- The 50 plus jobs put back over \$1.5 million dollars in wage benefits to Hamilton County and the surrounding area.
- These 50 jobs also create an additional 10 jobs within the county creating an additional \$40 thousand dollar impact to the economy.
- The nursing center provides a home for up to 60 area residents who are in need of special healthcare.
- Hamilton County has an above state average (12.2%) population of residents over 65 years of age, (20.7%) which shows that there is an increasing demand on nursing home beds.

- Hamilton County has an above state average of residents below the poverty level which means that a majority of the elderly needing the center are on Medicaid. Currently, 85% of the residents of the nursing center are on Medicaid.

Your consideration on the CON is of utmost importance to our community.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Dick Deitz". The signature is written in black ink and is positioned above the printed name.

Dick Deitz, Mayor  
City of McLeansboro

# Southeastern Illinois Regional Planning & Development Commission

JUL 16 2010

230 WEST POPLAR - P.O. BOX 606 / HARRISBURG, ILLINOIS 62946 / 618-252-7463 / Fax 618-252-7464  
<http://www.sirpdc.org>      [sirpdc@clearwave.com](mailto:sirpdc@clearwave.com)

July 14, 2010

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

Dear Mr. Constantino:

Please accept this letter as an urgent request to support the following project:

**The sale of the 60-bed intermediate care nursing home, the Hamilton Memorial Nursing Center (HMNC) in Hamilton County, Illinois.**

The Hamilton Memorial Nursing Center is currently owned by the Hamilton Memorial Hospital District (HMHD). As you may know, the State of Illinois is experiencing a hardship making timely payments to nursing homes which in turn is causing many of these needed facilities to close down.

It is critical to the residents of the county that the HMHD be allowed to sell this facility in order for it to remain open. Over 26.3% of the population in Hamilton County is 60 and older. This means the demand for skilled nursing care and nursing home beds will continue to be in demand.

Also, this facility creates over 50 jobs for this small community that is desperately needed. This county currently has an employment rate of over 8%. This closing of this nursing home will impact this rural farming community greatly.

Sincerely,



Julie Patera  
Executive Director



# JEFFERSON COUNTY COMPREHENSIVE SERVICES, INC.

P.O. Box 428 • Mt. Vernon, IL 62864

July 15, 2010

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

Mental Health Center  
618-242-1510  
Crisis Line: 618-242-1512  
Fax: 618-242-0958

Outpatient  
Substance Abuse  
618-242-1546  
Fax: 618-242-6392

Inpatient  
Substance Abuse  
618-242-5835  
Fax: 618-242-0957

Workshop  
618-242-7300  
TDD: 618-242-8049  
Fax: 618-242-0058

Hamilton County Office  
618-643-3103  
P.O. Box 295, Rt 14E  
McLeansboro, IL 62859  
Fax: 618-643-2133

Sunshine Center  
618-242-7010  
521 Perkins  
Mt. Vernon, IL 62864  
Fax: 618-242-9336

Web: [jccsinc.info](http://jccsinc.info)

Dear Mr. Constantino:

We are writing in support of the sale of the Hamilton County Memorial Nursing Center. As providers of mental health and substance abuse services for Hamilton County we see the needs of the county for housing elderly persons. We are also aware of the financial challenges of the region due to poverty and diminishing resources. Selling the nursing center provides the option of continuing care for our elderly without having the resource disappear due to lack of funding. Here are some statistics from the area that might help:

- The above State of Illinois average of residents over 65 years of age in Hamilton County (one out of every five residents are over 65 years of age).
- maintaining 50+ jobs in the small rural County of Hamilton that has a population of around 8,500 residents
- these 50+ jobs put back over \$1.5 million dollars in wages and benefits to Hamilton and the surrounding area
- these 50 jobs also create an additional 10 jobs within the community creating an additional \$40 thousand impact to the economy
- the nursing center provides a home for up to 60 area residents that are in need of special healthcare needs
- Hamilton County has an above state average (12.2%) population of residents over 65 years of age (20.7%) which shows that there is and will be an increasing demand on nursing home beds
- Hamilton County has an above state average of residents below the poverty level, which means that a majority of the elderly needing the nursing center are on Medicaid. Currently, 85% of the residents of the nursing center are on Medicaid

If you wish to speak with us further, please contact me at 618-242-1510.

Sincerely,

Lori Schmider, PhD, LCPC  
Director of Mental Health Services

**SERVICE...For All the Seasons of Your Life!**



OFFICE OF  
**Members Of The County Board**

HAMILTON COUNTY  
COURT HOUSE  
MCLEANSBORO, ILLINOIS 62859

July 19, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: Hamilton Memorial Nursing Center

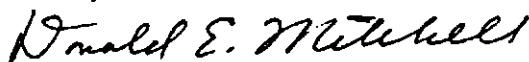
Dear Mr. Constantino:

Please accept this letter as an urgent request to support the sale of the 60-bed intermediate care nursing home, Hamilton Memorial Nursing Center, in Hamilton County, Illinois. This sale would support the need to maintain housing for the elderly population of Hamilton County and surrounding areas as well as maintaining over 50 jobs in a county with a population of approximately 8,500 residents. It is estimated that these jobs have an impact of over \$1.5 million dollars in wages and benefits to this area and also create an additional 10 jobs as a result of their secondary impact in Hamilton County.

Of equal importance, the nursing center provides a home for up to 60 area residents with special healthcare requirements. Our county has an above average proportion of elderly residents, with 20.7% of our population over the age of 65 years of age. As you are surely aware, this is significantly above the overall state average. In addition, Hamilton County has a higher than average number of residents living below the poverty level. Presently, 85% of the residents at the Hamilton Memorial Nursing Center are supported by Medicaid.

Thank you very much for your attention to this letter and your support of the sale of the Hamilton Memorial Nursing Center.

Sincerely,



Donald E Mitchell  
Chairman, Hamilton County Board

RICHARD J. DURBIN  
ILLINOIS  
COMMITTEE ON APPROPRIATIONS  
COMMITTEE ON THE JUDICIARY  
COMMITTEE ON RULES  
AND ADMINISTRATION  
ASSISTANT MAJORITY  
LEADER

United States Senate  
Washington, DC 20510-1304

309 HART SENATE OFFICE BUILDING  
WASHINGTON, DC 20510-1304  
(202) 224-2152  
TTY (202) 224-8180  
230 SOUTH DEARBORN, 38TH FLOOR  
CHICAGO, IL 60604  
(312) 353-4952  
525 SOUTH EIGHTH STREET  
SPRINGFIELD, IL 62703  
(217) 492-4062  
PAUL SIMON FEDERAL BUILDING  
250 W. CHERRY STREET  
SUITE 115-D  
CARBONDALE, IL 62901  
(618) 351-1122  
durbin.senate.gov

July 14, 2010

JUL 16 2010

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

Dear Mr. Constantino:

I am writing to strongly support Hamilton Memorial Hospital District's request for a Certificate of Need in order to sell its 60 bed intermediate care nursing home.

In Hamilton County, one out of every five residents is over 65 years of age. Therefore, the need to maintain housing for the elderly population of Hamilton County and the surrounding area is very crucial. The nursing home will also provide at least 50 jobs in this small rural county that has a population of roughly 8,500 residents. These 50 jobs also create an extra 10 jobs within the community, creating an additional \$40 thousand impact to the economy.

The nursing center provides a home for up to 60 area residents who are in need of special care. Hamilton County has an above state average (12.2%) population of residents over 65 years of age. Approximately 20.7% of their population is over the age of 65, which illustrates the growing demand on nursing home beds. Hamilton County also has an above state average of residents below the poverty level, which means that a majority of the elderly who rely on the nursing center are on Medicaid. Currently, 85% of their residents depend on Medicaid.

I urge you to seriously consider Hamilton Memorial Hospital District's request for a Certificate of need. Thank you for your attention to this matter.

Sincerely,



Richard J. Durbin  
U.S. Senator

DISTRICT OFFICE:  
903 W. WASHINGTON, SUITE 5  
BENTON, ILLINOIS 62812  
(618) 439-2504  
(888) 439-2504  
FAX (618) 438-3704



CAPITOL OFFICE:  
417 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706  
(217) 782-5509  
(217) 782-8287 FAX  
senatorforby@onecliq.net

**GARY FORBY**  
STATE SENATOR • 59<sup>TH</sup> DISTRICT

July 22, 2010

Mr. Michael Constantino  
IL Health Facilities and Services Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

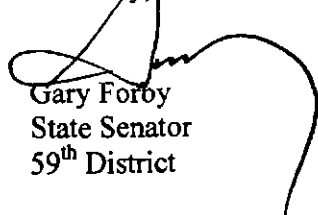
Dear Mr. Constantino,

Please allow this letter to serve as my full support for Hamilton Memorial Nursing District and their request for a Certificate of Need in order to sell Hamilton Memorial Nursing Center, their 60 bed intermediate care nursing home.

The demand for quality nursing home facilities is growing tremendously throughout the region and the sell of Hamilton Memorial Nursing Center is critical to the future of this facility and its residents. Hamilton Memorial Nursing Center currently provides a home to 60 area residents that require specialized healthcare services. Eighty five percent of those residents receive Medicaid benefits through the State of Illinois. Hamilton Memorial Nursing Center also provides employment opportunities to over 50 area residents. These jobs feed back into the local economy in an area riddled with high unemployment. For these reasons alone it is important to maintain housing and nursing care services to the low-income and the elderly population of Hamilton County as well as the surrounding area.

Once again, I wish to express my full support for Hamilton Memorial Nursing District. Your full consideration of their Certificate of Need would be greatly appreciated. Approval of the sell of Hamilton County Nursing Center would mean a great deal to the residents of this facility and the entire community as well.

Sincerely,



Gary Forby  
State Senator  
59<sup>th</sup> District

GENERAL ASSEMBLY  
STATE OF ILLINOIS

COMMITTEES:

CHAIRPERSON,  
AGRICULTURE & CONSERVATION

AFFORDABLE ALZHEIMER'S SERVICES  
ELECTRIC GENERATION & COMMERCE  
ENVIRONMENT & ENERGY  
HEALTH CARE LICENSES  
LABOR  
VETERANS' AFFAIRS



SPRINGFIELD OFFICE:  
275-S STRATTON BLDG.  
SPRINGFIELD, IL 62706  
217/782-5131  
217/557-0521 FAX

DISTRICT OFFICE:  
2 N. VINE STREET, 5TH FLOOR  
HARRISBURG, IL 62946  
618/253-4189  
618/253-3136 FAX

**BRANDON W. PHELPS**

STATE REPRESENTATIVE  
118<sup>TH</sup> DISTRICT

July 19, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 W. Jefferson St., 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino;

Please accept this letter of support on behalf of Hamilton Memorial Hospital District and their need for Certificate of Need to sell Hamilton Memorial Nursing Center.

Selling the home will enable the home to remain open. The nursing center provides a home for up to 60 area residents that are in need of special health care needs. There is a need to maintain housing for the elderly population of Hamilton County and the surrounding area.

Mr. Constantino, I ask that you give your utmost consideration for the sale of Hamilton Memorial Nursing Center.

Sincerely,

A handwritten signature in cursive script that reads "Brandon".

Brandon W. Phelps  
State Representative  
118<sup>th</sup> District



SPRINGFIELD OFFICE:  
309H STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706  
PHONE: 217/782-0471  
FAX: 217/782-4885

ILLINOIS STATE SENATE  
**JOHN O. JONES**  
ASSISTANT SENATE MINORITY LEADER  
54TH SENATE DISTRICT

DISTRICT OFFICE:  
2929 BROADWAY - SUITE 5  
MT. VERNON, ILLINOIS 62864  
PHONE: 618/242-9511  
FAX: 618/242-9516  
johnojones@sbcglobal.net

July 19, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino:

I am writing to express my support for Hamilton Memorial Hospital District's application for a Certificate of Need to approve the sale of the Hamilton Memorial Nursing Center.

It is the desire of the Hamilton Memorial Hospital District to see the Hamilton Memorial Nursing Center remain open, under new ownership, so that housing for the elderly population of Hamilton County and the surrounding area can be maintained.

Hamilton County has an above state average (20.7%) population of residents over 65 years of age which shows that there is a need in this area for the Nursing Center. Keeping the Center open not only provides a home for 60 residents with special healthcare needs, it also provides 50+ jobs to this rural area where employment opportunities are scarce. These jobs help the local economy by putting over \$1.5 million dollars in wages and benefits back into the community.

As mentioned above, I fully support Hamilton Memorial Hospital District's application for a CON so they can proceed with the sale of the Hamilton Memorial Nursing Center. I would appreciate your full consideration of their request. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "John O. Jones".

John O. Jones  
Illinois State Senator  
54<sup>th</sup> District

JOJ/bj

DISTRICT OFFICE:  
501 WEST DEYOUNG  
SUITE 5  
MARION, IL 62959  
(618) 997-9697  
FAX (618) 997-9807

CAPITOL OFFICE:  
265-S STRATTON BUILDING  
SPRINGFIELD, IL 62706  
(217) 782-1051  
FAX (217) 782-0882



COMMITTEES:

- REVENUE - CHAIRMAN
- JUDICIARY I-CIVIL LAW  
VICE CHAIRMAN
- STATE GOVERNMENT  
ADMINISTRATION
- ENVIRONMENT & ENERGY
- INSURANCE
- RURAL ECONOMIC  
DEVELOPMENT

**JOHN E. BRADLEY**  
STATE REPRESENTATIVE • 117<sup>TH</sup> DISTRICT

July 21, 2010

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

Dear Mr. Constantino,

I am writing this letter in support of the Hamilton Memorial Hospital District (HMHD), which is awaiting review by your board for a Certificate of Need. The approval is vital for the Hamilton Memorial Nursing Center to remain open in our community.

Providing housing for the elderly is a major concern in Hamilton County. One out of every five residents is over the age of 65. The number is above the state average, which shows that there will continue to be a demand for nursing home beds. Not only does the nursing center have an impact on the elderly, but also the local economy. It provides and maintains a population of 8,500 residents over 50 jobs, which puts back more than \$1.5 million dollars in wages and benefits into the surrounding area. The entire community is greatly benefited by their services.

Once again, please consider this letter to serve as a demonstration of my full support for the Hamilton Memorial Hospital District's application. If I can be of any further assistance, please feel free to give me or my Chief of Staff, Cathy Dial, a call at (618) 997-9697.

Sincerely,

John E. Bradley  
State Representative  
117<sup>th</sup> District

JUL 16 2010

July 15, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson St. , 2<sup>nd</sup> Floor  
Springfield, IL 62761

Mr. Constantino,

I am writing in regards to the Hamilton Memorial Nursing Center in McLeansboro, IL. The Hamilton Memorial Hospital District is in the process of selling the Nursing Center.

Our town needs this facility to maintain housing for the elderly population in Hamilton County and surrounding area. Our county has a large number of senior citizens. Our county has an above state average population of residents over 65 years of age which means there will be a continuing need of nursing home beds. We also have an above state average of residents below the poverty level which means a large majority of the elderly needing the Nursing Center are on Medicaid. Currently 85% of the population at the Nursing Center are on Medicaid. We need the jobs the Nursing Center provides, which in turn makes a major impact on the economy in our County.

Please consider our plea for the Certificate of Need in order for the Hospital District to sell the Nursing Home. We need this facility to remain open for the betterment of our town, county, and surrounding communities.

Thank you for your time in reading this.

Sincerely,



Nolene Rubenacker  
Route 2 Box 89  
Dahlgren, IL 62828

## White Oak Resources LLC

July 20, 2010

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

Dear Mr. Constantino:

As president of White Oak Resources, LLC I am writing to express my support for the sale and continued operation of the Hamilton Memorial Nursing Center located in McLeansboro, IL. White Oak Resources is in the process of developing a sizable mining operation in Hamilton County near McLeansboro that will employ several hundred people in good paying mining, technical and administration jobs. White Oak has established its corporate offices in McLeansboro and when doing so gave consideration to factors such as quality healthcare availability as a key component to attracting quality employees into the area.

The recently completed improvements to the Hamilton County Hospital and continued availability of quality long term care provided by the Hamilton Memorial Nursing Center is paramount from a business perspective in competing for and attracting the highest quality employees to fill positions within our company.

I am asking the Illinois Health Facilities and Services Review Board to consider the positive impacts of having a quality long term health facility such as the Hamilton Memorial Nursing Center available for the citizens and business located in Hamilton County. Please show this support by approving and issuing a Certificate of Need approving the sale.

Sincerely,



B. Scott Spears,  
President





535 E. North St., Suite E  
Bradley, Illinois 60915  
PH (815) 935-1992  
FAX (815) 935-8380  
Website: [www.bma-mgmt.com](http://www.bma-mgmt.com)

July 21, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
52S West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino:

This letter is to support the sale of the Hamilton Memorial Nursing Center. As the co-owner and manager of Heritage Woods of McLeansboro Supportive Living Center, we are very cognizant of the need for intermediate care nursing services in McLeansboro. We transfer 5-6 residents per year into this nursing center for advance care above and beyond what we are able to provide.

In addition, this facility provides 50 full time jobs which are greatly needed in Hamilton County and those jobs bring over \$1.5 million dollars in salaries into the local economy. With over 12% of the population of Hamilton County over the age of 65, this nursing center will be needed for many, many years to come.

Please accept our support of this sale of Hamilton Memorial Nursing Center. Should you have questions, please don't hesitate to call me directly at 815-935-1992!

Sincerely yours,

Rod Burkett, President



Trip to:  
 601 N Columbia St  
 West Frankfort, IL 62896-1859  
 30.76 miles  
 44 minutes

Notes

Westside Rehab & Care Center

	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
●	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn LEFT onto IL-14.	go 22.4 mi
	3. Turn LEFT onto IL-14 / IL-37 / N MAIN ST.	go 0.8 mi
	4. Turn RIGHT onto IL-14 W / IL-34 W / IL-37 S / N MAIN ST.	go 0.0 mi
	5. Take the 2nd RIGHT onto IL-37 / S MAIN ST. Continue to follow IL-37. <i>If you reach STATE ROUTE 34 you've gone a little too far</i>	go 6.6 mi
	6. Turn RIGHT onto W 6TH ST. <i>W 6TH ST is just past W 7TH ST</i>	go 0.0 mi
	7. Turn LEFT onto N DOUGLAS ST.	go 0.0 mi
	8. Take the 1st RIGHT onto W 5TH ST. <i>If you reach W 4TH ST you've gone a little too far</i>	go 0.6 mi
	9. Turn RIGHT onto N COLUMBIA ST. <i>N COLUMBIA ST is just past FRANKLIN ST</i>	go 0.0 mi
●	10. 601 N COLUMBIA ST is on the LEFT. <i>If you reach W 6TH ST you've gone a little too far</i>	go 0.0 mi
	601 N Columbia St, West Frankfort, IL 62896-1859	

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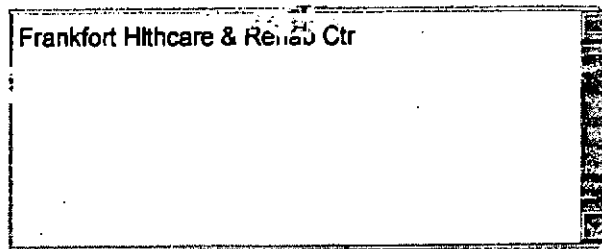
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ATTACHMENT-28B



Trip to:  
 2500 E Saint Louis St  
 West Frankfort, IL 62896-1751  
 30.88 miles  
 38 minutes

Notes



A	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
•	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
← 	2. Turn LEFT onto IL-14.	go 12.4 mi
←	3. Turn LEFT onto CR-17 / 2100 E. Continue to follow CR-17. <i>CR-17 is 0.5 miles past HAPPY ROW RD</i>	go 6.7 mi
↑	4. CR-17 becomes CR-7.	go 3.6 mi
→ 	5. Turn RIGHT onto IL-34. <i>IL-34 is just past ELIMON ST</i>	go 0.5 mi
← 	6. Turn LEFT onto IL-149. <i>IL-149 is 0.1 miles past CHERRY ST</i>	go 7.4 mi
↗	7. Turn SLIGHT RIGHT onto E ST LOUIS ST. <i>E ST LOUIS ST is 0.4 miles past CHAPEL RD</i>	go 0.1 mi
•	8. 2500 E SAINT LOUIS ST. <i>If you reach COUNTY ROUTE 5 you've gone about 0.1 miles too far</i>	go 0.0 mi
B	2500 E Saint Louis St, West Frankfort, IL 62896-1751	

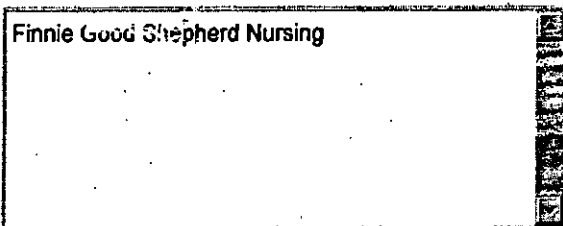
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Trip to:  
 400 S Main Cross St  
 Galatia, IL 62935-1202  
 29.46 miles  
 37 minutes

Notes



A	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
●	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
➔	2. Turn RIGHT onto IL-14.	go 0.3 mi
➔	3. Take the 3rd RIGHT onto IL-142. <i>If you reach S LOCUST ST you've gone a little too far</i>	go 11.6 mi
➔	4. Turn RIGHT onto CR-11. <i>CR-11 is 0.1 miles past 1ST ST</i>	go 7.7 mi
↑	5. CR-11 becomes CR-6.	go 1.5 mi
↶	6. Turn LEFT to stay on CR-6. <i>CR-6 is 0.7 miles past 525 RD E</i>	go 2.0 mi
↑	7. CR-6 becomes CR-27 / 450 E.	go 1.0 mi
↶	8. Turn LEFT onto CR-20 / 2000 N. Continue to follow CR-20. <i>If you are on TATES CHAPEL RD and reach TATES CHAPEL LN you've gone about 0.5 miles too far</i>	go 1.4 mi
↑	9. Stay STRAIGHT to go onto CR-24 / 550 E. Continue to follow CR-24.	go 3.1 mi
➔	10. Turn RIGHT onto E MAIN ST / IL-34. <i>E MAIN ST is just past E ILLINOIS ST</i>	go 0.4 mi
↶	11. Take the 3rd LEFT onto S MAIN CROSS ST / CR-34. <i>If you are on W MAIN ST and reach N HICKORY ST you've gone a little too far</i>	go 0.2 mi
●	12. 400 S MAIN CROSS ST is on the LEFT. <i>Your destination is just past E LINCOLN ST If you are on COUNTY ROUTE 34 and reach S HICKORY ST you've gone about 0.3 miles too far</i>	go 0.0 mi
B	400 S Main Cross St, Galatia, IL 62935-1202	

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Trip to:  
 902 S McLeansboro St  
 Benton, IL 62812-3413  
 23.46 miles  
 32 minutes

Notes

Stonebridge Senior Living Center

	Miles Per Section
 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
 1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn LEFT onto IL-14.	go 21.8 mi
 3. Turn LEFT onto N MCLEANSBORO ST. <i>N MCLEANSBORO ST is just past HICKMAN ST</i>	go 1.5 mi
 4. 902 S MCLEANSBORO ST is on the LEFT. <i>Your destination is just past E WILLIAMS ST</i> <i>If you reach E MANITOU ST you've gone about 0.1 miles too far</i>	go 0.0 mi
 <b>902 S McLeansboro St, Benton, IL 62812-3413</b>	

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Trip to:  
 201 Bailey Ln  
 Benton, IL 62812-1969  
 22.40 miles  
 27 minutes

Notes

Helia Healthcare of Benton

	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
●	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn LEFT onto IL-14.	go 22.2 mi
●	3. 201 BAILEY LN. <i>Your destination is just past N FRANKLIN DR                  If you reach MARK FRANKLIN ST you've gone a little too far</i>	go 0.0 mi
	201 Bailey Ln, Benton, IL 62812-1969	

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**Trip to:**  
 1409 N Main St  
 Benton, IL 62812-1918  
 22.63 miles  
 28 minutes

Notes

Benton Rehab & Health Center

A 611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn LEFT onto IL-14.	go 22.4 mi
  3. Turn RIGHT onto IL-37.	go 0.1 mi
4. 1409 N MAIN ST. <i>Your destination is just past W PARK ST                      If you reach W ILLINOIS ST you've gone about 0.3 miles too far</i>	go 0.0 mi
B 1409 N Main St, Benton, IL 62812-1918	

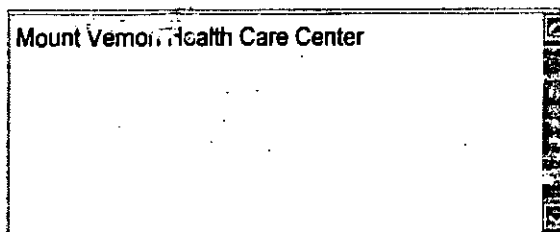
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**Trip to:**  
 5 Doctors Park Rd  
 Mount Vernon, IL 62864-6224  
 33.17 miles  
 42 minutes

Notes



	Miles Per Section
<b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
2. Turn LEFT onto IL-14.	go 0.0 mi
3. Take the 1st RIGHT onto S HEARD AVE. <i>If you reach S BROWN DR you've gone about 0.1 miles too far</i>	go 0.3 mi
4. Turn LEFT onto IL-142.	go 15.0 mi
5. Turn RIGHT onto CR-17 / N MAIN ST. Continue to follow CR-17 E. <i>CR-17 E is just past S DOGWOOD ST</i>	go 3.0 mi
6. Merge onto I-64 W via the ramp on the LEFT. <i>If you reach CR-1050 N you've gone about 0.1 miles too far</i>	go 13.4 mi
7. Take the IL-15 exit, EXIT 95, toward MT VERNON / ASHLEY.	go 0.3 mi
8. Turn RIGHT onto IL-15 E / BROADWAY / E IL-15. <i>If you reach INTERSTATE 57 N you've gone about 0.2 miles too far</i>	go 0.7 mi
9. Turn RIGHT onto CROSSROADS PL. <i>If you reach SUNSET DR you've gone a little too far</i>	go 0.2 mi
10. Turn LEFT.	go 0.0 mi
11. Take the 1st RIGHT onto DOCTORS PARK RD. <i>If you are on DOCTORS PARK RD and reach S 34TH ST you've gone about 0.1 miles too far</i>	go 0.0 mi
<b>5 Doctors Park Rd, Mount Vernon, IL 62864-6224</b>	go 0.0 mi

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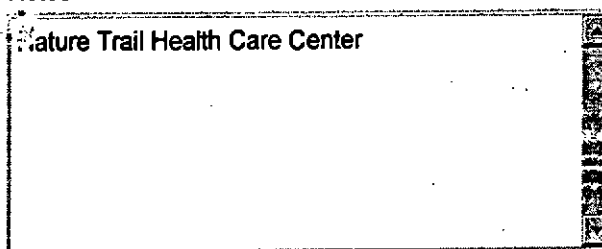
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Trip to:  
 1001 S 34th St  
 Mount Vernon, IL 62864-6232  
 28.06 miles  
 40 minutes

Notes



	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
●	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn LEFT onto IL-14.	go 0.0 mi
	3. Take the 1st RIGHT onto S HEARD AVE. <i>If you reach S BROWN DR you've gone about 0.1 miles too far</i>	go 0.3 mi
	4. Turn LEFT onto IL-142 W.	go 25.5 mi
	5. IL-142 W becomes IL-148.	go 0.3 mi
	6. Stay STRAIGHT to go onto VETERANS MEMORIAL DR.	go 1.3 mi
	7. VETERANS MEMORIAL DR becomes S 34TH ST.	go 0.0 mi
	8. Turn RIGHT to stay on S 34TH ST. <i>If you are on S 42ND ST and reach WILLOW SPGS you've gone about 0.8 miles too far</i>	go 0.4 mi
●	9. 1001 S 34TH ST is on the LEFT. <i>Your destination is just past JAMISON BLVD If you reach BLACKBERRY ST you've gone about 0.1 miles too far</i>	go 0.0 mi
	1001 S 34th St, Mount Vernon, IL 62864-6232	

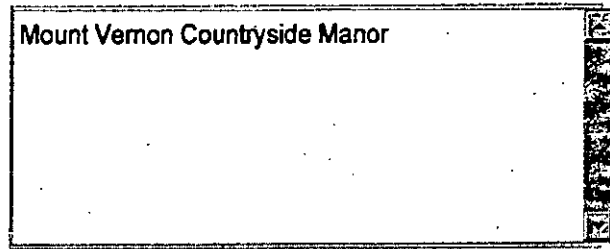
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Trip to:  
 606 E Il Highway 15  
 Mount Vernon, IL 62864-5072  
 26.82 miles  
 38 minutes

Notes



	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
●	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn LEFT onto IL-14.	go 0.0 mi
	3. Take the 1st RIGHT onto S HEARD AVE. <i>If you reach S BROWN DR you've gone about 0.1 miles too far</i>	go 0.3 mi
	4. Turn LEFT onto IL-142 W.	go 24.7 mi
	5. Turn RIGHT onto SHAWNEE ST. <i>SHAWNEE ST is just past SOUTH ST</i>	go 1.0 mi
	6. SHAWNEE ST becomes 7TH ST.	go 0.4 mi
	7. Turn RIGHT onto BROADWAY / IL-15 E. <i>BROADWAY is just past JORDAN ST</i>	go 0.0 mi
	8. Take the 1st LEFT onto S 6TH ST. <i>If you reach S 5TH ST you've gone a little too far</i>	go 0.0 mi
	9. Take the 1st LEFT onto IL-15 W / MAIN ST. <i>If you are on N 6TH ST and reach HARRISON ST you've gone a little too far</i>	go 0.0 mi
●	10. 606 E IL HIGHWAY 15. <i>If you reach N 7TH ST you've gone a little too far</i>	go 0.0 mi
	606 E Il Highway 15, Mount Vernon, IL 62864-5072	

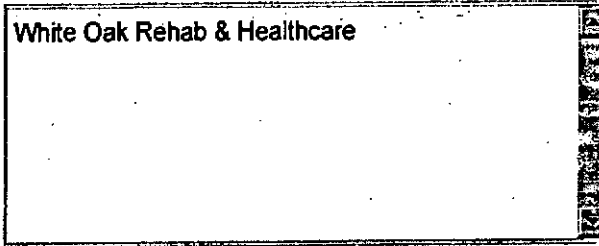
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Trip to:  
 1700 White St  
 Mount Vernon, IL 62864-4349  
 29.47 miles  
 40 minutes

Notes



A	Miles Per Section
<p><b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b></p> <p>1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.</p>	go 0.2 mi
<p>2. Turn LEFT onto IL-14.</p>	go 0.0 mi
<p>3. Take the 1st RIGHT onto S HEARD AVE.  <i>If you reach S BROWN DR you've gone about 0.1 miles too far</i></p>	go 0.3 mi
<p>4. Turn LEFT onto IL-142.</p>	go 18.1 mi
<p>5. Turn RIGHT onto COUNTY ROAD 1950E / CR-1940E / N OPDYKE LN. Continue to follow COUNTY ROAD 1950E / N OPDYKE LN.  <i>COUNTY ROAD 1950E is just past E 8TH ST</i></p>	go 4.0 mi
<p>6. Turn LEFT onto E MARLOW RD / CR-1350 N. Continue to follow E MARLOW RD.</p>	go 0.6 m
<p>7. E MARLOW RD becomes CR-3 / N HARMONY LN.</p>	go 1.1 mi
<p>8. Turn LEFT onto IL-15 / E IL-15. Continue to follow IL-15.  <i>IL-15 is 0.4 miles past E SANDPIPER RD</i></p>	go 4.5 mi
<p>9. Turn RIGHT onto N LIEBENGOOD LN.  <i>If you reach WAGNER RD you've gone about 0.3 miles too far</i></p>	go 0.6 mi
<p>10. Take the 3rd LEFT onto WHITE ST.  <i>If you reach FAIRFIELD RD you've gone about 0.1 miles too far</i></p>	go 0.0 mi
<p>11. 1700 WHITE ST is on the RIGHT.  <i>If you are on GRIFFEN ST and reach OAK AVE you've gone about 0.3 miles too far</i></p>	go 0.0 mi
<p><b>B</b> 1700 White St, Mount Vernon, IL 62864-4349</p>	

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Trip to:  
 1000 W Sloan St  
 Harrisburg, IL 62946-2234  
 30.60 miles  
 41 minutes

Notes

Shawnee Rose Care Center

	Miles Per Section
<b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
2. Turn RIGHT onto IL-14.	go 0.3 mi
3. Take the 3rd RIGHT onto IL-142. <i>If you reach S LOCUST ST you've gone a little too far</i>	go 19.8 mi
4. Turn RIGHT onto RALEIGH RD / ELDORADO RD.	go 1.8 mi
5. Turn LEFT onto CR-36 / 1200 E. Continue to follow CR-36. <i>CR-36 is 0.4 miles past COUNTRY ACRES RD</i>	go 2.4 mi
6. Turn RIGHT onto US-45 S. <i>US-45 S is just past DEVILLEZ RD</i>	go 5.0 mi
7. Turn RIGHT onto E SLOAN ST. <i>E SLOAN ST is 0.1 miles past RAYMOND ST</i>	go 1.1 mi
8. 1000 W SLOAN ST is on the RIGHT. <i>If you reach S SHAW ST you've gone a little too far</i>	go 0.0 mi
<b>1000 W Sloan St, Harrisburg, IL 62946-2234</b>	

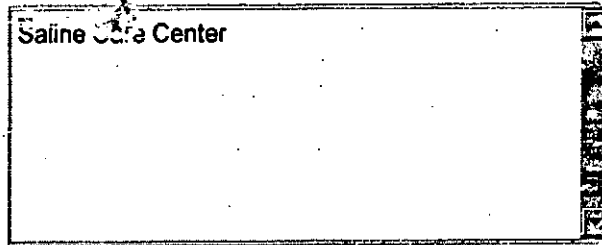
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Trip to:  
 120 S Land St  
 Harrisburg, IL 62946-1849  
 30.01 miles  
 41 minutes

Notes



	Miles Per Section
<b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
2. Turn RIGHT onto IL-14.	go 0.3 mi
3. Take the 3rd RIGHT onto IL-142. <i>If you reach S LOCUST ST you've gone a little too far</i>	go 19.8 mi
4. Turn RIGHT onto RALEIGH RD / ELDORADO RD.	go 1.8 mi
5. Turn LEFT onto CR-36 / 1200 E. Continue to follow CR-36. <i>CR-36 is 0.4 miles past COUNTRY ACRES RD</i>	go 2.4 mi
6. Turn RIGHT onto US-45 S. <i>US-45 S is just past DEVILLEZ RD</i>	go 4.5 mi
7. Turn RIGHT onto E POPLAR ST / IL-13 / IL-34. Continue to follow E POPLAR ST / IL-13. <i>E POPLAR ST is just past E LOCUST ST</i>	go 0.9 mi
8. Turn LEFT onto S LAND ST. <i>S LAND ST is just past N LAND ST</i>	go 0.1 mi
9. 120 S LAND ST is on the LEFT. <i>Your destination is just past W CHURCH ST                  If you reach W SOUTH ST you've gone a little too far</i>	go 0.0 mi
<b>120 S Land St, Harrisburg, IL 62946-1849</b>	

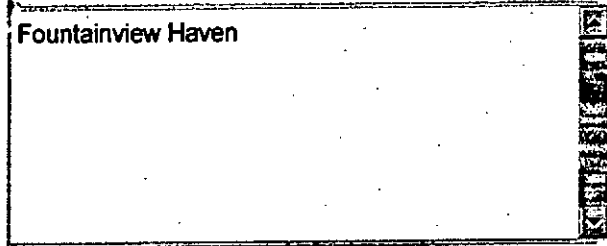
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Trip to:  
 1 Jefferson St  
 Eldorado, IL 62930-1373  
 22.99 miles  
 28 minutes

Notes



 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	<b>Miles Per Section</b>
 1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn RIGHT onto IL-14.	go 0.3 mi
  3. Take the 3rd RIGHT onto IL-142. <i>If you reach S LOCUST ST you've gone a little too far</i>	go 18.7 mi
 4. Turn LEFT onto BOORLAND RD / 1600 N. Continue to follow 1600 N. <i>1600 N is 0.2 miles past PFEIFER RD</i>	go 1.8 mi
  5. Turn RIGHT onto US-45. <i>US-45 is just past SHILOH RD</i>	go 1.9 mi
 6. Turn LEFT onto JEFFERSON ST. <i>JEFFERSON ST is just past GROVE ST</i>	go 0.0 mi
 7. 1001 JEFFERSON ST is on the RIGHT. <i>If you reach MUNDY ST you've gone a little too far</i>	go 0.0 mi
 <b>1001 Jefferson St, Eldorado, IL 62930-1373</b>	

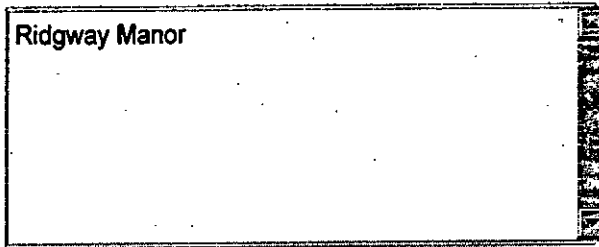
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Trip to:  
 901 W Race St  
 Ridgway, IL 62979-1127  
 31.93 miles  
 41 minutes

Notes











	Miles Per Section
<b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
2. Turn RIGHT onto IL-14.	go 0.3 mi
3. Take the 3rd RIGHT onto IL-142. <i>If you reach S LOCUST ST you've gone a little too far</i>	go 19.8 mi
4. Turn LEFT onto STATE ST / IL-142. Continue to follow IL-142.	go 3.6 mi
5. Turn LEFT onto RIDGEWAY RD / CR-8. <i>RIDGEWAY RD is 0.4 miles past WILLOW LAKE RD</i>	go 1.4 mi
6. RIDGEWAY RD / CR-8 becomes ELDORADO BLACKTOP RD / CR-5.	go 5.0 mi
7. Turn LEFT onto IL-1.	go 0.5 mi
8. Take the 1st RIGHT onto CR-10. <i>If you reach STAHLES LN you've gone about 0.6 miles too far</i>	go 0.7 mi
9. Turn RIGHT onto S ST JOSEPH DR. <i>S ST JOSEPH DR is 0.1 miles past CAMPGROUND RD</i>	go 0.2 mi
10. S ST JOSEPH DR becomes S ST JOSEPH RD.	go 0.0 mi
11. S ST JOSEPH RD becomes S ST JOSEPH DR.	go 0.0 mi
12. Turn LEFT onto W RACE ST. <i>If you are on ST JOSEPH RD and reach CORNCRIB RD you've gone about 0.4 miles too far</i>	go 0.0 mi
13. 901 W RACE ST is on the RIGHT. <i>If you reach S 3RD ST you've gone about 0.1 miles too far</i>	go 0.0 mi
<b>901 W Race St, Ridgway, IL 62979-1127</b>	



Trip to:  
 405 W Carpenter St  
 Mc Leansboro, IL 62859-1012  
 1.06 miles  
 4 minutes

Notes

McLeansboro Rehab & Healthcare Center

 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	Miles Per Section
 1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn RIGHT onto IL-14.	go 0.2 mi
 3. Take the 3rd LEFT onto S PEARL ST. <i>If you reach S WASHINGTON ST you've gone a little too far</i>	go 0.6 mi
 4. Turn LEFT onto W CARPENTER ST. <i>W CARPENTER ST is just past W WALKER ST</i>	go 0.1 mi
 5. 405 W CARPENTER ST is on the LEFT. <i>Your destination is just past N VIRGINIA ST</i> <i>If you reach HARRIS PL you've gone a little too far</i>	go 0.0 mi
 <b>405 W Carpenter St, Mc Leansboro, IL 62859-1012</b>	

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Trip to:  
 408 Wilson St  
 Enfield, IL 62835  
 12.84 miles  
 18 minutes

Notes

Enfield Rehab & Healthcare Center

 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	<b>Miles Per Section</b>
 1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn RIGHT onto IL-14.	go 11.3 mi
  3. Turn LEFT onto 200 E / US-45. Continue to follow US-45. <i>US-45 is 0.9 miles past COUNTY ROUTE 100 E</i>	go 1.4 mi
 4. Turn RIGHT onto E JOHNSON ST / CR-11. <i>E JOHNSON ST is just past E HOSICK ST</i>	go 0.0 mi
 5. Take the 1st LEFT onto WILSON ST. <i>If you reach WALNUT ST you've gone a little too far</i>	go 0.0 mi
 6. 408 WILSON ST is on the RIGHT. <i>If you reach ESSIE ST you've gone about 0.1 miles too far</i>	go 0.0 mi
 <b>408 Wilson St, Enfield, IL 62835</b>	

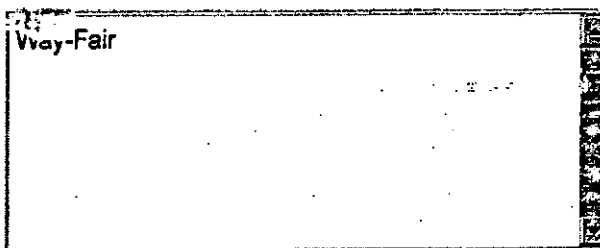
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Trip to:  
 305 NW 11th St  
 Fairfield, IL 62837-1203  
 32.88 miles  
 41 minutes

Notes



	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn RIGHT onto IL-14.	go 0.3 mi
	3. Turn LEFT onto IL-142. <i>IL-142 is just past S WASHINGTON ST</i>	go 0.3 mi
	4. Turn LEFT to stay on IL-142. <i>IL-142 is just past JERRY SLOAN AVE</i>	go 0.0 mi
	5. Take the 1st RIGHT onto N WASHINGTON ST / IL-242. Continue to follow IL-242. <i>If you reach N PEARL ST you've gone a little too far</i>	go 12.1 mi
	6. Merge onto I-64 E. <i>If you reach COUNTY ROUTE 100N you've gone about 0.4 miles too far</i>	go 10.5 mi
	7. Take the US-45 exit, EXIT 110, toward NORRIS CITY / FAIRFIELD.	go 0.3 mi
	8. Turn LEFT onto US-45. <i>If you reach INTERSTATE 64 E you've gone about 0.3 miles too far</i>	go 8.2 mi
	9. Turn LEFT onto US-45 N / W MAIN ST / IL-15 W.	go 0.8 mi
	10. Turn RIGHT onto NW 11TH ST. <i>NW 11TH ST is just past NW 10TH ST</i>	go 0.0 mi
	11. 305 NW 11TH ST is on the LEFT. <i>Your destination is just past W COURT ST If you reach W WATER ST you've gone a little too far</i>	go 0.0 mi
	305 NW 11th St, Fairfield, IL 62837-1203	

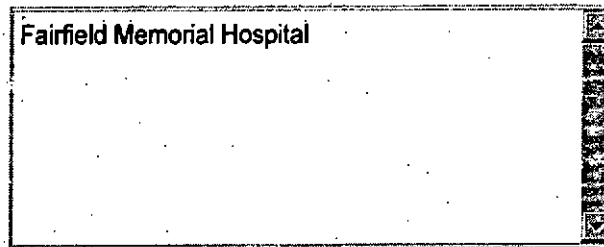
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Trip to:  
 303 NW 11th St  
 Fairfield, IL 62837-1203  
 32.88 miles  
 41 minutes

Notes



	611 S Marshall Ave, Mc Leansboro, IL 62859-1213	Miles Per Section
	1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
	2. Turn RIGHT onto IL-14.	go 0.3 mi
	3. Turn LEFT onto IL-142. <i>IL-142 is just past S WASHINGTON ST</i>	go 0.3 mi
	4. Turn LEFT to stay on IL-142. <i>IL-142 is just past JERRY SLOAN AVE</i>	go 0.0 mi
	5. Take the 1st RIGHT onto N WASHINGTON ST / IL-242. Continue to follow IL-242. <i>If you reach N PEARL ST you've gone a little too far</i>	go 12.1 mi
	6. Merge onto I-64 E. <i>If you reach COUNTY ROUTE 100N you've gone about 0.4 miles too far</i>	go 10.5 mi
	7. Take the US-45 exit, EXIT 110, toward NORRIS CITY / FAIRFIELD.	go 0.3 mi
	8. Turn LEFT onto US-45. <i>If you reach INTERSTATE 64 E you've gone about 0.3 miles too far</i>	go 8.2 mi
	9. Turn LEFT onto US-45 N / W MAIN ST / IL-15 W.	go 0.8 mi
	10. Turn RIGHT onto NW 11TH ST. <i>NW 11TH ST is just past NW 10TH ST</i>	go 0.0 mi
	11. 303 NW 11TH ST is on the LEFT. <i>If you reach W WATER ST you've gone a little too far</i>	go 0.0 mi
	303 NW 11th St, Fairfield, IL 62837-1203	

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**Trip to:**  
 216 College Blvd  
 Carmi, IL 62821-1548  
 20.83 miles  
 28 minutes

Notes

Wabash Christian Retirement

 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	<b>Miles Per Section</b>
 1. Start out going NORTH on S MARSHALL AVE toward EARLY DAWN LN.	go 0.2 mi
  2. Turn RIGHT onto IL-14.	go 20.2 mi
 3. Turn RIGHT onto 9TH ST. <i>If you reach 8TH ST you've gone a little too far</i>	go 0.2 mi
  4. Turn LEFT onto W MAIN ST / IL-1.	go 0.0 mi
 5. Take the 1st RIGHT onto COLLEGE BLVD. <i>If you reach 7TH ST you've gone a little too far</i>	go 0.2 mi
 6. Make a U-TURN onto COLLEGE BLVD. <i>If you reach BOHLEBER DR you've gone a little too far</i>	go 0.0 mi
 7. 216 COLLEGE BLVD is on the RIGHT. <i>If you reach ABELSON DR you've gone a little too far</i>	go 0.0 mi
 <b>216 College Blvd, Carmi, IL 62821-1548</b>	

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**Trip to:**  
 615 W Webb St  
 Carmi, IL 62821-1668  
 21.11 miles  
 29 minutes

Notes

Phoenix Rehab & Nursing Center

	Miles Per Section
 <b>611 S Marshall Ave, Mc Leansboro, IL 62859-1213</b>	
 1. Start out going <b>NORTH</b> on <b>S MARSHALL AVE</b> toward <b>EARLY DAWN LN.</b>	go 0.2 mi
  2. Turn <b>RIGHT</b> onto <b>IL-14.</b>	go 20.6 mi
 3. Turn <b>RIGHT</b> onto <b>5TH ST / CR-1.</b> <i>5TH ST is just past 6TH ST</i>	go 0.2 mi
  4. Turn <b>LEFT</b> onto <b>W MAIN ST / IL-1.</b>	go 0.0 mi
 5. Take the 1st <b>RIGHT</b> onto <b>PLUM ST.</b> <i>If you reach 4TH ST you've gone a little too far</i>	go 0.2 mi
 6. Take the 2nd <b>RIGHT</b> onto <b>W WEBB ST.</b> <i>If you reach CORA ST you've gone a little too far</i>	go 0.0 mi
 7. <b>615 W WEBB ST</b> is on the <b>LEFT.</b> <i>If you reach the end of W WEBB ST you've gone about 0.1 miles too far</i>	go 0.0 mi
 <b>615 W Webb St, Carmi, IL 62821-1668</b>	

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45 MINUTE TRAVEL TIME DISTANCE CHART

FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Travel Time 77 IAC	Adjusted Drive Distance
Hamilton Mem Hosp Nursing Ctr	611 South Marshall Ave	Mcleansboro	62859-0000	60	0	0
Mcleansboro Rehab & Healthcare Center	405 West Carpenter	Mcleansboro	62859-0000	43	4	1.06
Enfield Rehab & Healthcare Center	408 North Wilson Street	Enfield	62835-0000	49	18	12.84
Helia Healthcare of Benton	201 Bailey Lane	Benton	62812	83	27	22.4
Benton Rehab & Healthcare Center	1409 North Main	Benton	62812-0000	67	28	22.63
Fountainview Haven (1)	1001 Jefferson Street	Eldorado	62830-0000	111	28	22.99
Wabash Christian Retirement	216 College Boulevard	Carmi	62821-0000	158	28	20.83
Phoenix Rehab & Nursing Center	615 West Webb Street	Carmi	62821	74	29	21.11
				645		
Stonebridge Senior Living Center	902 South Mcleansboro	Benton	62812-0000	97	32	23.46
Finnie Good Shepherd Nursing	400 South Maincross Street	Galatia	62935-0000	73	37	29.46
Frankfort Hlthcare & Rehab Ctr	2500 East St Louis Street	West Frankfort	62896-0000	57	38	30.88
Mount Vernon Countryside Manor	606 SR-15	Mt. Vernon	62864-0000	101	38	26.82
Nature Trail Health Care Ctr	1001 South 34th Street	Mount Vernon	62864-0000	74	40	28.06
White Oak Rehab & Healthcare	1700 White St	Mt. Vernon	62864-0000	65	40	29.47
Shawnee Rose Care Center	1000 West Sloan Street	Harrisburg	62946-0000	68	41	30.6
Saline Care Center	120 South Land Street	Harrisburg	62946-0000	142	41	30.01
Ridgway Manor	901 West Race Street	Ridgway	62979-0000	71	41	31.93
Way-Fair	305 N W 11th Street	Fairfield	62837-0000	104	41	32.88
Fairfield Memorial Hospital	303 North West 11th St	Fairfield	62837-0000	30	41	32.88
Mount Vernon Healthcare Center	5 Doctor's Park	Mt. Vernon	62864-0000	106	42	33.17
Westside Rehab & Care Center	601 North Columbia	West Frankfort	62896-0000	96	44	30.76
				1084		
						1729

Continued 7 nursing care beds, total now 111 nursing care beds effective 7/01/09.

Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development Inventory of Health Care Facilities and Services and Need Determinations - 2008 - Long-Term Care Services

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WESTSIDE CARE CENTER WEST FRANKFORT

WESTSIDE CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
601 NORTH COLUMBIA	Aggravated/Anti-Social	0	DIAGNOSIS	1	Neoplasms
WEST FRANKFORT, IL 62098	Chronic Alcoholism	0	Neoplasms	2	Endocrine/Metabolic
Reference Numbers Facility ID 6000194	Developmentally Disabled	0	Blood Disorders	2	Psychotic System Non Alcoholic
Health Services Area 005 Planning Services Area 005	Drug Addiction	0	Alzheimer Disease	16	Mental Illness
Administrator James Barron	Medicaid Recipient	0	Developmental Disability	1	Circulatory System
Contract Person and Telephone	Non-Alcoholic	0	Respiratory System	10	Digestive System
Martha Snyder	Public Aid Recipient	0	Genitourinary System Disorders	2	Skin Disorders
308-691-6113	Unable to Self-Medicate	0	Musculoskeletal Disorders	2	Infectious and Parasitic
Registered Agent Information	Verbal Dependence	1	Other Medical Conditions	2	Non-Medical Conditions
Marilyn Snyder	Other Restrictions	0	TOTALS	51	
530 W. Telegraph Dr	No Restrictions	0			
Peoria, IL 61614					
FACILITY OWNERSHIP LIMITED LIABILITY CO					

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS		ADMISSIONS AND DISCHARGES - 2008	
LEVEL OF CARE	PEAK BEDS	Residents on 1/1/2008	Residents on 12/31/2008
Nursing Care	86	124	133
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	86	124	133

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	Unloaded Beds	Peak Up	Set Up	Oct. Pct.	Oct. Pct.
Nursing Care	3402	23.2%	15732	44.8%	0	2741	0	21984	92.3%	97.8%	97.8%
Skilled Under 22	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%
Skilled Care	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%	0.0%
TOTALS	3402	23.2%	15732	44.8%	0	2741	0	21984	92.3%	97.8%	97.8%

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	0	0	0	0	0	0	0	0	0	0	0
45 to 49	2	4	0	0	0	0	2	4	6	11	11
50 to 64	6	6	0	0	0	0	6	6	12	18	18
65 to 74	6	10	0	0	0	0	6	10	16	16	16
75 to 84	3	7	0	0	0	0	3	7	10	10	10
85+	1	7	0	0	0	0	1	7	8	8	8
TOTALS	17	34	0	0	0	0	17	34	34	34	51

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WESTSIDE CARE CENTER WEST FRANKFORT

WESTSIDE CARE CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
601 NORTH COLUMBIA	Aggravated/Anti-Social	0	DIAGNOSIS	1	Neoplasms
WEST FRANKFORT, IL 62098	Chronic Alcoholism	0	Neoplasms	2	Endocrine/Metabolic
Reference Numbers Facility ID 6000194	Developmentally Disabled	0	Blood Disorders	2	Psychotic System Non Alcoholic
Health Services Area 005 Planning Services Area 005	Drug Addiction	0	Alzheimer Disease	16	Mental Illness
Administrator James Barron	Medicaid Recipient	0	Developmental Disability	1	Circulatory System
Contract Person and Telephone	Non-Alcoholic	0	Respiratory System	10	Digestive System
Martha Snyder	Public Aid Recipient	0	Genitourinary System Disorders	2	Skin Disorders
308-691-6113	Unable to Self-Medicate	0	Musculoskeletal Disorders	2	Infectious and Parasitic
Registered Agent Information	Verbal Dependence	1	Other Medical Conditions	2	Non-Medical Conditions
Marilyn Snyder	Other Restrictions	0	TOTALS	51	
530 W. Telegraph Dr	No Restrictions	0			
Peoria, IL 61614					
FACILITY OWNERSHIP LIMITED LIABILITY CO					

RESIDENTS BY RACIAL/ETHNICITY GROUPING											
RACE	Nursing	Skilled	ICF/DD	Shelter	Totals						
African American	0	0	0	0	0						
Asian	0	0	0	0	0						
Black	0	0	0	0	0						
Hispanic	0	0	0	0	0						
White	51	0	0	0	51						
Other	0	0	0	0	0						
TOTAL	51	0	0	0	51						

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care						
43.5%	46.5%	0.0%	0.0%	7.6%	0.0%						
1,217,223	1,231,198	700	200,063	2,049,229	0						

AVERAGE DAILY PATIENT RATES											
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care					
Nursing Care	6	40	0	0	5	0					
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	6	40	0	0	5	0					

EMPLOYMENT CATEGORY											
EMPLOYMENT CATEGORY	Full-Time Equivalent										
Administrators	1.00										
Physicians	0.00										
Director of Nursing	1.00										
Registered Nurses	5.00										
LPNs	7.00										
Certified Aides	23.00										
Other Health Staff	6.00										
Non-Health Staff	22.00										
Totals	65.00										

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

ATTACHMENT-28D

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FRANKFORT CARE CENTER WEST FRANKFORT

FRANKFORT CARE CENTER  
 2500 EAST ST. LOUIS STREET  
 WEST FRANKFORT, IL 62286  
 Reference Numbers Facility ID 603208  
 Health Services Area 005 Planning Service Area 005

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	36	0	0	0	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	6	36	0	0	0	0	52

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	SubUn22	KFDD	Skilled	Total
White	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
Other	0	0	0	0	0
Unknown	0	0	0	0	0
TOTALS	0	0	0	0	0

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
43.0%	42.2%	0.2%	0.0%	10.9%	0.0%	0.0%
1,229,498	1,151,186	5,543	1,103	293,477	0	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FRANKFORT CARE CENTER WEST FRANKFORT

FRANKFORT CARE CENTER  
 2500 EAST ST. LOUIS STREET  
 WEST FRANKFORT, IL 62286  
 Reference Numbers Facility ID 603208  
 Health Services Area 005 Planning Service Area 005

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	14
Drug Addiction	0
Medicaid Recipient	0
Mental Illness	12
Non-Alcohol Abuse	10
Non-Substance Abuse	7
Psychiatric	0
Respiratory System	0
Digestive System	0
Genitourinary System	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	57	52	52
Skilled Under 22	0	0	0
Intermediate DO	0	0	0
Skilled Care	0	0	0
TOTALS	57	52	52

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	2879	12392	59.4%	89	3672	0	19032
Skilled Under 22	0	0	0.0%	0	0	0	0
Intermediate DO	0	0	0.0%	0	0	0	0
Skilled Care	0	0	0.0%	0	0	0	0
TOTALS	2879	12392	59.4%	89	3672	0	19032

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FRANKFORT CARE CENTER WEST FRANKFORT

FRANKFORT CARE CENTER  
 2500 EAST ST. LOUIS STREET  
 WEST FRANKFORT, IL 62286  
 Reference Numbers Facility ID 603208  
 Health Services Area 005 Planning Service Area 005

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 64	0	0	0	0	0	0	0
65 to 84	4	1	0	0	4	1	5
85 to 94	8	33	0	0	8	33	41
95+	0	5	0	0	0	5	5
TOTALS	12	49	0	0	12	49	61

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	57	52	52
Skilled Under 22	0	0	0
Intermediate DO	0	0	0
Skilled Care	0	0	0
TOTALS	57	52	52

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	2879	12392	59.4%	89	3672	0	19032
Skilled Under 22	0	0	0.0%	0	0	0	0
Intermediate DO	0	0	0.0%	0	0	0	0
Skilled Care	0	0	0.0%	0	0	0	0
TOTALS	2879	12392	59.4%	89	3672	0	19032



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FINNIE GOOD SHEPHERD NURSING GALATA

FINNIE GOOD SHEPHERD NURSING  
400 SOUTH MAINCROSS STREET  
GALATA, IL 62935  
Reference Numbers Facility ID 6003149  
Health Service Area 005 Planning Service Area 059  
Administrator BARBARA A. FINNIE  
Combed Person and Telephone KEELY STEPHENS  
616-266-4631  
Date Completed 3/20/2009  
Registered Agent Information

RESIDENTS BY PATIENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	22	0	0	24	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled	0	0	0	0	0	0	0
Unassisted Care	1	22	0	0	24	0	47

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

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	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0
White	47	0	0	0	0	0	47
Race Unknown	0	0	0	0	0	0	0
Total	47	0	0	0	0	0	47

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPNs	5.00
Certified Aides	20.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
26.1%	32.0%	0.0%	0.0%	41.9%	0.0%
431,423	529,125	0	0	693,940	0
TOTALS	1,000,548	0	0	1,387,880	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FINNIE GOOD SHEPHERD NURSING GALATA

FINNIE GOOD SHEPHERD NURSING  
400 SOUTH MAINCROSS STREET  
GALATA, IL 62935  
Reference Numbers Facility ID 6003149  
Health Service Area 005 Planning Service Area 059  
Administrator BARBARA A. FINNIE  
Combed Person and Telephone KEELY STEPHENS  
616-266-4631  
Date Completed 3/20/2009  
Registered Agent Information

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Aggravated/Anxi-Social	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0
Neoplasms	3	1	0	0	0	0	4
Endocrine/Metabolic	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0
Nervous System Non Alzheimer	1	0	0	0	0	0	1
Alzheimer Disease	10	0	0	0	0	0	10
Mental Illness	17	0	0	0	0	0	17
Developmental Disability	0	0	0	0	0	0	0
Circulatory System	5	0	0	0	0	0	5
Respiratory System	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0
Genitourinary System Disorders	1	0	0	0	0	0	1
Skin Disorders	0	0	0	0	0	0	0
Musculo-skeletal Disorders	2	0	0	0	0	0	2
Injuries and Poisonings	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0
TOTALS	47	0	0	0	0	0	47

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
48	73	74	47

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	73	47	73	47	26	0	73
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	73	47	73	47	26	0	73

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds
Nursing Care	1058	7704	28.0%	0	8206	0	16970	63.1%
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	1058	7704	28.0%	0	8206	0	16970	63.1%

REVENUE 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 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	11	0	0	0	0	2	11	0	0	13
85+	6	26	0	0	0	0	6	26	0	0	32
TOTALS	8	38	0	0	0	0	8	38	0	0	47

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1058	7704	28.0%	0	8206	0	16970
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	1058	7704	28.0%	0	8206	0	16970

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	2	11	0	0	0	0	13
85+	6	26	0	0	0	0	32
TOTALS	8	38	0	0	0	0	47

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 STONEBRIDGE SENIOR LIVING CENTER BENTON

STONEBRIDGE SENIOR LIVING CENTER

902 South Michemboro  
BENTON, IL 62812  
Reference Numbers Facility ID 8006104  
Health Services Area 005 Planning Services Area 055  
Administrator Raba Williams

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	35	0	0	28	63
Skilled Under 22	0	0	0	0	0	0
ICF/D	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	35	0	0	28	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	0
Skilled Under 22	0	0
Intermediate Care	0	0
Skilled Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/D	Skilled	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	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPNs	0.00
Certified Nurse Assistants	23.00
Other Health Staff	0.00
Non-Health Staff	24.00
TOTALS	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	51.6%	0.0%	0.0%	45.2%	0.0%
0	693,529	0	0	623,091	0
TOTALS	1,706,620	0	0	0	0

Netre Charge 0277/2008 Name changed from Beverly Intermediate Care Home.

FACILITY NOTES

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 STONEBRIDGE SENIOR LIVING CENTER BENTON

STONEBRIDGE SENIOR LIVING CENTER

902 South Michemboro  
BENTON, IL 62812  
Reference Numbers Facility ID 8006104  
Health Services Area 005 Planning Services Area 055  
Administrator Raba Williams

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	2
Medicaid Recipient	42
Medicare Recipient	0
Mental Illness	0
Neurological Disability	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medications	0
Vegetative/Dependent	1
Individual Disease w/ Isolation	2
Other Restrictions	0
No Restrictions	4
Non-Medical Conditions	1
TOTALS	63

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	46	40
Skilled Under 22	0	0
Intermediate Care	0	0
Skilled Care	0	0
TOTALS	46	40

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

LEVEL OF CARE	PEAK BEDS	PEAK BEDS IN USE	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	97	63	34	87
Skilled Under 22	0	0	0	0
Intermediate Care	0	0	0	0
Skilled Care	0	0	0	0
TOTAL BEDS	97	63	34	87

BT 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	0.0%	11180	0.0%	0	8838	0	20018	56.4%
Skilled Under 22	0.0%	0	0.0%	0	0	0	0	0.0%
Intermediate Care	0.0%	0	0.0%	0	0	0	0	0.0%
Skilled Care	0.0%	0	0.0%	0	0	0	0	0.0%
TOTALS	0.0%	11180	31.5%	0	8838	0	20018	56.4%

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE CARE		SKILLED CARE		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 10	0	0	0	0	0	0	0	0	0
10 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	0	1	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	3	7
75 to 84	4	16	0	0	0	0	0	4	20
85+	7	26	0	0	0	0	0	7	33
TOTALS	14	49	0	0	0	0	0	14	63

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HELLIA HEALTHCARE OF BENTON BENTON

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy  
Contact Person and Telephone Sandra S. McCoy 918-439-3500  
Registered Agent Information Business Filings Incorporated 600 S Second St Springfield, IL 62704  
FACILITY OWNERSHIP LIMITED LIABILITY CO

ADMISSION RESTRICTIONS  
Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 0  
Medicaid Recipient 0  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Verbal Abuse 1  
Violence or Abuse 0  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0  
Now: *Approved restrictions imposed by '1'*

RESIDENTS BY PRIMARY DIAGNOSIS  
Neuropathy 12  
Encephalopathy 0  
Blood Disorders 1  
Nervous System Non-Alzheimer 5  
Alzheimer Disease 3  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 25  
Respiratory System 2  
Digestive System 2  
Genitourinary System Disorders 4  
Skin Disorders 3  
Injuries and Poisonings 6  
Other Medical Conditions 4  
Non-Medical Conditions 0  
TOTALS 71

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HELLIA HEALTHCARE OF BENTON BENTON

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other	Private	Charity	TOTALS
Nursing Care	18	37	0	1	15	71
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	18	37	0	1	15	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	64
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
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

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPNs	12.00
Certified Nurse Assistants	32.00
Care Health Staff	0.00
Non-Health Staff	19.00
TOTALS	70.00

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

LEVEL OF CARE	PEAK	BEES	BEES	BEES	BEES	BEES	BEES	BEES	BEES	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	63	63	63	71	12	64	63	63	63	Residents on 1/1/2008: 77 Total Admissions 2008: 102 Total Discharges 2008: 108 Residents on 12/31/2008: 71
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	
TOTAL BEDS	63	63	63	71	12	64	63	63	63	

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
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

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPNs	12.00
Certified Nurse Assistants	32.00
Care Health Staff	0.00
Non-Health Staff	19.00
TOTALS	70.00

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Unreimbursed	Peak Beds	Set Up
Nursing Care	6533	27.0%	14951	62.8%	0	27043	69.0%	69.0%
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%
Skilled Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%
TOTALS	6535	27.0%	14951	62.8%	0	27043	69.0%	69.0%

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy

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	
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	5	0	0	0	0	2	5	7
75 to 84	6	23	0	0	0	0	6	23	29
85+	8	25	0	0	0	0	8	25	33
TOTALS	16	53	0	0	0	0	16	53	69

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
50.0%	28.5%	0.6%	11.3%	0.0%	0.0%	100.0%
2,609,807	1,278,308	35,445	46,788	507,810	0	4,477,864

FACILITY NOTES  
01-087 01/15/2008 Project completed, facility licensed for operation with 63 nursing care beds.

HELLIA HEALTHCARE OF BENTON  
201 BAILEY LANE  
BENTON, IL 62512  
Reference Numbers Facility ID 6019397  
Health Services Area 005 Planning Services Area 054  
Administrator Sandra McCoy

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	
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	5	0	0	0	0	2	5	7
75 to 84	6	23	0	0	0	0	6	23	29
85+	8	25	0	0	0	0	8	25	33
TOTALS	16	53	0	0	0	0	16	53	69

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 BENTON REHAB & HEALTH CARE CTR BENTON

BENTON REHAB & HEALTH CARE CTR  
 1409 NORTH MAIN  
 BENTON, IL 62012  
 Facility ID 6005391  
 Reference Numbers Facility ID 6005391  
 Health Service Area 005 Planning Service Area 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	39	0	1	0	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>3</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>43</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelbor	Totals
African American	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0
Other	49	0	0	0	0	49
<b>Totals</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
30.0%	61.0%	0.0%	0.0%	7.0%	0.0%
742,953	1,472,192	965	14,704	153,788	0
<b>TOTALS</b>	<b>2,414,260</b>	<b>100.0%</b>	<b>2,414,260</b>	<b>0.0%</b>	<b>41.00</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 BENTON REHAB & HEALTH CARE CTR BENTON

BENTON REHAB & HEALTH CARE CTR  
 1409 NORTH MAIN  
 BENTON, IL 62012  
 Facility ID 6005391  
 Reference Numbers Facility ID 6005391  
 Health Service Area 005 Planning Service Area 005

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggravated/Alcohol	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medically Recipient	7
Medicaid Recipient	7
Mental Illness	4
Non-ambulatory	0
Non-arthritic	0
Public Aid Recipient	15
Under 65 Years Old	2
Unable to Self-Medicate	0
Verbalizer Dependent	0
Infectious Diseases w/ Isolation	1
Other Restrictions	0
No Restrictions	2
<b>TOTALS</b>	<b>49</b>

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Peak Beds	Beds in Use	Medicare Certified	Medicaid Certified	Charity Care	Private Pay	Peak Beds
Nursing Care	67	55	49	16	0	0	50
Skilled Under 22	0	0	0	0	0	0	48
Intermediate DD	0	0	0	0	0	0	49
Skilled Care	0	0	0	0	0	0	0
<b>TOTAL BEDS</b>	<b>67</b>	<b>55</b>	<b>49</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>71</b>

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	1936	0	0	43	1952	0	74.6%
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%
<b>TOTALS</b>	<b>1936</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>1952</b>	<b>0</b>	<b>74.6%</b>

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	14701	59.0%	0	43	1952	0	74.6%
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%
<b>TOTALS</b>	<b>14701</b>	<b>59.0%</b>	<b>0</b>	<b>43</b>	<b>1952</b>	<b>0</b>	<b>74.6%</b>

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	2	0	0	0	0	2
45 to 50	5	3	0	0	0	0	8
50 to 64	3	1	0	0	0	0	4
65 to 74	5	4	0	0	0	0	9
75 to 84	3	8	0	0	0	0	11
85+	4	11	0	0	0	0	15
<b>TOTALS</b>	<b>20</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelbor	Totals
African American	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0
Other	49	0	0	0	0	49
<b>Totals</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
30.0%	61.0%	0.0%	0.0%	7.0%	0.0%
742,953	1,472,192	965	14,704	153,788	0
<b>TOTALS</b>	<b>2,414,260</b>	<b>100.0%</b>	<b>2,414,260</b>	<b>0.0%</b>	<b>41.00</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MT. VERNON HEALTH CARE CENTER MOUNT VERNON

MT. VERNON HEALTH CARE CENTER  
 5 DOCTORS PARK  
 MOUNT VERNON, IL 62984  
 Reference Numbers Facility ID 6001531  
 Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	59	0	0	17	0	76
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
TOTALS	0	59	0	0	17	0	76

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	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	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	68.3%	1.8%	0.0%	28.9%	0.0%
0	1,865,670	52,421	0	547,888	0
TOTALS	1,865,670	52,421	0	547,888	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MT. VERNON HEALTH CARE CENTER MOUNT VERNON

MT. VERNON HEALTH CARE CENTER  
 5 DOCTORS PARK  
 MOUNT VERNON, IL 62984  
 Reference Numbers Facility ID 6001531  
 Health Service Area 005 Planning Service Area 081

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Neoplasms	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Thyroid System Non-Alzheimer	0	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	54	0	0	0	0	0	0	0	0	0	54
Mental Illness	4	0	0	0	0	0	0	0	0	0	4
Developmental Disability	2	0	0	0	0	0	0	0	0	0	2
Circulatory System	10	0	0	0	0	0	0	0	0	0	10
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System Chemicals	1	0	0	0	0	0	0	0	0	0	1
Stomach Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	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
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
TOTALS	76	0	0	0	0	0	0	0	0	0	76

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	1/1/2008	12/31/2008	Net Change
Nursing Care	87	87	0
Skilled Under ZZ	46	46	0
Intermediate DD	58	58	0
Skilled Care	76	76	0
TOTALS	187	187	0

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK
LEVEL OF CARE	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS
Nursing Care	108	64	60	94	76	30	100
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	108	64	60	94	76	30	100
TOTALS	108	64	60	94	76	30	100

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	0	2353	60.2%	0	854	0	3007
Skilled Under ZZ	0	0	0.0%	0	0	0	0
Intermediate DD	0	0	0.0%	0	0	0	0
Skilled Care	0	2353	60.2%	0	854	0	3007
TOTALS	0	2353	60.2%	0	854	0	3007

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

AGE GROUP	NURSING CARE		SKILLED UNDER ZZ		INTERMEDIATE DD		TOTAL	
	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 54	2	3	0	0	0	0	2	3
55 to 64	1	3	0	0	0	0	1	3
65 to 74	6	6	0	0	0	0	6	6
75 to 84	6	19	0	0	0	0	6	19
85+	7	21	0	0	0	0	7	21
TOTALS	22	54	0	0	0	0	22	54

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 NATURE TRAIL HEALTH CARE CTR MOUNT VERNON

NATURE TRAIL HEALTH CARE CTR  
 1001 SOUTH 34TH STREET  
 MOUNT VERNON, IL 62864  
 Reference Numbers Facility ID 6006498  
 Health Service Area 005 Planning Service Area 081  
 Administrator  
 Lucille Ellis

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	16	34	0	1	14	0	65
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	16	34	0	1	14	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Medicare	Medicaid	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic/Lat. Hl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY

ETHNICITY	Medicare	Medicaid	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity
52.0%	32.1%	0.5%	14.3%	1.1%
2,208,370	1,304,803	19,820	45,070	608,546
TOTALS	4,266,714	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 NATURE TRAIL HEALTH CARE CTR MOUNT VERNON

NATURE TRAIL HEALTH CARE CTR  
 1001 SOUTH 34TH STREET  
 MOUNT VERNON, IL 62864  
 Reference Numbers Facility ID 6006498  
 Health Service Area 005 Planning Service Area 081  
 Administrator  
 Lucille Ellis

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephrone	0
Endocrinologic	3
Blood Disorders	1
Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	5
Developmental Disability	2
Circulatory System	15
Respiratory System	3
Digestive System	0
Cardiovascular System Disorders	3
Skin Disorders	0
Musculoskeletal Disorders	4
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

ADMISSIONS AND DISCHARGES - 2008

Admissions on 1/1/2008	Total Admissions 2008	Discharges on 12/31/2008
70	246	247

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

LEVEL OF CARE	PEAK	PEAK	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS	BEDS
Nursing Care	74	74	74	0	69	5	0	74	74	74	0	0	0	0	0	0	0	0
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
Sheltered Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	74	74	74	0	69	5	0	74	74	74	0	0	0	0	0	0	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Learned	Peak Beds				
Nursing Care	5157	0.0%	14561	53.8%	0	246	4361	0	24345	69.9%	69.9%
Skilled Under 22	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%
Sheltered Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	5157	0.0%	14561	53.8%	0	246	4361	0	24345	69.9%	69.9%

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	1	0	0	0	0	0	0	0	1
45 to 59	1	2	0	0	0	0	0	0	3
60 to 74	2	4	0	0	0	0	0	0	6
75 to 94	2	17	0	0	0	0	0	0	19
95+	7	33	0	0	0	0	0	0	40
TOTALS	13	56	0	0	0	0	0	0	69

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MOUNT VERNON COUNTRYSIDE MANOR MOUNT VERNON

MOUNT VERNON COUNTRYSIDE MANOR  
 608 EAST ILL HWY 15  
 MOUNT VERNON, IL 62664  
 Reference Numbers Facility ID 6012512  
 Health Services Area 005 Planning Service Area 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	53	0	0	12	98
Skilled Under 22	0	0	0	0	0	0
ICF/D	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	23	53	0	0	12	98
TOTALS	23	53	0	0	12	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/D	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	1	0	0	0	0	1
Hispanic	0	0	0	0	0	0
White	87	0	0	0	0	87
Race Unknown	0	0	0	0	0	0
Total	88	0	0	0	0	88

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.52
Physicians	0.13
Director of Nursing	1.42
Registered Nurses	13.00
LPN's	13.00
Certified Aide	56.00
Other Health Staff	0.00
Non-Health Staff	35.00
TOTALS	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
47.0%	19.1%	0.0%	0.0%	33.3%	0.0%
2,507,860	1,043,811	0	0	1,620,861	0
TOTALS	100.0%	100.0%	100.0%	100.0%	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MOUNT VERNON COUNTRYSIDE MANOR MOUNT VERNON

MOUNT VERNON COUNTRYSIDE MANOR  
 608 EAST ILL HWY 15  
 MOUNT VERNON, IL 62664  
 Reference Numbers Facility ID 6012512  
 Health Services Area 005 Planning Service Area 061

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0
Neoplasms	0
Endocrinologic	2
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculoskeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions on 1/1/2008	Total Admissions 2008	Discharges on 12/31/2008	Total Discharges 2008
Nursing Care	94	165	161	88
Skilled Under 22	0	0	0	0
ICF/D	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	94	165	161	88
TOTALS	94	165	161	88

ADMISSIONS AND DISCHARGES - 2008 (Continued)

LEVEL OF CARE	Admissions on 1/1/2008	Total Admissions 2008	Discharges on 12/31/2008	Total Discharges 2008
Nursing Care	94	165	161	88
Skilled Under 22	0	0	0	0
ICF/D	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	94	165	161	88
TOTALS	94	165	161	88

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
89.5%	56.7%	0.0%	0.0%	47.1%	0.0%
20639	20639	0	0	4721	0
TOTALS	89.5%	56.7%	0.0%	47.1%	0.0%

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 64	0	0	0	0	0	0	0
65 to 84	0	0	0	0	0	0	0
85 to 94	0	0	0	0	0	0	0
75 to 84	3	15	0	0	0	0	18
85+	11	52	0	0	0	0	63
TOTALS	14	67	0	0	0	0	81

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

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 64	0	0	0	0	0	0	0
65 to 84	0	0	0	0	0	0	0
85 to 94	0	0	0	0	0	0	0
75 to 84	3	15	0	0	0	0	18
85+	11	52	0	0	0	0	63
TOTALS	14	67	0	0	0	0	81

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WHITE OAK REHABILITATION AND HEALTH CARE MOUNT VERNON

WHITE OAK REHABILITATION AND HEALTH CARE  
 1700 WEST WHITE STREET  
 MOUNT VERNON, IL 62864  
 Reference Numbers Facility ID 6004681  
 Health Service Area 005 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity	TOTALS	AVERAGE DAILY PAYMENT RATES
							SINGLE DOUBLE
Nursing Care	10	30	0	0	14	54	123 105
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	10	30	0	14	0	54	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	Intermediate	Skilled	Skilled	TOTALS	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	0	0	0	0	0	0	Administration	1.00
Black	5	0	0	0	0	5	Physicians	0.00
Hispanic	0	0	0	0	0	0	Director of Nursing	1.00
White	49	0	0	0	0	49	Registered Nurses	5.00
Other	0	0	0	0	0	0	LPNs	10.00
TOTALS	54	0	0	0	0	54	Certified Aide	35.00
							Other Health Staff	0.00
							Non-Health Staff	19.00
							Totals	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity
60.1%	0.2%	2.0%	11.7%	25.0%
2,216,339	932,627	9,500	415,196	3,667,662

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WHITE OAK REHABILITATION AND HEALTH CARE MOUNT VERNON

WHITE OAK REHABILITATION AND HEALTH CARE  
 1700 WEST WHITE STREET  
 MOUNT VERNON, IL 62864  
 Reference Numbers Facility ID 6004681  
 Health Service Area 005 Planning Service Area 091

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS
Aggravated Alcoholism	Neoplasms	2
Chronic Alcoholism	Endocrine, Metabolic & Immunity Disorders	3
Developmentally Disabled	Blood Disorders	0
Drug Addiction	Nervous System Non-Alzheimer	3
Medicaid Recipient	Alzheimer's Disease	18
Medicaid Recipient	Mental Illness	0
Medicaid Recipient	Developmental Disability	0
Medicaid Recipient	Circulatory System	12
Medicaid Recipient	Respiratory System	3
Medicaid Recipient	Digestive System	2
Medicaid Recipient	Genitourinary System Disorders	0
Medicaid Recipient	Skin Disorders	0
Medicaid Recipient	Musculoskeletal Disorders	2
Medicaid Recipient	Injuries and Poisonings	1
Medicaid Recipient	Other Medical Conditions	0
Medicaid Recipient	Non-Medical Conditions	0
Medicaid Recipient	TOTALS	54

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	65	149	148
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTALS	65	149	148

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Peak Beds
Nursing Care	5160	21.7%	10169	42.7%	0	3594
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	5160	21.7%	10169	42.7%	0	3594

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Peak Beds
Nursing Care	5160	21.7%	10169	42.7%	0	3594
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	5160	21.7%	10169	42.7%	0	3594

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

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	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	1	0	0	0	1	0	1
60 to 74	8	1	0	0	9	0	9
75 to 84	7	12	0	0	19	0	19
85+	3	13	0	0	16	0	16
TOTALS	19	35	0	0	19	35	54



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

HARRISBURG CARE CENTER  
1000 WEST SLOAN STREET  
HARRISBURG, IL 62446  
Reference Numbers Facility ID 6004055  
Health Service Area 005 Planning Service Area 059

ADMISSION RESTRICTIONS

Aggravated Assault	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Attachment	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

None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	3
Nervous System Non-Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Sub Disorders	0
Musculoskeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

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

LEVEL OF CARE	PEAK	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	68	Residents on 1/1/2008: 30
Skilled Under 22	0	Total Admissions 2008: 60
Intermediate DD	0	Total Discharges 2008: 56
Skilled Care	0	Residents on 12/31/2008: 63
TOTAL BEDS	68	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds
Nursing Care	1432	6.5%	7125	20.0%	0	1680	41.2%
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	1432	6.5%	7125	20.0%	0	1680	41.2%

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
19 to 44	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0
65 to 74	5	3	0	0	0	0	5	3	8
75 to 84	4	3	0	0	0	0	4	3	7
85+	3	0	0	0	0	0	3	0	3
TOTALS	14	18	0	0	0	0	14	18	32

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
45.7%	43.9%	0.0%	0.0%	10.7%	0.0%
\$30,875	\$05,844	0	0	\$24,229	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	White	Black	Hispanic	Other	Unkn	Totals
White	31	0	0	0	0	31
Black	0	1	0	0	0	1
Hispanic	0	0	0	0	0	0
Other	0	0	0	0	0	0
Unkn	0	0	0	0	0	0
TOTAL	31	1	0	0	0	32

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurse	2.00
LPNs	6.00
Certified Aide	14.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	42.00

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

HARRISBURG CARE CENTER  
1000 WEST SLOAN STREET  
HARRISBURG, IL 62446  
Reference Numbers Facility ID 6004055  
Health Service Area 005 Planning Service Area 059

ADMISSION RESTRICTIONS

Aggravated Assault	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Attachment	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

None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	3
Nervous System Non-Alzheimer	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Sub Disorders	0
Musculoskeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

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

LEVEL OF CARE	PEAK	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	68	Residents on 1/1/2008: 30
Skilled Under 22	0	Total Admissions 2008: 60
Intermediate DD	0	Total Discharges 2008: 56
Skilled Care	0	Residents on 12/31/2008: 63
TOTAL BEDS	68	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds
Nursing Care	1432	6.5%	7125	20.0%	0	1680	41.2%
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	1432	6.5%	7125	20.0%	0	1680	41.2%

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
19 to 44	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0
65 to 74	5	3	0	0	0	0	5	3	8
75 to 84	4	3	0	0	0	0	4	3	7
85+	3	0	0	0	0	0	3	0	3
TOTALS	14	18	0	0	0	0	14	18	32

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
45.7%	43.9%	0.0%	0.0%	10.7%	0.0%
\$30,875	\$05,844	0	0	\$24,229	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	White	Black	Hispanic	Other	Unkn	Totals
White	31	0	0	0	0	31
Black	0	1	0	0	0	1
Hispanic	0	0	0	0	0	0
Other	0	0	0	0	0	0
Unkn	0	0	0	0	0	0
TOTAL	31	1	0	0	0	32

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurse	2.00
LPNs	6.00
Certified Aide	14.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	42.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SALINE CARE CENTER HARRISBURG

SALINE CARE CENTER  
 120 SOUTH LAND STREET  
 HARRISBURG, IL 62948  
 Reference Numbers Facility ID 6005048  
 Health Service Area 005 Planning Service Area 059  
 Admit-Denial  
 Scott Stout  
 Contact Person and Telephone  
 Scott Stout  
 815-252-7405  
 Date Completed  
 4/14/2009  
 Registered Agent Information

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Neuroscience	1
Endocrine/Metabolic	10
Blood Cholesterol	0
Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	50
Developmental Disability	0
Chronic Pain	4
Respiratory System	16
Digestive System	0
Cardiovascular System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Resident	Private Pay	Cherity Care	TOTALS
Asian	0	0	0	0
Amer. Indian	0	0	0	0
Black	5	0	0	5
Hispanic/Lat. Am.	0	0	0	0
White	96	0	0	96
Race Unknown	0	0	0	0
Total	101	0	0	101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Cherity Care	TOTALS
Nursing Care	0	90	0	11	0	101
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	0	90	0	11	0	101

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherity Care
0.0%	86.8%	0.0%	0.0%	13.4%	0.0%
0	2,073,130	0	0	413,917	0

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administration	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPNs	14.00
Certified Aide	28.00
Other Health Staff	1.00
Non-Health Staff	38.00
TOTALS	85.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SALINE CARE CENTER HARRISBURG

SALINE CARE CENTER  
 120 SOUTH LAND STREET  
 HARRISBURG, IL 62948  
 Reference Numbers Facility ID 6005048  
 Health Service Area 005 Planning Service Area 059  
 Admit-Denial  
 Scott Stout  
 Contact Person and Telephone  
 Scott Stout  
 815-252-7405  
 Date Completed  
 4/14/2009  
 Registered Agent Information

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Neuroscience	1
Endocrine/Metabolic	10
Blood Cholesterol	0
Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	50
Developmental Disability	0
Chronic Pain	4
Respiratory System	16
Digestive System	0
Cardiovascular System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Resident	Private Pay	Cherity Care	TOTALS
Asian	0	0	0	0
Amer. Indian	0	0	0	0
Black	5	0	0	5
Hispanic/Lat. Am.	0	0	0	0
White	96	0	0	96
Race Unknown	0	0	0	0
Total	101	0	0	101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Cherity Care	TOTALS
Nursing Care	0	90	0	11	0	101
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	0	90	0	11	0	101

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherity Care
0.0%	86.8%	0.0%	0.0%	13.4%	0.0%
0	2,073,130	0	0	413,917	0

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administration	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPNs	14.00
Certified Aide	28.00
Other Health Staff	1.00
Non-Health Staff	38.00
TOTALS	85.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SALINE CARE CENTER HARRISBURG

SALINE CARE CENTER  
 120 SOUTH LAND STREET  
 HARRISBURG, IL 62948  
 Reference Numbers Facility ID 6005048  
 Health Service Area 005 Planning Service Area 059  
 Admit-Denial  
 Scott Stout  
 Contact Person and Telephone  
 Scott Stout  
 815-252-7405  
 Date Completed  
 4/14/2009  
 Registered Agent Information

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Neuroscience	1
Endocrine/Metabolic	10
Blood Cholesterol	0
Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	50
Developmental Disability	0
Chronic Pain	4
Respiratory System	16
Digestive System	0
Cardiovascular System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Resident	Private Pay	Cherity Care	TOTALS
Asian	0	0	0	0
Amer. Indian	0	0	0	0
Black	5	0	0	5
Hispanic/Lat. Am.	0	0	0	0
White	96	0	0	96
Race Unknown	0	0	0	0
Total	101	0	0	101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Cherity Care	TOTALS
Nursing Care	0	90	0	11	0	101
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	0	90	0	11	0	101

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Cherity Care
0.0%	86.8%	0.0%	0.0%	13.4%	0.0%
0	2,073,130	0	0	413,917	0

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administration	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPNs	14.00
Certified Aide	28.00
Other Health Staff	1.00
Non-Health Staff	38.00
TOTALS	85.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOUNTAINVIEW HAVEN ELSDORADO

FOUNTAINVIEW HAVEN  
 ROUTE 45 SOUTH JEFFERSON  
 ELSDORADO, IL 62520  
 Reference Numbers Facility ID 603246  
 Health Service Area 005 Planning Service Area 059

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	53	0	1	33	0	96
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	53	0	1	33	0	96

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	CF/ED	Shelter	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.07
Registered Nurses	4.00
LPNs	11.00
Certified Nurses	27.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
27.5%	47.7%	0.0%	25.0%	0.0%	0.0%
960,821	1,717,452	0	898,310	3,597,413	0

Facility Notes: 7/1/2008 Discontinued 7 nursing care beds; facility now has 118 nursing care beds.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOUNTAINVIEW HAVEN ELSDORADO

FOUNTAINVIEW HAVEN  
 ROUTE 45 SOUTH JEFFERSON  
 ELSDORADO, IL 62520  
 Reference Numbers Facility ID 603246  
 Health Service Area 005 Planning Service Area 059

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
Nervous System Non Abnormal	12
Alzheimer Disease	15
Mental Illness	22
Developmental Disability	2
Circulatory System	21
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

ADMISSION RESTRICTIONS

RESTRICTION	Count
Aggressive/Alcohol	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	2
Medicaid Recipient	0
Medicaid Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Hispanic	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medications	0
Verbal/Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions demand by 1/1/2009

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

LEVEL OF CARE	2008	2009	2008	2009	2008	2009
Nursing Care	118	125	103	118	96	125
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
TOTAL BEDS	118	125	103	118	96	125

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	3015	19.2%	20918	45.8%	0	688	10788	77.4%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0	0	0.0%
TOTALS	3015	19.2%	20918	45.8%	0	688	10788	77.4%

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

AGE GROUP	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	Male	Female	Male	Female	Male	Female	Male	Female	Grand Total
Under 18	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
45 to 64	0	1	0	0	0	0	0	0	0	0	0	0	1
65 to 84	2	1	0	0	0	0	0	0	0	0	0	0	3
85 to 94	7	0	0	0	0	0	0	0	0	0	0	0	7
75 to 84	6	21	0	0	0	0	0	0	0	0	0	0	27
85+	9	43	0	0	0	0	0	0	0	0	0	0	52
TOTALS	24	73	0	0	0	0	0	0	0	0	0	0	96

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Ridgeway Manor Ridgeway Manor

Ridgeway Manor  
800 West Race Street  
RIDGWAY, IL 62378  
Healthcare Numbers Facility ID 6007875  
Health Services Area 005 Planning Services Area 059

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Neurocare	0
Endocrine/Metabolic	4
Blood Disorders	4
"Nervous System Non Alzheimer"	12
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	1
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	37

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Other	Private	Charity	TOTALS
Nursing Care	5	27	0	0	0	0	37
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	5	27	0	0	0	0	37

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicare	Medicaid	Public	Other	Private	Charity	TOTALS
Asian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hispanic	2	0	0	0	0	0	2
White	35	0	0	0	0	0	35
Other	0	0	0	0	0	0	0
TOTAL	37	0	0	0	0	0	37

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
35.0%	53.1%	0.0%	0.0%	11.0%	0.0%
614,043	608,708	0	0	148,062	0
TOTALS	1,222,751	0	0	148,062	0

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPNs	4.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
TOTALS	40.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Ridgeway Manor Ridgeway Manor

Ridgeway Manor  
800 West Race Street  
RIDGWAY, IL 62378  
Healthcare Numbers Facility ID 6007875  
Health Services Area 005 Planning Services Area 059

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	2	0	0	0	2	0	2
60 to 64	2	0	0	0	2	0	2
65 to 74	5	3	0	0	5	3	8
75 to 84	4	3	0	0	4	3	7
85+	5	13	0	0	5	13	18
TOTALS	16	19	0	0	16	19	37

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private	Charity	Learned Care	Push Beds
1864	10163	39.1%	76	0	2263	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	1864	39.1%	76	0	2263	0

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

LEVEL OF CARE	PEAK	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	71	65	45	63	37	34	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	71	65	45	63	37	34	71

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
43	31	37	43

ADMISSION RESTRICTIONS

RESTRICTIONS	RESTRICTED
Aggravated/Abuse/Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Musculoskeletal	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medications	0
Venicator Dependence	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1
Non-Medical Conditions	0
TOTALS	37

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	71	65	45	63	37	34	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	71	65	45	63	37	34	71

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	71	65	45	63	37	34	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	71	65	45	63	37	34	71

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 911 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62659  
 Facility ID 603374  
 Health Service Area 005 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	0	39	0	3	12	0	54
Skilled Under 22	0	0	0	0	0	0	0
IC/DO	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	39	0	3	12	0	54

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Number	Medicaid	IC/DO	Other	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0
White	54	0	0	0	0	0	0	54
Race Unknown	0	0	0	0	0	0	0	0
Total	54	0	0	0	0	0	0	54

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%	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%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HAMILTON MEMORIAL NURSING CTR MCLEANSBORO

HAMILTON MEMORIAL NURSING CTR  
 911 SOUTH MARSHALL AVE  
 MCLEANSBORO, IL 62659  
 Facility ID 603374  
 Health Service Area 005 Planning Service Area 009

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Neoplasms	3
Endocrine/Metabolic Disorders	0
Blood Disorders	0
"Nervous System Non Alzheimer"	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Chrostatory System	23
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	34

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

LEVEL OF CARE	PEAK	SET-UP	USED	BEDS IN USE	AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	60	60	60	60	60	60	60	Residents on 1/1/2008: 56
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2008: 17
IC/DO	0	0	0	0	0	0	0	Total Discharges 2008: 10
Skilled Care	0	0	0	0	0	0	0	Residents on 12/31/2008: 54
TOTALS	60	60	60	60	60	60	60	

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	Unoccupied Beds	Peak Beds
Nursing Care	0	13483	0	699	5629	0	2016	91.6%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
IC/DO	0	0	0	0	0	0	0	0.0%
Skilled Care	0	0	0	0	0	0	0	0.0%
TOTALS	0	13483	0	699	5629	0	2016	91.6%

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	GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female				
Under 18	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
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 94	0	0	0	0	0	0	0	0	0	0	0	0
95 to 104	1	0	0	0	0	0	0	0	1	0	1	1
75 to 94	3	12	0	0	0	0	0	0	3	12	15	15
85+	6	33	0	0	0	0	0	0	6	33	39	39
TOTALS	9	45	0	0	0	0	0	0	9	45	54	54

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MCLANSBORO REHAB & HEALTH CARE CENTE MCLANSBORO**

MCLANSBORO REHAB & HEALTH CARE CENTE  
 405 WEST CARPENTER  
 MCLANSBORO, IL 62659  
 Reference Numbers Facility ID 0005417  
 Health Service Area 005 Planning Services Area 059

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	0
Aggressive/Avs-Social	2
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non-Alzheimer	4
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	36

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	22	0	0	0	38
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	6	22	0	0	0	38

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Meaning	SubUn22	ICF/DD	Skilled	Total
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Lat	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

**ETHNICITY**

ETHNICITY	Meaning	SubUn22	ICF/DD	Skilled	Total
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
44.4%	44.3%	0.2%	0.0%	11.1%	0.0%	0.0%
\$81,659	\$79,913	\$,925	\$,000	\$20,910	\$,000	0.0%
TOTALS	1,990,033					

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MCLANSBORO REHAB & HEALTH CARE CENTE MCLANSBORO**

MCLANSBORO REHAB & HEALTH CARE CENTE  
 405 WEST CARPENTER  
 MCLANSBORO, IL 62659  
 Reference Numbers Facility ID 0005417  
 Health Service Area 005 Planning Services Area 059

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	ADMISSIONS 2008	DISCHARGES 2008
Nursing Care	38	41
Skilled Under 22	41	36
Inpatient DD	0	0
Skilled Care	0	0
TOTALS	43	43

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE/MEDICAID CERTIFIED BEDS
Nursing Care	43	42	43
Skilled Under 22	0	0	0
Inpatient DD	0	0	0
Skilled Care	0	0	0
TOTALS	43	42	43

**FACILITY UTILIZATION - 2008**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds
Nursing Care	2341	653	58.8%	0	2324	0	13917
Skilled Under 22	0	0	0.0%	0	0	0	0.0%
Inpatient DD	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0.0%
TOTALS	2341	653	59.8%	0	2324	0	13917

**61 LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds
Nursing Care	2341	653	58.8%	0	2324	0	13917
Skilled Under 22	0	0	0.0%	0	0	0	0.0%
Inpatient DD	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0	0.0%	0	0	0	0.0%
TOTALS	2341	653	59.8%	0	2324	0	13917

**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	0	0	0	0	0	1
65 to 74	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0
85+	2	16	0	0	0	0	18
TOTALS	3	16	0	0	0	0	19

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ENFIELD REHAB & HEALTH CARE CENTER ENFIELD

ENFIELD REHAB & HEALTH CARE CENTER  
 408 NORTH WILSON STREET  
 ENFIELD, IL 62835  
 Reference Numbers Facility ID 8005425  
 Health Services Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity	TOTALS
Nursing Care	0	25	0	0	5	30
Skilled Under 22	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	0	25	0	0	5	30

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	Skilled	ICF/DO	Shelter	Totals
Asian	0	0	0	0	0
Amr. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

RESIDENTS BY ETHNICITY

ETHNICITY	Number	Skilled	ICF/DO	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity	TOTALS
0.0%	0.3%	0.0%	8.3%	0.0%	100.0%
0	2,680	0	90,012	0	1,154,444

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.0
Physicians	0.0
Director of Nursing	1.0
Registered Nurses	3.0
LPNs	4.0
Certified Aide	16.0
Other Health Staff	2.0
Non-Health Staff	16.0
Totals	43.0

CHARTERED CARE EXPENSE AS % OF TOTAL NET REVENUE

Charity Care Expense	Total Net Revenue	Charity Care Expense as % of Total Net Revenue
0	1,154,444	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ENFIELD REHAB & HEALTH CARE CENTER ENFIELD

ENFIELD REHAB & HEALTH CARE CENTER  
 408 NORTH WILSON STREET  
 ENFIELD, IL 62835  
 Reference Numbers Facility ID 8005425  
 Health Services Area 005 Planning Service Area 193

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Neoplasms	0
Endocrinopathies	0
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	2
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injury and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	30

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	37	37
Skilled Under 22	14	14
Intermediate DO	21	21
Sheltered Care	0	0
TOTALS	72	72

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	49	47	30	18	49
Skilled Under 22	0	0	0	0	0
Intermediate DO	0	0	0	0	0
Sheltered Care	0	0	0	0	0
TOTAL BEDS	49	47	30	18	49

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Peak Beds
Nursing Care	0	0.0%	11448	63.8%	0	1000
Skilled Under 22	0	0.0%	0	0	0	0
Intermediate DO	0	0.0%	0	0	0	0
Sheltered Care	0	0.0%	0	0	0	0
TOTALS	0	0.0%	11448	63.8%	0	1000

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity	Peak Beds
Nursing Care	0	0.0%	11448	63.8%	0	1000
Skilled Under 22	0	0.0%	0	0	0	0
Intermediate DO	0	0.0%	0	0	0	0
Sheltered Care	0	0.0%	0	0	0	0
TOTALS	0	0.0%	11448	63.8%	0	1000

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	3	3	0	0	3	3	6
75 to 84	3	7	0	0	3	7	10
85+	0	11	0	0	0	11	11
TOTALS	8	22	0	0	8	22	30

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WAY-FAIR

WAY-FAIR  
303 N W 11TH STREET  
FAIRFIELD, IL 62037  
Reference Numbers Facility ID 600815  
Health Service Area 005 Planning Service Area 191

REBIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Other	Private Pay	Charity Care	TOTALS
Nursing Care	5	63	0	0	16	0	84
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	63	0	0	16	0	84

REBIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Admin	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	83	0	0	0	83
Race Unknown	1	0	0	0	1
Total	84	0	0	0	84

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurse	5.00
LPNs	12.00
Certified Aides	35.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity Care Expense	Total Net Revenue
33.3%	44.8%	0.0%	16.7%	0.0%	100.0%
1,270,301	1,703,374	0	709,224	0	3,793,414

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WAY-FAIR

WAY-FAIR  
303 N W 11TH STREET  
FAIRFIELD, IL 62037  
Reference Numbers Facility ID 600815  
Health Service Area 005 Planning Service Area 191

REBIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System Non Abstracter	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Chastriary System	0
Respiratory System	0
Digestive System	16
Genitourinary System Disorders	4
Skin Disorders	0
Musculoskeletal Disorders	15
Infective and Parasitic	1
Other Medical Conditions	10
Non-Medical Conditions	19
TOTALS	84

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	104	101	91
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEGS	104	101	91

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	104	101	91
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEGS	104	101	91

FACILITY UTILIZATION - 2008

Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	Private Insurance	Private Pay	Charity Care	Private Insurance	Private Pay	Charity Care
2623	2215	0	0	0	4693	0	0	0	0	0
56.6%	50.6%	0.0%	0.0%	0.0%	58.8%	0.0%	0.0%	0.0%	0.0%	0.0%
2623	2215	0	0	0	4693	0	0	0	0	0
56.6%	50.6%	0.0%	0.0%	0.0%	58.8%	0.0%	0.0%	0.0%	0.0%	0.0%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	Private Insurance	Private Pay	Charity Care	Private Insurance	Private Pay	Charity Care
2623	2215	0	0	0	4693	0	0	0	0	0
56.6%	50.6%	0.0%	0.0%	0.0%	58.8%	0.0%	0.0%	0.0%	0.0%	0.0%
2623	2215	0	0	0	4693	0	0	0	0	0
56.6%	50.6%	0.0%	0.0%	0.0%	58.8%	0.0%	0.0%	0.0%	0.0%	0.0%

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

AGE GROUP	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	2	0	0	0	0	3	3
60 to 74	3	4	0	0	0	0	7	7
75 to 84	6	4	0	0	0	0	10	10
85+	6	9	0	0	0	0	15	15
TOTALS	31	53	0	0	0	0	84	84



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FAIRFIELD MEMORIAL HOSPITAL FAIRFIELD

FAIRFIELD MEMORIAL HOSPITAL  
303 NORTH WEST 11TH ST  
FAIRFIELD, IL 62437  
Reference Numbers Facility ID 6003016  
Health Service Area 006 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity	TOTALS	AVERAGE DAILY PAYMENT RATES
							LEVEL OF CARE SINGLE DOUBLE
Nursing Care	4	0	0	0	0	13	Nursing Care 121
Skilled Under 22	0	0	0	0	0	0	Skilled Under 22 0
ICF/DD	0	0	0	0	0	0	Intermediate DD 0
Sheltered Care	0	0	0	0	0	0	Shelter 0
TOTALS	4	0	0	0	0	13	

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	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
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%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FAIRFIELD MEMORIAL HOSPITAL FAIRFIELD

FAIRFIELD MEMORIAL HOSPITAL  
303 NORTH WEST 11TH ST  
FAIRFIELD, IL 62437  
Reference Numbers Facility ID 6003016  
Health Service Area 006 Planning Service Area 191

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents on 1/1/2008	Total Admissions 2008	Residents on 12/31/2008
Neoplasms	0	147	154
Endocrine/Metabolic	0	0	0
Blood Disorders	0	0	0
"Nervous System Non Alzheimer"	0	0	0
Alzheimer Disease	1	0	0
Mental Illness	0	0	0
Developmental Disability	0	0	0
Circulatory System	0	0	0
Respiratory System	1	0	0
Digestive System	0	0	0
Genitourinary System Disorders	1	0	0
Skin Disorders	0	0	0
Musculo-skeletal Disorders	3	0	0
Injuries and Poisonings	0	0	0
Other Medical Conditions	1	0	0
Non-Medical Conditions	0	0	0
TOTALS	13	147	154

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	BEDS AVAILABLE	MEDICARE	MEDICAID	CERTIFIED	CERTIFIED
Nursing Care	30	23	13	17	30	0	0
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
TOTAL BEDS	30	23	13	17	30	0	0

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds	Set Up
Nursing Care	2624	23.0%	0	0	60	3382	0	6088
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%
Sheltered Care	0	0.0%	0	0	0	0	0	0.0%
TOTALS	2624	23.0%	0	0	60	3382	0	6088

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE 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	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	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
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	3	0	0	0	0	0	0	0	3	0	3
TOTALS	4	1	0	0	0	0	0	0	4	1	5

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	19	70	1	40	0	137
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	19	70	1	40	0	137

**RESIDENTS BY RACE/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Skilled	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	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
48.7%	20.7%	0.4%	1.4%	22.8%	0.0%
3,980,402	2,449,268	35,170	117,541	1,945,177	0

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	Count
Necrosis	1
Endocrine/Metabolic	3
Blood Disorders	15
*Nervous System Abn Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	60
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	6
Eye Disorders	2
Musculoskeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	137

**ADMISSION RESTRICTIONS**

ADMISSION RESTRICTIONS	Count
Aggravated/Unsocial	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Habits	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Note: Reported restrictions denoted by //	
TOTALS	137

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

LEVEL OF CARE	Licensed Beds	Beds in Use	Medicaid Certified	Medicare Certified	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	147	147	137	134	Residents on 1/1/2008: 134
Skilled Under 22	0	0	0	0	Total Admissions 2008: 184
ICF/DD	0	0	0	0	Total Discharges 2008: 181
Skilled Care	0	0	0	0	Readmissions on 12/31/2008: 137
TOTAL BEDS	147	147	137	134	

**FACILITY UTILIZATION - 2008**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Total
Nursing Care	8062	28863	136	709	15228	0	51150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	8062	28863	136	709	15228	0	51150

**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	TOTAL
Under 18	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
45 to 59	1	1	0	0	0	0	0	1	1	0	0	0	2
60 to 84	4	12	0	0	0	0	0	4	12	0	0	0	16
75 to 94	17	27	0	0	0	0	0	17	27	0	0	0	44
85+	14	60	0	0	0	0	0	14	60	0	0	0	74
TOTALS	36	101	0	0	0	0	0	36	101	0	0	0	137

**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Total
Nursing Care	8062	28863	136	709	15228	0	51150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	8062	28863	136	709	15228	0	51150

**FACILITY OWNERSHIP**

NON-PROFIT CORPORATION

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PHOENIX REHABILITATION & NURSING CARM

PHOENIX REHABILITATION & NURSING  
615 WEST WEBB STREET  
CARM, IL 62821  
Reference Numbers Facility ID 6018539  
Health Services Area 005 Planning Services Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	9	0	1	1	0	21
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	10	9	0	1	1	0	21
TOTALS	10	9	0	1	1	0	21

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	Total
Asian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
79.5%	10.1%	0.0%	0.0%	10.1%	0.0%	100.0%
\$27,250	\$8,310	\$0	\$0	\$6,484	\$0	\$32,044

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	3.25
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	5.75
Total	20.50

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PHOENIX REHABILITATION & NURSING CARM

PHOENIX REHABILITATION & NURSING  
615 WEST WEBB STREET  
CARM, IL 62821  
Reference Numbers Facility ID 6018539  
Health Services Area 005 Planning Services Area 163

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
Nervous System Non-Alzheimer	0
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System	0
8th Disorders	0
Musculo-skeletal Disorders	0
Infectious Diseases	3
Injury and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	21

ADMISSIONS AND DISCHARGES - 2008

Residents on 11/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
0	28	7	21

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Nursing Care	808	644	0	33	552	139	2170	0.0%
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	808	644	0	33	552	139	2170	0.0%
TOTALS	808	644	0	33	552	139	2170	0.0%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Unlicensed Beds	Peak Beds
808	644	0	33	552	139	2170	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%
808	644	0	33	552	139	2170	0.0%	0.0%
TOTALS	808	644	0	33	552	139	2170	0.0%

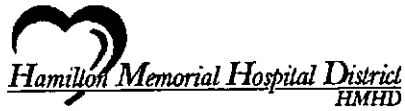
RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SH-ELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 74	0	2	0	0	0	0	0	0	2	0
75 to 84	0	1	0	0	0	0	0	0	1	1
85+	2	8	0	0	0	0	0	0	2	8
TOTALS	4	17	0	0	0	0	0	0	4	17

Demographic Data  
by County and State

State/ County	Age Group	2000	2005	2010	Increase 2015 %	2015	Increase 2020 %	2020	Increase 2025 %	2025	Increase 2030 %	2030	Increase %
Gallatin	All	6,445	6,474	6,421	-1%	6,429	0%	6,414	0%	6,406	0%	6,554	2%
	0-64	5,271	5,225	5,035	-4%	4,899	-3%	4,784	-2%	4,678	-2%	4,675	0%
	65-74	576	600	695	16%	791	14%	772	-2%	762	-1%	802	5%
	75-84	420	383	397	4%	424	7%	510	20%	583	14%	585	0%
	85+	178	266	294	11%	315	7%	348	10%	383	10%	492	28%
Hamilton	All	8,632	8,690	8,931	3%	9,163	3%	9,374	2%	9,543	2%	9,751	2%
	0-64	6,977	7,029	7,239	3%	7,318	1%	7,305	0%	7,143	-2%	7,091	-1%
	65-74	800	801	848	6%	967	14%	1,146	19%	1,337	17%	1,423	6%
	75-84	615	562	537	-4%	557	4%	601	8%	706	17%	850	20%
	85+	240	298	307	3%	321	5%	322	0%	357	11%	387	8%
Saline	All	26,776	27,082	27,477	1%	27,885	1%	28,356	2%	28,739	1%	29,195	2%
	0-64	21,702	21,980	22,142	1%	22,070	0%	22,010	0%	21,760	-1%	21,698	0%
	65-74	2,429	2,457	2,651	8%	3,037	15%	3,302	9%	3,528	7%	3,642	3%
	75-84	1,848	1,778	1,818	2%	1,878	3%	2,070	10%	2,391	16%	2,617	9%
	85+	797	857	866	1%	900	4%	974	8%	1,060	9%	1,238	17%
Illinois	All	12,440,846	12,875,035	13,279,091	3%	13,748,695	4%	14,316,487	4%	14,784,968	3%	15,138,849	2%
	0-64	10,938,296	11,324,754	11,621,062	3%	11,859,006	2%	12,115,026	2%	12,217,471	1%	12,255,379	0%
	65-74	773,562	765,754	853,480	11%	1,049,886	23%	1,264,716	20%	1,442,375	14%	1,530,307	6%
	75-84	536,642	554,525	534,599	-4%	541,949	1%	622,409	15%	782,597	26%	950,852	21%
	85+	192,346	230,002	269,950	17%	298,054	10%	314,336	5%	342,525	9%	402,311	17%

[http://www2.illinoisbiz.biz/popProj/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls)



## Staffing Pattern

Department: Nursing Center	Department Director: Randall W. Dauby
Initial/Revision Date: July 1, 2010	
Administration: Randall W. Dauby, CEO	Page number: 1 of 1
Hospital [ ]	Clinics [ ]
Nursing Home [X ]	

### Fixed Wages

Activities Director	1
Social Services Director	1
Nursing Administrator	1
DON	1
Dietary Supervisor	1
Dietary Cooks	2
Dietary Assistants	2.8
Maintenance Supervisor	1
Administrator	1
Business Office manager	1

### Variable Wages

	Weekday First Shift	Weekday Second Shift	Weekday Third Shift
RN	0	0	0
LPN	2	1	1
CNA	4.5	3.5	2
CMT	1	0	0

	Weekend First Shift	Weekend Second Shift	Weekend Third Shift
RN	1	0	0
LPN	0	1	1
CNA	4.5	3.5	2
CMT	1	0	0

**HAMILTON MEMORIAL NURSING CENTER**  
**609 SOUTH MARSHALL**  
**MCLEANSBORO, IL 62859**  
**Telephone: 618-643-2325**  
**Fax: 618-643-3528**

**HMNC Staffing  
Pattern**

<b>Fixed Wages</b>				
Activities Director		1		
Social Services Director		1		
Nursing Administrator		1		
DON		1		
Dietary Supervisor		1		
Dietary Cooks		2		
Dietary Assistants		2.8		
Maintenance Supervisor		1		
Administrator		1		
Business Office manager		1		
<b>Variable Wages</b>	<b>Weekday First Shift</b>	<b>Weekday Second Shift</b>	<b>Weekday Third Shift</b>	
RN	0	0	0	
LPN	2	1	1	
CNA	4.5	3.5	2	
CMT	1	0	0	
	<b>Weekend First Shift</b>	<b>Weekend Second Shift</b>	<b>Weekend Third Shift</b>	
RN	1	0	0	
LPN	0	1	1	
CNA	4.5	3.5	2	
CMT	1	0	0	

**TI – McLEANSBORO, L.L.C.**  
7611 STATE LINE ROAD, SUITE 301  
KANSAS CITY, MISSOURI 64114  
(816) 444-0900

September 8, 2010

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

Re: Hamilton Memorial Nursing Center

Dear Mr. Constantino:

The purpose of this letter is to certify that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements are currently being met. In addition, there are not any anticipated additions or reductions in employees now and for the two years following completion of the transaction.

TI – McLeansboro, L.L.C.,  
a Missouri limited liability company

By:   
Joseph C. Tutera  
Its: Manager

ATTACHMENT-28H



## City of McLeansboro

102 W. Main Street  
McLeansboro, IL 62859  
618-643-2723

Dick Deitz, Mayor  
Rita J. Crain, City Clerk  
Sharon K. Ingram, Treasurer

**Aldermen**  
Mark Beck Richard Lasswell  
Dennis Crain James Mason  
Mike Stanart Malinda Munsell

July 14, 2010

Mr. Michael Constantino  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Constantino:

The City of McLeansboro has no zoning. However in regard to setbacks, we always encourage people to keep in mind utility easements, right of ways and boundary lines.

Parking requirements and restrictions are outlined in city ordinances in regard to frontage.

Being a member of Illinois Municipal League we abide by municipal codes and requirements where applicable.

Thank you.

Sincerely,

Dick Deitz, Mayor  
City of McLeansboro

ATTACHMENT-28I



**TI – McLEANSBORO, L.L.C.**  
7611 STATE LINE ROAD, SUITE 301  
KANSAS CITY, MISSOURI 64114  
(816) 444-0900

August 17, 2010


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

Re: Hamilton Memorial Nursing Center

Dear Mr. Constantino:

It is the understanding and belief of TI – McLeansboro, L.L.C. (the “Applicant”) that by the conclusion of the second year of operation following project completion, the Applicant will make every effort to achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

**TI – McLeansboro, L.L.C.,**  
a Missouri limited liability company

By:   
Joseph C. Tutera  
Its: Manager

ATTACHMENT-28J

**INDIVIDUAL ACKNOWLEDGMENT**

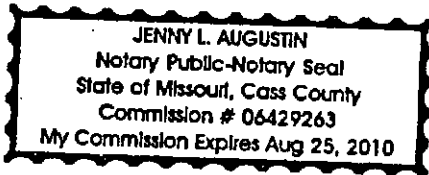
State/Commonwealth of Missouri } ss.  
County of Jackson

On this the 17<sup>th</sup> day of August (Mo.), 2010 (Yr.), before me,  
Jenny L. Augustin, the undersigned Notary Public,  
Name of Notary Public  
personally appeared Joseph C. Tutera  
Name(s) of Signer(s)

- personally known to me – OR –
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Jenny L. Augustin  
Signature of Notary Public  
Jenny L. Augustin

Place Notary Seal/Stamp Above

Any Other Required Information  
(Printed Name of Notary, Expiration Date, etc.)

**OPTIONAL**

Not required by law, this information can be useful to those relying on the document and prevent fraud.

**Description of Any Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

Appended as ATTACHMENT-39A is a letter from the Applicant certifying that "the total estimated and project costs will be completely funded with cash." Additionally and appended as ATTACHMENT-39B is a letter from Central Bank of Kansas City stating that the Applicant has funds in excess of the \$500,000 to purchase the facility and its assets. Please note that the additional \$55,000 in project cost is funded through existing operations (under current owner) and has already been paid out.

**ATTACHMENT-39**

**HAMILTON MEMORIAL NURSING CENTER**

609 SOUTH MARSHALL  
MCLEANSBORO, IL 62859

Telephone: 618-643-2325  
Fax: 618-643-3528

In reference to question A in the 1120.140 – Economic Feasibility, the total estimated and project costs will be completely funded with cash. Our average cash balance is well over the projected costs of this project and the attached bank letter proves the fact.

  
\_\_\_\_\_  
Joseph C. Tutera

ATTACHMENT-39A

**INDIVIDUAL ACKNOWLEDGMENT**

State/Commonwealth of Missouri } ss.  
County of Jackson }

On this the 23<sup>rd</sup> day of August (Mo.), 2010 (Yr.), before me,

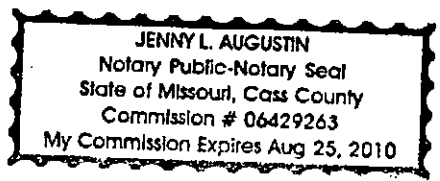
Jenny L. Augustin the undersigned Notary Public,  
Name of Notary Public

personally appeared Joseph C. Tutera  
Name(s) of Signer(s)

- personally known to me - OR -
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Jenny L. Augustin  
Signature of Notary Public  
Jenny L. Augustin

Place Notary Seal/Stamp Above

Any Other Required Information  
(Printed Name of Notary, Expiration Date, etc.)

**OPTIONAL**

Not required by law, this information can be useful to those relying on the document and prevent fraud.

**Description of Any Attached Document**

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August 23, 2010

To whom it may concern:

Tutera Investments generally maintains cash balances at Central Bank of Kansas well in excess of \$500,000.00.

If you should have any questions please feel free to call me (816)483-1210.

Sincerely,

A handwritten signature in cursive script that reads 'Polly Heishman'.

Polly Heishman  
Vice President

ATTACHMENT-39B

X. 1120.140 - Economic Feasibility

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

Salaries:	50.29% of total	\$ 976,937
Benefits:	20.36% of total	\$ 395,515
Supplies:	.16% of total	\$ 3,108
Total		\$1,375,560

Total Patient Days: 19,710  
(60 beds at target utilization (90%))  
Projected Operating Costs per Patient Day: \$ 69.79/patient day

Please refer to ATTACHMENT-42A for the proposed financial Performa for the second full year of operation in which the facility has maintained optimal utilization of 90 percent.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

Total Annual Capital Costs:	\$ 50,000
Total Patient Days:	19,710
(60 beds at target utilization (90%))	
Capital Costs per Patient Day:	\$ 2.54

ATTACHMENT-42

60 BDS MURCIV1  
DATE: AUG 13, 2010

FACTORS  
TY

YTD PERIOD 12	Period 1 Jul	Period 2 Aug	Period 3 Sep	Period 4 Oct	Period 5 Nov	Period 6 Dec	Period 7 Jan	Period 8 Feb	Period 9 Mar	Period 10 Apr	Period 11 May	Period 12 Jun	YTD
TOTAL AVAILABLE BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS	60 BDS
TOTAL PATIENT DAYS	1,674 Days	1,674 Days	1,620 Days	1,674 Days	1,620 Days	1,674 Days	1,674 Days	1,620 Days	1,674 Days	1,620 Days	1,674 Days	1,620 Days	1,643 Days
TOTAL FACILITY CENSUS	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES	54.00 RES
PERCENT OCCUPIED	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
NET ROUTINE SERVICES	191,421	191,421	185,246	191,421	185,246	191,421	191,421	185,246	191,421	185,246	191,421	185,246	189,267
NET ANCILLARY REVENUES	833	833	833	833	833	833	833	833	833	833	833	833	816
TOTAL OTHER REVENUE	4,705	4,705	4,555	4,705	4,555	4,705	4,705	4,555	4,705	4,555	4,705	4,555	4,618
TOTAL REVENUE	197,060	197,060	190,706	197,060	190,706	197,060	197,060	190,706	197,060	190,706	197,060	190,706	194,801
TOTAL ACTIVITIES	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,849	2,841
TOTAL SOCIAL SERVICE	2,868	2,873	3,952	2,867	2,869	2,902	2,869	2,924	2,924	2,944	2,958	2,943	2,947
TOTAL NURSING & INVENTORY CONTROL	52,318	52,483	64,961	62,818	61,003	63,150	63,318	67,500	63,656	61,818	63,994	62,146	62,405
TOTAL DIETARY	26,213	26,251	25,519	26,326	25,582	26,402	26,441	24,150	26,517	25,777	26,594	25,852	25,970
TOTAL LAUNDRY	4,545	4,545	4,410	4,545	4,410	4,545	4,545	4,140	4,545	4,410	4,545	4,410	4,467
TOTAL HOUSEKEEPING	8,219	8,234	6,070	8,266	6,100	6,296	6,310	5,781	6,341	6,174	6,372	6,204	6,197
TOTAL PLANT/MAINTENANCE	11,440	12,189	11,563	12,794	12,439	14,560	14,127	15,351	14,141	13,136	11,115	153,673	12,808
TOTAL PROP INSURANCE/TAXES	301	301	301	301	301	301	301	301	301	301	301	301	301
TOTAL ADMINISTRATION & GENERAL	41,705	41,727	47,076	41,771	41,945	41,817	41,839	40,808	42,760	41,565	42,630	41,866	42,328
TOTAL ANCILLARY EXPENSES	1,626	1,626	1,622	1,626	1,622	1,626	1,626	1,613	1,626	1,622	1,626	1,622	1,624
TOTAL OPERATING EXPENSES	150,033	151,064	167,827	152,190	159,026	164,475	164,269	160,016	163,704	160,468	162,676	158,350	161,894
NET OPERATING INCOME	38,977	38,975	22,776	34,862	31,680	32,194	35,736	28,689	34,331	33,117	37,080	34,235	32,917
TOTAL DEPRECIATION/AMORTIZAT	106	106	106	106	106	106	106	106	106	106	106	106	106
NET INCOME	38,871	38,869	22,670	34,756	31,574	32,088	35,630	28,583	34,225	33,011	36,974	34,129	32,811

YTD PERIOD 12	Period 1 Jul	Period 2 Aug	Period 3 Sep	Period 4 Oct	Period 5 Nov	Period 6 Dec	Period 7 Jan	Period 8 Feb	Period 9 Mar	Period 10 Apr	Period 11 May	Period 12 Jun	YTD
3002.10 PRIVATE PATIENT DAYS-DIST	31 DYS	31 DYS	30 DYS	31 DYS	30 DYS	31 DYS	31 DYS	28 DYS	31 DYS	30 DYS	31 DYS	30 DYS	30 DYS
3003.10 MEDICARE PATIENT DAYS-DIST	248 PD	248 PD	240 PD	248 PD	240 PD	248 PD	248 PD	224 PD	248 PD	240 PD	248 PD	240 PD	243 PD
3004.00 MEDICARE PATIENT DAYS	1,178 PD	1,178 PD	1,140 PD	1,178 PD	1,140 PD	1,178 PD	1,178 PD	1,064 PD	1,178 PD	1,140 PD	1,178 PD	1,140 PD	1,158 PD
3008.00 TOTAL PATIENT DAYS	248 PD	248 PD	240 PD	248 PD	240 PD	248 PD	248 PD	224 PD	248 PD	240 PD	248 PD	240 PD	243 PD
TOTAL FACILITY CENSUS	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES
TOTAL UNIT CENSUS	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES	54 RES
PRIVATE REVENUE	30,194	30,194	29,220	30,194	29,220	30,194	30,194	27,272	30,194	29,220	30,194	29,220	29,336
3220.00 PRIVATE ROUTINE SERVICE DIST	30,194	30,194	29,220	30,194	29,220	30,194	30,194	27,272	30,194	29,220	30,194	29,220	29,336
TOTAL PRIVATE REVENUE	30,194	30,194	29,220	30,194	29,220	30,194	30,194	27,272	30,194	29,220	30,194	29,220	29,336
MEDICAID REVENUE	111,627	111,627	108,026	111,627	108,026	111,627	111,627	100,825	111,627	108,026	111,627	108,026	109,527
3320.00 MEDICAID ROUTINE SERVICE DIST	111,627	111,627	108,026	111,627	108,026	111,627	111,627	100,825	111,627	108,026	111,627	108,026	109,527
TOTAL MEDICAID REVENUE	111,627	111,627	108,026	111,627	108,026	111,627	111,627	100,825	111,627	108,026	111,627	108,026	109,527
MEDICARE REVENUE	49,600	49,600	48,000	49,600	46,000	49,600	52,976	47,488	52,976	50,880	52,976	50,880	50,115
3400.00 MEDICARE ROUTINE SERVICE	49,600	49,600	48,000	49,600	46,000	49,600	52,976	47,488	52,976	50,880	52,976	50,880	50,115
TOTAL MEDICARE REVENUE	49,600	49,600	48,000	49,600	46,000	49,600	52,976	47,488	52,976	50,880	52,976	50,880	50,115
NET ROUTINE SERVICES	191,421	191,421	185,246	191,421	185,246	191,421	191,421	185,246	191,421	185,246	191,421	185,246	189,267
ANCILLARY REVENUES													
4015.00 PHYSICAL THERAPY-MCD	273	273	264	273	264	273	273	247	273	264	273	264	268
TOTAL PHYSICAL THERAPY	273	273	264	273	264	273	273	247	273	264	273	264	268
4825.00 MEDICAL SUPPLIES-MCD B	1,167	1,167	1,129	1,167	1,129	1,167	1,167	1,054	1,167	1,129	1,167	1,129	1,145
TOTAL MEDICAL SUPPLIES	1,249	1,249	1,209	1,249	1,209	1,249	1,249	1,129	1,249	1,209	1,249	1,209	1,226



60 EDS MAY01 DATE: As of August 13, 2010 YTD PERIOD 12	FACTORS Jun	Period 1		Period 2		Period 3		Period 4		Period 5		Period 6		Period 7		Period 8		Period 9		Period 10		Period 11		Period 12		YTD												
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD ACT.	YTD AVERAGE	Jun	Jul	Aug	YTD ACT.	YTD AVERAGE	Jun	Jul	Aug	YTD	AVERAGE											
		Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical	Analytical										
5015.00 CONTRACTUAL ALLOW ANCL-MCD	100.00%	-373	-273	-284	-273	-273	-247	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555	4,555								
5023.00 CONTRACTUAL ALLOW ANCL-MCR B	20.00%	-233	-233	-233	-233	-233	-233	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705	4,705							
TOTAL CONTRACTUAL ALLOW ANCL		-588	-588	-588	-588	-588	-588	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260	9,260							
NET ANCILLARY REVENUES		933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933	933						
OTHER REVENUE		4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550	4,550						
5105.00 EMPLOYEE/GUEST MEALS	66 MTH	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85					
5110.00 VENDING MACHINE REVENUE		4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705	4,555	4,705	4,705					
TOTAL OTHER REVENUE		4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790	4,540	4,790	4,790					
TOTAL REVENUE		187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050	187,050				
OPERATING EXPENSES		180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180	180			
8105.00 ACTIVITIES-PURCHASED SERVICE	60 MTH	1,730	1,744	1,692	1,753	1,701	1,768	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777	1,601	1,777			
8110.00 ACTIVITIES-WAGES	0.30%	111	111	108	112	109	113	102	114	111	114	102	114	111	114	102	114	111	114	102	114	111	114	102	114	111	114	102	114	111	114	102	114	111	114	102	114	
8115.00 ACTIVITIES-VOLUNTEER	0.77%	181	181	176	182	177	183	166	185	188	188	166	185	188	188	166	185	188	188	166	185	188	188	166	185	188	188	166	185	188	188	166	185	188	188	166	185	188
8120.00 ACTIVITIES-PAYROLL TAXES	2.30%	42	42	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	
8125.00 ACTIVITIES-WORKERS COMP	0.04 PD-NC	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50		
8155.00 ACTIVITIES-SUPPLIES	258 MTH	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256	256		
8165.00 ACTIVITIES-ENTERTAINMENT		2,549	2,555	2,493	2,555	2,504	2,578	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463	2,555	2,463		
TOTAL ACTIVITIES		198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	198	
8205.00 SOCIAL SERVICE-ARCHIVED SERVICE	188 MTH	2,243	2,249	3,119	2,281	2,194	2,274	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	2,282	2,286	2,280	2,286	
8210.00 SOCIAL SERVICE-WAGES	90 MTH	143	144	144	144	140	145	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	146	
8220.00 SOCIAL SERVICE-VOLUNTEER	0.30%	233	234	324	235	228	236	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237	238	237
8225.00 SOCIAL SERVICE-PAYROLL TAXES	0.44%	10	11	11	11	10	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
8235.00 SOCIAL SERVICE-WORKERS COMP	0.02 PD-NC	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	
8255.00 SOCIAL SERVICE-SUPPLIES		2,899	2,873	3,992	2,897	2,809	2,902	2,908	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	2,902	2,897	
TOTAL SOCIAL SERVICE		1,390	1,393	1,343	1,391	1,360	1,396	1,402	1,270	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	1,410	1,368	
8410.10 NURSING WAGES RN NON DIST	0.04 HRSPD-NC	14,101	14,140	13,721	14,217	13,788	14,295	14,334	14,202	14,412	13,965	14,491	14,091	14,570	14,120	14,649	14,240	14,719	14,318	14,800	14,399	14,881	14,480	14,961	14,560	15,041	14,640	15,121	14,740	15,201	14,820	15,301	14,920	15,401	15,000	15,481	15,100	
8410.20 NURSING WAGES LPN NON DIST	0.51 HRSPD-NC	23,920	23,965	23,275	24,116	23,402	24,248	24,314	22,021	24,447	23,723	24,580	23,852	24,913	24,199	25,046	24,380	25,527	24,666	26,074	25,351	26,298	25,586	26,735	26,022	27,470	26,709	27,916	27,203	28,410	27,697	29,204	28,491	30,211	29,498	31,005	30,292	
8410.30 NURSING WAGES AIDES NON DIST	1.38 HRSPD-NC	3,108	3,108	3,016	3,126	3,033	3,143	3,151	2,854	3,168	3,074	3,188	3,091	3,206	3,112	3,226	3,129	3,246	3,152	3,269	3,175	3,292	3,198	3,319	3,225	3,346	3,252	3,373	3,279	3,400	3,306	3,427	3,333	3,454	3,360	3,481	3,387	
8410.40 NURSING WAGES CMT NON DIST	0.18 HRSPD-NC	2,716	2,723	2,642	2,758	2,667	2,783	2,790	2,500	2,775	2,683	2,798	2,706	2,811	2,719	2,824	2,732	2,837	2,745	2,850	2,758	2,863	2,771	2,876	2,784	2,889	2,797	2,902	2,810	2,915	2,823	2,928	2,836	2,941	2,849	2,954	2,862	
8410.50 NURSING NON DIST VOLUNTEER	8.30%	4,419	4,431	4,300	4,453	4,323	4,480	4,482	4,068	4,519	4,383	4,534	4,407	4,569	4,432	4,592	4,457	4,623	4,488	4,654	4,519	4,645	4,520	4,691	4,545	4,717	4,570	4,743	4,600	4,776	4,633	4,809	4,666	4,842	4,703	4,876	4,739	
8420.00 NURSING NON DIST PAYROLL TAXES	8.77%	1,038	1,041	1,010	1,046	1,015	1,052	1,056	965	1,091	1,029	1,066	1,035	1,072	1,040	1,077	1,045	1,082	1,050	1,087	1,055	1,092	1,060	1,097	1,065	1,102	1,070	1,107										



80 B05 HANCY1 DATE: As of August 13, 2010 YTD PERIOD 12	Period 12												YTD AVERAGE				
	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		Jun	YTD ACT.	PPD	
7105.00 ADMIN/GENERAL REC PURCHASED SERV	133 MTH	133	133	133	133	133	133	133	133	133	133	133	133	133	1,588	0.08	133
7106.00 ADMIN/GENERAL WAGES ADMINISTRATOR	80 HRB	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	6,471	3.33	6,471
7110.10 ADMIN/GENERAL WAGES OTHER	80 HRB	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	1,816	22,020	1.15	22,020
7111.00 ADMIN/GENERAL VOUCHER/DUES	6.38%	446	447	447	447	446	446	446	446	446	446	446	446	446	5,841	0.29	5,841
7112.00 ADMIN/GENERAL PAYROLL TAXES	9.77%	728	728	728	728	728	728	728	728	728	728	728	728	728	8,617	0.44	8,617
7125.00 ADMIN/GENERAL WORKERS COMP	0.44%	33	33	33	33	33	33	33	33	33	33	33	33	33	413	0.02	413
7130.00 ADMIN/GENERAL GROUP INSURANCE	17,500 MTH	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	210,000	10.65	210,000
7137.00 ADMIN/GENERAL OTHER BENEFITS	2,480 MTH	2,573	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	2,480	30,286	1.54	30,286
7139.00 ADMIN/GENERAL EMPLOYMENT EXPENSE	446 MTH	446	446	446	446	446	446	446	446	446	446	446	446	446	5,347	0.27	5,347
7139.00 ADMIN/GENERAL EMPLOYEE WANT ADS	437 MTH	437	437	437	437	437	437	437	437	437	437	437	437	437	5,242	0.27	5,242
7141.00 ADMIN/GENERAL EMPLOYEE ENTERTAINMENT	94 MTH	94	94	94	94	94	94	94	94	94	94	94	94	94	1,523	0.08	1,523
7143.00 ADMIN/GENERAL LEAD FEES	45 MTH	45	45	45	45	45	45	45	45	45	45	45	45	45	540	0.03	540
7144.00 ADMIN/GENERAL ACCOUNTING FEES	0 MTH	0	0	0	0	0	0	0	0	0	0	0	0	0	1,000	0.06	1,000
7145.00 ADMIN/GENERAL DATA PROCESSING FEES	1,140 MTH	1,140	1,140	1,140	1,140	1,140	1,140	1,140	1,140	1,140	1,140	1,140	1,140	13,878	0.69	13,878	
7145.00 ADMIN/GENERAL PROFESSIONAL SERVICES	185 MTH	185	185	185	185	185	185	185	185	185	185	185	185	185	1,878	0.10	1,878
7151.00 ADMIN/GENERAL ADVERTISING & PR OTHER	600 MTH	600	600	600	600	600	600	600	600	600	600	600	600	600	7,202	0.37	7,202
7153.00 ADMIN/GENERAL VEHICLE EXPENSE	105 MTH	105	105	105	105	105	105	105	105	105	105	105	105	105	1,260	0.06	1,260
7156.00 ADMIN/GENERAL MILEAGE REIMBURSEMENT	400 MTH	400	400	400	400	400	400	400	400	400	400	400	400	400	4,800	0.24	4,800
7157.00 ADMIN/GENERAL INSURANCE/INVENTORY PROPERTY	3,050 MTH	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	3,050	36,600	1.86	36,600
7158.00 ADMIN/GENERAL TAXES OTHER	2,738 MTH	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	2,738	32,850	1.87	32,850
7159.00 ADMIN/GENERAL CONTRIBUTIONS	0 MTH	0	0	0	0	0	0	0	0	0	0	0	0	0	500	0.03	500
7160.00 ADMIN/GENERAL FURNITURE PURCHASES	186 MTH	186	186	186	186	186	186	186	186	186	186	186	186	186	1,867	0.10	1,867
7165.00 ADMIN/GENERAL OFFICE SUPPLIES	350 MTH	350	350	350	350	350	350	350	350	350	350	350	350	350	4,200	0.21	4,200
7165.68 ADMIN/GENERAL MEDICAL RECORDS SUPPLY	37 MTH	37	37	37	37	37	37	37	37	37	37	37	37	37	444	0.02	444
7170.00 ADMIN/GENERAL EQUIPMENT RENTAL	203 MTH	203	203	203	203	203	203	203	203	203	203	203	203	203	2,438	0.12	2,438
7172.00 ADMIN/GENERAL EQUIPMENT PURCHASED	110 MTH	110	110	110	110	110	110	110	110	110	110	110	110	110	1,382	0.07	1,382
7173.00 ADMIN/GENERAL EQUIP REPAIR & MAINT	56 MTH	56	56	56	56	56	56	56	56	56	56	56	56	56	672	0.03	672
7181.00 ADMIN/GENERAL DUES & SUBSCRIPTIONS	62 MTH	62	62	62	62	62	62	62	62	62	62	62	62	62	744	0.04	744
7182.00 ADMIN/GENERAL TRAVEL & SEMINAR	268 MTH	268	268	268	268	268	268	268	268	268	268	268	268	268	4,448	0.23	4,448
7183.00 ADMIN/GENERAL LICENSES	72 MTH	72	72	72	72	72	72	72	72	72	72	72	72	72	865	0.04	865
7184.00 ADMIN/GENERAL COPIER EQUIP & SUPPLIE	248 MTH	248	248	248	248	248	248	248	248	248	248	248	248	248	2,976	0.15	2,976
7185.00 ADMIN/GENERAL PRINTING	72 MTH	72	72	72	72	72	72	72	72	72	72	72	72	72	858	0.04	858
7186.00 ADMIN/GENERAL POSTAGE	426 MTH	426	426	426	426	426	426	426	426	426	426	426	426	426	5,117	0.26	5,117
7189.00 ADMIN/GENERAL MISCELLANEOUS	107 MTH	107	107	107	107	107	107	107	107	107	107	107	107	107	1,279	0.06	1,279
7197.00 ADMIN/GENERAL AMO DEBT EXPENSE	1,106 MTH	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	1,106	13,287	0.67	13,287
TOTAL ADMINISTRATION & GENERAL		41,705	41,727	41,771	41,845	41,917	41,839	41,856	42,760	42,808	42,760	42,930	41,999	41,999	507,931	25.77	507,931
ANCILLARY EXPENSES																	
8005.00 PHYSICAL THERAPY-PURCHASED SERV	0.00	137	137	137	137	137	137	137	137	137	137	137	137	137	1,608	0.08	1,608
TOTAL PHYSICAL THERAPY		137	137	137	137	137	137	137	137	137	137	137	137	137	1,608	0.08	1,608
8007.00 MEDICAL SUPPLIES-CONTINGENT SUPPLIES	600 MTH	500	500	500	500	500	500	500	500	500	500	500	500	500	5,988	0.30	5,988
8008.00 MEDICAL SUPPLIES-HOUSE STOCK	1,290 MTH	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	1,290	15,477	0.78	15,477
TOTAL MEDICAL SUPPLIES		1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	1,790	21,476	1.09	21,476
TOTAL ANCILLARY EXPENSES		1,828	1,928	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	23,083	1.17	23,083	
TOTAL OPERATING EXPENSES		160,063	161,084	167,027	162,188	166,025	164,475	164,299	165,015	165,015	165,704	162,978	169,360	169,360	1,942,808	99.59	1,942,808
NET OPERATING INCOME	0 MTH	59,877	35,975	22,778	34,882	31,880	32,594	35,738	25,959	34,331	33,117	37,060	34,235	386,003	20.04	32,917	
9210.00 DEPR EXPENSE-BUILDING(ACCUMULATED)	28 MTH	35	35	35	35	35	35	35	35	35	35	35	35	35	416	0.02	416
9216.00 DEPR EXPENSE-EQUIPMENT(ACCUMULATED)	73 MTH	73	73	73	73	73	73	73	73	73	73	73	73	73	882	0.04	882